



# 2026 LDH/MCO HEDIS Priority Measures

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For a complete list of codes, please visit the NCQA website at [ncqa.org](http://ncqa.org), or see the HEDIS value sets. Only subsets of the NCQA-approved codes are listed in this document.

*For additional information see the 2025 HEDIS Toolkit on the LHCC website.*

# Quick Reference Guide

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# (CBP) Controlling High Blood Pressure

Lines of Business: Medicaid, Medicare, Marketplace

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

## Tips:

- Exclude BP readings taken from ER or inpatient visits and visits for procedures that require a change in diet or medication regimen.
- The last blood pressure reading taken during the measurement year is used.
- Blood pressure reading can be collected via any telehealth visit and it does not require a remote monitoring device to be the source.
- Retake BP readings if the reading is >140/90 mm Hg.
- Help members schedule their hypertension follow-up appointments.
- Educate members on what a controlled blood pressure means.
- Talk with members about taking their own blood pressure via a digital device.
- The patient must use a digital device to self report a blood pressure reading.
- Submit applicable codes.

*Note: When submitting CPT II codes report both systolic and diastolic to complete blood pressure reading.*

Description	Codes*
Essential Hypertension	<b>ICD-10:</b> I10
Systolic Greater Than/ Equal to 140	<b>CPT II:</b> 3077F
Systolic Less than 140	<b>CPT II:</b> 3074F, 3075F
Diastolic Greater Than/ Equal to 90	<b>CPT II:</b> 3080F
Diastolic 80–89	<b>CPT II:</b> 3079F
Diastolic Less Than 80	<b>CPT II:</b> 3078F
Telephone Visits	<b>CPT:</b> 98966–98968, 99441–99443
Remote BP Monitoring — Supports Telehealth	<b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

\*Codes subject to change.



## (COL-E) Colorectal Cancer Screening

The Colorectal Cancer Screening measure has transitioned to exclusive use of the Electronic Clinical Data Systems.

*Summary of Changes: Only COL-E measure will be reported. COL is a retired measure and replaced with the new COL-E measure.*

*Lines of Business: Medicaid, Medicare, Marketplace*

Measure evaluates the percentage of members 45 to 75 years of age who had an appropriate screening for colorectal cancer during the measurement year.

### Tips:

- Educate patients on proper sample collection when distributing fecal immunochemical test (FIT) or fecal occult blood test (FOBT) testing kits.
- Complete and document all screenings for patients.
- Educate members on the importance of colorectal cancer screenings for early detection and the options available to complete their screening.
- Talk with members about using the home screenings for colorectal cancer screening.
- Help members schedule their colonoscopy screening appointments.
- Submit applicable codes.

Description	Codes*
Colonoscopy (within past 10 years)	<b>CPT:</b> 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 <b>HCPCS:</b> G0105, G0121
CT Colonography (within past five years)	<b>CPT:</b> 74261-74263
sDNA FIT Lab Test (within past three years)	<b>CPT:</b> 81528
Flexible Sigmoidoscopy (within past five years)	<b>CPT:</b> 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349, 45350 <b>HCPCS:</b> G0104

## (COL-E) Colorectal Cancer Screening (continued)

Lines of Business: Medicaid, Medicare, Marketplace

Description	Codes*
FOBT Lab Test (within measurement year)	<b>CPT:</b> 82270, 82274 <b>HCPCS:</b> G0328
Colorectal Cancer	<b>ICD-10:</b> C18.0–C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Palliative Care	<b>HCPCS:</b> G9054
Total Colectomy	<b>CPT:</b> 44150–44153, 44155–44158, 44210–44212

\*Codes subject to change.



## (PCR) Plan All-Cause Readmissions

Lines of Business: Medicaid, Medicare, Marketplace

Measure evaluates the members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, and the predicted probability of an acute readmission.

*Note: Marketplace and Medicaid: Patients 18 to 64 years of age.  
Medicare: Patients 18 years of age and older.*

### Tips:

- Maintain reserved appointment availability for patients to follow-up within seven days after discharge to help avoid readmissions.
- Educate patients on the importance of following discharge instructions, receiving adequate follow-up care, medication adherence, and improving health literacy.
- Address Social Determinants of Health (SDoH) to ensure patients can afford their medications, have sustainable housing, their nutrition and transportation needs are met, etc.
- Submit applicable codes.

Description	Codes*
Inpatient Stay	<b>UBREV:</b> 0100, 0101, 0110–0114, 0116–0124, 0126–0134, 0136–0144, 0146–0154, 0156–0160, 0164, 0167, 0169–0174, 0179, 0190–0194, 0199–0204, 0206–0214, 0219, 1000–1002
Observation Stay	<b>UBREV:</b> 0760, 0762, 0769

\*Codes subject to change.



## (CCS-E) Cervical Cancer Screening

Lines of Business: Medicaid, Marketplace

Measure evaluates the percentage of members 21 to 64 years of age who were screened for cervical cancer during the measurement year using **any** of the following criteria:

- ✓ Members 21 to 64 years of age who had cervical cytology performed within last three years.
- ✓ Members 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
- ✓ Members 30 to 64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last five years.

### Tips:

- Document and code if member has had a hysterectomy with no residual cervix or absence of cervix. Document the type of hysterectomy (e.g., full, partial, vaginal, laparoscopic).
- Help members schedule their routine cervical cancer screening.
- Document the date and the specific procedure completed when reviewing the patient's history.
- Submit the applicable codes.

Description	Codes*
Cervical Cytology Lab Test (Age 21 to 64)	<b>CPT:</b> 88141–88143, 88147, 88148, 88150, 88152, 88153, 88164–88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091
hrHPV Test (Age 30 to 64, every five years)	<b>CPT:</b> 87624, 87625 <b>HCPCS:</b> G0476
Palliative Care	<b>HCPCS:</b> G9054

\*Codes subject to change.



## (PPC) Prenatal and Postpartum Care

*Lines of Business: Medicaid, Marketplace*

Measure evaluates percentage of deliveries of live births on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. For these members, 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 seven and 84 days after delivery.

### **Tips:**

- Ensure prenatal flow sheets and/or American College of Obstetricians and Gynecologists patient forms (ACOGs) are fully completed, with dates of services and provider initials (if applicable).
- Schedule postpartum visits prior to discharge after delivery.
- Submit applicable codes.
- Schedule an initial prenatal visit within the first 12 weeks of pregnancy with an OB/GYN, PCP, or nurse midwife.
- Educate members on the importance of prenatal care throughout their pregnancy to include the postpartum visit.

## (PPC) Prenatal and Postpartum Care (continued)

Lines of Business: Medicaid, Marketplace

Description	Codes*
Online Assessments	<b>CPT:</b> 98970–98972, 99421–99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012
Prenatal Visits	<b>CPT:</b> 99201–99205, 99211–99215, 99242–99245, 99483 <b>HCPCS:</b> G0463, T1015
Stand-Alone Prenatal Visits	<b>CPT:</b> 99500 <b>CPT II:</b> 0500F, 0501F, 0502F <b>HCPCS:</b> H1000, H1001, H1002, H1003, H1004
Cervical Cytology Lab Test	<b>CPT:</b> 88141–88143, 88147, 88148, 88150, 88152–88153, 88164–88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Visits	<b>CPT:</b> 57170, 58300, 59430, 99501 <b>CPT II:</b> 0503F <b>HCPCS:</b> G0101 <b>ICD-10:</b> Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telephone Visits	<b>CPT:</b> 98966–98968, 99441–99443

\*Codes subject to change.

Note: When using the Online Assessment, Telephone Visit, or Prenatal Visit codes, remember to also include a Pregnancy Diagnosis code.



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

*Lines of Business: Medicaid, Marketplace*

Measure evaluates the percentage of children who had the following number of well-child visits with primary care physician (PCP) during the last 15 months during the measurement year.

## **The following rates are reported:**

### **1 Well-Child Visits in the First 15 Months.**

Children who turned 15 months old during the measurement year: Six or more well-child visits.

### **2 Well-Child Visits for Age 15 Months-30 Months.**

Children who turned 30 months old during the measurement year: Two or more well-child visits.

## **Tips:**

- Remind caregivers of appointments by texts or phone calls.
- Educate the caregiver about the importance of preventive care visits.
- Consider using templates with checkboxes to ensure required information is documented.
- Submit applicable codes.

*Note: Telehealth well visits are no longer acceptable.*

<b>CPT*</b>	<b>HCPCS*</b>	<b>ICD-10*</b>
99381, 99382, 99391, 99392, 99461	G0438, G0439, S0302	Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2

\*Codes subject to change.



# (FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder (SUD)

*Applicable Foster Care Measure*

*Lines of Business: Medicare, Medicaid*

Measure evaluates the percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose for which there was a follow up.

The measure is based on ED visits; members may appear in a measure sample more than once. Each ED visit requires separate follow up.

## **Two rates are reported:**

- 1 Discharges for which the member received follow-up within 30 days of discharge.** A follow-up visit or a pharmacotherapy dispensing event within 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.
- 2 Discharges for which the member received follow-up within seven days of discharge.** A follow-up visit or a pharmacotherapy dispensing event within seven days after the ED visit (eight total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

## **Tips:**

- Offer virtual, telehealth, and phone visits.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before the patient leaves the office.
- Discuss the benefits of seeing a primary or specialty provider.
- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships, e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA), etc., or other community support groups.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.

*(continued)*

# (FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder (SUD) *(continued)*

Applicable Foster Care Measure

Lines of Business: Medicare, Medicaid

**The visit can be with any practitioner if the claim includes a diagnosis of SUD (e.g., F10.xx–F19.xx) or drug overdose (e.g., T40–T43, T51). If the visit occurs with a mental health provider, the claim does not have to include the SUD or drug overdose diagnosis.**

Description	Codes*
<b>Outpatient Visit with any Diagnosis of SUD or Drug Overdose</b>	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 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 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2013, H2015, H2013–H2020, T1015 <b>POS:</b> 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72
<b>Intensive Outpatient Encounter or Partial Hospitalization with any Diagnosis of SUD or Drug Overdose</b>	<b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
<b>Non-residential Substance Abuse Treatment Facility with any Diagnosis of SUD or Drug Overdose</b>	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 <b>POS:</b> 57, 58
<b>Community Mental Health Center Visit with any Diagnosis of SUD or Drug Overdose</b>	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 <b>POS:</b> 53

*(continued)*

# (FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder (SUD) *(continued)*

Applicable Foster Care Measure

Lines of Business: Medicare, Medicaid

Description	Codes*
Peer Support Service with any Diagnosis of SUD or Drug Overdose	<b>HCPCS:</b> G0140, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1016
Opioid Treatment Service That Bills Monthly or Weekly with any Diagnosis of SUD or Drug Overdose	<b>HCPCS:</b> G2086, G2087, G2071, G8074–G2077, G2080
Telehealth Visit with any Diagnosis of SUD or Drug Overdose	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 <b>POS:</b> 02, 10
Telephone Visit with any Diagnosis of SUD or Drug Overdose	<b>CPT:</b> 98966–98968, 99441–99443
E-Visit or Virtual Check In with any Diagnosis of SUD or Drug Overdose	<b>CPT:</b> 98970–98972, 98980, 98981, 99422–99444, 99457, 99458 <b>HCPCS:</b> G0071, G2010, G2012, G2250–G2252
Substance Use Disorder Services	<b>CPT:</b> 99408, 99409 <b>HCPCS:</b> G0396, G0397, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, H0006, H0028, T1006, T1012
Behavioral Health Screening or Assessment for SUD or Mental Health Disorders	<b>CPT:</b> 99408, 99409 <b>HCPCS:</b> G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Pharmacotherapy Dispensing Event or Medication Treatment Event	<b>Medications:</b> Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet), Buprenorphine (implant, injection, or sublingual tablet), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) <b>HCPCS:</b> G2069, G2070, G2072, G2073, H0020, H0033, J0570–J0575, J0577, J0578, J2315, Q9991, Q9992, S0109

\*Codes subject to change.



# (FUH) Follow-Up After Hospitalization for Mental Illness

*Applicable Foster Care Measure*

*Lines of Business: Medicaid, Medicare, Marketplace*

Measure evaluates the percentage of discharges for members six years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service.

## **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 seven days after discharge**.

## **Tips:**

- Schedule follow up appointments prior to discharge and include the date and time on discharge instructions.
- Submit applicable codes.
- Offer telehealth and phone visits.
- Reach out proactively to assist in (re)scheduling appointments within the required timeframes.
- Partner with the health plan to address social determinants, health equity, and quality care.
- Address co-morbidities and integrate care with peer support and psychiatric collaborative care models.

# (FUH) Follow-Up After Hospitalization for Mental Illness (continued)

Applicable Foster Care Measure

Lines of Business: Medicaid, Medicare, Marketplace

Description	Codes*
Outpatient Visit with a Mental Health Provider	<b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 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 <b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015
Visit Setting Unspecified for Intensive Outpatient Encounter or Partial Hospitalization	<b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 <b>POS:</b> 52
Partial Hospitalization/Intensive Outpatient	<b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Community Mental Health Center Visit	<b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960–98962, 99078, 99202–99205, 99211–99215, 99221–99223, 99231–99233, 99238, 99239, 99242–99245, 99252–99255, 99341, 99342, 99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99494, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015 <b>POS:</b> 53

(continued)

# (FUH) Follow-Up After Hospitalization for Mental Illness (continued)

Applicable Foster Care Measure

Lines of Business: Medicaid, Medicare, Marketplace

Description	Codes*
Electroconvulsive Therapy	<b>CPT:</b> 90870 <b>POS:</b> 24, 52, 53
Peer Support Services	<b>HCPCS:</b> G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1013
Psychiatric Residential	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 <b>POS:</b> 56
Telehealth Visit	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 <b>POS:</b> 02, 10
Transitional Care Management	<b>CPT:</b> 99495, 99496
Telephone Visit	<b>CPT:</b> 98966-98968, 99441-99443
Psychiatric Collaborative Care Management	<b>CPT:</b> 99492-99494 <b>HCPCS:</b> G0512

\*Codes subject to change.



# (FUM) Follow-Up After Emergency Department Visit for Mental Illness

*Applicable Foster Care Measure*

*Lines of Business: Medicare, Medicaid*

Measure evaluates the percentage of ED visits for members six years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service during the measurement year.

## **Two rates are reported:**

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

## **Tips:**

- Offer virtual, telehealth and phone visits.
- Maintain appointment availability in your practice for patients and schedule follow-up appointments before the patient leaves the office.
- Discuss the benefits of seeing a primary or specialty provider and appropriate ED utilization.
- Partner with the health plan to address social determinants, health equity, and quality care.

## **(FUM) Follow-Up After Emergency Department Visit for Mental Illness (continued)**

*Applicable Foster Care Measure*

*Lines of Business: Medicare, Medicaid*

**The claim should include a diagnosis of mental health disorder.**

<b>Description</b>	<b>Codes*</b>
<b>Outpatient Visit with any Diagnosis of a Mental Health Disorder</b>	<b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015 <b>POS:</b> 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71–72
<b>Intensive Outpatient Encounter or Partial Hospitalization with any Diagnosis of a Mental Health Disorder</b>	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 <b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 <b>POS:</b> 52

*(continued)*

# **(FUM) Follow-Up After Emergency Department Visit for Mental Illness (continued)**

*Applicable Foster Care Measure*

*Lines of Business: Medicare, Medicaid*

<b>Description</b>	<b>Codes*</b>
<b>Community Mental Health Center Visit</b>	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 <b>POS:</b> 53
<b>Electroconvulsive Therapy</b>	<b>CPT:</b> 90780 <b>POS:</b> 24, 52, 53
<b>Telehealth Visit with any Diagnosis of a Mental Health Disorder</b>	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 <b>POS:</b> 02, 10
<b>Telephone Visit with any Diagnosis of a Mental Health Disorder</b>	<b>CPT:</b> 98966–98968, 99441–99443
<b>E-Visit or Virtual Check in with any Diagnosis of a Mental Health Disorder</b>	<b>CPT:</b> 98970–98972, 98980, 98981, 99421–99423, 99457, 99458 <b>HCPCS:</b> G0071, G2010, G2012, G2250–G2252
<b>Peer Support Services with any Diagnosis of a Mental Health Disorder</b>	<b>CPT:</b> G014, G0177, H0024, H0025, H0038–H0040, H0046, H2014, H2023, S9445, T1012, T1016
<b>Psychiatric Collaborative Care Management</b>	<b>CPT:</b> 99492–99494, G0512
<b>Psychiatric Residential Treatment</b>	<b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99252–99255 <b>POS:</b> 56

\*Codes subject to change.



## (POD) Pharmacotherapy for Opioid Use Disorder

*Lines of Business: Medicare, Medicaid*

Measure evaluates 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 during the measurement year.

### **Measure must meet the following requirements:**

- ✓ Member ages 16 years and older.
- ✓ OUD dispensing event is captured between a 12-month period that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year (intake period).
- ✓ Members must have a negative medication history (no OUD pharmacotherapy medications) as of 31 days prior to the new OUD pharmacotherapy.

**Care Gap Closure:** The measure is event-based, and it is met when the member adheres to OUD pharmacotherapy for 180 days or more without a gap in treatment of more than eight days.

### **Tips:**

- Closely monitor medication prescriptions and do not allow any gap in treatment of eight or more consecutive days.
- Offer mutual help like peer recovery support, harm reduction, 12-step fellowships, e.g., Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), etc.
- Provide timely submission of claims with correct medication name, dosage, frequency, and days covered.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.
- Inform of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.

*Note: Members can have multiple treatment period start dates and treatment periods during the measurement year. Treatment periods can overlap.*

## **(POD) Pharmacotherapy for Opioid Use Disorder** (continued) Lines of Business: Medicare, Medicaid

<b>Description</b>	<b>Codes*</b>
Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)	<b>HCPCS:</b> J0572-J0575
Buprenorphine Oral, Implant, and Injectable	<b>HCPCS:</b> H0033, J0570, J0571, Q9991, Q9992
Methadone	<b>HCPCS:</b> G2067, G2078, H0020, S0109
Naltrexone Injection	<b>HCPCS:</b> G2073, J2315

\*Codes subject to change.

### **Medications List**

- ✓ Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection, or implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film), Methadone (oral).
- ✓ Methadone is not included on the medication lists for this measure. Methadone for opioid use disorder (OUD) administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.