

# HEDIS™

## 2019 Quick Reference Guide



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# HEDIS<sup>™</sup> Quick Reference Guide

Updated to reflect NCQA HEDIS 2019 Technical Specifications

Louisiana Healthcare Connections strives 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. Please always follow the State and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission.

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## **WHAT IS HEDIS?**

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

## **WHAT ARE THE SCORES USED FOR?**

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

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

## 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 review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

## HOW CAN I IMPROVE MY HEDIS SCORES?

- Submit claim/encounter data for each and every service rendered
- Make sure 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

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## PAY FOR PERFORMANCE (P4P)



P4P is an activity-based reimbursement, with a bonus payment based on achieving defined and measurable goals related to access, continuity of care, patient satisfaction and clinical outcomes.

## QUESTIONS?



**LouisianaHealthConnect.com**



**1-866-595-8133 (Hearing Loss: 711)**

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

Ancillary staff:

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

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



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



# A

**ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA**

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

**HCPCS**

J2794, J0401, J1631,  
J2358, J2426, J2680



**ADOLESCENT WELL-CARE VISITS**

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

CPT	HCPCS	ICD-10
99384 - 99385, 99394 - 99395	G0438, G0439	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2



**ADULT ACCESS TO PREVENTATIVE/AMBULATORY SERVICES**

The percentage of members 20 years 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 two years prior to the measurement year.

CPT	CPT MODIFIER	HCPCS	ICD-10
99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334- 99337, 98966 - 98968, 99441 - 99443, 98969, 99444, 99483	95, GT	G0402, G0438, G0439, G0463, T1015, S0620, S0621	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

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### ADULT BMI ASSESSMENT

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

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

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### ANNUAL DENTAL (ADV) ALL MEMBERS

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

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

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### ANNUAL MONITOR RX (MPM) ACE OR ARB

Members who are 18 years of age and older who received at least 180 treatment days of ACE inhibitors or ARBs within the past year should have at least one:

- **Lab panel**  
CPT Codes - 80047, 80048, 80050, 80053, 80069
- **Serum potassium test annually**  
CPT Codes - 80051, 84132
- **Serum creatinine test annually**  
CPT Codes - 82565, 82575

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**ANNUAL MONITOR RX (MPM) DIURETICS**

Members who are 18 years of age and older who have received at least 180 treatment days of a diuretic within the past year should have at least one:

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

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**ANTIDEPRESS MEDS (AMM) EFFECTIVE CONTINUATION PHASE TREATMENT**

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.

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

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**ANTIDEPRESSANT MEDICATION MANAGEMENT - EFFECTIVE ACUTE PHASE TREATMENT**

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.

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

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**APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS**

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

**CPT Codes**

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

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**APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER  
RESPIRATORY INFECTION**

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

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

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**ASTHMA MEDICATION RATIO (TOTAL)**

The percentage of 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.

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

The percentage of 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.

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**AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH  
ACUTE BRONCHITIS**

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

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



# B

## BREAST CANCER SCREENING (MEDICARE & NON-MEDICARE)

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

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

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





# C

**CARDIOVASCULAR MONITORING FOR PEOPLE WITH  
CARDIOVASCULAR DISEASE AND SCHIZOPHRENIA**

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

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

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**CARE FOR OLDER ADULTS - FUNCTIONAL STATUS ASSESSMENT**

The percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance care planning.
- Medication review.
- Functional status assessment.
- Pain assessment.

CPT	HCPCS
99483	G0438, G0439

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**CARE FOR OLDER ADULTS - MEDICATION REVIEW**

The percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance care planning.
- Medication review.
- Functional status assessment.
- Pain assessment.

CPT	CPT-CAT-II	HCPCS
90863, 99605, 99606, 99483	1159F, 1160F	G8427

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### CARE FOR OLDER ADULTS - PAIN ASSESSMENT

The percentage of adults 66 years and older who had each of the following during the measurement year:

- Advance care planning.
- Medication review.
- Functional status assessment.
- Pain assessment.

#### CPT-CAT-II

1125F, 1126F

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### CERVICAL CANCER SCREENING

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

CRITERIA	CPT	HCPCS	ICD-10
Women 21–64 years of age who had cervical cytology performed every 3 years.	88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	
Women 30–64 years of age who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.	87620 - 87622, 87624, 87625	G0476	
Women who have had a hysterectomy without a residual cervix are exempt from this measure.	51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 59856, 59135		Q51.5, Z90.710, Z90.712

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CHILDHOOD IMMUNIZATION WITH LEAD (CISQ) COMBINATION  
3 IMMUNIZATION

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

\* The portion in bold in the Measure Description is regarding what is required for Combo 3.

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

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CHILDHOOD IMMUNIZATION STATUS – COMBO 4

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

\* The portion in bold in the Measure Description is regarding what is required for Combo 4.

	CPT	CVX	HCPCS
DTaP codes	90698, 90700, 90721, 90723	20, 50, 106, 107, 110, 120	
HiB codes	90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748	17, 46, 47, 48, 49, 50, 51, 120, 148	
Hepatitis B codes	90723, 90740, 90744, 90747, 90748	08, 44, 45, 51, 110	G0010

	CPT	CVX	HCPCS
IPV codes	90698, 90713, 90723	10, 89, 110, 120	
All codes related to MMR	90705, 90707, 90710, 90708, 90704, 90706	05, 03, 94, 04, 07, 06	
Pneumococcal conjugate codes	90670	133, 152	G0009
Varicella codes	90710, 90716	21, 94	
Hepatitis A codes	90633	31, 83, 85	

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### CHILDHOOD IMMUNIZATION STATUS – COMBO 5

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

\* The portion in bold in the Measure Description is regarding what is required for Combo 5.

	CPT	CVX	HCPCS
DTaP codes	90698, 90700, 90721, 90723	20, 50, 106, 107, 110, 120	
HiB codes	90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748	17, 46, 47, 48, 49, 50, 51, 120, 148	
Hepatitis B codes	90723, 90740, 90744, 90747, 90748	08, 44, 45, 51, 110	G0010
IPV codes	90698, 90713, 90723	10, 89, 110, 120	
All codes related to MMR	90705, 90707, 90710, 90708, 90704, 90706	05, 03, 94, 04, 07, 06	
Pneumococcal conjugate codes	90670	133, 152	G0009
Varicella codes	90710, 90716	21, 94	
Rotavirus (2 Dose Schedule) codes	90681	119	
Rotavirus (3 Dose Schedule) codes	90680	16, 122	

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CHILDHOOD IMMUNIZATION STATUS – COMBO 6

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

\* The portion in bold in the Measure Description is regarding what is required for Combo 6.

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



CHILDHOOD IMMUNIZATION STATUS – COMBO 7

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

\* The portion in bold in the Measure Description is regarding what is required for Combo 7.

	CPT	CVX	HCPCS
DTaP codes	90698, 90700, 90721, 90723	20, 50, 106, 107, 110, 120	
HiB codes	90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748	17, 46, 47, 48, 49, 50, 51, 120, 148	

	CPT	CVX	HCPCS
Hepatitis B codes	90723, 90740, 90744, 90747, 90748	08, 44, 45, 51, 110	G0010
IPV codes	90698, 90713, 90723	10, 89, 110, 120	
All codes related to MMR	90705, 90707, 90710, 90708, 90704, 90706	05, 03, 94, 04, 07, 06	
Pneumococcal conjugate codes	90670	133, 152	G0009
Varicella codes	90710, 90716	21, 94	
Hepatitis A codes	90633	31, 83, 85	
Rotavirus (2 Dose Schedule) codes	90681	119	
Rotavirus (3 Dose Schedule) codes	90680	16, 122	

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### CHILDHOOD IMMUNIZATION STATUS – COMBO 8

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

*\* The portion in bold in the Measure Description is regarding what is required for Combo 8.*

	CPT	CVX	HCPCS
DTaP codes	90698, 90700, 90721, 90723	20, 50, 106, 107, 110, 120	
HiB codes	90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748	17, 46, 47, 48, 49, 50, 51, 120, 148	
Hepatitis B codes	90723, 90740, 90744, 90747, 90748	08, 44, 45, 51, 110	G0010
IPV codes	90698, 90713, 90723	10, 89, 110, 120	
All codes related to MMR	90705, 90707, 90710, 90708, 90704, 90706	05, 03, 94, 04, 07, 06	
Pneumococcal conjugate codes	90670	133, 152	G0009
Varicella codes	90710, 90716	21, 94	
Hepatitis A codes	90633	31, 83, 85	

	CPT	CVX	HCPCS
Influenza codes	90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688	88, 135, 140, 141, 150, 153, 155, 158, 161	G0008

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### CHILDHOOD IMMUNIZATION STATUS – COMBO 9

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

\* The portion in bold in the Measure Description is regarding what is required for Combo 9.

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

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**CHILDHOOD IMMUNIZATION STATUS - COMBO 10**

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

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





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

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

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

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

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

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

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

CPT	HCPCS	ICD-10
99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 99483	G0402, G0438, G0439, G0463, T1015	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

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CHLAMYDIA SCREEN (CHL) – AGE 16-20, 21-24, IN WOMEN TOTAL

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

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

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**COLORECTAL CANCER**

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

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

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



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

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

CODES	CPT	CPT-CAT-II	HCPCS
Outpatient	99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 -99350, 99381 - 99387, 99391 - 99397, 99401, 99404, 99411, 99412, 99429, 99455, 99456, 99483		G0402, G0438, G0439, G0463, T1015
Nonacute Inpatient	99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334, -99337		

CODES	CPT	CPT-CAT-II	HCPCS
Remote Blood Pressure Monitoring	93784, 93788, 93790, 99091		
Diastolic 80-89		3079F	
Diastolic Greater Than/Equal To 90		3080F	
Diastolic Less Than 80		3078F	
Systolic Greater Than/Equal To 140		3077F	
Systolic Less Than 140		3074F, 3075F	

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**COMPREHENSIVE DIABETES CARE - EYE EXAMS**

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had Eye exam (retinal) performed.

	CPT	CPT MODIFIER	CPT-CAT-II
Diabetic Retinal Screening With Eye Care Professional			2022F, 2024F, 2026F, 3072F
Unilateral eye enucleation (Unilateral Eye Enucleation Value Set) with a bilateral modifier (Bilateral Modifier Value Set).	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	50	

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**COMPREHENSIVE DIABETES CARE - HBA1C CONTROL (<8%)**

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

**CPT-CAT-II**  
3044F

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

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COMPREHENSIVE DIABETES CARE – HBA1C TESTING

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

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

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COMPREHENSIVE DIABETES CARE - MEDICAL ATTENTION FOR NEPHROPATHY

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

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

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

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COMPREHENSIVE DIABETES CARE – POOR HBA1C CONTROL

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

CPT-CAT-II

3046F

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**CONTROLLING HIGH BLOOD PRESSURE (MEDICARE & NON-MEDICARE)**

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

CODES	CPT	CPT-CAT-II	HCPCS
Outpatient	99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 99455, 99456, 99483		G0402, G0438, G0439, G0463, T1015
Nonacute Inpatient	99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337		
Remote Blood Pressure Monitoring	93784, 93788, 93790, 99091		
Diastolic 80-89		3079F	
Diastolic Greater Than/Equal To 90		3080F	
Diastolic Less Than 80		3078F	
Systolic Greater Than/Equal To 140		3077F	
Systolic Less Than 140		3074F, 3075F	



# D

## DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA

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

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

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

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.

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

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## DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS

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

### HCPCS

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



# F

## FOLLOW UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS - 7 DAY & 30 DAY FOLLOW UP

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

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

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

	CPT	CPT MODIFIER	HCPCS	POS
An outpatient visit (BH Outpatient Value Set with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set).	98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483	95, GT	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015	
An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set with Partial Hospitalization POS Value Set with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set).	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255	95, GT		52
An intensive outpatient encounter or partial hospitalization (Partial Hospitalization/ Intensive Outpatient Value Set) with a mental health practitioner.			G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	



	CPT	CPT MODIFIER	HCPCS	POS
A community mental health center visit (Visit Setting Unspecified Value Set with Community Mental Health Center POS Value Set with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set)).	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255	95, GT		53
Electroconvulsive therapy (Electroconvulsive Therapy Value Set) with (Ambulatory Surgical Center POS Value Set; Community Mental Health Center POS Value Set; Outpatient POS Value Set; Partial Hospitalization POS Value Set) with a mental health practitioner.	90870			24, 53, 52, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
A telehealth visit: Visit Setting Unspecified Value Set with Telehealth POS Value Set with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set).	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255	95, GT		02

	CPT	CPT MODIFIER	HCPCS	POS
An observation visit (Observation Value Set) with a mental health practitioner.	99217 - 99220			
Transitional care management services (Transitional Care Management Services Value Set), with a mental health practitioner, with or without a telehealth modifier (Telehealth Modifier Value Set).	99495, 99496	95, GT		

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

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

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

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VISIT TYPE	CPT	HCPCS	POS
An outpatient visit (Visit Setting Unspecified Value Set with Outpatient POS Value Set).	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255		03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
An outpatient visit (BH Outpatient Value Set)	98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015	
An observation visit (Observation Value Set).	99217 - 99220		
A health and behavior assessment/intervention (Health and Behavior Assessment/Intervention Value Set).	96150 - 96154		
An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set with Partial Hospitalization POS Value Set).	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255		52
An intensive outpatient encounter or partial hospitalization (Partial Hospitalization/Intensive Outpatient Value Set).		G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	

VISIT TYPE	CPT	HCPCS	POS
A community mental health center visit (Visit Setting Unspecified Value Set with Community Mental Health Center POS Value Set).	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255		53

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### FOLLOWUP ADHD (ADD) CONTINUATION AND MAINTENANCE PHASE

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

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

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



# H

## **HOSPITALIZATIONS FOR POTENTIALLY PREVENTABLE COMPLICATIONS**

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

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



**IMMUNIZATIONS FOR ADOLESCENTS - COMBINATION 1**

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

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

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**IMMUNIZATIONS FOR ADOLESCENTS - COMBINATION 2**

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

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

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**INITIATION & ENGAGEMENT OF ALCOHOL & OTHER DRUG DEPENDENCE  
TREATMENT - ENGAGEMENT TOTAL & INITIATION TOTAL**

The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- Initiated dependence treatment within 14 days of their diagnosis
- Continued treatment with 2 or more additional services within 34 days of the initiation visit

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

CPT	CPT MODIFIER	HCPCS	POS
98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347- 99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411- 99412, 99510, 98969, 99444, 98966-98968, 99441-99443, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238, 99239, 9925 1- 9925, 99483	95, GT	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H003-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015	02, 03, 05, 07, 09, 11-20, 22, 33, 49- 50, 52-53, 57, 71-72



# L

## **LEAD SCREENING IN CHILDREN**

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

**CPT: 83655**





# M

## **MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA: MEDICATION COMPLIANCE 75%**

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

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



## **MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA WITH ASTHMA: MEDICATION COMPLIANCE 50%**

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

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



MEDICATION RECONCILIATION POST DISCHARGE

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

CPT	CPT-CAT-II
99495, 99496, 99483	1111F

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METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (TOTAL)

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

Both of the following are needed to be compliant:

- Blood glucose OR HbA1c
- LDL-C OR Cholesterol

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

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# N

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

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

*\* A lower rate indicates better performance.*

TEST TYPES	CPT	HCPCS
Cervical Cytology	88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests	87620 - 87622, 87624, 87625	G0476

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**NON-RECOMMENDED PSA BASED SCREENING IN OLDER MEN**

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

CPT	HCPCS
84152 - 84154	G0103



# O

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

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

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

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# P

## **PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK**

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

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## **PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION - SYSTEMIC CORTICOSTEROID**

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.

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

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**PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION –  
BRONCHODILATOR**

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.

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

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



**PLAN ALL-CAUSE READMISSION**

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

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

Note: For commercial and Medicaid, report only members 18–64 years of age.

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



**PRENATAL AND POSTPARTUM CARE (PPC) TIMELINESS OF  
PRENATAL CARE**

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

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

Verbiage:

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

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

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**PRENATAL AND POSTPARTUM CARE (PPC) POSTPARTUM CARE**

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

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

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







# S

## **STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE**

The percentage of 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.\*

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### **STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE - STATIN THERAPY**

Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.\*

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### **STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE - STATIN ADHERENCE 80%**

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

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

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### **STATIN THERAPY FOR PATIENTS WITH DIABETES 40-75 YRS OLD**

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.

Received Statin Therapy: Members who were dispensed at least one statin medication of any intensity during the measurement year.

Statin Adherence 80%: Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

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



# U

**USE OF HIGH RISK MEDICATIONS IN ELDERLY**

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

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

**USE OF IMAGING STUDIES FOR LOW BACK PAIN**

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

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

	CPT	ICD-10
Imaging Study	72020, 72052, 72100, 72110, 72114, 72120, 72131 - 72133, 72141 - 72142, 72146 - 72149, 72156, 72158, 72200, 72202, 72220	

	CPT	ICD-10
Uncomplicated Low Back Pain		M47.26 - M47.28, M47.816 - M47.818, M47.896 - M47.898, M48.06, M48.061 - M48.062, M48.07, M48.08, M51.16 - M51.17, M51.26 - M51.27, M51.36 - M51.37, M51.86 - M51.87, M53.2X6 - M53.2X8, M53.3, M53.86 - M53.88, M54.16 - M54.18, M54.30 - M54.32, M54.40 - M54.42, M54.5, M54.89, M54.9, M99.03 - M99.04, M99.23, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, SS33.100A, S33.100D, S33.100S, S33.110S, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, SS33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

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

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

Note: A lower rate indicates better performance.

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

The percentage of members 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.

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

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

- The percentage of members who turned 15 months old during the measurement year and who had 6 comprehensive well-child visits with a PCP during their first 15 months of life.
- The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

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

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