sunshine health™

HEDIS® MY2024
Quick Reference Guide

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Children's Medical Services Health Plan
OPERATED BY SUNSHINE HEALTH

wellcare

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HEDIS® MY2024 Quick Reference Guide

Updated to reflect NCQA HEDIS 2024 Technical Specifications

Sunshine Health, Children's Medical Services (CMS) Health Plan, Ambetter from Sunshine Health, and Wellcare strive to provide quality healthcare to our membership as measured through HEDIS quality metrics. We created the HEDIS Quick Reference Guide to help you increase your practice's HEDIS rates and to address care opportunities for your patients. Please always follow the State and/or CMS billing guidance and ensure the HEDIS codes are covered before 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 policymakers.

HOW ARE RATES CALCULATED?

HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires a review of a random sample of member medical records to abstract data for services rendered 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.

WHAT ARE THE SCORES USED FOR?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS rates to evaluate health insurance companies' efforts to improve preventive health outreach for members. Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS score determines your rates for physician incentive programs that pay you an increased premium—for example, Pay for Performance (P4P) or Quality Bonus Funds.

MEDICAL RECORDS

When administrative and hybrid data are not available, organizations may use other sources to collect data about their members on the delivery of health services to members. We review medical records to find this information. Medical records may be faxed or emailed securely to the health plan. To ease the burden on the provider and staff, and to capture these measures throughout the year, health plans may request remote access to your EMRs. Health plans can also receive information via Electronic Data Exchange (EDS). EDS also referred to as supplemental data electronically captures additional clinical information about a member, beyond administrative claims, which are received by Sunshine Health.

PAY FOR PERFORMANCE (P4P)

P4P is an activity-based reimbursement, with an incentive payment based on achieving defined and measurable goals related to access, continuity of care, patient satisfaction, and clinical outcomes. Based on program performance, you are eligible to earn compensation in addition to what you are paid through your Participating Provider Agreement.

HOW CAN I IMPROVE MY HEDIS SCORES?

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

- Submit claim/encounter data for each service rendered
- Make sure that chart documentation reflects all services billed
- Bill (or report by encounter submission) for all delivered services, regardless of contract status
- Ensure that all claim/encounter data is submitted in an accurate and timely manner
- Consider including CPT® II codes to provide additional details and reduce medical record requests
    - CPT® II codes are supplemental tracking codes that can be used for performance measurement. The use of these codes will decrease the need for some record abstraction and chart review thereby minimizing administrative burdens on providers and other healthcare staff.
    - CPT® II codes ensure gaps in care are closed in a timelier manner
    - Improve the accuracy of gaps-in-care reporting
    - More effectively monitor quality and service delivery within a provider's practice.
    - They capture data that ICD-10 codes and CPT® Category I codes do not – so important information related to health outcome measures is relayed more efficiently.

HEDIS AND HIPAA

As a reminder, protected health information (PHI) that is used or disclosed for purposes of treatment, payment, or health care operations is permitted by HIPAA Privacy Rules (45 CFR 164.506) and does not require consent or authorization from the member/members. The medical record review staff and/or vendor will have a signed HIPAA-compliant Business Associate Agreement.

GLOSSARY OF TERMS

- **Numerator –** The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care, treatment, or service.
- **Denominator –** The number of members who qualify for the measure criteria, based on NCQA technical specifications.
- **Measurement year –** In most cases, the 12-month period between which a service was rendered; January 1 through December 31
- **Reporting year –** The period when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year.

Administrative: Measures reported as administrative uses the total eligible population for the denominator. Medical, pharmacy and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.

Hybrid: Measures reported as hybrid use a random sample of 411 members from a health plan's total eligible population for the denominator. The numerator includes medical and pharmacy claims, encounters, and medical record data. In some cases, health plans use auditor approved supplemental data for the numerator.

Electronic Clinical Data Systems (ECDS): HEDIS quality measures reported using ECDS is a secure sharing of patient medical information electronically between systems. Measures that leverage clinical data captured routinely during the care delivery can reduce the burden on providers to collect data for quality reporting.

CAHPS Survey: On an annual basis, the Consumer Assessment of Health Plans Survey (CAHPS) is sent to a group of randomly-selected members.

Disclaimer

Providers should follow Florida State and/or CMS billing guidelines to ensure HEDIS codes are covered prior to claims submission. The codes and tips listed do not guarantee reimbursement.

HEDIS MEASURE CHANGES

Retired MY2024

- **Ambulatory Care (AMB) and Inpatient Utilization – General Hospital/Acute Care (IPU)**
  - Both measures are specified for the Medicaid population, but do not account for risk factors that impact utilization.
- **Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)**
  - HEDIS performance data over the past few years indicate little room for improvement.
- **Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)**
  - This measure is not widely used and addresses only one aspect of COPD care (confirmation of a new diagnosis).

Revised HEDIS Measure MY2024

- **Glycemic Status Assessment for Patients With Diabetes (GSD)**
  - NCQA revised and renamed this measure (formerly Hemoglobin A1c Control for Patients With Diabetes [HBD]) to include a glucose management indicator with hemoglobin A1c

HEDIS Measures Transition to ECDS Reporting MY2024

- Colorectal Cancer Screening (COL– E)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

For additional information or questions please contact Provider Services:
Provider Services Hours: **Monday – Friday, 8 a.m. to 8 p.m.**
Provider Service Phone Number: **1-844-477-8313**
Quality Website: SunshineHealth.com/providers/quality-improvement.html

Adult Health

ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES (AAP)

Lines of Business: Medicaid, Marketplace, Medicare

Members 20 years of age and older 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 2 years prior to the measurement year.

DESCRIPTION		CODES
Ambulatory Visits		**CPT:** 99202- 99205, 99211-99215, 99241- 99245, 99341- 99345, 99347-99350, 99381- 99387, 99391- 99397, 99401-99404, 99411- 99412, 99429, 99483, 92002, 92004, 92012, 92014, 99304- 99310, 99315-99316, 99318, 99324-99328, 99334- 99337 **HCPCS:** G0402, G0438- G0439, G0463, S0620- S0621, T1015 **ICD-10-CM:** Z00.00, Z00.01, Z00.5, Z00.8, Z02.0, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1
Telehealth Visits	**Online Assessment**	**CPT:** 98969- 98972, 99421-99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061-G2063
	Telephone Visits	**CPT:** 98966-98968, 99441-99443
	Modifiers/POS	**Modifiers:** GT, 95 **POS:** 02

Codes subject to change

ADULT IMMUNIZATION STATUS (AIS-E)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of members 19 years of age and older who are up to date recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster and pneumococcal.

Measurement Year (MY) for the following immunizations:

- Members who received an influenza vaccine on or between July 1 and the year prior to the MY and June 30 of the MY
- Members who received at least one TD vaccine or one Tdap vaccine between 9 years prior to the start of the MY and the end of the MY
- Members who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, anytime on or after the member's 50th birthday and before or during the MY
- Members who were administered at least one dose of an adult pneumococcal vaccine on or after the member's 19th birthday and before or during the MY

DESCRIPTION	CODES	SNOMED
Adult Influenza Vaccine	**CPT:** 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90663, 90674, 90682, 90688, 90689, 90694, 90756	**SNOMED:** 86198006
Adult Pneumococcal Vaccine	**CPT:** 90670, 90671, 90677, 90732 **HCPCS:** G0009	**SNOMED:** 12866006, 394678003, 871833000, 1119366009, 1119368005, 434751000124102
Herpes Zoster Live Vaccine	**CPT:** 90736	**SNOMED:** 871898007, 871899004
Herpes Zoster Recombinant Vaccine	**CPT:** 90750	**SNOMED:** 722215002
Influenza Virus LAIV Vaccine	**CPT:** 90660, 90672	**SNOMED:** 787016008

DESCRIPTION	CODES	SNOMED
Td Vaccine	**CPT:** 90714	**SNOMED:** 73152006, 312869001, 395178008, 395179000, 395180002, 395181003, 414619005, 416144004, 416591003, 417211006, 417384007, 417615007, 866161006, 866184004, 866185003, 866186002, 866227002, 868266002, 868267006, 868268001, 870668008
Tdap Vaccine	**CPT:** 90715	**SNOMED:** 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105
Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine		**SNOMED:** 428281000124107, 428291000124105
Anaphylaxis Due to Herpes Zoster Vaccine		**SNOMED:** 471371000124107, 471381000124105

Codes subject to change

Improving HEDIS Measures:

- Educate members regarding the importance of the immunizations to minimize health risk factors.
- Address your patient's concerns of anxiety and fear regarding any side effects or myths following an immunization.
- Document all immunizations, EMR if applicable and capture via claim submission to close the HEDIS care gap.

CONTROLLING HIGH BLOOD PRESSURE (CBP)

Lines of Business: Medicaid, Marketplace, Medicare

Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

DESCRIPTION	CPT II CODES
Systolic Blood Pressure less than 130 mm Hg	**3074F**
Systolic Blood Pressure 130 -139 mm Hg	**3075F**
Systolic Blood Pressure greater than or equal to 140 mm Hg	**3077F**
Diastolic Blood Pressure less than 80 mm Hg	**3078F**
Diastolic Blood Pressure 80-89 mm Hg	**3079F**
Diastolic Blood Pressure greater than or equal to 90 mm Hg	**3080F**

Important Note: Must report both Systolic and Diastolic for BP reading

REMOTE BP MONITORING		
CPT CODES		**ICD-10 CM**
93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474		I10
TELEHEALTH VISITS		
ONLINE ASSESSMENT	**TELEPHONE VISITS**	**MODIFIER/POS**
CPT: 98969- 98972, 99421-99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061-G2063	**CPT:** 98966-98968, 99441-99443	**Modifiers:** GT, 95 POS: 02

Codes subject to change

Improving HEDIS Measure:

- Missing BP documentation is considered non-compliant.
- Retake BP if the initial reading is high (≥ 140/90 mm hg), and document and record the lowest systolic and diastolic readings on the same day.
- Review the patient's hypertensive medication history, and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed.
- Do not round up BP values if using a digital machine, record exact values.
- Telephone visits, e-visits, and virtual check-ins are now acceptable settings for BP readings
- Encourage your patient to monitor their BP at home using a digital BP machine. BP readings taken by the member and documented in the member's medical record meet the criteria for this measure.

COLORECTAL SCREENING (COL-E)

Lines of Business: Medicaid, Marketplace, Medicare

Members 45-75 years of age who had appropriate screening for colorectal cancer.

- Fecal occult blood test (FOBT) during the measurement year
- Flexible sigmoidoscopy during the measurement year or the four (4) years before the measurement year.
- Colonoscopy during the measurement year or the nine (9) years before the measurement year.
- CT colonography during the measurement year or the four (4) years before the measurement year.
- Stool DNA (sDNA) with FIT test during the measurement year for the two (2) years prior to the measurement year

Description	Codes	LOINC / SNOMED
Colonoscopy	**CPT:** 44388-44393, 44394, 44401-44408, 45378-45382, 45384, 45386, 45388- 45393, 45398 **HCPCS:** G0105, G0121	**SNOMED:** 8180007, 12350003, 25732003, 34264006, 73761001, 174158000, 174185007, 235150006, 235151005, 275251008, 302052009, 367535003, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 789778002, 1209098000
CT Colonography	**CPT:** 74261 - 74263	**LOINC:** 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3 **SNOMED:** 418714002
Flexible Sigmoidoscopy	**CPT:** 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 **HCPCS:** G0104	**SNOMED:** 44441009, 396226005, 425634007

FOBT Lab Test	**CPT:** 82270, 82274 **HCPCS:** G0328	**LOINC:** 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 **SNOMED:** 104435004, 441579003, 442067009, 442516004, 442554004, 442563002
sDNA FIT Test	**CPT:** 81528	**LOINC:** 77353-1, 77354-9
Exclusion: Members who had Colorectal Cancer or a Total Colectomy		

Codes subject to change

*For a complete list of LOINC/SNOMED Codes access the NCQA Store to download HEDIS Digital Measure Bundles at: store.ncqa.org/hedis-quality-measurement.html

Improving HEDIS Measure

- The medical record must include the date when colorectal cancer screening was performed, and results are reported in the medical history.
- A pathology report that indicates the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed.
- Do Not Count digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.

CARDIAC REHABILITATION (CRE)

Lines of Business: Medicaid, Marketplace, Medicare

Members 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.

Measurement Year: July 1, prior MY - June 30, current MY

Four rates are reported:

- **Initiation:** Members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
- **Engagement 1:** Members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
- **Engagement 2:** Members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
- **Achievement:** Members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event

DESCRIPTION	CPT CODES	HCPCS CODES
Cardiac Rehabilitation	93797, 93798	G0422, G0423, S9472

Codes subject to change

Important Note: Transportation (non-emergency) may be available for rides to the member's rehabilitation sessions.

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

Lines of Business: Medicaid, Marketplace, Medicare ● ● ●

The 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 of the measurement year** and who 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.

Important Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. The denominator can include multiple events for the same individual.

Systemic Corticosteroid Medications

DESCRIPTION	PRESCRIPTION		
Glucocorticoids	■ Cortisone ■ Dexamethasone	■ Hydrocortisone ■ Methylprednisolone	■ Prednisolone ■ Prednisone

Bronchodilator Medications

DESCRIPTION	PRESCRIPTION		
Antichotinergic agents	▪ Aclidinaium bromide ▪ Ipratropium	▪ Tiotropium ▪ Umeclidinium	
Beta 2-agonists	▪ Albuterol ▪ Arformoterol ▪ Formoterol	▪ Indacaterol ▪ Levalbuterol ▪ Metaproterenol	▪ Olodaterol ▪ Salmeterol
Bronchodilator combinations	▪ Albuterol-ipratropium ▪ Budesonide-formoterol ▪ Fluticasone-salmeterol ▪ Fluticasone- vilanterol ▪ Fluticasone furoate-umeclidinium-vilanterol	▪ Formoterol-aclidinium ▪ Formoterol-glycopyrrolate ▪ Formoterol-mometasone ▪ Glycopyrrolate-indacaterol	▪ Olodaterol- ▪ tiotropium ▪ Umeclidinium-vilanterol

Improving HEDIS Measure:

- Schedule a follow-up appointment within 7-14 days of discharge and ensure your patient has the appropriate medications.
- Have members demonstrate the use of inhalers to ensure medication administration is appropriately given.
- Check the Sunshine Health Provider Portal (SunshineHealth.com/login) to ensure that the member has filled medications.
- Refer to SunshineHealth.com/Rx for pharmacy formulary and coverage

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria.

The following rates are reported:

1. Received Statin Therapy: Members dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.

2. Statin Adherence 80%: Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Important Note:
The treatment period is defined as the earliest prescription dispensing date in the measurement year for any statin medication of at least moderate intensity through the last day of the measurement year.

High- and Moderate-Intensity Statin Medications

DESCRIPTION	PRESCRIPTION	MEDICATION LISTS
High-intensity statin therapy	Atorvastatin 40-80 mg	Atorvastatin High Intensity Medications List
High-intensity statin therapy	Amlodipine-atorvastatin 40-80 mg	Amlodipine Atorvastatin High Intensity Medications List
High-intensity statin therapy	Rosuvastatin 20-40 mg	Rosuvastatin High Intensity Medications List
High-intensity statin therapy	Simvastatin 80 mg	Simvastatin High Intensity Medications List
High-intensity statin therapy	Ezetimibe-simvastatin 80 mg	Ezetimibe Simvastatin High Intensity Medications List
Moderate-intensity statin therapy	Atorvastatin 10-20 mg	Atorvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Amlodipine-atorvastatin 10-20 mg	Amlodipine Atorvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Rosuvastatin 5-10 mg	Rosuvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Simvastatin 20-40 mg	Simvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Ezetimibe-simvastatin 20-40 mg	Ezetimibe Simvastatin
Moderate-intensity statin therapy	Pravastatin 40-80 mg	Pravastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Lovastatin 40 mg	Lovastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Fluvastatin 40-80 mg	Fluvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Pitavastatin 1-4 mg	Pitavastatin Moderate Intensity Medications List

Improving HEDIS Measure:

- Encourage patients to enroll in an auto-refill program at their pharmacy.
- Avoid giving samples; only prescriptions with a pharmacy claim are utilized to measure adherence.
- Offer tips to patients such as:
  - Taking the medication at the same time each day
  - Use a pill box
  - Discuss potential side effects and encourage the member to contact the provider and not stop usage.
- Refer to SunshineHealth.com/Rx for pharmacy formulary and coverage

Behavioral Health

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

Lines of Business: Medicaid, Marketplace ● ●

The percentage of children 6–12 years of age newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two rates are reported:

1. **Initiation Phase:** The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase
2. **Continuation and Maintenance (C&M) Phase:** The percentage of members 6–12 years of age with a 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.

Initiation Phase	1st Follow-up Visit	Continuation & Maintenance Phase
■ Dispensed ■ ADHD medication	■ Outpatient Visit with practitioner with prescribing authority ■ No more than 30 days from initiation of prescription.	■ 2nd and 3rd follow-up outpatients visit with practitioner ■ Visits must occur within 270 days after initiation phase has ended

Codes, Medications and Services

CPT® Codes for Initiation, Continuation and Maintenance Phases: 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99219, 99241-99245, 99341-99345, 99347, 99348-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99510

Important Reminder for Continuation and Maintenance Phases of Treatment: *Only one of 2 visits (during days 31-300) may be an e-visit or virtual check-in.* (*CPT codes 98969, 98971, 99421-99444, 99457, G0017, G2010, G2021, G2061-G2063)

ADHD Medications: Dexmethylphenidate, Lisdexamfetamine, Methylphenidate, Clonidine, Guanfacine, Atomoxetine

*All codes subject to change.

Improving HEDIS Measure:

- Prescribe only one month of medication to ensure the member returns to the office within 30 days
- Consider scheduling all three follow-up appointments before leaving the office:
  - Within 30 days of the new prescription
  - Three months
  - Six to nine months
- Educate the child and caregiver(s) about the need to reevaluate whether the medications are working as intended after 2-3 weeks, and to regularly monitor the effects afterward
- Submit the correct CPT codes
- Utilize telehealth as one option for improving compliance

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

Lines of Business: Medicaid, Marketplace, Medicare

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

Two rates are reported:

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

DESCRIPTION	CPT	ICD-10 CM
BH Outpatient	98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391- 99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510	
Major Depression		F32.0–F32.4, F32.9, F33.0–F33.3, F33.41, F33.9

TELEHEALTH VISITS		
ONLINE ASSESSMENT	**TELEPHONE VISITS**	**MODIFIER/POS**
CPT: 98969- 98972, 99421-99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061-G2063	**CPT:** 98966-98968, 99441-99443	**Modifiers:** GT, 95 **POS:** 02

Improving HEDIS Measure:

- Educating your patients is the key to medication compliance.
- Discuss how to take antidepressants and how they work, the benefits, and how long to take them.
- Tell your patients how long they can expect to be on the antidepressants before they start to feel better.
- Stress the importance of taking the medication even if they begin feeling better.
- Talk about common side effects, how long they may last, and how to manage them.
- Let your patient know what to do if they have questions or concerns.
- Monitor with scheduled follow-up appointments.
- Consider a psychotherapy referral for your patients.

METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM-E)

Lines of Business: Medicaid, Marketplace

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

Three rates are reported:

1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.
2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.
3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

DESCRIPTION	CPT/CPT II CODES	LOINC/SNOMED
Cholesterol Lab Test	**CPT:** 82465, 83718, 83722, 84478	**LOINC:** 2085-9, 2093-3, 2571-8, 3043-7, 9830-1 **SNOMED:** 14740000, 28036006, 77068002, 104583003, 104584009, 104586006, 104784006, 104990004, 104991000, 121868005
Glucose Lab Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	**LOINC:** 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0 **SNOMED:** 22569008, 33747003, 52302001, 72191006, 73128004, 88856000, 104686004, 167086002, 167087006, 167088001
HbA1c Lab Test	**CPT:** 83036, 83037	**LOINC:** 17855-8, 17856-6, 4548-4, 4549-2, 96595-4 SNOMED: 43396009, 313835008,
HbA1c Test Results and Findings	**CPT II:** 3044F, 3046F, 3051F, 3052F	**SNOMED:** 165679005, 451061000124104
LDL-C Lab Test	**CPT:** 80061, 83700, 83701, 83704, 83721	**LOINC:** 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7 **SNOMED:** 113079009, 166833005, 166840006, 166841005, 167074000, 167075004, 314036004
LDL-C Test Results and Findings	**CPT II:** 3048F, 3049F, 3050F	

Codes subject to change

*For a complete list of LOINC/SNOMED Codes access the NCQA Store to download HEDIS Digital Measure Bundles at: store.ncqa.org/hedis-quality-measurement.html

Improving HEDIS Measures:

- Individual tests to measure cholesterol and blood glucose levels can be done on the same or different dates of service.
- The use of CPT® Category II codes and supplemental data helps identify clinical outcomes such as HbA1c level. It can also reduce the need for requesting medical chart reviews.
- Go to SunshineHealth.com/providers/Behavioral-health.html for additional resources on care management for individuals with behavioral health challenges.

DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

Lines of Business: Medicaid

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

DESCRIPTION	CPT/ CPT II CODES
Cholesterol Lab Test	**CPT:** 82465, 83718, 83722, 84478
Glucose Lab Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Lab Test	**CPT:** 83036, 83037
HbA1c Test Results and Findings	**CPT II:** 3044F, 3046F, 3051F, ,3052F
LDL-C Lab Test	**CPT:** 80061, 83700, 83701, 83704, 83721
LDL-C Test Results and Findings	**CPT II:** 3048F, 3049F, 3050F

Codes subject to change

Important Note: The member must have both tests to be compliant with the measure.

Improving HEDIS Measure:

- Use appropriate documentation and correct coding
- Educate the patient the need for follow-up appointments to empower shared decision–making between the provider and the patient
- Ensure effective communication between behavioral health and primary care providers in the coordination of care component
- Schedule an annual A1c and LDL-C test

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

Lines of Business: Medicaid ●

The 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 during the measurement year.

DESCRIPTION	CPT/CPT II CODES
Glucose Lab Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Lab Test	**CPT:** 83036, 83037
HbA1c Test Results and Findings	**CPT II:** 3044F, 3046F, 3051F, ,3052F

Codes subject to change

Improving HEDIS Measures:

- Use appropriate documentation and correct coding.
- Teach the patient the need for follow-up appointments to empower shared decision-making between the provider and the patient.
- Ensure effective communication between behavioral health and primary healthcare providers in the coordination of care.
- Maintain appointment availability for patients.
- Outreach to patients who cancel appointments and reschedule as soon as possible.
- Schedule an annual glucose or A1c test.

Diabetes

BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES (BPD)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement year.

DESCRIPTION	CPT-CAT II
Systolic Blood Pressure less than 130 mm Hg	3074F
Systolic Blood Pressure 130-139 mm Hg	3075F
Systolic Blood Pressure greater than or equal to 140 mm Hg	3077F
Diastolic Blood Pressure less than 80 mm Hg	3078F
Diastolic Blood Pressure 80-89 mm Hg	3079F
Diastolic Blood Pressure greater than or equal to 90 mm Hg	3080F
Remote Blood Pressure Monitoring	**CPT:** 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

Codes subject to change

Important Note: The last blood pressure reading of the measurement year is the one utilized in the measure.

Improving HEDIS Measures

- If a member's initial BP reading is elevated at the start of a visit, you can take multiple readings during the same visit and use the lowest diastolic and lowest

systolic to document the overall reading. Retake the member's BP after they have had time to rest.

- The use of CPT – Category II codes helps identify clinical outcomes such as diastolic and systolic readings. It can also reduce the need for some medical chart reviews.
- Encourage your patient to monitor their BP at home using a digital BP machine. BP readings taken by the member and documented in the member's medical record meet the criteria for this measure.

EYE EXAM FOR PATIENTS WITH DIABETES (EED)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of members 18–75 years of age with diabetes (Type 1 and Type 2) who had a retinal eye exam.

DESCRIPTION	CPT/CPT II CODES	HCPCS
Diabetic Eye Exam	**CPT:** 92002,92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202,92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243,99244, 99245	S0620, S0621, S3000
Eye Exam with Evidence of Retinopathy	**CPT II:** 2022F, 2024F, 2026F	
Eye Exam without Evidence of Retinopathy	**CPT II:** 2023F, 2025F, 2033F	
Unilateral Eye Enucleation	**CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	

Codes subject to change

Helpful Documentation Tips:

- At a minimum, documentation in the medical record must include one of the following:
- A note or letter prepared by an ophthalmologist, optometrist, PCP, or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed, and the results.
- A chart or photograph indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist or by a system that provides an artificial intelligence (AI) interpretation.

- Documentation of a negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year, results indicating retinopathy was not present.
- Notate anytime in the member's history of evidence that the member had bilateral eye enucleation or acquired absence of both eyes.

Improving HEDIS Measure:

- Work with a local ophthalmologist or optometrist to establish DRE referral contacts/relationships. Refer to findaprovider.sunshinehealth.com to find-a-provider in-network
- Educate the patients about the difference between an eye exam to get new glasses and a comprehensive diabetic eye exam.
- Documentation of hypertensive retinopathy is considered positive for diabetic retinopathy. An annual comprehensive diabetic eye exam is recommended.

GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD) FORMERLY HBD

Lines of Business: ***Medicaid, Marketplace, Medicare***

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year.

- HbA1c Control <8.0%
- HbA1c Poor Control >9.0%

DESCRIPTION	CPT/CPT II CODES
HbA1c Lab Test	83036, 83037
7%: Most recent HbA1c level less than 7.0% (DM)	3044F
9.0%: Most recent HbA1c greater than 9.0% (DM)	3046F
Most recent HbA1c level greater than or equal to 7.0% and less than or equal to 8.0% (DM)	3051F
Most recent HbA1c level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	3052F

Codes subject to change

Important Note: If multiple HbA1c tests were performed in the measurement year, the result from the last test is utilized to close the HEDIS care gap.

Improving HEDIS Measure:

- The frequency of visits should depend on the level of A1c control; members with elevated A1c levels need to be seen more frequently.
- Schedule follow-up visits and A1c testing with diabetic patients to monitor for changes.
- Document the date of the HbA1c with the results.
- Submit the CPT code for the test performed and the CPT-CAT II codes to report the A1c results and findings.

KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

DESCRIPTION	CPT CODES
Estimated Glomerular Filtration Rate (eGFR)	80047, 80048, 80050, 80053, 80069, 82565
Quantitative Urine Albumin Lab Test	82043
Urine Creatinine Lab Test (uACR)	82570

Codes subject to change

Improving HEDIS Measure:

- Routinely refer members with type 1 or type 2 diabetes to a participating lab for an eGFR and uACR.
- Follow up with patients to discuss their lab results.
- Educate the patient on how diabetes can affect the kidneys and provide tips on preventing damage to their kidneys:
  - Controlling High Blood Pressure
  - Medication Adherence by taking prescribed medication that protects the kidney functionality (ACE inhibitors or ARBs)
  - Offer education on harmful medications to the kidneys (NSAIDS such a naproxen or ibuprofen)
  - Suggest a diet of lower protein and limited salt intake
- Coordinate patient care with specialists (endocrinologist or nephrologist) as needed.

STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

Lines of Business: Medicaid, Marketplace, Medicare

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

Two rates are reported:

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

Improving HEDIS Measure:

- Educate patients on the importance of statin medication adherence.
- Adherence to the SPD measure is determined by the member remaining on their prescribed high or low-intensity statin medication for 80% of their treatment period.
- Adherence is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription).
- Refer to SunshineHealth.com/Rx for pharmacy formulary and coverage.

Diabetic Medication

DESCRIPTION	PRESCRIPTION		
Alpha-glucosidase inhibitors	Acarbose	Miglitol	
Amylin analogs	Pramlintide		
Antidiabetic combinations	Alogliptin-metformin, Alogliptin-pioglitazone Canagliflozin-metformin Dapagliflozin-metformin Empagliflozin-linagliptin Empagliflozin-metformin	Glimepiride-pioglitazone Glipizide- metformin Glyburide- metformin Linagliptin-metformin Metformin-pioglitazone Metformin-repaglinide	Metformin-rosiglitazone Metformin-saxagliptin Metformin-sitagliptin
Insulin	Insulin aspart Insulin aspart-insulin aspart protamine Insulin degludec Insulin detemir Insulin glargine Insulin glulisine	Insulin isophane human Insulin isophane-insulin regular Insulin lispro Insulin lispro-insulin lispro protamine Insulin regular human Insulin human inhaled	
Meglitinides	Nateglinide	Repaglinide	
Glucagon-like peptide-1 (GLP1) agonists	Albiglutide Dulaglutide Exenatide	Liraglutide (excluding Saxenda®) Semaglutide Empagliflozin	
Sodium-glucose cotransporter 2 (SGLT2) inhibitor	Canagliflozin Dapagliflozin (excluding Farxiga®)		
Sulfonylureas	Chlorpropamide Glimepiride	Glipizide Glyburide	Tolazamide Tolbutamide
Thiazolidinediones	Pioglitazone	Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	Alogliptin Linagliptin	Saxagliptin Sitaglipin	

Women's Health

BREAST CANCER SCREENING (BCS-E)

Lines of Business: Medicaid, Marketplace, Medicare

The measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer anytime on or between October 1 – two years before the measurement year through December 31 of the measurement year.

BREAST CANCER SCREENING CODES			
CPT Codes	**ICD10- CM**	**LOINC**	**SNOMED**
Mammogram Outpatient: 77061 -77063 77065-77067	**Bilateral Mastectomy:** Z90.13	**Mammogram:** **24605-8:** MG Breast Diagnostic **24606-6:** MG Breast Screening **26175-0:** MG Breast – bilateral screening **26176-8:** MG Breast – left screening **26177-6:** MG Breast – right screening **26347-5:** MG Breast – left diagnostic **26348-3:** MG Breast – right diagnostic	**Mammogram:** **24623002:** Screening mammography (procedure) **43204002:** Bilateral mammography (procedure) **71651007:** Mammography (procedure) **566571000119105:** Mammography of right breast (procedure) **572701000119102:** Mammography of left breast (procedure)

Important Notes:

- Exclusions: Bilateral mastectomy any time during the member's history

Important Notes (CONT.):

- MRIs, ultrasounds, or biopsies are not included in the numerator, although these procedures may be clinically indicated. These are performed as an adjunct to mammography and do not alone count for this measure.
- BCS – E is reported through Electronic Clinical Data Systems Reporting (ECDS) using the appropriate LOINC or SNOMED codes. Check with your EHR/EMR systems administrator for implementation.

Helpful Documentation Tips:

Proper documentation of mammography and exclusion in the patient's medical record:

- Provide results and findings of mammogram performed
- Document screening in the "medical history "section of the record and update the section annually/biannually

Improving HEDIS Measure:

- Ensure an order or prescription for a mammogram is given during annual wellness visits and/or well-woman exams for women 50–74 years old.
- Consider implementing a standing order and/or automated referrals for members eligible for mammography.
- It's important to submit the appropriate ICD-10 diagnosis code for a member's history of bilateral mastectomy, Z90.13

CERVICAL CANCER SCREENING (CCS)

Lines of Business: Medicaid, Marketplace

The measure evaluates the percentage of Women 21-64 years of age who were screened for cervical cancer using the following criteria:

- Women 21-64 years of age who had cervical cytology performed within the 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

CERVICAL CANCER SCREENING CODES		
CPT Codes	**HCPCS Codes**	**ICD 10 – CM**
Cytopathology, Cervical and Vaginal 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	**Cytopathology, Cervical and Vaginal** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	**Absence of Cervix:** Q51.5, Z90.710, Z90.712
Exclusions: ▪ Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the member's history through December 31 of the measurement year		

Codes subject to change

Helpful Documentation Tips:

- Documentation in the medical record indicating the date when the cervical cytology was performed with results.
- Any of the following documentation meets criteria for exclusion:
  - **"complete, "total", or "radical" hysterectomy** (abdominal, vaginal, or unspecified)
  - **"vaginal hysterectomy"**
  - **"vaginal pap smear"** in conjunction with documentation or "hysterectomy"
  - **"hysterectomy"** in combination with documentation that the patient no longer needs pap testing/cervical cancer screening.

Improving HEDIS Measure:

- Use **ICD-10-CM: Q51.5, Z90.710, or Z90.712** to indicate the exclusion (acquired absence of cervix/uterus).
- The medical record must have cervical cytology test results and hrHPV results documented, even if the member self-reports being previously screened by another provider.

CHLAMYDIA SCREENING (CHL)

Lines of Business: Medicaid, Marketplace

The measure evaluates the percentage of women 16-24 years of age who were identified as sexually active and who has at least one test for chlamydia during the measurement year.

DESCRIPTION	CPT CODES
Chlamydia Screening Lab Tests	87110, 87270, 87320, 87490, 87491, 87492 87810

Consider Using the CDC Expediated Partner Therapy (EPT) Program

The CDC recommends using the Expedited Partner Therapy (EPT) Program to prevent the spread of chlamydia to other partners or from going back and forth between partners. Providers can write prescriptions for partners without examining the partner. If the name of the partner is unknown, the prescription can be written for Expedited Partner Therapy. The partner is responsible for the payment of the medication or will have to use their personal prescription drug coverage.

Improving HEDIS Measure:

Providers should order an annual chlamydia screening for female patients between the ages of 15 years old (who will turn 16 years old by December 31 of the measurement year) and 24 years old, who are present in the office for any of the following reasons:

- Any time a urine screening is performed
- Pregnancy testing
- Contraception services
- Annual gyn exam
- Prior history of sexual abuse or assault
- Prior history of sexually transmitted infections (STI)
- Add chlamydia screening as a standard lab for women 16–24 years old. Use well-child exams and well-women exams for this purpose.

PRENATAL AND POSTPARTUM CARE (PPC)

Lines of Business: Medicaid, Marketplace

Members who delivered on or between October 8 of the year prior to the measurement year October 7 of the measurement year will the following facets of prenatal and postpartum care.

Provider must be an OB/GYN or other prenatal practitioner (Nurse Practitioner, Physician's Assistant or Nurse Midwife in the OB/GYN practice) or a Primary Care Provider (PCP).

For a prenatal visit to a PCP, the diagnosis of pregnancy is required.

- **Timeliness of Prenatal Care:** Members who 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:** Members that received a postpartum visit on or between 7 and 84 days after delivery

PRENATAL CARE			
PRENATAL CARE CODES			
CPT Codes	**HCPCS Codes**	**CPT II – Codes**	**ICD 10 – CM**
Prenatal Visit – Standalone: 99500 **Prenatal Bundled Services:** 59400, 59425, 59426, 59510, 59610, 59618	**Prenatal Visits – Standalone:** H1000 -H1004 **Prenatal Bundled Services:** H1005 **Prenatal Visits:** G0463, T1015	**Prenatal Visit Standalone:** 0500F, 0501F, 0502F	**Pregnancy Diagnosis:** Z03.71-Z03.75, Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90- Z34.93, Z36, Z36.0-Z36.5, Z36.81- Z36.89, Z36.8A, Z36

Codes subject to change

Prenatal Care – Documentation Medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:
A basic physical OB exam with any of the following: ▪ Auscultation for fetal heart tone ▪ Pelvic exam with obstetric observations ▪ Measurement of fundus height (a standardized prenatal flow sheet may be used)

Evidence that a prenatal care procedure was performed, such as:

- Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing)
- TORCH antibody panel
- A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
- Ultrasound of a pregnant uterus

Documentation of LMP, EDD, or gestational age in conjunction with either of the following:

- Prenatal risk assessment and counseling/education
- Complete obstetrical history

The following do not count as prenatal visits:

- Visits that occur on the date of the delivery
- A Pap test
- A visit conducted only by an RN or LPN

POSTPARTUM CARE			
POSTPARTUM CARE CODES			
CPT Codes	**HCPCS Codes**	**CPT II Codes**	**ICD-10 CM**
Postpartum Visit Standalone: 99501, 57170, 58300, 59430 **Postpartum Bundled Services:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	**Postpartum Visit Standalone:** G0101	**Postpartum Visit Standalone:** 0503F	**Postpartum Diagnosis:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Cervical Cytology: 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175	**Cervical Cytology:** G0123, G0124, G0141, G0143 – G0145, G0147, G0148, P3000, P3001, Q0091		

TELEHEALTH VISITS Use the appropriate diagnosis codes for prenatal and postpartum telehealth visits			
CPT Codes	**HCPCS Codes**	**ICD-10 CM**	**Modifiers/ Place of Service**
Online Assessment: 98969-98972, 99421-99444, 99457, 99458 **Telephone Visits:** 98966-98968, 99441-99443	**Online Assessment:** G0071, G2010, G2012, G2061-G2063, G2250-G2252	**Pregnancy Diagnosis:** Z03.71-Z03.75, Z03.79, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90- Z34.93, Z36, Z36.0-Z36.5, Z36.81-Z36.89, Z36.8A, Z36 **Postpartum Diagnosis:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	**Modifiers:** 95, GT **POS:** 02

Codes subject to change

Postpartum Care – Documentation **Medical Record must include a note indicating the date when the postpartum visit occurred, and evidence of one of the following:**
Evaluation of weight, BP, breasts, and abdomen ▪ Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component
Notation of postpartum care, including but not limited to: ▪ Notation of "postpartum care," "PP care," "PP check," "6-week check" ▪ A preprinted "Postpartum Care" form on which information is documented during the visit ▪ Perineal or cesarean incision/wound check ▪ Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders ▪ Glucose screening for women with gestational diabetes
Documentation of any of the following topics: ▪ Infant care or breastfeeding ▪ Sleep/fatigue ▪ Resumption of intercourse, birth spacing or family planning ▪ Resumption of physical activity and attainment of healthy weight

Important Notes:

- A Pap test **ALONE** is acceptable documentation for the postpartum visit, if it is in conjunction with a visit in the acceptable time frame with an appropriate provider type as it provides evidence of a pelvic exam.
- **Appropriate Coding:**
  - There are times when providers submit the global bill for maternity service prior to the postpartum visit. In these cases when a member has a postpartum visit, submit a claim on the date of the postpartum visit with the appropriate CPT/CPT II code and ICD-10 code for postpartum care.

PRENATAL IMMUNIZATION STATUS (PRS-E)

The percentage of deliveries in the measurement year (Jan. 1 – Dec. 31) in which members had received influenza, and tetanus, diphtheria toxoids and acellular pertussis (Tdap).

Clinical recommendation:
Advisory Committee on Immunization Practices **(ACIP)** clinical guidelines recommend that all women who are pregnant or who might be pregnant in the upcoming influenza season receive inactivated influenza vaccines. ACIP also recommends that pregnant women receive one dose of Tdap during each pregnancy, preferably during the early part of gestational weeks 27–36, regardless of prior history of receiving Tdap.

DESCRIPTION	CPT CODES	SNOMED
Adult Influenza Vaccine	90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756	86198006
Tdap Vaccine	90715	390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105

Codes subject to change

Improving HEDIS Measure:

- Educate members regarding the importance of influenza and Tdap immunizations during pregnancy
- Address member concerns of anxiety and fear regarding immunization during pregnancy
- Document all immunizations in the state registry, EMR if applicable, and capture via claim

Child & Adolescent Health

WELL- CHILD VISIT IN THE FIRST 30 MONTHS OF LIFE (W30)

Lines of Business: Medicaid, Marketplace ● ●

Members who had the following number of well-child visits with a PCP during the last 15 months.

Two reported rates:

1. Well–Child Visits in the first 15 months: Children who turned 15 months old during the measurement year. The member should have 6 or more visits on or before 15 months.

2. Well–Child Visits age 15 months – 30 months: Children who turned 30 months old during the measurement year. The member should have 2 or more visits on or before 30 months.

Important Note:

- EPSDT preventive visits that occur at 15 months and 1 day old, will NOT count towards W30 for 0-15 months HEDIS rates.

Improving HEDIS Measure:

- Members 0 through 30 months should receive preventive visits throughout the year according to a specific time frame.
- Handouts given to a parent without documentation of discussion does not meet the criteria for health education /anticipatory guidance.
- Document all appropriate screening requirements according to AAP/Bright Futures.
- Perform a well–visit exam during a follow-up or sick visit when medically appropriate.
- EPSDT preventative medical visits that occur at 15 months and 1 day old will not count towards (W30) 0-15 months HEDIS care gap outcomes.

CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)

Lines of Business: Medicaid, Marketplace ● ●

Members 3–21 years of age who had at least 1 comprehensive Well-Care Visit with a PCP or OB/GYN practitioner during the measurement year.

- Components of comprehensive Well-Care Visit includes:
  - Health history
  - Physical developmental history
  - Mental developmental history
  - Physical exam
  - Health education/ anticipatory guidance

Improving HEDIS Measure:

- Perform Well-Child Visits during a sports physical visit. Use the appropriate CPT and ICD-10 codes to ensure HEDIS care gap outcomes.
- A handout given to a parent without documentation of a discussion does not meet the criteria for health education /anticipatory guidance.
- During every visit, it is important to discuss weight, BMI, nutrition counseling, and the importance of physical activity.

Appropriate Codes for W30 and WCV HEDIS Measure

Preventative Visits

CPT	New Patient	CPT	Established Patient	Modifier
99381	**Age:** < 1 year	**99391**	**Age:** < 1 year	EP
99382	**Age:** 1 – 4	**99392**	**Age:** 1 – 4	EP
99383	**Age:** 5 -11	**99393**	**Age:** 5 -11	EP
99384	**Age:** 12 – 17	**99394**	**Age:** 12 – 17	EP
99385	**Age:** 18 – 21	**99395**	**Age:** 18 – 21	EP

ICD-10 CM Codes with Age parameters	
Z00.110	**Age:** 0 – 7 days
Z00.111	**Age:** 8 – 28 days
Z00.121 or Z00.129	**Age:** 29 day – 14 years
Z00.00 or Z00.01	**Age:** 15 years – 17 years
Z00.121 or Z00.129 ; Z00.00 or Z00.01	**Age:** 18 years – 20 years
Z02 – Z02.89	**Age:** 0 – 20 years

Codes subject to change

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

Lines of Business: Medicaid, Marketplace ● ●

Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:

- BMI Percentile documentation*
- Counseling for Nutrition
- Counseling for Physical Activity

*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Appropriate Codes for WCC HEDIS Measure

Description	ICD-10 CM	CPT Codes	HCPCS Codes
BMI percentile (use for 2–20 years of age)	Z68.51 - Z68.54		
Encounter for examination of participation in sport	Z02.5		
Exercise counseling	Z71.82		
Nutrition Counseling	Z71.3	97802, 97803, 97804	G0270,G0271, G0447, S9449, S9452, S9470

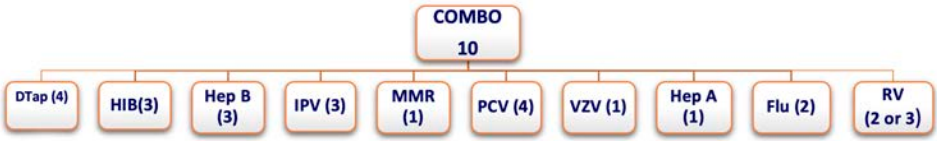
Codes subject to change

Improving HEDIS Measure:

- Documentation must include patient's height, weight, and BMI percentile notated in the medical record or plotted on a BMI age growth chart.
- Use every office visit (including sick visits) as an opportunity to provide education on physical activity, nutrition counseling, and BMI percentile calculations.
- Use appropriate CPT/ICD-10 codes to ensure HEDIS care gaps outcomes. This reduces medical record/chart review.

CHILDHOOD IMMUNIZATION STATUS (CIS)

Lines of Business: Medicaid, Marketplace



The measure calculates a rate for each vaccine and three combination rates.

Appropriate Codes for CIS HEDIS Measure

Immunizations

Vaccine	CPT Codes	Vaccine	CPT Codes
DTap	90697, 90698, 90700, 90723	**PCV**	90670
PV	90697, 90698, 90713, 90723	**HepA**	90633
MMR	90707, 90710	**RV – 2 doses**	90681
HiB	90644, 90647,90648, 90697,90698, 90748	**RV – 3 doses schedule**	90680
HepB	90697,90723, 90740, 90744,90747, 90748	**FLU – 2 doses**	90655, 90657, 90661, 90673, 90685-90689

Codes subject to change

COMBO 3: Compliant for DTaP, IPV, MMR, HiB, VZV and PCV
COMBO 10: Compliant for all vaccinations in Combo 3 plus compliant for Hep A, RV and influenza

The appropriate vaccine administration codes, when administering VFC vaccines, as they apply:

CPT	Description
90460	Immunization administration through 18 years of age via any route of administration with counseling by physician or other qualified healthcare professional; first or only component of each vaccine or toxoid administered
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/ toxoid) each additional vaccine (single or combination vaccine/toxoid) List separately in addition to code for primary procedure
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)
90474	Immunization administration by intranasal or oral route; each additional vaccine combination vaccine/toxoid) List separately in addition to code for primary procedure

Codes subject to change

Improving HEDIS Measure:

- Timely submission of claims and encounter data to capture gap closure.
- Notate the name of the antigen and the date of the immunization.
- Document if the member received the immunization "at delivery" or "in the hospital" meet the criteria (e.g., Hep B).
- Overdue immunization and lead testing can be administered during a sick visit when medically appropriate.
- Anaphylaxis due to vaccine is numerator compliant for DTap, HepB, HiB, and Rotavirus.
- Encephalitis due to vaccine is numerator complaint for DTap only
- Use applicable SNOMED codes for Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine: 428281000124107, 428291000124105:

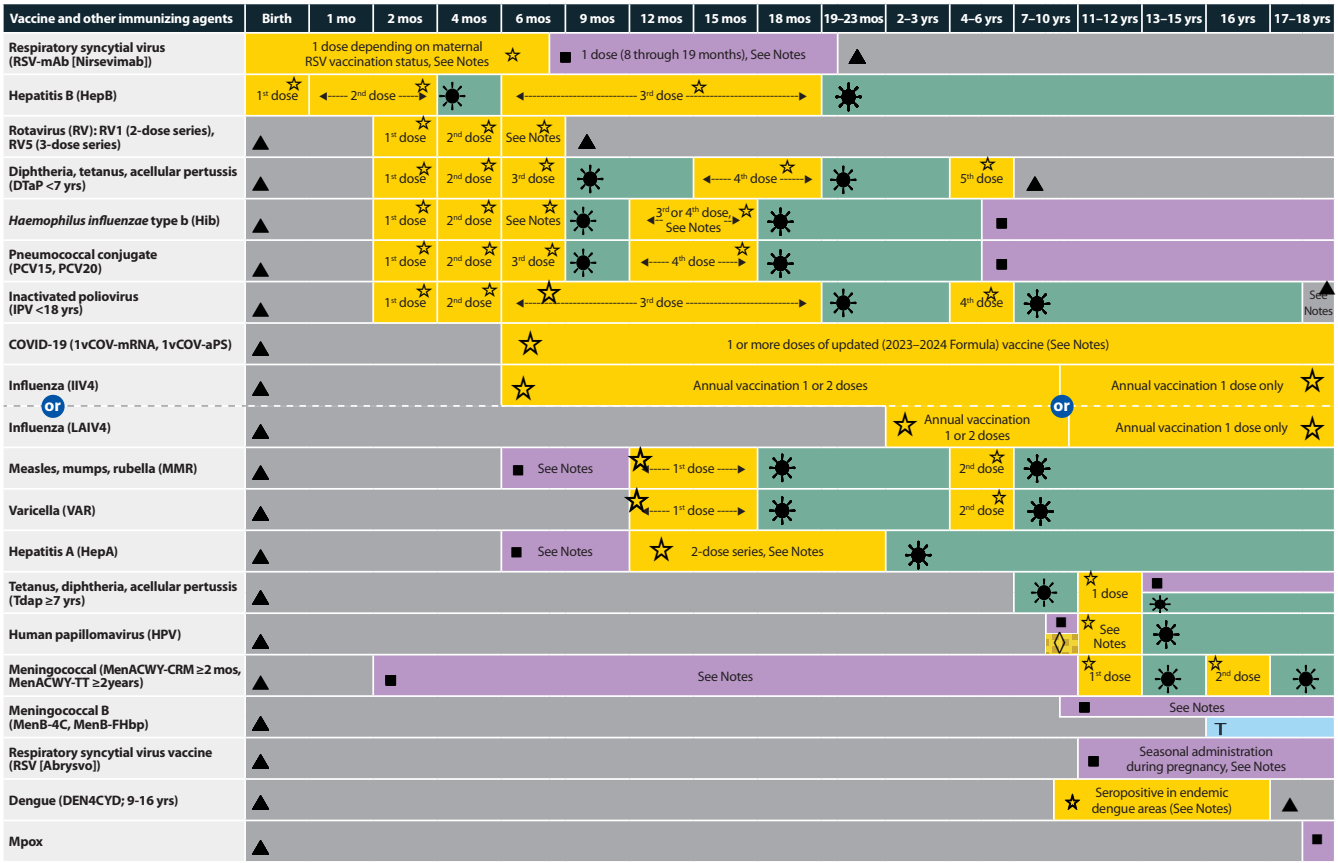
Important Note:

- If the child is 2 years and 1 day old when services are rendered the member is non-compliant for HEDIS ratings.
- A Parent/guardian refusal of vaccinations is not a valid exclusion for HEDIS standards.

Note: Please always follow the State and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission. The codes and tips listed do not guarantee reimbursement.

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).

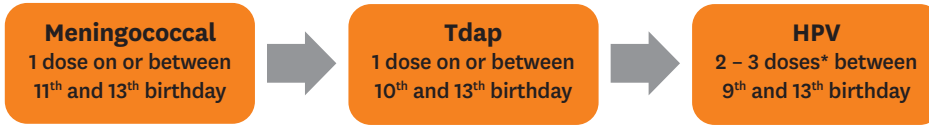


IMMUNIZATIONS FOR ADOLESCENTS (IMA)

Lines of Business: Medicaid, Marketplace

The percentage of adolescents 13 years of age who completed immunizations on or before the member's 13th birthday.

The measure calculates a rate for each vaccine and two combination rates.



The following criteria meets HPV – HEDIS standards

- **Two** HPV doses **146 days apart** OR **three** HPV doses with different dates of service between the member's **9th and 13th birthday**

Appropriate Codes for IMA HEDIS Measure

Vaccine	CPT Codes
Meningococcal	90619, 90733, 90734
Tdap	90715
HPV	90649 - 90651

Codes subject to change

Improving HEDIS Measure:

- Timely submission of claims and encounter data to capture gap closure.
- Notate the name of the antigen and the date of the immunization.
- Anaphylaxis due to vaccine is numerator compliant for any of the antigens.
- Use applicable SNOMED codes for Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine: 428281000124107, 428291000124105:

Important Note:

- If the child is 13 years and 1 day old when services are rendered the member is **non-compliant** for HEDIS ratings.
- Schedule a nurse-only immunization visit to ensure member has received 2nd HPV or other vaccines on or before 13th birthday.

For additional information please reference The Centers for Disease Control and Prevention at: cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

LEAD SCREENING IN CHILDREN (LSC)

Lines of Business: Medicaid, Marketplace ● ●

Children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Appropriate Code for LSC HEDIS Measure

Description	CPT Code
Lead Screening	83655

Codes subject to change

Improving HEDIS Measure:

- Lead screening must be performed on or before the child's 2nd birthday to be compliant.
- Check for compliance with immunizations and lead screening at an 18-month well-child visit before 2 years old.
- A lead risk assessment does not satisfy the venous blood lead requirement for Medicaid members regardless of the risk score.
  - EPSDT: Blood lead testing is required at 12 months and 24 months for all Medicaid-eligible children regardless of the responses to the questions in the lead screening assessment.
- If using a Certified Lead Analyzer, then bill with the appropriate CPT code 83655.

ORAL EVALUATION, DENTAL SERVICES (OED)

Lines of Business: Medicaid, Marketplace ● ●

The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

Appropriate Codes for OED HEDIS Measure

Description	ADA Codes
Periodic exam – established patient	D0120
Comprehensive Oral Evaluation, new or established patient	D0150
Patients under three years old, reported for the first, and any subsequent evaluation until child reaches the age 3	D0145

Codes subject to change

Improving HEDIS Measure:

- Educate the parent/caregiver on the importance of good oral health. Encourage them to start early and establish a primary dental provider (PDP) for Oral Evaluation and Dental Services.
- Refer patient to schedule with their Primary Care Dental Provider for dental services.
- Advise the parent to contact Sunshine Health or access to our website: SunshineHealth.com to "Find a Doctor" in their area with convenient office hours.
- Federally Qualified Health Centers (FQHC) and Rural Health Clinics/Centers (RHC) can serve as a Primary Care Dental Home.

TOPICAL FLUORIDE FOR CHILDREN (TFC)

Lines of Business: Medicaid, Marketplace

Members 1 to 4 years of age who received during the measurement year.

Appropriate Code for TFC HEDIS Measure

Description	CPT Code
Application of fluoride varnish by a primary care provider (PCP) during an EPSDT visit	99188

Codes subject to change

Improving HEDIS Measure:

- Primary care setting can start applying fluoride varnish with the first tooth eruption and apply it every 3- 6 months.
- Fluoride is essential for preventing dental caries and tooth decay.
- Perform an Oral Health Risk Assessment to determine any risk factors.
- Educate the parent/caregiver on the importance of good oral health. Encourage them to start early and establish a primary dental provider (PDP) for Oral Evaluation and Dental Services.
- Educate the parent on how to clean all surfaces of the teeth and gums twice a day, in the morning and before going to bed.

DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE (DEV-CH)

Lines of Business: Medicaid, Marketplace

A Developmental Screening using a STANDARDIZED DEVELOPMENTAL SCREENING TOOL must be performed at 9 months, 18 months, and 30 months during a preventive Well Child Visit. Tools must meet the following criteria:

a) Developmental domains:
The following domains must be included in the standardized developmental screening tool:

- motor (fine and gross)
- language
- cognitive
- social-emotional

b) Established reliability: Reliability scores of approximately 0.70 or above.

c) Established findings regarding the validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s).

d) Established sensitivity/specificity: Sensitivity and specificity scores of approximately 0.70 or above.

The following tools meet the above criteria and are included in the Bright Futures for Preventive Care, which reference the updated January 2020 American Academy of Pediatrics (AAP) Statement:

Acceptable Screening Tools

- Ages and Stages Questionnaire - 3rd Edition (ASQ-3) – 1- 6 months
- Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months
- Bayley Infant Neurodevelopmental Screen (BINS) - 3 months to 2 years
- Brigance Screens-II - Birth to 90 months
- Child Development Inventory (CDI) - 18 months to 6 years
- Infant Development Inventory - Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) - Birth to 8 years
- Parents' Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)
- Survey of Well-being of Young Children (SWYC) – 1 to 65 months

Standardized tools focused on one domain, such as: M-CHAT, and ASQ-SE (social-emotional) are **NOT ACCEPTABLE**.

To meet requirements providers performing a developmental screening must bill **CPT code 96110 with the EP modifier and the appropriate preventive ICD-10-CM code.** The provider can also send in medical records that indicate a date on which the test was performed, the standardized tool used, and evidence of a screening result or score.

Documentation Tips

The medical record must contain:

- The date on which the screening was performed
- A copy of the completed standardized tool
- The screening result or screening score

If follow-up is indicated, document:

- The follow-up assessment
- Therapeutic interventions used
- Referrals made
- Treatments received

General Health

AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/ BRONCHIOLITIES (AAB)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.

Intake Period: July 1, prior MY2023 – June 30, current MY2024

Description	ICD -10 CM Codes
Chronic Obstructive Pulmonary Disease (COPD)	J44.0, J44.1, J44.9
Emphysema	J43.0-J43.2, J43.8, J43.9
Chronic Bronchitis	J41.0, J41.1, J41.8

Codes subject to change

Important Note:

- A higher rate indicates appropriate treatment (i.e., the portion for whom antibiotics were not prescribed).
- If a patient warrants a prescription for antibiotics, include the appropriate diagnosis that supports the use of antibiotics including bacterial infections and/or chronic conditions.

Improving HEDIS Measure:

- Members treated for acute bronchitis should NOT be prescribed antibiotics unless there are co-morbid conditions or competing diagnoses that require antibiotic therapy.
- Educate patients on the difference between viral and bacterial infections.
- Suggest at-home treatments such as:
  - Over-the-Counter (OTC) cough medicine and anti-inflammatory medicine
  - Drinking extra fluids and rest
  - Using a nasal irrigation device or steamy hot shower for nasal and sinus congestion relief
- If the patient or Caregiver insists on an antibiotic:
  - Explain that unnecessary antibiotics can be harmful.
  - Provide a prescription for symptom relief instead of an antibiotic, if appropriate.
  - Arrange an early follow-up visit, either by phone call or re-examination.

ASTHMA MEDICATION RATIO (AMR)

Lines of Business: Medicaid, Marketplace

Members 5–64 years of age 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.

Intake Period: July 1, prior MY2023 – June 30, current MY2024

Step 1: For each member, count the units of asthma controller medications (Asthma Controller Medication List) dispensed during the measurement year.

Step 2: For each member, count the units of asthma reliever medications (Asthma Reliever Medication List) dispensed during the measurement year.

- For each member, sum the units calculated in steps 1 and step 2 to determine units of total asthma medications.
- For each member, calculate the ratio using the following formula:
  * Units of Controller medications/Units of Total Asthma Medications

Asthma Controller Medications

Antibody inhibitors	Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	Dupilumab	Dupilumab Medications List	Injection
Anti-interleukin-5	Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	Reslizumab	Reslizumab Medications List	Injection

Description	Prescriptions	Medication Lists	Route
Inhaled steroid combinations	Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	Zileuton	Zileuton Medications List	Oral
Methylxanthines	Theophylline	Theophylline Medications List	Oral

Asthma Reliver Medications

Description	Prescriptions	Medication Lists	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

Refer to SunshineHealth.com/Rx for pharmacy formulary and coverage

APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

Lines of Business: Medicaid, Marketplace, Medicare

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.

Intake Period: July 1, prior MY2023 – June 30, current MY2024

Description	CPT Codes	ICD-10 CM
Group A Strep Tests	87070, 87071, 87081, 87430, 87650 -87652, 87880	
Pharyngitis		J02.0, J02.8, J02.9
Tonsilitis		J03.00, J03.01, J03.01, J03.80, J03.81, J03.90, J03.91

Codes subject to change

Improving HEDIS Measure:

- Perform a rapid strep test or throat culture to confirm the diagnosis before prescribing Antibiotics.
- Educate patients that an antibiotic is not necessary for viral infections if a rapid strep test and/or throat culture is negative.
- Submit any co-morbid diagnosis codes that apply to claim submission.
- Clinical guidelines recommend a strep test when the only diagnosis is pharyngitis.
- Strep tests can be either a rapid strep test or a lab test.
- Strep testing must be done in conjunction with dispensing of antibiotics.

APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION (URI)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

Intake Period: July 1, prior MY2023 – June 30, current MY2024

Description	ICD-10 CM
URI	J00, J06.0, J06.9
Pharyngitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

Codes subject to change

Important Note:

- A higher rate indicates appropriate URI treatment. It describes the episodes that did not result in an antibiotic being dispensed.
- In prescribing an antibiotic, list all competing or comorbid diagnosis codes on the claim when submitting (e.g., acute pharyngitis, acute sinusitis, otitis media, emphysema, COPD, chronic bronchitis).

Improving HEDIS Measure:

- Discuss facts, including:
  - A majority of URIs are caused by viruses, not bacteria.
  - Antibiotics will not help a patient get better or feel better when diagnosed with a viral infection.
  - Taking antibiotics when not indicated could cause more harm than good.

USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of members 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Description	CPT Codes
Imaging Study	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080 – 72084, 72100, 72110, 72114, 72120, 72125 – 72133, 72141, 72142, 72146, 72147 -72149, 72156 -72158, 72200, 72202, 72220

Codes subject to change

Important Note:

A higher score indicates appropriate treatment of low back pain. It describes the proportion for whom imaging studies did not occur.

Improving HEDIS Measure:

- Avoid ordering diagnostic studies in the first 6 weeks of newly diagnosed onset back pain in absence of - cancer, recent trauma, neurologic impairment, or IV drug abuse.
- Educate the patient on methods of comfort for pain relief, stretching exercises, and activity level.
- Identify the reason for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors).
- Submit the correct exclusion ICD-10 codes when applicable.

Opioid Use & Treatment

RISK OF CONTINUED OPIOID USE (COU)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

1. **The percentage of members with at least 15 days of prescription opioids in a 30-day period.**
2. **The percentage of members with at least 31 days of prescription opioids in a 62-day period.**

Intake period: **November 1, prior MY2023– October 31, current MY2024**

Important Note:

- A lower rate indicates better performance.
- Data is captured with pharmacy claims submission for opioid medications filled.

Improving HEDIS Measure:

- Prescribe the lowest effective dose of opioids for the shortest period needed.
- Schedule follow-up appointments to assess pain management.
- Develop a treatment plan with the patient who is ready to cut down on prescriptions.
- Discuss with patient's alternative pain management methods to lower their risk of developing opioid dependence.

USE OF OPIOIDS AT HIGH DOSAGE (HDO)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.

- MME: Morphine milligram equivalent. The dose of oral morphine is the analgesic equivalent of a given dose of another opioid analgesic.
  - A daily dose is calculated using the units per day, strength, and the MME conversion factor (different for each drug)
  - The total sum of the MME daily doses calculated and averaged for all opioids dispensed to the member

Important Note:

- A lower rate indicates better performance.
- Data is captured with pharmacy claims submission for opioid medications filled.

Improving HEDIS Measure:

- A lower rate is a better performance. Member is compliant if the average daily dose of MME is <90.
- Assess the benefits and any potential side effects with the patient within 1-4 weeks of starting opioid therapy for chronic pain or dosage increase.
- Schedule follow-up appointments before they leave the office.
- Use the lowest dosage of opioids in the shortest length of time when possible.
- Review the members' history of controlled substance prescriptions.

PHARMACOTHERAPY FOR OPIOID USE DISORDER (POD)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Intake period: July 1, prior MY2023 – June 30, current MY2024

Improving HEDIS Measure:

- Promote compliance and encourage treatment for a minimum of 180 days:
  - Educate patients with OUD on the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.
  - Identify and address any barriers:
    - Keeping appointments
    - Timely medication refills
    - Set reminder calls to confirm appointments.

USE OF OPIOIDS FROM MULTIPLE PROVIDERS (UOP)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, who received opioids from multiple providers.

Three rates are reported.

1. **Multiple Prescribers:** The percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. **Multiple Pharmacies:** The percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. **Multiple Prescribers and Multiple Pharmacies:** The percentage of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the percentage of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

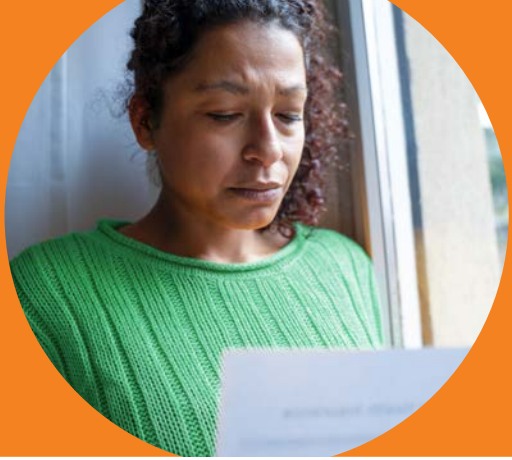
Important Note:

- A lower rate indicates better performance for all three rates.
- Data is captured with pharmacy claims submission for opioid medications filled.

Improving HEDIS Measure:

- Identify an alternative pain management method to reduce the patient's risk of developing opioid dependence.
- Stay informed on the latest opioid research and guidelines available by visiting the websites at:
  CDC - cdc.gov/opioids/guideline-update/
  HHS - hhs.gov/opioids/
- Ensure patients take medication only as directed. They should never adjust the schedule or dosage on their own.

Identifying Members' Social Health Needs



SOCIAL NEED SCREENING AND INTERVENTION (SNS-E)

Lines of Business: Medicaid, Marketplace, Medicare

The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

- **Food Screening:** The percentage of members who were screened for food insecurity.
- **Food Intervention:** The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.
- **Housing Screening:** The percentage of members who were screened for housing instability, homelessness, or housing inadequacy.
- **Housing Intervention:** The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness, or housing inadequacy.
- **Transportation Screening:** The percentage of members who were screened for transportation insecurity.
- **Transportation Intervention:** The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.

Description	Codes
Food Insecurity	**CPT:** 96156,96160,97802-97804 **HCPCS:** S5170, S9470
Homelessness **Housing Instability** **Inadequate Housing** **Transportation Insecurity**	**CPT:** 96156, 96160, 96161

Codes subject to change

Important Note:

SNOMED CODES for Social Health Needs (SNS-E) is a list of codes reflecting social services provided through a case manager, coordination of care, referrals, agency assistance, educational resources and more. For a complete list of LOINC/SNOMED Codes access the NCQA Store to download HEDIS Digital Measure Bundles at: store.ncqa.org/hedis-quality-measurement.html

SNOMED Codes for SNS- E			
Food Insecurity	**Homelessness & Housing Instability**	**Inadequate Housing**	**Transportation Insecurity**
1759002	308440001	49919000	308440001
61310001	710824005	308440001	710824005
103699006	711069006	710824005	711069006
308440001	1148446004	711069006	1148446004
385767005	1148447008	1148446004	1162436000
710824005	1148812007	1148813002	1230338004
710925007	1148814008	1148815009	461481000124109
711069006	1148817001	1148823006	462481000124102
713109004	1148818006	1162436000	462491000124104
1002223009	1162436000	1230338004	464001000124109
1002224003	1162437009	461481000124109	464011000124107
1002225002	1230338004	462481000124102	464021000124104
1004109000	461481000124109	462491000124104	464131000124100
1004110005	462481000124102	464001000124109	464161000124109
1148446004	462491000124104	464011000124107	464291000124105
1162436000	464001000124109	464021000124104	464301000124106
1230338004	464011000124107	464131000124100	464311000124109
441041000124100	464021000124104	464161000124109	464611000124102
441201000124108	464131000124100	464291000124105	470231000124107
441231000124100	464161000124109	464301000124106	470591000124109

Codes subject to change

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Identifying Members – Social Health Needs

IMPROVING THE COLLECTION OF SDOH data with ICD-10-CM Z-CODES

At Sunshine Health, we work to improve not only the health of our members, but also the economic and social issues that can act as barriers to proper care. Social factors, including education, social supports, and poverty, can affect a person's risk factors for premature death and life expectancy.

Assessing the impacts of SDOH is essential to the achievement of greater health equity. The first step to improving health equity is to measure it.

How to Document SDOH

Discussing SDOH with your patients is the first step in helping to address social risk. When you submit claims, please add the appropriate supplemental ICD-10 diagnosis codes that identify SDOH. Utilizing these codes will allow providers and Sunshine Health to collect data and identify solutions that best align with the patient's needs

Commonly Used SDOH ICD-10 CM Codes

ICD-10-CM	Description
Z55	Problems related to education and literacy
Z56	Problems related to employment and unemployment
Z57	Occupational exposure to risk factors
Z58	Problems related to physical environment
Z59	Problems related to housing and economic circumstances
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances
Z64	Problems related to certain psychosocial circumstance
Z65	Problems related to other psychosocial circumstance

Codes subject to change

Important note:

- Refer to 2024 ICD-10-CM coding manual for additional sub-codes for SDOH
- Access New FY2024 - ICD-10-CM Official Guidelines for Coding and Reporting for additional updates at: cms.gov/files/document/fy-2024-icd-10-cm-coding-guidelines.pdf

sunshine health

Resource Information

Resource	Site
NCQA Electronic Clinical Data System	store.ncqa.org/hedis-quality-measurement.html
Sunshine Health Quality Program – HEDIS Resources ▪ HEDIS Quick Reference Guides, Provider Toolkits, and Provider HEDIS Tip Sheets	SunshineHealth.com/providers/quality-improvement.html
American Academy of Pediatrics (AAP) – Bright Futures	aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/
Advisory Committee on Immunization Practices (ACIP)	cdc.gov/vaccines/acip/recommendations.html
EPSDT Services – Health Check Program Manual	**SunshineHealth.com/providers/provider-training/model-of-care-provider-training1.html**
Sunshine Health – Pharmacy Preferred Drug List (PDL)	SunshineHealth.com/Rx

Sunshine Health, Children's Medical Services (CMS) Health Plan, Ambetter from Sunshine Health and Wellcare are affiliated products serving Medicaid, Health Insurance Marketplace, and Medicare members, respectively.

The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.

CONTACT INFORMATION FOR PROVIDER SERVICES

Sunshine Health, Children's Medical Services (CMS) Health Plan
1-844-477-8313, Monday through Friday from 8 a.m. to 8 p.m. Eastern
SunshineHealth.com

Ambetter from Sunshine Health
1-877-687-1169 (Relay Florida 1-800-955-8770)
Monday through Friday from 8 a.m. to 8 p.m. Eastern
Ambetter.SunshineHealth.com

Wellcare
1-855-538-0454 (TTY 711)
Monday through Friday from 8 a.m. to 8 p.m. Eastern
Wellcare.com/Florida

P.O. Box 459089
Fort Lauderdale, FL 33345-9089

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