

# HEDIS<sup>®</sup> Reference Guide



CONFIDENTIAL

Created April 20, 2019

Updated May 25, 2019

Updated October 31, 2019

## Table of Contents

Child and Adolescent Measures .....	3
Childhood Immunizations .....	3
Immunizations for Adolescents.....	4
Lead Screening in Children.....	4
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents .....	5
Well Child Visits in the First 15 Months of Life .....	6
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life .....	7
Adolescent Well Care Visits .....	8
Children and Adolescents Access to PCP.....	9
Follow-up Care for Children Prescribed ADHD Medication .....	10
Women’s Care .....	11
Breast Cancer Screening .....	11
Cervical Cancer Screening.....	11
Chlamydia Screening .....	12
Prenatal Care .....	13
Post-Partum Care.....	14
Chronic Condition Management.....	15
Comprehensive Diabetes Care – HbA1c Testing and Control .....	15
Comprehensive Diabetes Care – Blood Pressure Control.....	15
Comprehensive Diabetes Care – Medical Attention for Nephropathy.....	16
Comprehensive Diabetes Care – Diabetic Eye Exam (retinal).....	17
Controlling High Blood Pressure .....	18



Annual Monitoring for Patients on Persistent Medication (ACE/ARB or Diuretic) .....	18
Medication Management for People with Asthma .....	19
Adult Care.....	20
Adult Body Mass Index .....	20
Adults Access to Preventive/Ambulatory Health Services .....	21
Alcohol and Other Drug Abuse/Dependence .....	22
Follow-up After ED Visit for Alcohol & Other Drug Dependence.....	22
Initiation of Alcohol & Other Drug Abuse or Dependence Treatment.....	23
Behavioral Health .....	24
Follow-Up After ED Visit for Mental Illness.....	24
Adherence to Antipsychotic Medications for Individuals with Schizophrenia .....	25
Antidepressant Medication Management.....	26

# Child and Adolescent Measures

## Childhood Immunizations

<p><b>Measure Description:</b> The percentage of children 2 years of age who had the following by their second birthday:</p> <table border="1"> <tr> <td>4 DTaP</td> <td>4 PCV (Pneumococcal Conjugate)</td> </tr> <tr> <td>3 IPV (Polio)</td> <td>3 Hib (Haemophilus influenza B)</td> </tr> <tr> <td>3 Hep B</td> <td>2 or 3 RV (Rotavirus); depends on type of vaccine</td> </tr> <tr> <td>2 Flu (Influenza); include LAIV</td> <td>1 VAR (Chicken Pox)</td> </tr> <tr> <td>1 Hep A</td> <td>1 MMR (Measles, Mumps, and Rubella)</td> </tr> </table>	4 DTaP	4 PCV (Pneumococcal Conjugate)	3 IPV (Polio)	3 Hib (Haemophilus influenza B)	3 Hep B	2 or 3 RV (Rotavirus); depends on type of vaccine	2 Flu (Influenza); include LAIV	1 VAR (Chicken Pox)	1 Hep A	1 MMR (Measles, Mumps, and Rubella)	<p><b>Documentation Requirements:</b> For immunization evidence obtained from the medical record, count patients where there is evidence that the antigen was rendered from one of the following:</p> <ul style="list-style-type: none"> <li>• A note indicating the name of the specific antigen and the date of the immunization</li> <li>• A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.</li> </ul> <p>For documented history of illness or a seropositive test result, there must be a note indicating the date of the event, which must have occurred by the patient's second birthday.</p>
4 DTaP	4 PCV (Pneumococcal Conjugate)										
3 IPV (Polio)	3 Hib (Haemophilus influenza B)										
3 Hep B	2 or 3 RV (Rotavirus); depends on type of vaccine										
2 Flu (Influenza); include LAIV	1 VAR (Chicken Pox)										
1 Hep A	1 MMR (Measles, Mumps, and Rubella)										
<p><b>Exclusions:</b> Patients with anaphylactic reaction due to vaccination, encephalopathy due to vaccination (DTaP), HIV, immunodeficiency, lymphoreticular cancer, multiple myeloma, leukemia, severe combined immunodeficiency, or anaphylactic reaction to streptomycin, polymyxin B, neomycin or common baker's yeast, as indicated by the appropriate ICD10CM Code</p>	<p><b>Coding:</b>  <b>DTaP: CPT:</b> 90698, 90700, 90721, 90723  <b>IPV: CPT:</b> 90698, 90713, 90723  <b>MMR: CPT:</b> 90707, 90710  <b>History of Measles: ICD10CM:</b> B05.0-B05.4, B05.81, B05.89, B05.9  <b>History of Mumps: ICD10CM:</b> B26.0-B26.3, B26.81-B26.85, B26.9  <b>History Rubella: ICD10CM:</b> B06.00-B06.92, B06.09, B06.81, B06.82, B06.89, B06.9  <b>HIB: CPT:</b> 90644-90648, 90698, 90721, 90748  <b>Hep B: CPT:</b> 90723, 90740, 90744, 90747, 90748; <b>HCPCS:</b> G0010  <b>History of Hep B: ICD10CM:</b> B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51  <b>VAR: CPT:</b> 90710, 90716;  <b>History of Chicken pox: ICD10CM:</b> B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29- B02.34, B02.39, B02.7-B02.9  <b>PCV: CPT:</b>-90670; <b>HCPCS:</b> G0009  <b>Hep A: CPT:</b> 90633  <b>History of Hep A: ICD10CM:</b> B15.0, B15.9  <b>RV: CPT:</b> 90681 (2 doses), 90680 (3 doses)  <b>Flu: CPT:</b> 90655, 90657, 90664, 90660-90662, 90673, 90685-90688, 90689; <b>HCPCS:</b> G0008</p>										



## Immunizations for Adolescents

<p><b>Measure Description:</b> Percentage of adolescents 13 years of age who had the following vaccines by their 13th birthday:</p> <ul style="list-style-type: none"> <li>• 1 dose of meningococcal (serogroup A, C, W, or Y) between 11-13th birthday</li> <li>• 1 Tdap vaccine between 10-13th birthday</li> <li>• 2 or 3 HPV vaccines (depends on series) between 9-13th birthday</li> </ul>	<p><b>Documentation Requirements:</b> For immunization evidence obtained from the medical record, count patients where there is evidence that the antigen was rendered from one of the following:</p> <ul style="list-style-type: none"> <li>* A note indicating the name of the specific antigen and the date of the immunization</li> <li>* A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.</li> </ul> <p>For the 2 dose HPV vaccine series there must be at least 146 days between the first and second dose of the HPV vaccine.</p>
<p><b>Exclusions:</b> Patients with documentation of anaphylactic reaction to vaccine or its components on or before the patient's 13th birthday, or encephalopathy due to vaccination (Tdap), as indicated by the appropriate ICD10CM Code</p>	<p><b>Coding:</b> <b>HPV: CPT:</b> 90649, 90650, 90651 <b>Meningococcal: CPT:</b> 90734 <b>Tdap: CPT:</b> 90715</p>

## Lead Screening in Children

<p><b>Measure Description:</b> 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</p>	<p><b>Documentation Requirements:</b> Documentation in the medical record must include both of the following:</p> <ul style="list-style-type: none"> <li>• A note indicating the date the test was performed</li> <li>• The result or finding</li> </ul>
<p><b>Exclusions: None</b></p>	<p><b>Coding: CPT:</b> 83655</p>

## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

<p><b>Measure Description:</b>                  Percentage of patients 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 current year:</p> <ul style="list-style-type: none"> <li>• BMI percentile documentation</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul>	<p><b>Documentation Requirements:</b>                  BMI Percentile:                  Documentation must include height, weight, and BMI percentile during the current year. The height, weight and BMI percentile must be from the same data source.</p> <p>Either of the following meets criteria for BMI percentile:                  * BMI percentile documented as a value (e.g. 85th percentile)                  * BMI percentile plotted on an age-growth chart.</p> <p>Counseling for nutrition:                  Documentation must include a note indicating the date and at least one of the following:                  * Discussion of current nutrition behaviors                  * Checklist indicating nutrition was addressed                  * Counseling or referral for nutrition education or referral to WIC                  * Patient received educational materials on nutrition during a face-to-face visit                  * Anticipatory guidance for nutrition                  * Weight or obesity counseling</p> <p>Counseling for physical activity:                  Documentation must include a note indicating the date and at least one of the following:                  * Discussion of current physical activity behaviors                  * Checklist indicating physical activity was addressed                  * Counseling or referral for physical activity                  * Patient received educational materials on physical activity during a face-to-face visit                  * Anticipatory guidance specific to the child's physical activity                  * Weight or obesity counseling</p>
<p><b>Exclusions:</b>                  Female patients who have a diagnosis of pregnancy during the current year</p>	<p><b>Coding:</b>  <b>BMI Percentile: ICD10CM:</b> Z68.51 - Z68.54  <b>Nutrition: CPT:</b> 97802-97804; <b>HCPCS:</b> G0270, G0271, G0447, S9449, S9452, S9470;  <b>ICD10CM:</b> Z71.3  <b>Physical activity: HCPCS:</b> S9451, G0447; <b>ICD10CM:</b> Z02.5, Z71.82</p>

Well Child Visits in the First 15 Months of Life

<p><b>Measure Description:</b> Percentage of patients who turned 15 months old during the current year and who had six or more well-child visits during their first 15 months of life</p> <p><b>NOTE:</b> <b>99381-99385 AND 99391-99395 also count toward Access to PCP and EPSDT measures</b></p>	<p><b>Documentation Requirements:</b> Documentation must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of all of the following:</p> <ul style="list-style-type: none"> <li>• <b>A health history.</b> An assessment of the patient's history of disease or illness. It can include but is not limited to past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.</li> <li>• <b>A physical developmental history.</b> Assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.</li> <li>• <b>A mental developmental history.</b> Assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.</li> <li>• <b>A physical exam.</b></li> <li>• <b>Health education/anticipatory guidance.</b> Given by the health care provider to parents or guardians in anticipation of emerging issues that child and family may face.</li> </ul>
<p><b>Exclusions: None</b></p>	<p><b>Coding:</b> <b>CPT: 99381-99385, 99391-99395, 99461; HCPCS: G0438, G0439; ICD10CM: Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2</b></p>



## Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

<p><b>Measure Description:</b> Percentage of patient 3-6 years of age who had one or more well-child visits with a PCP during the current year</p> <p><b>NOTE:</b> <b>99381-99385 AND 99391-99395 also count toward Access to PCP and EPSDT measures</b></p>	<p><b>Documentation Requirements:</b> Documentation must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of all of the following:</p> <ul style="list-style-type: none"> <li>• <b>A health history.</b> An assessment of the patient's history of disease or illness. It can include but is not limited to past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.</li> <li>• <b>A physical developmental history.</b> Assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.</li> <li>• <b>A mental developmental history.</b> Assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.</li> <li>• <b>A physical exam.</b></li> <li>• <b>Health education/anticipatory guidance.</b> Given by the health care provider to parents or guardians in anticipation of emerging issues that child and family may face.</li> </ul>
<p><b>Exclusions: None</b></p>	<p><b>Coding:</b> <b>CPT: 99381-99385, 99391-99395,</b> 99461; <b>HCPCS:</b> G0438, G0439; <b>ICD10CM:</b> Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.2, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2</p>



Adolescent Well Care Visits

<p><b>Measure Description:</b> Percentage of patients 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the current year.</p> <p><b>NOTE:</b> 99381-99385 AND 99391-99395 also count toward Access to PCP and EPSDT measures</p>	<p><b>Documentation Requirements:</b> Documentation must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of all of the following:</p> <ul style="list-style-type: none"> <li>• <b>A health history.</b> An assessment of the patient's history of disease or illness. It can include but is not limited to past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.</li> <li>• <b>A physical developmental history.</b> Assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.</li> <li>• <b>A mental developmental history.</b> Assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.</li> <li>• <b>A physical exam.</b></li> <li>• <b>Health education/anticipatory guidance.</b> Given by the health care provider to parents or guardians in anticipation of emerging issues that child and family may face.</li> </ul>
<p><b>Exclusions: None</b></p>	<p><b>Coding:</b> <b>CPT: 99381-99385, 99391-99395,</b> 99461; <b>HCPCS:</b> G0438, G0439; <b>ICD10CM:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2</p>

Children and Adolescents Access to PCP

<p><b>Measure Description:</b> Percentage of patients:</p> <ul style="list-style-type: none"> <li>• 12-24 months who had a visit with a PCP during the current year</li> <li>• 25 months-6 years who had a visit with a PCP during the current year</li> <li>• 7-11 years who had a visit with a PCP during the current year or the prior year</li> <li>• 12-19 years who had a visit with a PCP during the current year or the prior year</li> </ul> <p><b>NOTE:</b> <b>99381-99385 AND 99391-99395 also count toward Well Visit and EPSDT measures</b></p>	<p><b>Documentation Requirements:</b> Administrative only - Claim must be received for visits:</p> <p>For 12-24 months, 25 months - 6 years: One or more visits with a PCP during the current year</p> <p>For 7-11 years, 12-19 years: One or more visits with a PCP during the current year or the prior year.</p>
<p><b>Exclusions: None</b></p>	<p><b>Coding:</b> <b>Ambulatory Visit Codes:</b> <b>CPT:</b> 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, <b>99381 - 99385</b>, 99386, 99387, <b>99391 - 99395</b>, 99396, 99397, 99401 - 99404, 99411, 99412, 99429, 99483 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015; <b>ICD10CM:</b> 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</p> <p><b>Telephone Visit Codes: 98966-98968, 99441-99443</b></p> <p><b>Online Assessment Codes: 98969, 99444</b></p>

## Follow-up Care for Children Prescribed ADHD Medication

<p><b>Measure Description:</b> Percentage of children ages 6-12 years newly prescribed ADHD medication who had a follow-up care visit within 30 days of when the first ADHD medication was dispensed.</p>	<p><b>Documentation Requirements:</b> Administrative Only - Claim for office visit after dispensing ADHD medication:</p> <ul style="list-style-type: none"> <li>One follow-up visit with practitioner with prescribing authority during the 30-day initiation phase</li> </ul>								
<p><b>Exclusions:</b> Children with a diagnosis of narcolepsy any time during their history.</p>	<p><b>Coding:</b> Filled prescription for ADHD medication and outpatient visit codes with practitioner with prescribing authority</p> <p><b>ADHD Medication:</b></p> <table border="1" data-bbox="1018 542 1932 841"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>CNS stimulants</td> <td>Amphetamine-dextroamphetamine, Dexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine</td> </tr> <tr> <td>Alpha-2 receptor agonists</td> <td>Clonidine, Guanfacine</td> </tr> <tr> <td>Miscellaneous ADHD medications</td> <td>Atomoxetine</td> </tr> </tbody> </table>	Description	Prescriptions	CNS stimulants	Amphetamine-dextroamphetamine, Dexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine	Alpha-2 receptor agonists	Clonidine, Guanfacine	Miscellaneous ADHD medications	Atomoxetine
Description	Prescriptions								
CNS stimulants	Amphetamine-dextroamphetamine, Dexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine								
Alpha-2 receptor agonists	Clonidine, Guanfacine								
Miscellaneous ADHD medications	Atomoxetine								

## Women’s Care

### Breast Cancer Screening

<p><b>Measure Description:</b> Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer every 2 years</p>	<p><b>Documentation Requirements:</b> Administrative only (claim must be received with one of the codes)</p>
<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Bilateral mastectomy</li> <li>• Unilateral mastectomy with bilateral modifier</li> <li>• Two unilateral mastectomy procedures without a modifier with service dates 14 days or more apart</li> <li>• History of bilateral mastectomy.</li> </ul>	<p><b>Coding:</b> <b>Mammography codes:</b> CPT: 77055 - 77057, 77061 - 77063, 77065 - 77067 HCPCS: G0202, G0204, G0206 <b>History of Bilateral Mastectomy code:</b> ICD10CM: Z90.13 <b>Absence of Breasts:</b> ICD10CM: Z90.12 (left), Z90.11 (right)</p>

### Cervical Cancer Screening

<p><b>Measure Description:</b> Percentage of women 21-64 years of age who were screened for cervical cancer through either:</p> <ul style="list-style-type: none"> <li>• 21-64 years of age who had a cervical cytology performed within the last 3 years</li> <li>• 30-64 years of age who had HPV testing performed within the last 5 years</li> <li>• 30-64 years of age who had a cervical cytology and HPV co-testing within the last 5 years</li> </ul>	<p><b>Documentation Requirements:</b> For women 21-64 years of age documentation must include:</p> <ul style="list-style-type: none"> <li>• A note indicating the date when the cervical cytology test were performed with the results or findings</li> </ul> <p>For women 30-64 years of age documentation must include:</p> <ul style="list-style-type: none"> <li>• A note indicating the date when the cervical cytology and HPV test were performed with the results or findings.</li> </ul>
<p><b>Exclusions:</b> Female patients who have had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the patient’s history</p>	<p><b>Coding:</b> <b>Cervical Cytology:</b> CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 <b>HPV Tests:</b> CPT: 87620-87622, 87624, 87625 HCPCS: G0476 <b>Absence of Cervix:</b> ICD10CM: Q51.5, Z90.710, Z90.712</p>

## Chlamydia Screening

<p><b>Measure Description:</b> Percentage of women 16-24 who have been identified as sexually active who had a chlamydia screening in the current year</p>	<p><b>Documentation Requirements:</b> Administrative only (claim must be received with one of the codes)</p>
<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Patients who had a pregnancy test and a prescription for retinoid medication within the 6 days after the pregnancy test</li> <li>• Patients who had a pregnancy test and an x-ray within the 6 days after the pregnancy test</li> </ul>	<p><b>Coding:</b> <b>Chlamydia Test:</b> CPT: 87110, 87270, 87320, 87490 – 87492, 87810 <b>NOTE: Sexual activity is identified by pregnancy test, STI/STD dx, or dispensed prescription contraceptives during the current year.</b></p>

Prenatal Care

<p><b>Measure Description:</b>                  Percentage of deliveries that received a prenatal care visit in the first trimester, or on or before the enrollment start date or within 42 days of enrollment in the organization</p>	<p><b>Documentation Requirements:</b>                  Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> <li>• A basic physical Ob exam that includes auscultation for fetal heart tone, or pelvic exam with OB observations, or measurement of the fundus height</li> <li>• Evidence that a prenatal care procedure was performed, such as:                         <ul style="list-style-type: none"> <li>○ Screening test in the form of OB panel or</li> <li>○ TORCH antibody panel alone or</li> <li>○ A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing or</li> <li>○ Ultrasound of a pregnant uterus</li> </ul> </li> <li>• Documentation of LMP, EDD or gestational age in conjunction with either of the following:                         <ul style="list-style-type: none"> <li>○ Prenatal risk assessment and counseling/education</li> <li>○ Complete obstetrical history</li> </ul> </li> </ul>
<p><b>Exclusions: None</b></p>	<p><b>Coding:</b>  <b>Prenatal Bundled Services:</b>                  CPT: 59400, 59425, 59426, 59510, 59610, 59618                  HCPCS: H1005</p> <p><b>Prenatal Ultrasound:</b>                  CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828</p> <p><b>Prenatal Visits:</b>                  CPT: 99201-99205, 99211-99215, 99241-99245, 99483                  HCPCS: G0463 T1015</p> <p><b>Stand Alone Prenatal Visits:</b>                  CPT: 99500                  CPT-CATII: 0500F, 0501F, 0502F                  HCPCS: H1000, H1001, H1002, H1003, H1004</p>

Post-Partum Care

<p><b>Measure Description:</b>                  Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery</p>	<p><b>Documentation Requirements:</b>                  Postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery. Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:</p> <ul style="list-style-type: none"> <li>• Pelvic exam</li> <li>• Pap Test</li> <li>• Evaluation of weight, BP, breasts and abdomen                         <ul style="list-style-type: none"> <li>• Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component</li> </ul> </li> <li>• Notation of postpartum care, including, but not limited to                         <ul style="list-style-type: none"> <li>• Notation of "postpartum care," "PP care," "PP check," "6-week check"</li> <li>• A preprinted "Postpartum Care" form in which information was documented during the visit</li> </ul> </li> <li>• Perineal or cesarean incision/wound check</li> <li>• Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders</li> <li>• Glucose screening for women with gestational diabetes</li> </ul>
<p><b>Exclusions: None</b></p>	<p><b>Coding:</b>  <b>Postpartum Bundled Services:</b>                  CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618 59622</p> <p><b>Postpartum Visits:</b>                  CPT: 57170, 58300, 59430, 99501                  CPT-CATII: 0503F                  HCPCS: G0101                  ICD10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p><b>Cervical Cytology:</b>                  CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175                  HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p>

## Chronic Condition Management

### Comprehensive Diabetes Care – HbA1c Testing and Control

<p><b>Measure Description:</b> Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had HbA1c testing performed during the current year with results reported. Goal is for HbA1c &lt; 8.0%.</p>	<p><b>Documentation Requirements:</b> At a minimum, documentation must include a note indicating the date when the HbA1c test was performed and the result or finding. Notation of the following includes:</p> <ul style="list-style-type: none"> <li>• A1c, HbA1c, HgbA1c, Hemoglobin A1c</li> <li>• Glycohemoglobin A1c, Glycohemoglobin</li> <li>• Glycated hemoglobin, Glycosylated hemoglobin</li> </ul>
<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• During the past 2 years, patient had no history of diabetes and a diagnosis of either gestational diabetes or steroid-induced diabetes.</li> </ul>	<p><b>Coding:</b> <b>HbA1c Test:</b> CPT: 83036, 83037</p> <p><b>HbA1c Value:</b> CPT-CATII: 3044F – HbA1c less than 7; 3045F – HbA1c between 7.0-9.0; 3046F – HbA1c greater than 9</p>

### Comprehensive Diabetes Care – Blood Pressure Control

<p><b>Measure Description:</b> Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had BP &lt; 140/90 mm Hg during the current year.</p>	<p><b>Documentation Requirements:</b> The most recent BP level taken during the current year.</p> <ul style="list-style-type: none"> <li>• Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.</li> <li>• BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.</li> </ul>
<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• During the past 2 years, patient had no history of diabetes and a diagnosis of either gestational diabetes or steroid-induced diabetes.</li> </ul>	<p><b>Coding: CPT-CAT II (Code 1 ea. Systolic and Diastolic)</b></p> <p><b>Systolic:</b> 3077F – SBP ≥ 140; 3075F – SBP 130-139; 3074F – SBP &lt; 130;</p> <p><b>Diastolic:</b> 3078F – DBP &lt;80; 3079F – DBP 80-89; 3080F – DBP ≥ 90</p>



## Comprehensive Diabetes Care – Medical Attention for Nephropathy

<p><b>Measure Description:</b>                  Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had medical attention for nephropathy during the current year.</p>	<p><b>Documentation Requirements:</b>                  A nephropathy screening or monitoring test or evidence of nephropathy, as documented:</p> <ul style="list-style-type: none"> <li>• Urine test for albumin or protein with a note or lab report with date performed and result)</li> <li>• Evidence of treatment for nephropathy</li> <li>• ACE inhibitor/ARB prescription written, or filled or documentation patient took an ACE/ARB</li> <li>• Evidence of stage 4 CKD</li> <li>• Evidence of ESRD, or dialysis</li> <li>• Evidence of kidney transplant</li> <li>• A visit with a nephrologist as identified by the organization's specialty provider codes</li> </ul>
<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• During the past 2 years, patient had no history of diabetes and a diagnosis of either gestational diabetes or steroid-induced diabetes.</li> </ul>	<p><b>Coding:</b>  <b>Urine Protein Test:</b>                  CPT: 81000, 81001, 81002, 81003, 81005, 82042-82044, 84156                  CPT-CATII: 3060F, 3061F, 3062F  <b>Nephropathy Treatment:</b>                  CPT-CATII: 3066F, 4010F                  ICD-10: E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-N00.9, N01.0-N01.9, N02.0-N02.9, N03.0-N03.9, N04.0-N04.9, N05.0-N05.9, N06.0-N06.9, N07.0-N07.9, N08, N14.0-N14.4, N17.0-N17.2, N17.8, N17.9, N18.1-N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19, Q61.2-Q61.5, Q61.8, Q61.9, R80.0-R80.3, R80.8, R80.9</p>

**Comprehensive Diabetes Care – Diabetic Eye Exam (retinal)**

<p><b>Measure Description:</b>                  Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had a retinal eye exam performed during the current year.</p>	<p><b>Documentation Requirements:</b>                  Screening and monitoring for diabetic retinal disease:</p> <ul style="list-style-type: none"> <li>• A note or letter prepared by an OPH, OPT, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional, including date and results within the current year.</li> <li>• Documentation of a negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional last year, and results indicate retinopathy was not present.</li> <li>• Evidence that the patient had a bilateral eye enucleation any time during the patient's history through December 31 of the current year.</li> <li>• A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional reviewed the results. Results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.</li> </ul>
<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• During the past 2 years, patient had no history of diabetes and a diagnosis of either gestational diabetes or steroid-induced diabetes.</li> </ul>	<p><b>Coding:</b>  <b>CPT:</b> 67028, 67030, 67031, 67036, 67039- 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225–92228, 92230, 92235, 92240,92250, 92260, 99203–99205,99213, 99214, 99215, 99242–99245</p> <p><b>CPT-CATII:</b> 2022F, 2024F, 2026F, 3072F (no evidence of retinopathy in prior year eye exam)</p> <p><b>HCPCS:</b> S0620, S0621, S3000</p>

### Controlling High Blood Pressure

<p><b>Measure Description:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the current year (BP &lt; 140/90 mm Hg).</p>	<p><b>Documentation Requirements:</b> The most recent BP level taken during the current year.</p> <ul style="list-style-type: none"> <li>Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.</li> <li>BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.</li> </ul>
<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>Patients with evidence of ESRD or kidney transplant or dialysis any time during the patient's history.</li> <li>Diagnosis of pregnancy during the current year.</li> </ul>	<p><b>Coding: CPT-CAT II (Code 1 ea. Systolic and Diastolic)</b></p> <p><b>Systolic:</b> 3077F – SBP ≥ 140; 3075F – SBP 130-139; 3074F – SBP &lt; 130;</p> <p><b>Diastolic:</b> 3078F – DBP &lt;80; 3079F – DBP 80-89; 3080F – DBP ≥ 90</p>

### Annual Monitoring for Patients on Persistent Medication (ACE/ARB or Diuretic)

<p><b>Measure Description:</b> Percentage of patients 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the current year and at least one therapeutic monitoring event for the therapeutic agent in the current year:</p> <ul style="list-style-type: none"> <li>Annual monitoring for patients on ACE or ARB</li> <li>Annual monitoring for patients on diuretics</li> </ul>	<p><b>Documentation Requirements:</b> Administrative Only - Claim for annual monitoring:</p> <ul style="list-style-type: none"> <li>At least one serum potassium <u>and</u> a serum creatinine therapeutic monitoring test in the current year</li> </ul>
<p><b>Exclusions:</b> Patients who had an acute or nonacute inpatient stay during the current year.</p>	<p><b>Coding:</b></p> <p><b>Lab Panel: CPT:</b> 80047, 80048, 80050, 80053, 80069</p> <p><b>Serum Creatinine: CPT:</b> 82565, 82575</p> <p><b>Serum Potassium: CPT:</b> 80051, 84132</p>

## Medication Management for People with Asthma

<p><b>Measure Description:</b> Percentage of patients 5-64 years of age during the current year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period</p> <p><b>NOTE: % of treatment period covered = (Total Days Covered by an Asthma Medication in the Treatment Period) / (Total Days in the Treatment Period)</b></p>	<p><b>Documentation Requirements:</b> Administrative Only - Claim for oral medication dispensing event, inhaler dispensing event, injection or intravenous dispensing event. Patients are included in this measure if they meet at least one of the following criteria during both the current year and prior year:</p> <ul style="list-style-type: none"> <li>• At least one ED visit with principal dx of asthma</li> <li>• At least one acute inpatient encounter with a principal dx of asthma</li> <li>• At least four outpatient visits on different dates of service, with any diagnosis of asthma <u>and</u> at least two asthma medication dispensing events for any controller medication or reliever medication</li> </ul>																				
<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Patients who had any diagnosis of emphysema, COPD, cystic fibrosis, acute respiratory failure, or obstructive chronic bronchitis</li> <li>• Patient who had no asthma controller medication dispensed during the current year</li> </ul>	<p><b>Coding:</b> Filled prescription for oral medication, inhaler, injection or intravenous medication</p> <p><b>Asthma Controller Medications:</b></p> <table border="1" data-bbox="1020 699 1938 1138"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>Antiasthmatic combinations</td> <td>Dyphylline-guaifenesin</td> </tr> <tr> <td>Antibody inhibitors</td> <td>Omalizumab</td> </tr> <tr> <td>Anti-interleukin-5</td> <td>Mepolizumab, Reslizumab</td> </tr> <tr> <td>Inhaled steroid combinations</td> <td>Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Mometasone-formoterol</td> </tr> <tr> <td>Inhaled corticosteroids</td> <td>Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone</td> </tr> <tr> <td>Leukotriene modifiers</td> <td>Montelukast, Zafirlukast, Zileuton</td> </tr> <tr> <td>Methylxanthines</td> <td>Theophylline</td> </tr> </tbody> </table> <p><b>Asthma Reliever Medications:</b></p> <table border="1" data-bbox="1020 1227 1938 1352"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>Short-acting, inhaled beta-2 agonists</td> <td>Albuterol, Levalbuterol</td> </tr> </tbody> </table>	Description	Prescriptions	Antiasthmatic combinations	Dyphylline-guaifenesin	Antibody inhibitors	Omalizumab	Anti-interleukin-5	Mepolizumab, Reslizumab	Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Mometasone-formoterol	Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone	Leukotriene modifiers	Montelukast, Zafirlukast, Zileuton	Methylxanthines	Theophylline	Description	Prescriptions	Short-acting, inhaled beta-2 agonists	Albuterol, Levalbuterol
Description	Prescriptions																				
Antiasthmatic combinations	Dyphylline-guaifenesin																				
Antibody inhibitors	Omalizumab																				
Anti-interleukin-5	Mepolizumab, Reslizumab																				
Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Mometasone-formoterol																				
Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone																				
Leukotriene modifiers	Montelukast, Zafirlukast, Zileuton																				
Methylxanthines	Theophylline																				
Description	Prescriptions																				
Short-acting, inhaled beta-2 agonists	Albuterol, Levalbuterol																				

## Adult Care

### Adult Body Mass Index

<p><b>Measure Description:</b>                  Percentage of patients 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the current year or the prior year</p>	<p><b>Documentation Requirements:</b>                  For patients 20 years and older documentation must indicate the weight and BMI value, dated during the current year or the prior year.</p> <p>For patients younger than 20 years on the date of service, documentation must indicate the height, weight and BMI percentile, dated during the current year or prior year.</p> <p>Either of the following meets criteria for BMI percentile:</p> <ul style="list-style-type: none"> <li>• BMI percentile documented as a value (e.g. 85th percentile)</li> <li>• BMI percentile plotted on an age-growth chart</li> </ul> <p>Ranges and thresholds do not meet criteria for this measure. A distinct BMI value or percentile, if applicable, is required for numerator compliance.</p>
<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Female patients who have a diagnosis of pregnancy during the current year or prior year.</li> </ul>	<p><b>Coding:</b>  <b>BMI (20 -74 years):</b>  <b>ICD10CM:</b> Z68.1, Z68.20 - Z68.39, Z68.41 - Z68.45  <b>BMI Percentile (18 and 19 years):</b>  <b>ICD10CM:</b> Z68.51 - Z68.54</p>

## Adults Access to Preventive/Ambulatory Health Services

<p><b>Measure Description:</b>                  Percentage of patients 20 years and older who had an ambulatory or preventive care visit during the current year.</p>	<p><b>Documentation Requirements:</b>                  Administrative only (claim must be received with one of the codes)</p> <p><b>NOTE: CPT Codes 99381-99385 and 99391-99395 also count toward EPSDT and Well Care Visit for patients 20-21 years.</b></p>
<p><b>Exclusions: None</b></p>	<p><b>Coding:</b></p> <p><b>Ambulatory Visit Codes:</b>                  CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, <b>99381 - 99387, 99391 - 99397</b>, 99401 - 99404, 99411, 99412, 99429, 99483                  HCPCS: G0402, G0438, G0439, G0463, T1015                  ICD10CM: 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</p> <p><b>Other Ambulatory Visit Codes:</b>                  CPT: 92002, 92004, 92014, 99304 – 99310, 99315, 99316, 99318, 99324 – 99328, 99334 – 99337</p> <p><b>Telephone Visit Codes: 98966-98968, 99441-99443</b></p> <p><b>Online Assessment Codes: 98969, 99444</b></p>

# Alcohol and Other Drug Abuse/Dependence

## Follow-up After ED Visit for Alcohol & Other Drug Dependence

<p><b>Measure Description:</b>                  Percentage of ED visits for patients 13 years of age and older with a principal diagnosis of alcohol or other drug abuse or dependence (AOD), who had a follow up visit for AOD:</p> <ul style="list-style-type: none"> <li>• within 7 days of the ED visit</li> </ul>	<p><b>Documentation Requirements:</b>                  Administrative Only - Claim for a follow-up visit with any practitioner, with a principal diagnosis of alcohol or other drug abuse and follow-up received:</p> <ul style="list-style-type: none"> <li>• Within 7 days of the ED Visit</li> </ul> <p><b>NOTE: If patients had more than one ED visit in a 31-day period, include only the first eligible ED visit</b></p>
<p><b>Exclusions:</b>                  Exclude ED visits that result in an inpatient stay and ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visits, regardless of principal dx of the admission.</p>	<p><b>Visit Coding (must include a principal diagnosis of AOD abuse or dependence):</b></p> <p><b>Stand Alone Visits:</b>  <b>CPT:</b> 98960–98962, 99078, 99201– 99205, 99211-99215, 99241–99245, 99341– 99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510  <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p><b>Group Visits:</b>  <b>CPT:</b> 90791, 90792, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p><b>Telephone Visits:</b>  <b>CPT:</b> 98966-98968, 99441-99443,</p> <p><b>Online Assessments:</b>  <b>CPT:</b> 98969, 99444</p> <p><b>Observation Visits:</b>  <b>CPT:</b> 99217-99220</p>

## Initiation of Alcohol & Other Drug Abuse or Dependence Treatment

<p><b>Measure Description:</b>                  Percentage of adolescent and adult patients (13 years and older) with a new episode of alcohol or other drug (AOD) abuse or dependence who received:</p> <ul style="list-style-type: none"> <li>Initiation of AOD Treatment - Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis</li> </ul>	<p><b>Documentation Requirements:</b>                  Administrative Only - Claim for treatment visit or medication</p> <ul style="list-style-type: none"> <li>Initiation of AOD treatment - AOD treatment within 14 days of diagnosis                         <ul style="list-style-type: none"> <li>Note: If the episode was an inpatient discharge (or ED/Observation that resulted in an inpatient stay), the inpatient stay is considered “initiation of treatment” and the patient is compliant.</li> </ul> </li> </ul>
<p><b>Exclusions:</b>                  Exclude patients who had a claim/encounter with a diagnosis of AOD abuse or dependence during the 60 days before the date of the new episode of AOD abuse or dependence.</p>	<p><b>Visit Coding (must include a diagnosis matching the initial diagnosis cohort which is Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence):</b></p> <p><b>Stand Alone Visits:</b>  <b>CPT:</b> 98960–98962, 99078, 99201– 99205, 99211-99215, 99241–99245, 99341– 99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99510  <b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p><b>Group Visits:</b>  <b>CPT:</b> 90791, 90792, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p><b>Telephone Visits:</b>  <b>CPT:</b> 98966-98968, 99441-99443,</p> <p><b>Online Assessments:</b>  <b>CPT:</b> 98969, 99444</p> <p><b>Observation Visits:</b>  <b>CPT:</b> 99217-99220</p> <p><b>Medication Treatment:</b>  <b>HCPCS:</b> H0020, H0033, J0571-J0575, J2315, S0109  <b>Prescriptions (Alcohol Use Disorder Treatment Medications):</b> Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet)  <b>Prescriptions (Opioid Use Disorder Treatment Medications):</b> Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection and implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p>



## Behavioral Health

### Follow-Up After ED Visit for Mental Illness

<p><b>Measure Description:</b>                  Percentage of ED visits for patients 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness:</p> <ul style="list-style-type: none"> <li>• within 7 days of the ED visit</li> </ul>	<p><b>Documentation Requirements:</b>                  Administrative Only - Claim for a follow-up visit with any practitioner, with a principal diagnosis of mental health disorder or intentional self-harm and any diagnosis of mental health disorder and follow-up received:</p> <ul style="list-style-type: none"> <li>• Within 7 days of the ED Visit</li> </ul> <p><b>NOTE: If patients had more than one ED visit in a 31-day period, include only the first eligible ED visit</b></p>
<p><b>Exclusions:</b>                  Exclude ED visits that result in an inpatient stay and ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visits, regardless of principal dx of the admission.</p>	<p><b>Coding (must include a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder)</b>  <b>Visits:</b>                  CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99225</p> <p><b>NOTE: Telehealth visits with telehealth POS 02 also counts</b></p> <p><b>BH Outpatient Visits:</b>                  CPT: 98960–98962, 99078, 99201– 99205, 99211-99215, 99241–99245, 99341– 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99510                  HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, T1015</p> <p><b>Electroconvulsive Therapy:</b>                  CPT: 90870</p> <p><b>Partial Hospitalization:</b>                  HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p><b>Observation Visits:</b>                  CPT: 99217-99220</p>

## Adherence to Antipsychotic Medications for Individuals with Schizophrenia

<p><b>Measure Description:</b> Percentage of patients 18 years of age and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</p> <p><b>NOTE: % of treatment period covered = (Total Days Covered by an Antipsychotic Medication in the Treatment Period) / (Total Days in the Treatment Period)</b></p>	<p><b>Documentation Requirements:</b> Administrative Only - Claim for antipsychotic medication Based on the earliest dispensing event for any antipsychotic medication during the measurement period, calculate the number of days through the end of the year.</p>																		
<p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>Exclude patients with dementia diagnosis</li> </ul>	<p><b>Coding:</b> Filled prescriptions for:</p> <p><b>Oral Antipsychotic Medications:</b></p> <table border="1" data-bbox="1016 630 1948 976"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>Miscellaneous antipsychotic agents (oral)</td> <td>Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone</td> </tr> <tr> <td>Phenothiazine antipsychotics (oral)</td> <td>Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine</td> </tr> <tr> <td>Psychotherapeutic combinations (oral)</td> <td>Amitriptyline-perphenazine</td> </tr> <tr> <td>Thioxanthenes (oral)</td> <td>Thiothixene</td> </tr> </tbody> </table> <p><b>Long-Acting Injections 14 Days Supply Medications</b></p> <table border="1" data-bbox="1016 1036 1948 1138"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>Long-acting injections 14-day supply</td> <td>Risperidone</td> </tr> </tbody> </table> <p><b>Long-Acting Injections 28 Days Supply Medications</b></p> <table border="1" data-bbox="1016 1198 1948 1300"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>Long-acting injections 28-day supply</td> <td>Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate</td> </tr> </tbody> </table>	Description	Prescriptions	Miscellaneous antipsychotic agents (oral)	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone	Phenothiazine antipsychotics (oral)	Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine	Psychotherapeutic combinations (oral)	Amitriptyline-perphenazine	Thioxanthenes (oral)	Thiothixene	Description	Prescriptions	Long-acting injections 14-day supply	Risperidone	Description	Prescriptions	Long-acting injections 28-day supply	Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate
Description	Prescriptions																		
Miscellaneous antipsychotic agents (oral)	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone																		
Phenothiazine antipsychotics (oral)	Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine																		
Psychotherapeutic combinations (oral)	Amitriptyline-perphenazine																		
Thioxanthenes (oral)	Thiothixene																		
Description	Prescriptions																		
Long-acting injections 14-day supply	Risperidone																		
Description	Prescriptions																		
Long-acting injections 28-day supply	Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate																		

## Antidepressant Medication Management

<p><b>Measure Description:</b> Percentage of patients 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 for at least 84 days (12 weeks)</p>	<p><b>Documentation Requirements:</b> Administrative Only - Claim for antidepressant medication dispensing event for:</p> <ul style="list-style-type: none"> <li>• At least 84 days (12 weeks) - Effective Acute Treatment</li> </ul>																		
<p><b>Exclusions: None</b></p>	<p><b>Coding:</b> Filled prescriptions for:</p> <p><b>Antidepressant Medications</b></p> <table border="1"> <thead> <tr> <th>Description</th> <th>Prescriptions</th> </tr> </thead> <tbody> <tr> <td>Miscellaneous antidepressants</td> <td>Bupropion, Vilazodone, Vortioxetine</td> </tr> <tr> <td>Monoamine oxidase inhibitors</td> <td>Isocarboxazid, Phenelzine, Selegiline, Trancypromine</td> </tr> <tr> <td>Phenylpiperazine antidepressants</td> <td>Nefazodone, Trazodone</td> </tr> <tr> <td>Psychotherapeutic combinations</td> <td>Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine</td> </tr> <tr> <td>SNRI antidepressants</td> <td>Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine</td> </tr> <tr> <td>SSRI antidepressants</td> <td>Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline</td> </tr> <tr> <td>Tetracyclic antidepressants</td> <td>Maprotiline, Mirtazapine</td> </tr> <tr> <td>Tricyclic antidepressants</td> <td>Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (&gt; 6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine</td> </tr> </tbody> </table>	Description	Prescriptions	Miscellaneous antidepressants	Bupropion, Vilazodone, Vortioxetine	Monoamine oxidase inhibitors	Isocarboxazid, Phenelzine, Selegiline, Trancypromine	Phenylpiperazine antidepressants	Nefazodone, Trazodone	Psychotherapeutic combinations	Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine	SNRI antidepressants	Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine	SSRI antidepressants	Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline	Tetracyclic antidepressants	Maprotiline, Mirtazapine	Tricyclic antidepressants	Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (> 6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine
Description	Prescriptions																		
Miscellaneous antidepressants	Bupropion, Vilazodone, Vortioxetine																		
Monoamine oxidase inhibitors	Isocarboxazid, Phenelzine, Selegiline, Trancypromine																		
Phenylpiperazine antidepressants	Nefazodone, Trazodone																		
Psychotherapeutic combinations	Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine																		
SNRI antidepressants	Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine																		
SSRI antidepressants	Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline																		
Tetracyclic antidepressants	Maprotiline, Mirtazapine																		
Tricyclic antidepressants	Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (> 6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine																		