HEDIS® Reference Guide

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HEDIS® REFERENCE GUIDE

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Vivida HEALTH

Coding and Documentation Requirements are in accordance with
HEDIS ® MY2020-2021 Volume 2 Technical Specifications

Child and Adolescent Measures

Childhood Immunizations

Measure Description:
The percentage of children 2 years of age who had the following by their second birthday:

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); LAIV may be included for one of the two vaccinations. *	1 VAR (Chicken Pox)
1 Hep A	1 MMR (Measles, Mumps, and Rubella)

Documentation Requirements:
For immunization evidence obtained from the medical record, count patients where there is evidence that the antigen was rendered from one of the following:

- A note indicating the name of the specific antigen and the date of the immunization
- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.

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.

*LAIV vaccination must be administered ON the child's second birthday. Do not count an LAIV vaccination administered before the child's second birthday.

Exclusions:
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

Coding:
DTaP: CPT: 90698, 90700, 90721, 90723
IPV: CPT: 90698, 90713, 90723
MMR: CPT: 90707, 90710
History of Measles: ICD10CM: B05.0-B05.4, B05.81, B05.89, B05.9
History of Mumps: ICD10CM: B26.0-B26.3, B26.81-B26.85, B26.9
History Rubella: ICD10CM: B06.00-B06.92, B06.09, B06.81, B06.82, B06.89, B06.9
HiB: CPT: 90644–90648, 90698, 90721, 90748
Hep B: CPT: 90723, 90740, 90744, 90747, 90748; **HCPCS:** G0010
History of Hep B: ICD10CM: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
VAR: CPT: 90710, 90716;
History of Chicken pox: ICD10CM: 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
PCV: CPT:-90670; **HCPCS:** G0009
Hep A: CPT: 90633
History of Hep A: ICD10CM: B15.0, B15.9
RV: CPT: 90681 (2 doses), 90680 (3 doses)
Flu: CPT: 90655, 90657, 90660, 90661, 90673, 90685-90689, 90672; **HCPCS:** G0008

Immunizations for Adolescents

Measure Description: Percentage of adolescents 13 years of age who had the following vaccines by their 13th birthday: • 1 dose of meningococcal (serogroup A, C, W, or Y) between 11-13th birthday • 1 Tdap vaccine between 10-13th birthday • 2 or 3 HPV vaccines (depends on series) between 9-13th birthday	**Documentation Requirements:** For immunization evidence obtained from the medical record, count patients where there is evidence that the antigen was rendered from one of the following: * A note indicating the name of the specific antigen and the date of the immunization * A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. For the 2 dose HPV vaccine series there must be at least 146 days between the first and second dose of the HPV vaccine.
Exclusions: 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	**Coding:** **HPV: CPT:** 90649, 90650, 90651 **Meningococcal: CPT:** 90734 **Tdap: CPT:** 90715

Lead Screening in Children

Measure Description: 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	**Documentation Requirements:** Documentation in the medical record must include both of the following: • A note indicating the date the test was performed • The result or finding
Exclusions: None	**Coding: CPT:** 83655

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

Measure Description: 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: • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity	**Documentation Requirements:** 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. BMI, height and weight may be member reported. 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. 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 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 **NOTE:** Services rendered during a telephone visit, e-visit or virtual check-in meet the criteria for nutrition and physician activity counseling indicators.
Exclusions: Female patients who have a diagnosis of pregnancy during the current year	**Coding: BMI Percentile: ICD10CM:** Z68.51 - Z68.54 **Nutrition: CPT:** 97802-97804; **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470; **ICD10CM:** Z71.3 **Physical Activity: HCPCS:** S9451, G0447; **ICD10CM:** Z02.5, Z71.82

Well-Child Visits in the First 30 Months of Life

Measure Description: The percentage of patients who had the following number of well-child visits with a PCP during the last 30 months via outpatient or telehealth visits. 1. ***Well-Child Visits in the First 15 Months*.** Children who turned 15 months old during the current year: Six or more well-child visits. ***2. Well-Child Visits for Age 15 Months–30 Months***. Children who turned 30 months old during the current year: Two or more well-child visits **NOTE:** **99381-99385 AND 99391-99395 also count toward EPSDT visits.**	**Documentation Requirements:** Administrative only (claim must be received with one of the well-visit codes below). Interactive audio and video telehealth visits count toward this measure when well-visit codes are submitted in conjunction with a telehealth modifier and/or telehealth POS code.
Exclusions: None	**Coding:** **CPT: 99381-99385, 99391-99395,** 99461; **HCPCS:** G0438, G0439, S0302 (S0302 requires additional E&M code); **ICD10CM**: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2 **Telehealth Modifier:** GT or 95 **Telehealth POS:** 02

Child and Adolescent Well-Care Visits

Measure Description: The percentage of patients 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner via outpatient or telehealth visit during the current year. **NOTE:** **99381-99385 AND 99391-99395 also count toward EPSDT visits.**	**Documentation Requirements:** Administrative only (claim must be received with one of the well-visit codes below). Interactive audio and video telehealth visits count toward this measure when well-visit code submitted.
Exclusions: None	**Coding:** **CPT: 99381-99385, 99391-99395,** 99461; **HCPCS:** G0438, G0439, S0302 (S0302 requires additional E&M code); **ICD10CM**: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2 **Telehealth Modifier:** GT or 95 **Telehealth POS:** 02

Follow-up Care for Children Prescribed ADHD Medications

Measure Description:
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.

Documentation Requirements:
Administrative Only - Claim for office visit after dispensing ADHD medication:

- One follow-up visit, which may be a telehealth or telephone visit, with a practitioner with prescribing authority during the 30-day initiation phase

Exclusions:
Children with a diagnosis of narcolepsy any time during their history.

Coding: Filled prescription for ADHD medication and outpatient visit codes with practitioner with prescribing authority.
Telehealth Visits: add POS code 02 to the visit code.
Telehealth Modifier: GT or 95
Telephone Visits: CPT: 98966, 98967, 98968, 99441, 99442, 99443

ADHD Medication:

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

Measure Description: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer every 2 years.	**Documentation Requirements:** Administrative only (claim must be received with one of the codes)
Exclusions: • Bilateral mastectomy • Unilateral mastectomy with bilateral modifier • Two unilateral mastectomy procedures without a modifier with service dates 14 days or more apart • History of bilateral mastectomy	**Coding:** **Mammography codes:** **CPT:** 77055 - 77057, 77061 - 77063, 77065 - 77067 **HCPCS:** G0202, G0204, G0206 **History of Bilateral Mastectomy code:** **ICD10CM:** Z90.13 **Absence of Breasts:** **ICD10CM:** Z90.12 (left), Z90.11 (right)

Cervical Cancer Screening

Measure Description: Percentage of women 21-64 years of age who were screened for cervical cancer through either: • 21-64 years of age who had a cervical cytology performed within the last 3 years • 30-64 years of age who had HPV testing performed within the last 5 years • 30-64 years of age who had ~~a~~ cervical cytology and HPV co-testing within the last 5 years	**Documentation Requirements:** For women 21-64 years of age documentation must include: • A note indicating the date when the cervical cytology test was performed with the results or findings For women 30-64 years of age documentation must include: • A note indicating the date when the cervical cytology and HPV test were performed with the results or findings. **NOTE:** Notations in the medical record from telehealth visits that document a history of cervical cancer screening in timeframe and the results (positive or negative) may count toward this measure.
Exclusions: Female patients who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the patient's history Documentation of *one* of the following: ○ "Complete," "total" or "radical" hysterectomy (abdominal, vaginal or unspecified). ○ "Vaginal hysterectomy." ○ "Vaginal pap smear" in conjunction with documentation of "hysterectomy." ○ "Hysterectomy" in combination with documentation that the patient no longer needs pap testing/cervical cancer screening. NOTE: Documentation of hysterectomy alone does not meet the criteria, because it is not sufficient evidence that the cervix was removed.	**Coding:** **Cervical Cytology:** **CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **HPV Tests:** **CPT:** 87620-87622, 87624, 87625 **HCPCS:** G0476 **Absence of Cervix:** **ICD10CM:** Q51.5, Z90.710, Z90.712

Chlamydia Screening

Measure Description: Percentage of women 16-24 who have been identified as sexually active who had at least one test for chlamydia in the current year	**Documentation Requirements:** Administrative only (claim must be received with one of the codes)
Exclusions: • Patients who had a pregnancy test during the current year and a prescription for retinoid medication on the date of the pregnancy test or the 6 days after the pregnancy test • Patients who had a pregnancy test during the current year and an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test	**Coding:** **Chlamydia Test:** **CPT:** 87110, 87270, 87320, 87490 – 87492, 87810 **NOTE:** Sexual activity is identified by pregnancy test, STI/STD dx, or dispensed prescription contraceptives during the current year.

Prenatal Care

Measure Description: 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	**Documentation Requirements:** 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. ○ A basic physical OB (obstetrical) examination that includes auscultation for fetal heart tone, ***or*** pelvic exam with OB observations, ***or*** measurement of fundus height ○ Evidence that a prenatal care procedure was performed, such as: ○ Screening test in the form of OB panel, **or** ○ TORCH antibody panel alone, ***or*** ○ A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, ***or*** ○ Ultrasound of a pregnant uterus • Documentation of LMP, EDD or gestational age in conjunction with either of the following: ○ Prenatal risk assessment and counseling/education, **or** ○ Complete obstetrical history **Note:** Services provided during a telehealth visit, telephone visit, e-visit or virtual check-in are eligible for reporting this measure. **(Codes on next page)**

Exclusions: None	**Coding:** **Prenatal Bundled Services:** **CPT:** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS:** H1005 **Stand Alone Prenatal Visits:** **CPT:** 99500 **HCPCS:** H1000, H1001, H1002, H1003, H1004 **Prenatal Ultrasound code below and a Prenatal Visit code:** **CPT:** 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 **Prenatal Visit Code below and a Pregnancy-related Diagnosis Code** **CPT:** 99201-99205, 99211-99215, 99241-99245, 99483 **HCPCS:** G0463 T1015 (Codes continue next page) **Telephone Visit Code below and a Pregnancy-related Diagnosis Code:** **CPT:** 98966--98968, 99441-99443 **Online Assessment Codes** (e-visits & virtual check-ins) below **and Pregnancy-related Diagnosis Code:** **CPT:** 98969-98972, 99421-99423, 99444**,** 99458 **HCPCS:** G2010, G2012, G2061-G2063 **Telehealth Modifier:** GT or 95 **Telehealth POS:** 02 **NOTE:** Services provided during a telehealth visit, telephone visit, e-visit or virtual check-in are eligible for reporting this measure.

Post-Partum Care

Measure Description: Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery	**Documentation Requirements:** Postpartum visit to an OB/GYN or other prenatal care practitioner, or PCP on or between 7 and 84 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. ○ Pelvic exam. ○ Pap Test ○ Evaluation of weight, BP, breasts and abdomen. — Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component. ○ Notation of postpartum care, including, but not limited to: — Notation of "postpartum care," "PP care," "PP check," "6-week check." — A preprinted "Postpartum Care" form in which information was documented during the visit. ○ Perineal or cesarean incision/wound check. **NOTE**: Post-Partum services provided during a telehealth visit, telephone visit, e-visit, or virtual check-in are eligible for reporting this measure.
Exclusions: None	**Coding:** **Post-Partum Bundled Services:** **CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 **Post-Partum Visits:** **CPT:** 57170, 58300, 59430, 99501 **HCPCS:** G0101 **ICD10CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2** **Cervical Cytology:** **CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **(Codes continue next page)**

	Telephone Visit: **CPT:** 98966--98968, 99441-99443 **Online Assessment Codes** (e-visits & virtual check-ins): **CPT:** 98969-98972, 99421-99423, 99444**,** 99458 **HCPCS:** G2010, G2012, G2061-G2063 **Telehealth Modifier:** GT or 95 **Telehealth POS:** 02 **NOTE:** Services provided during a telehealth visit, telephone visit, e-visit or virtual check-in are eligible for reporting this measure.

Adult Care

Adults Access to Preventive/Ambulatory Health Services

Measure Description: Percentage of patients 20 years and older who had an ambulatory or preventive care visit during the current year.	Documentation Requirements: Administrative only (claim must be received with one of the codes below) **NOTE:** CPT Codes 99381-99385 and 99391-99395 also count toward EPSDT and Well Care Visit for patients 20-21 years. **NOTE:** Interactive audio and video telehealth visits also count toward this measure when visit code submitted with telehealth modifier and/or telehealth POS code.
Exclusions: None	**Coding:** **Ambulatory Visit Codes:** **CPT:** 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, **99381 - 99387, 99391 - 99397**, 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 **Other Ambulatory Visit Codes:** **CPT:** 92002, 92004, 92014, 99304 – 99310, 99315, 99316, 99318, 99324 – 99328, 99334 – 99337 **Telephone Visit Codes: CPT:** 98966--98968, 99441-99443 **Online Assessment Codes** (e-visits and virtual check-ins): **CPT:** 98969-98972, 99421-99423, 99444, 99458 **HCPCS:** G2010, G2012, G2061-G2063 **Telehealth Modifier:** GT or 95 **Telehealth POS:** 02

Chronic Condition Management

Comprehensive Diabetes Care – HbA1c Testing and Control

Measure Description: 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 < 8.0%.	**Documentation Requirements:** 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: • A1c, HbA1c, HgbA1c, Hemoglobin A1c or HB1c • Glycohemoglobin A1c, Glycohemoglobin • Glycated hemoglobin, Glycosylated hemoglobin
Exclusions: • During the past 2 years, patient had no history of diabetes and a diagnosis of gestational diabetes, steroid-induced diabetes or polycystic ovarian syndrome.	**Coding:** **HbA1c Test:** **CPT**: 83036, 83037 **HbA1c Value:** **CPT-CATII:** 3044F – HbA1c less than 7; 3046F – HbA1c greater than 9 3051F – HbA1c > or equal to 7 and less than 8 3052F – HbA1c > or equal to 8 and less than or equal to 9

Comprehensive Diabetes Care – Blood Pressure Control

Measure Description: Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had BP < 140/90 mm Hg during the current year.	**Documentation Requirements:** The most recent BP level taken during the current year. • 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. • Member reported BP readings documented in the medical record are acceptable • Telephone visits, e-visits and virtual check-ins are appropriate settings for BP readings reported by the member, documented in the medical record and reported in claims and encounter data.	
Exclusions: • During the past 2 years, patient had no history of diabetes and a diagnosis of gestational diabetes, steroid-induced diabetes or polycystic ovarian syndrome.	**Coding: CPT-CAT II (Code 1 ea. Systolic and Diastolic)** **Systolic:** 3077F – SBP ≥ 140; 3075F – SBP 130-139; 3074F – SBP < 130;	**Diastolic:** 3078F – DBP <80; 3079F – DBP 80-89; 3080F – DBP ≥ 90

Comprehensive Diabetes Care – Diabetic Eye Exam (retinal)

Measure Description: 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.	**Documentation Requirements:** Screening and monitoring for diabetic retinal disease: • 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. • 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. • Evidence that the patient had a bilateral eye enucleation any time during the patient's history through December 31 of the current year. • 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. • Eye exam results read by a system that provides artificial intelligence (AI) interpretation meet criteria.
Exclusions: • During the past 2 years, patient had no history of diabetes and a diagnosis of gestational diabetes, steroid-induced diabetes or polycystic ovarian syndrome.	**Coding:** **CPT:** 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 **CPT-CATII:** 2022F-2026F, 2033F, 3072F (no evidence of retinopathy in prior year eye exam) **HCPCS:** S0620, S0621, S3000

Controlling High Blood Pressure

Measure Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose most recent BP was adequately controlled during the current year (BP < 140/90 mm Hg).	**Documentation Requirements:** The most recent BP level taken during the current year. • 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. • Member reported BP readings documented in the medical record are acceptable • Telephone visits, e-visits and virtual check-ins are appropriate settings for BP readings reported by the member and documented in the medical record and reported in claims and encounter data.
Exclusions: • Patients with evidence of ESRD, Dialysis, Nephrectomy or Kidney Transplant • Diagnosis of Pregnancy during the current year	**Coding: CPT-CAT II (Code 1 ea. Systolic and Diastolic)** **Systolic:** 3077F – SBP ≥ 140; 3075F – SBP 130-139; 3074F – SBP < 130; **Diastolic:** 3078F – DBP <80; 3079F – DBP 80-89; 3080F – DBP ≥ 90

Alcohol and Other Drug Abuse/Dependence

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

Measure Description: 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: • within 7 days of the ED visit	**Documentation Requirements:** 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: • Within 7 days of the ED Visit **NOTE:** If patients had more than one ED visit in a 31-day period, include only the first eligible ED visit
Exclusions: 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.	**Visit Coding (must include a principal diagnosis of AOD abuse or dependence):** **Stand Alone Visits:** **CPT:** 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 **HCPCS:** 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 **Group Visits:** **CPT:** 90791, 90792, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 **Telephone Visits:** **CPT:** 98966-98968, 99441-99443, **Online Assessment Codes** (e-visits and virtual check-ins): **CPT:** 98969-98972, 99421-99423, 99444, 99458 **HCPCS:** G2010, G2012, G2061-G2063 **Observation Visits:** **CPT:** 99217-99220 **Telehealth Modifier:** GT or 95 **Telehealth POS:** 02

Initiation of Alcohol & Other Drug Abuse or Dependence Treatment

Measure Description: 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: • 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	**Documentation Requirements:** Administrative Only - Claim for treatment visit or medication • Initiation of AOD treatment - AOD treatment within 14 days of diagnosis • 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.
Exclusions: 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.	**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):** **Stand Alone Visits:** **CPT:** 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 **HCPCS:** 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 **Group Visits:** **CPT:** 90791, 90792, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 **Telephone Visits:** **CPT:** 98966-98968, 99441-99443 **Online Assessment Codes** (e-visits and virtual check-ins)**:** **CPT:** 98969-98972, 99421-99423, 99444**,** 99458 **HCPCS:** G2010, G2012, G2061-G2063 **Telehealth Modifier:** GT or 95 and/or **Telehealth POS:** 02 **Observation Visits:** **CPT:** 99217-99220 **AOD Medication Treatment:** **HCPCS:** H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109 **Prescriptions (Alcohol Use Disorder Treatment Medications):** Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet) **Prescriptions (Opioid Use Disorder Treatment Medications):** Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection and implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **Opioid Treatment Services Codes:** **HCPCS: G2067-G2077, G2080; G2086, G2087**

Behavioral Health

Follow-Up After ED Visit for Mental Illness

Measure Description: 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: • within 7 days of the ED visit Note: Telephone visits, e-visits, and virtual check-ins count as follow-up visits.	**Documentation Requirements:** Administrative Only - Claim for an out-patient follow-up visit with any practitioner, including via telephone visit, e-visit or virtual check-in with a principal diagnosis of mental health disorder or intentional self-harm and any diagnosis of mental health disorder and follow-up received: • Within 7 days of the ED Visit **NOTE:** If patients had more than one ED visit in a 31-day period, include only the first eligible ED visit
Exclusions: 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.	**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):** **Visits:** **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99225 **NOTE: Telehealth visits with POS 02 also counts** **BH Outpatient Visits:** **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 **Electroconvulsive Therapy**: **CPT:** 90870 **Partial Hospitalization:** **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **Observation Visits: CPT:** 99217-99220 **Telephone Visit Codes: 98966-98968, 99441-99443** **Online Assessment Codes** (e-visits and virtual check-ins)**:** **CPT:** 98969-98972, 99421-99423, 99444**,** 99458 **HCPCS:** G2010, G2012, G2061-G2063 **Telehealth Modifier:** GT or 95 **Telehealth POS:** 02

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications

Measure Description: Percentage of patients 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 current year.	**Documentation Requirements:** Administrative Only - Claim for a glucose test or an HbA1c test performed during the current year.
Exclusions: • Exclude patients who do not have a diagnosis of diabetes **and** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid induced diabetes during the current year or the prior year.	**Coding (one of the following):** **Glucose Test: CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HbA1c Test: CPT**: 83036, 83037 **HbA1c Value:** **CPT-CATII:** 3044F – HbA1c less than 7; 3045F – HbA1c between 7.0-9.0; 3046F – HbA1c greater than 9 3051F – HbA1c > or equal to 7 and less than 8 3052F – HbA1c > or equal to 8 and less than or equal to 9

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Measure Description:
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.

NOTE: % of treatment period covered = (Total Days Covered by an Antipsychotic Medication in the Treatment Period) / (Total Days in the Treatment Period)

Documentation Requirements:
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.

Exclusions:

- Exclude patients with dementia diagnosis

Coding:
Filled prescriptions for:

Oral Antipsychotic Medications:

Description	Prescriptions
Miscellaneous antipsychotic agents (oral)	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperiodone, Loxapine, Lurisadone, 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

Long-Acting Injections 14-Days Supply Medications

Description	Prescriptions
Long-acting injections 14-day supply	Risperidone

Long-Acting Injections 28-Days Supply Medications

Description	Prescriptions
Long-acting injections 28-day supply	Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate

Antidepressant Medication Management

Measure Description:
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)

Documentation Requirements:
Administrative Only - Claim for antidepressant medication dispensing event for:

- At least 84 days (12 weeks) - Effective Acute Treatment

Exclusions: None

Coding:
Filled prescriptions for:
Antidepressant Medications

Description	Prescriptions
Miscellaneous antidepressants	Bupropion, Vilazodone, Vortioxetine
Monoamine oxidase inhibitors	Isocarboxazid, Phenelzine, Selegiline, Tranlcypromine
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