



HEDIS® BEHAVIORAL HEALTH MEASURE TOOLKIT MEASUREMENT YEAR 2025

Understanding measure compliance and coding references

WellCare of North Carolina

We value everything you do to deliver quality care to our members — your patients — to ensure they have a positive healthcare experience. There are several HEDIS® behavioral health measures that providers can directly impact related to follow-up care for mental illness or substance use disorders, medication adherence, and metabolic monitoring. That is why we created this easy-to-use At-A-Glance Toolkit. It will give you the tools you need to meet, document, and code HEDIS® measures. Together, we can provide the care and services our members need to stay healthy while also improving our quality scores and Star Ratings. Please contact your Provider Relations Representative if you need more information or have any questions.

Understanding HIPAA

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS® is permitted, and the release of this information requires no special patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. HEDIS® data collection and release of information is permitted under HIPAA 45 CFR 164.506 because the disclosure is part of quality assessment and improvement activities.

Updates to HEDIS® Measures (effective for calendar year 2025) This guide has been updated with information from the release of the HEDIS® 2025 Volume 2 Technical Specifications by NCQA and is subject to change.

Helpful Terms

CAHPS®: CAHPS stands for "Consumer Assessment of Healthcare Providers and Systems." The name represents a standardized approach to gathering, analyzing, and reporting information on consumers' and patients' experiences with healthcare services.

HEDIS®: The Healthcare Effectiveness Data and Information Set

Denominator: The number of members who qualify for the measure criteria, based on NCQA technical specifications.

Measurement year: In most cases, the 12-month timeframe between which a service was rendered; generally, January 1 through December 31.

Numerator: The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care, treatment, or service.

Reporting year: The timeframe when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year.

Interactive outpatient encounter: A bidirectional communication that is face-to-face, phone based, an e-visit or virtual check-in, or via secure electronic messaging. This does not include communications for scheduling appointments.

HEDIS Reporting Methods and Data Source:

- Administrative: Transaction Data- Enrollment, Claims, Encounter
- Hybrid: Manual Medical Record Review
- Survey: CAHPS®, Medicare Health Outcomes Survey
- Electronic Clinical Data Systems (ECDS): Enrollment, Claims, Encounter, EHRs, Registries, Case Management

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Administrative Measures- Mental Illness

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

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

Applicable Foster Care Measure

Measure evaluates the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication, without a clinical indication and had documentation of psychosocial care as first-line treatment (90 days prior to new prescription through 30 days after).

What is Included?

Medicaid members 1-17 years old who had a new antipsychotic prescription without a diagnosis of schizophrenia, bipolar disorder, other psychotic disorders, autism, or other developmental disorders on at least two different dates of service during the measurement year.

Description	Antipsychotic Medications
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone • Pimozide • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine • Thioridazine • Trifluoperazine

Thioxanthenes	• Thiothixene		
Long-acting injections	• Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate • Haloperidol decanoate	• Olanzapine • Paliperidone palmitate	• Risperidone

How is Adherence Met?

Adherence is met with a claim for psychosocial care or residential treatment in the 121-day period prior to the earliest prescription date through 30 days after.

Description	CPT**/HCPCS Codes
Psychosocial Care	90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880, G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485
Residential Behavioral Health Treatment	H0017, H0018, H0019, T2048

APP Measure At-a-Glance



Follow-Up After Hospitalization for Mental Illness (FUH)

Applicable Foster Care Measure

Measure Changes:

- **Intentional self-harm diagnoses in any position; and principal diagnoses of phobia or anxiety added to the denominator events.**
- **Any diagnosis of a mental health disorder added to the numerator.**
- **Peer support and residential treatment services added to the numerator.**

This measure assesses the percentage of discharges for members ages 6 and older who were hospitalized for treatment of mental illness or intentional self-harm. Two rates are reported:

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

What is included?

Medicaid, Medicare, and Marketplace members 6 and older with an acute inpatient discharge for mental illness or any diagnosis of intentional self-harm between January 1 and December 1 of the measurement year. This measure is based on events, not members, so a member may fall into the measure multiple times throughout the measurement period.

Diagnosis Codes* that Include Members in the Measure

F20.0-F94.9 or R45.851 or T14.91XA-X83.8XXS

How is Adherence Met?

The member has a follow-up within 7 days after discharge with a mental health provider or at an approved setting as outlined by the National Committee for Quality Assurance. If the visit did not occur within 7 days, it must occur within 30 days after discharge. Follow-up visits that occur on the day of discharge will not count.

Adherent REV, CPT, and HCPCS Codes**

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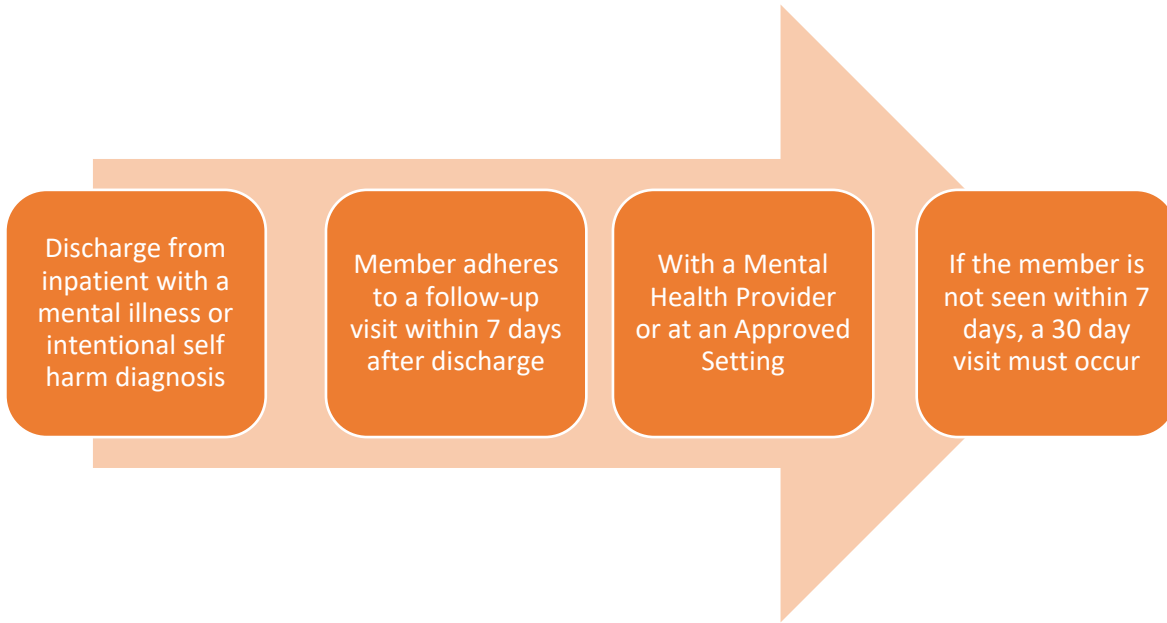
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Note: if visit is with a behavioral health provider, the diagnosis does not need to include a mental health disorder.

Description	Code
Outpatient visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255, with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 17, 19, 20, 22, 22, 33, 49, 49, 50, 71, 72
BH Outpatient visit with a mental health provider	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Intensive Outpatient or Partial Hospitalization	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255, with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, 0905, 0907, 0912, 0913
Community Mental Health Center	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255, 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015; 99495, 99496 with POS 53
Electroconvulsive Therapy	90870, with 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72, 24, 52,53
Telehealth visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS 02, 10

Transitional care management services	99495, 99496
Behavioral healthcare setting	0513, 0900-0905, 0907, 0911-0917, 0919, 1001
Telephone visit	98966-98968, 99441-99443
Psychiatric collaborative care	99492-99494, G0512
Peer Support Services	G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016
Psychiatric Residential	H0017-H0019, T2048; 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with POS 56

FUH Measure At-A-Glance



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

Applicable Foster Care Measure

Measure Changes:

- **Intentional self-harm diagnoses in any position added to the denominator events.**
- **Principal diagnoses of phobia or anxiety added to the denominator events.**
- **Mental health diagnosis in any position on the claim added to the numerator.**
- **Peer support, residential treatment services, visits in a behavioral healthcare setting, and psychiatric collaborative care management services added to the numerator.**

This measure assesses the percentage of emergency department visits for members ages 6 and older with a principal diagnosis of mental illness or any diagnosis of intentional self-harm who had a follow-up visit for mental illness. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

What is included?

Medicaid and Medicare members 6 and older with an ED visit with a principal diagnosis of mental illness or any diagnosis of intentional self-harm between January 1 and December 1 of the measurement year. This measure is based on ED events, not members, so a member may fall into the measure multiple times throughout the measurement period. ED visits that result in an inpatient stay within 30 days are not included.

Diagnosis Codes* that Include Members in the Measure

F20.0-F94.9 or R45.851 or T14.91XA-X83.8XXS

How is Adherence Met?

Adherence is met with a follow-up visit with any practitioner, **with any diagnosis of a mental health disorder**. If the follow-up does not occur within 7 days, it must occur within 30 days of the ED visit.

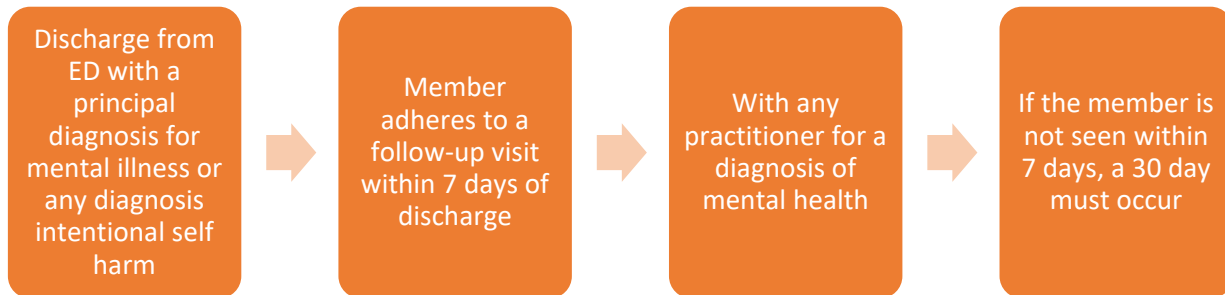
Note: if visit is with a behavioral health provider, the diagnosis does not need to include a diagnosis of a mental health disorder.

Adherent CPT/HCPCS/POS Codes**

Description	Code
Outpatient visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255, with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient visit with a mental health provider	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Intensive Outpatient or Partial Hospitalization	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255, with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, 0905, 0907, 0912, 0913
Community Mental Health Center	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255, 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015, 99495, 99496 with POS 53
Electroconvulsive Therapy visit	90870 with 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72; POS 24, 52,53

Telehealth visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS 02, 10
Telephone visit	98966-98968, 99441-99443
An e-visit or virtual check-in visit	98970-98972, 98980, 98981, 99421-99423, 99457, 99458, G0071, G2010, G2012, G2250-G2252
Psychiatric collaborative care	99492-99494, G0512
Peer Support Services	G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016
Psychiatric Residential	H0017-H0019, T2048; 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with POS 56
Behavioral healthcare setting	0513, 0900-0905, 0907, 0911-0917, 0919, 1001

FUM Measure At-A-Glance



Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

This measure assesses the percentage of members 18 years of age and older 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.

What is Included?

Medicaid and Medicare members 18 years and older who have at least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder, or at least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or nonacute setting on different dates of service.

Diagnosis Codes that include members in the measure:**
F20.0-F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9

Antipsychotic Medications

Description	Prescription		
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol 	<ul style="list-style-type: none"> • Iloperidone • Loxapine • Lumateperone • Lurasidone • Molindone • Olanzapine 	<ul style="list-style-type: none"> • Paliperidone • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine 	<ul style="list-style-type: none"> • Perphenazine • Prochlorperazine 	<ul style="list-style-type: none"> • Thioridazine • Trifluoperazine
Psychotherapeutic combinations	<ul style="list-style-type: none"> • Amitriptyline-perphenazine 		
Thioxanthenes	<ul style="list-style-type: none"> • Thiothixene 		
Long-acting injections	<ul style="list-style-type: none"> • Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate 	<ul style="list-style-type: none"> • Haloperidol decanoate • Olanzapine 	<ul style="list-style-type: none"> • Paliperidone palmitate • Risperidone

How is Adherence Met?

When the member achieves a proportion of days covered (PDC) of at least 80% for their antipsychotic medication(s) during the measurement year.

- The treatment period begins on the index prescription start date (IPSD); use the earliest prescription dispensing date for any antipsychotic medication.
- The PDC is defined as the number of days a member is covered by at least one antipsychotic medication prescription, divided by the number of days in the treatment period.

SAA Measure At-a-Glance



Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

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.

What is included?

Medicaid members ages 18-64 who have at least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder, or at least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or nonacute setting on different dates of service and have cardiovascular disease.

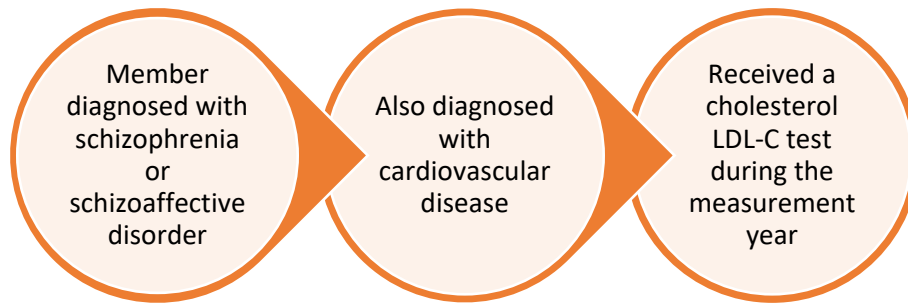
How is Adherence Met?

Adherence is met when the member has at least one LDL-C test between January 1 and December 31 of the measurement year.

Diagnosis	ICD-10 Codes
Schizophrenia	F20.0-20.3, F20.5, F20.81, F20.89, F20.9, F25.0 F25.1, F25.8, F25.9
Cardiovascular Disease	Use the appropriate code family: AMI, CABG, PCI, or IVD

Test	CPT** Codes
LDL-C	80061, 83700, 83701, 83704, 83721 CAT-II: 3048F, 3049F, 3050F

SMC Measure At-a-Glance



Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

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

What is included?

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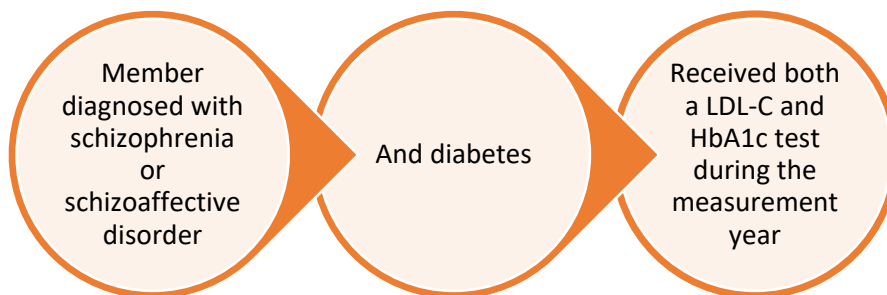
Medicaid members ages 18-64 who have at least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder, or at least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or nonacute setting on different dates of service and at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior.

How is Adherence Met?

Adherence is met when the member has an LDL-C and HbA1c test between January 1 and December 31 of the measurement year. The tests do not need to be performed on the same date.

Test	CPT** Codes
HbA1c	83036, 83037
	CAT-II: 3044F, 3046F, 3051F, 3052F
LDL-C	80061, 83700, 83701, 83704, 83721
	CAT-II: 3048F, 3049F, 3050F

SMD Measure At-a-Glance



Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

This measure assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

What is included?

Medicaid members ages 18-64 who have at least one acute inpatient encounter with any diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder, or at least two visits in an outpatient, intensive outpatient, community mental health center, partial hospitalization, electroconvulsive, ED, telehealth, telephone, e-visit or virtual check-in, or nonacute setting on different dates of service.

How is Adherence Met?

When the member has at least one HbA1c or blood glucose test in the measurement year.

Diagnosis Codes that include members in the measure:**

F20.0-F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9

Antipsychotic Medications

Description	Prescription		
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol 	<ul style="list-style-type: none"> • Iloperidone • Loxapine • Lumateperone • Lurasidone • Molindone • Olanzapine 	<ul style="list-style-type: none"> • Paliperidone • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine 	<ul style="list-style-type: none"> • Perphenazine • Prochlorperazine 	<ul style="list-style-type: none"> • Thioridazine • Trifluoperazine
Psychotherapeutic combinations	<ul style="list-style-type: none"> • Amitriptyline-perphenazine 		
Thioxanthenes	<ul style="list-style-type: none"> • Thiothixene 		
Long-acting injections	<ul style="list-style-type: none"> • Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate 	<ul style="list-style-type: none"> • Haloperidol decanoate • Olanzapine 	<ul style="list-style-type: none"> • Paliperidone palmitate • Risperidone

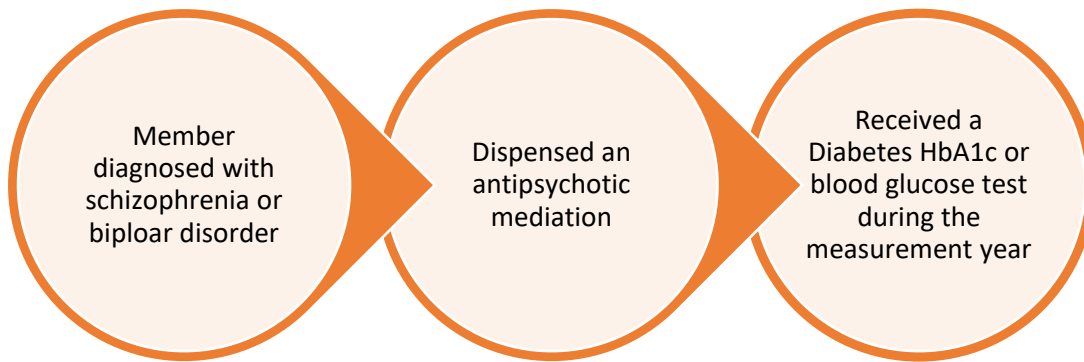
Lab Test CPT**

Test	CPT** Codes
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HbA1c	83036, 83037 CAT-II: 3044F, 3046F, 3051F, 3052F
Blood Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

SSD Measure At-a-Glance



Administrative Measures- Substance Use

Risk of Continued Opioid Use (COU)

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

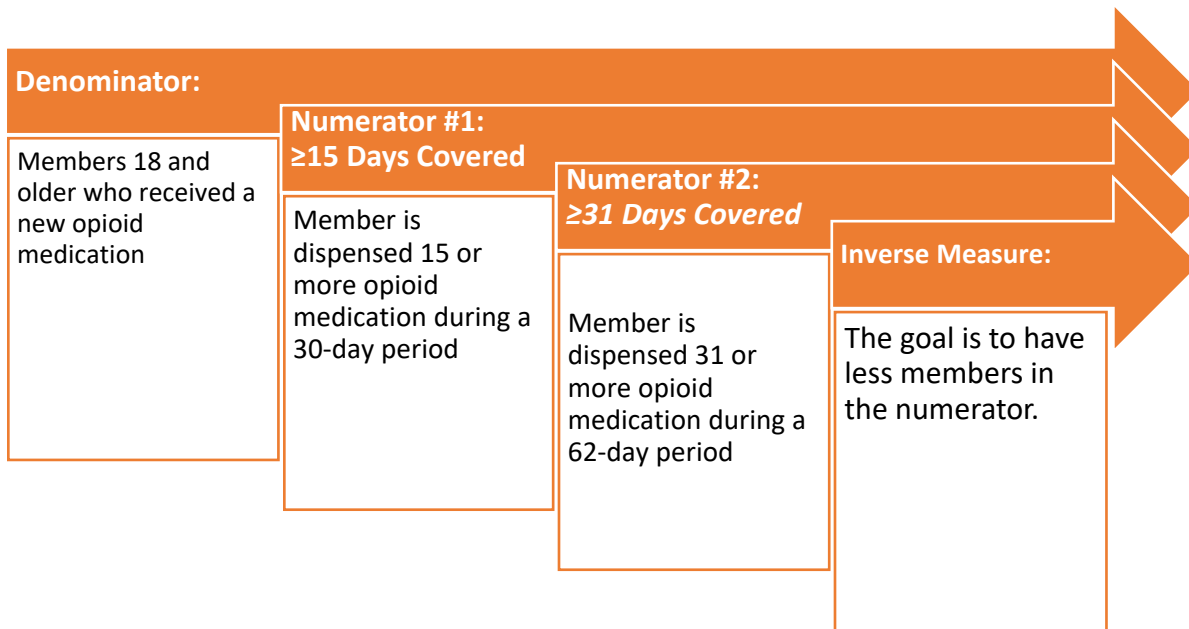
1. The percentage of members with at least 15 days of prescription opioids in a 30-day period
2. The percentage of members with at least 31 days of prescription opioids in a 62-day period

Note: A lower rate indicates better performance

What is included?

Medicaid and Medicare members 18 and older as of November 1 of the year prior to the measurement year. Data is captured utilizing pharmacy claims data for opioid medications filled.

COU Measure At-A-Glance



Follow-Up After Emergency Department Visit for Substance Use (FUA)

Applicable Foster Care Measure

This measure assesses the percentage of emergency department visits for members ages 13 and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

What is included?

Medicaid and Medicare members 13 and older. This measure is based on ED events, so a member may fall into the measure multiple times throughout the measurement period.

How is Adherence Met?

When the member adheres to a 7-day follow-up visit or pharmacotherapy dispensing event. If the follow-up did not occur within 7 days, it must occur within 30 days of discharge. The visit can be with any practitioner for a diagnosis of SUD or drug overdose or with an approved mental health provider.

Adherent Diagnosis/CPT/HCPCS Codes:**

Principal diagnosis: F10.10-F19.29 (excludes remission codes), or T40.2X1D-T51.0X4S with one of the following:

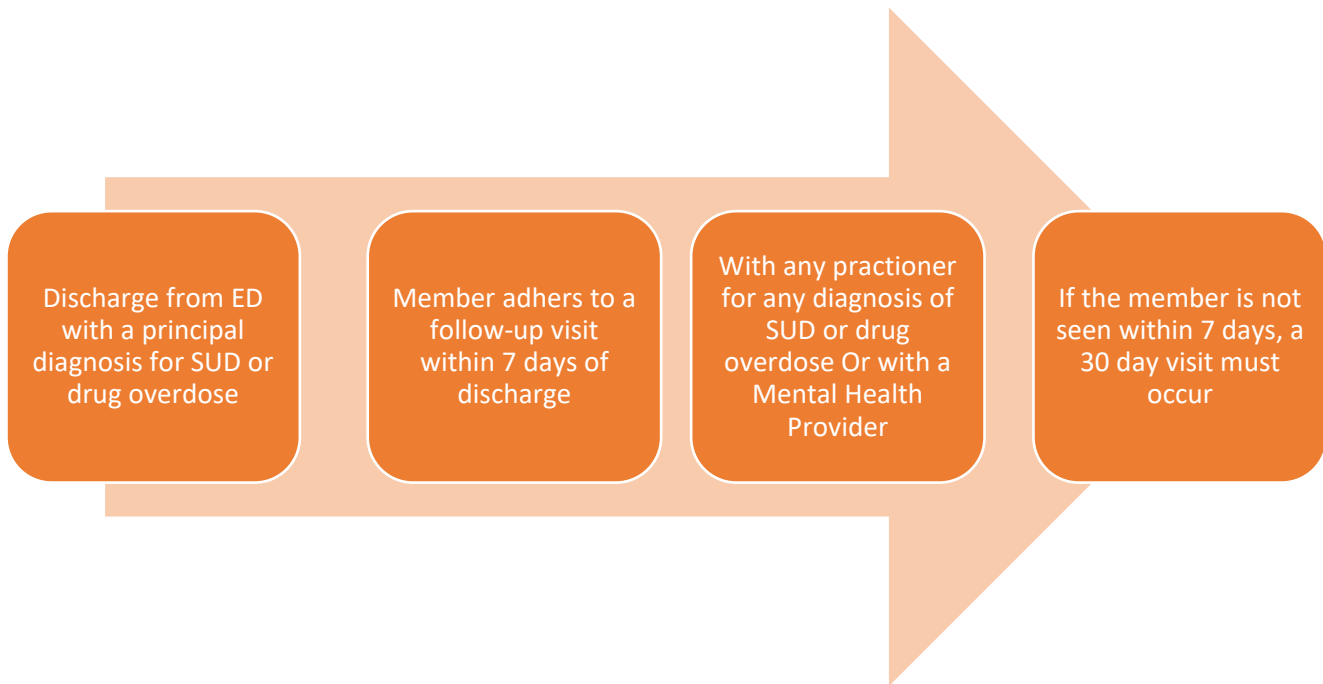
Note: if visit is with a behavioral health provider, the principal diagnosis does not need to include SUD.

Description	Code
Outpatient visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient visit with a mental health provider	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Intensive outpatient or partial hospitalization	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255, with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, 0905, 0907, 0912, 0913
Non-residential substance abuse treatment facility	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS 57, 58
An outpatient visit at a community mental health center	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with POS 53
Peer support service	G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016

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An opioid treatment service that bills monthly or weekly	G2071, G2074-G2077, G2080, G2086, G2087
Telehealth visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 with POS 02, 10
Telephone visit	98966-98968, 99441-99443
An e-visit or virtual check-in	98970-98972, 98980, 98981, 99421-99444, 99457, 99458, G0071, G2010, G2012, G2250-H2252
A behavioral health screening or assessment for SUD or mental health disorders	99408, 99409, G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
A substance use disorder service	99408, 99409, G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012, 0906, 0944, 0945
A pharmacotherapy dispensing event	Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) G2069, G2070, G2072, G2073, H0020, H0033, J0570-J0575, J0577, J0578, J2315, Q9991, Q9992, S0109

FUA Measure At-A-Glance



Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

This measure assesses the percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management event for a diagnosis of substance use disorder. Two rates are reported:

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

What is included?

Medicaid and Medicare members 13 and older. This measure is based on events, so a member may fall into the measure multiple times throughout the measurement period.

Diagnosis Codes* that Include Members in the Measure

F10.10-F19.29 (excludes readmission codes)

How is Adherence Met?

Adherence is met with a follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder.

Adherent Diagnosis/CPT/HCPCS Codes**

Principal diagnosis: F10.10-F19.99 (excludes remission codes) with one of the following:

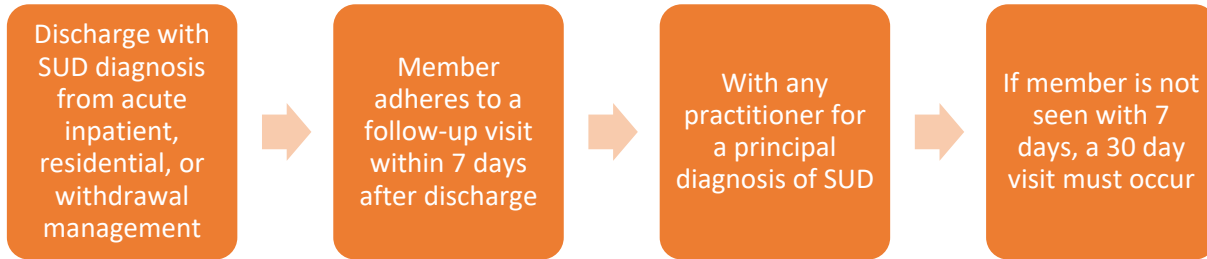
Description	Code
Acute or nonacute inpatient admission or residential behavioral health stay	0100-101, 0110-114, 0116-124, 0126-134, 0136-144, 0146-154, 0156-160, 0164, 0167, 0169-174, 0179, 0190-194, 0199-204, 0206-214, 0219, 1000-1002
Outpatient visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255, with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient visit with a mental health provider	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Intensive outpatient or partial hospitalization	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255, with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, 0905, 0907, 0912, 0913
Non-residential substance abuse treatment facility	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255, with POS 57, 58
An outpatient visit at a community mental health center	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255, 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344,

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	99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015; 99495, 99496 with POS 53
Telehealth visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS 02, 10
A substance use disorder service	99408, 99409, G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012, 0906, 0944, 0945
A substance use disorder counseling and surveillance	Z71.41, Z71.51
An opioid treatment service that bills monthly or weekly	G2071, G2074-G2077, G2080, G2086, G2087
Residential behavioral health treatment	H0017-H0019, T2048
A telephone visit	98966-98968, 99441-99443
An e-visit or virtual check-in	98970-98972, 98980, 98981, 99421-99423, 99457, 99458, G0071, G2010, G2012, G2250-G2252
A pharmacotherapy dispensing event	Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) G2069, G2070, G2072, G2073, H0020, H0033, J0570-J0575, J0577, J0578, J2315, Q9991, Q9992, S0109, G2067-G2070, G2072, G2073

Note: Methadone is not included

FUI Measure At-A-Glance



Use of Opioids at High Dosage (HDO)

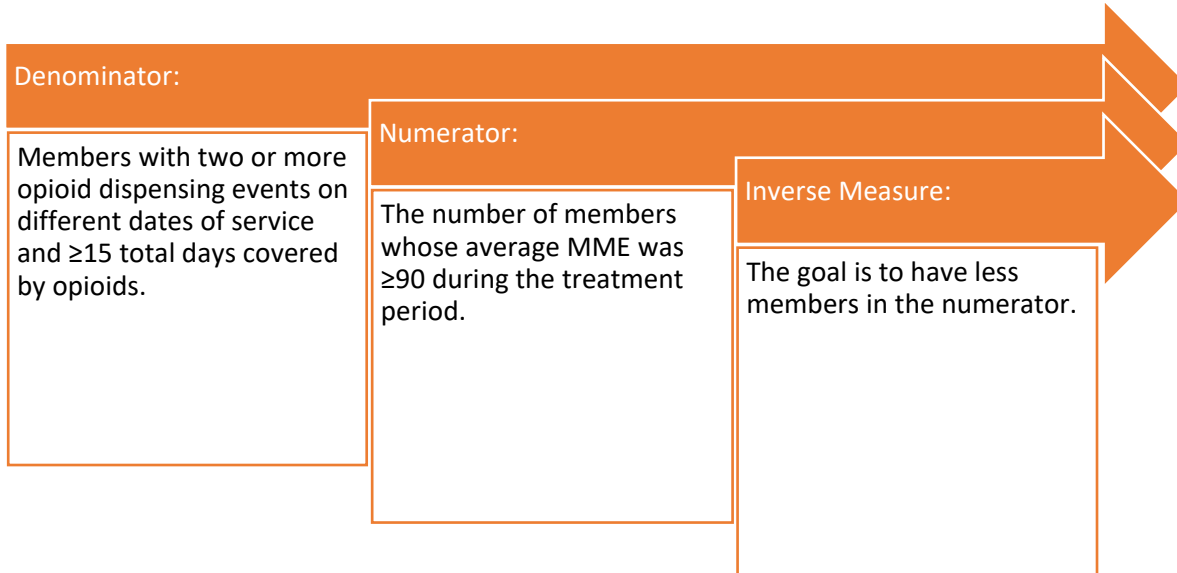
Measure evaluates the percentage of members 18 and older receiving prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year.

Note: A lower rate indicates better performance

What is included?

Medicaid and Medicare members 18 years and older as of January 1 of the measurement year. Members with cancer, sickle cell disease, or who are receiving palliative care or hospice services are not included.

HDO Measure At-A-Glance



Initiation and Engagement of Substance Use Disorder Treatment (IET)

Applicable Foster Care Measure

This measure assesses the percentage of new substance use disorder episodes that result in treatment initiation and engagement. Two rates are reported:

1. *Initiation of SUD Treatment.* The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days.
2. *Engagement of SUD Treatment.* The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

What is included?

Medicaid and Medicare members 13 and older. In addition to behavioral health providers, this measure includes episodes diagnosed by primary care providers (PCP) and other non-behavioral health providers.

Diagnosis Codes* that Include Members in the Measure

F10.10-F10.29 (excludes readmission codes)

How is Adherence Met?

Adherence is met for initiation when the member initiates treatment for SUD through an IP SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment event within 14-days of the SUD episode. Adherence is met for engagement when the member has (any combination of) two SUD visits or medication treatment events on the day after the initiation encounter through 34 days after.

Adherent Diagnosis/CPT/HCPCS Codes**

Principal diagnosis: F10.10-F10.29 (excludes remission codes) with one of the following:

Description	Code
Acute or nonacute inpatient admission	0100, 0101, 0110-114, 0116-124, 0126-134, 0136-144, 0146-154, 0156-160, 0164, 0167, 0169-174, 0179, 0190-194, 0199-204, 0206-214, 0219, 1000-1002
Outpatient visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255, with POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient visit with a mental health provider	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Intensive outpatient encounter or partial hospitalization	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238-99239,

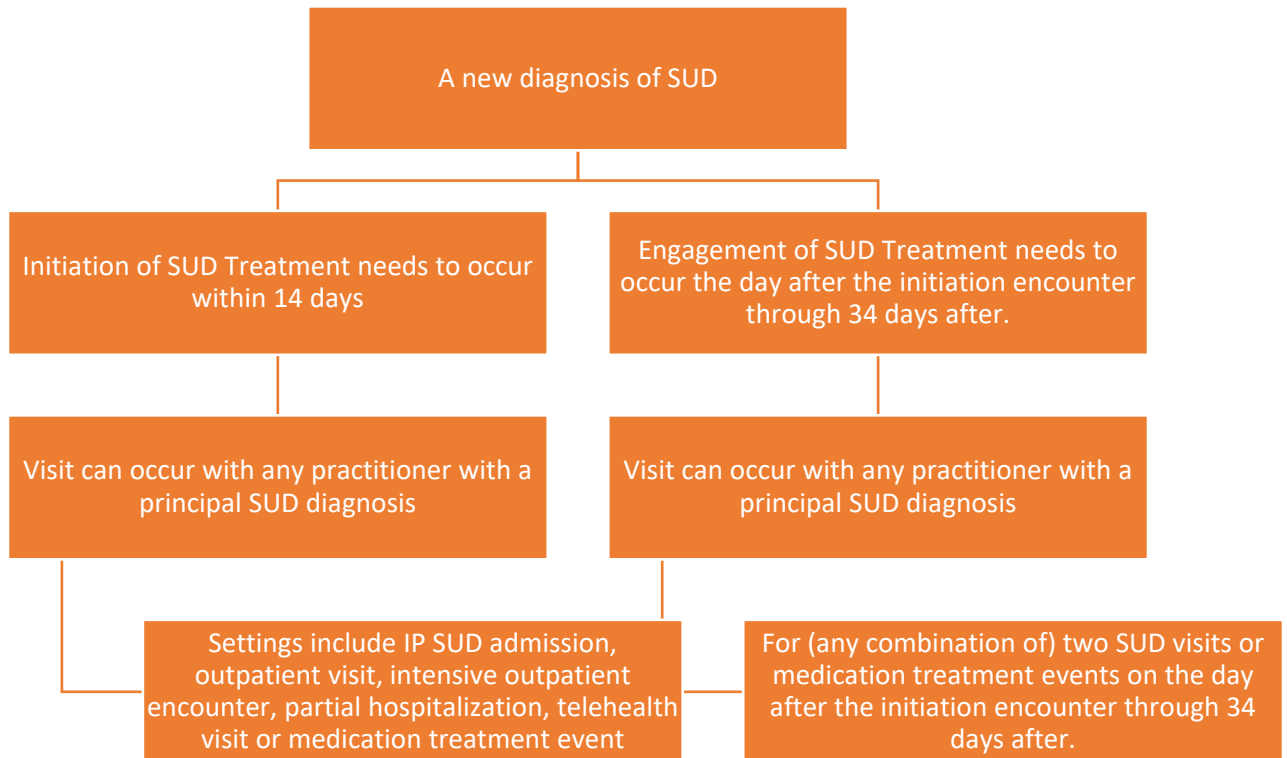
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	99252-99255, with POS 52 or G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, 0905, 0907, 0912, 0913
Non-residential substance abuse treatment facility	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS 57, 58
An outpatient visit at a community mental health center	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS 53
Telehealth visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255 with POS 02, 10
A substance use disorder service	99408, 99409, G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012, 0906, 0944, 0945
A substance use disorder counseling and surveillance	Z71.41, Z71.51
Telephone Visit	98966-98968, 99441-99443
An e-visit or virtual check-in visit	98970-98972, 98980, 98981, 99421-99444, 99457, 99458, G0071, G2010, G2012, G2061-G2063, G2250-H2252
Opioid treatment service that bills monthly or weekly	G2071, G2074-G2077, G2080, G2086, G2087
An alcohol use disorder medication dispensing event (for alcohol cohort)	Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral and delayed-release tablet)
An opioid use disorder medication dispensing event (for opioid use cohort)	Naltrexone (oral and injectable), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) G2073, J2315, G2070, G2072, J0570, G2069, Q9991, Q9992, J0572-J0575, H0033, J0571, G2068, G2079, H0020, S0109, G2067-G2078

Note: Methadone is not included.

For all initiation events except medication treatment dispensing events and medication administration events, initiation on the same day as the SUD episode date must be with different providers to count.

IET Measure At-A-Glance



Pharmacotherapy for Opioid Use Disorder (POD)

This measure captures the percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members aged 16 and older with an OUD diagnosis.

What is included?

- Medicaid and Medicare members aged 16 and older.

How is Adherence Met?

The measure is met when the member adheres to OUD pharmacotherapy for 180 days or more without a gap in treatment of more than 8 days.

OUD ICD-10 CODES:

F11.10, F11.120-122, F11.129, F11.13-14, F11.150-151, F11.159, F11.181-182, F11.188, F11.19-20, F11.220-

Description	Treatment Medications
Antagonist	Naltrexone (oral or injectable)
Partial Agonist	Buprenorphine (sublingual tablet, injection, or implant)
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
Agonist	Methadone (oral, medical claim codes H0020, S10109, G2067, G2078)

POD Measure At-A-Glance



Use of Opioids from Multiple Providers (UOP)

The percentage of members 18 years and older, receiving prescription opioids for greater than or equal to 15 days during the measurement year from multiple providers. Three rates are reported.

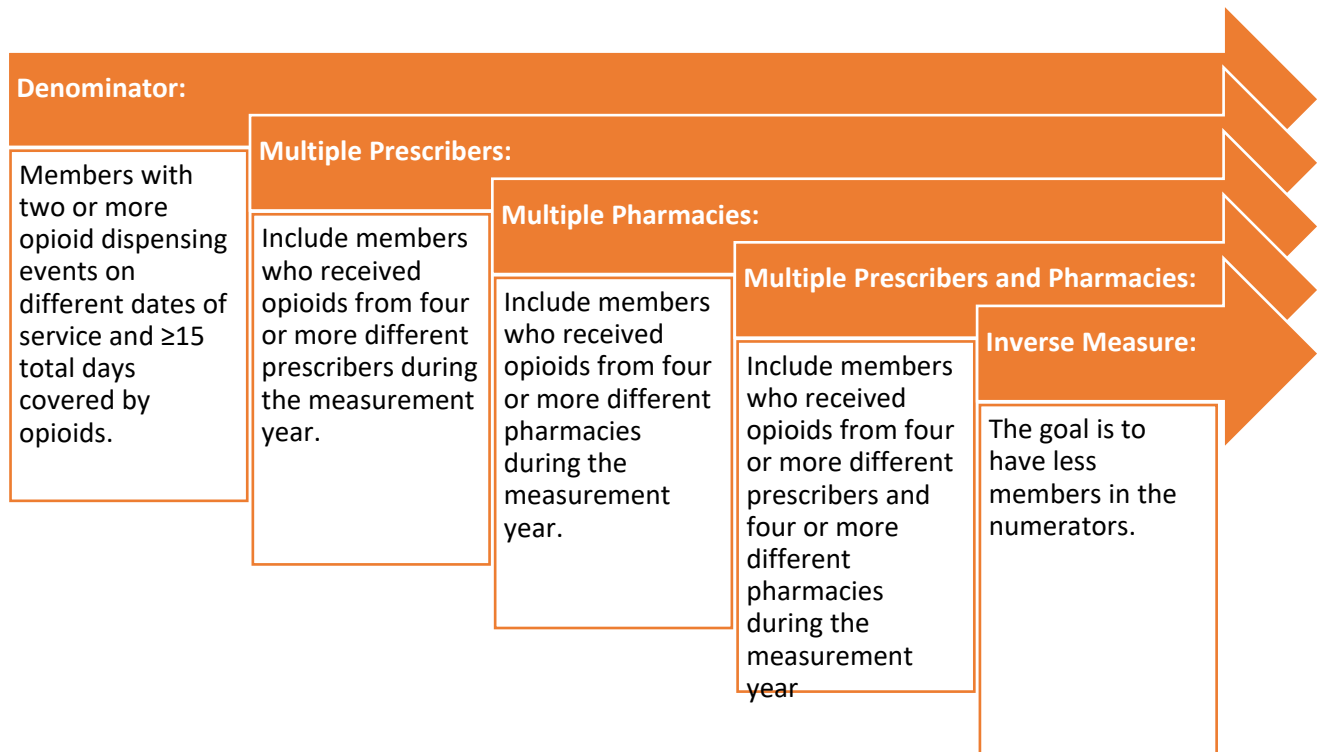
1. Multiple Prescribers: The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. Multiple Pharmacies: The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. Multiple Prescribers and Multiple Pharmacies: The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year.

What is included?

Medicaid and Medicare members 18 and older as of January 1 of the measurement year.

Opioid Medications	
Benzhydrocodone	Meperidine
Buprenorphine (transdermal patch and buccal film)	Methadone
Butorphanol	Morphine
Codeine	Opium
Dihydrocodeine	Oxycodone
Fentanyl	Oxymorphone
Hydrocodone	Pentazocine
Hydromorphone	Tapentadol
Levorphanol	Tramadol

UOP Measure At-A-Glance



Electronic Clinical Data Systems (ECDS)

Helpful Hint: HEDIS® quality measures reported using ECDS means secure sharing of patient medical information electronically between systems. Measures that leverage clinical data captured routinely during the care delivery can reduce the burden on providers to collect data for quality reporting. It is part of the National Committee for Quality Assurance's (NCQA) larger strategy to enable a Digital Quality System and is aligned with the industry's move to digital measures and provides a method to collect, and report structured electronic clinical data for HEDIS quality measurement and improvement.

Provider tips:

- Understand the ECDS measures and the coding associated with electronic data transmission.
- Contact your health plan provider representative to establish an electronic data transfer with the plan if your organization does not already have one.
- Make full use of CPT II codes to submit care quality findings for performance measurement, many HEDIS gaps could be closed via claims if CPT II codes were fully utilized.
- Ensure the EMR systems are set up to link the clinical and behavior health entries to **LOINC** (Logical Observation identifiers, Names and Codes) and **SNOMED** (Systemized Nomenclature of Medicine-Clinical Terms).
 - There are several behavioral health screenings that can only be represented by LOINC codes for the purposes of HEDIS reporting and can be extracted from EMR systems.
 - SNOMED codes represent both diagnoses and procedures as well as clinical findings and are the industry standard for classifying clinical data in EMR systems and can be extracted from EMR systems.
 - Because LOINC codes and SNOMED codes can only be obtained through supplemental data feeds, it is important that health plans and the provider community embrace the sharing of these EMR data to ensure the quality of care our members are receiving.

Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

Applicable Foster Care Measure

This measure assesses the percentage of children newly prescribed 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. The measure has two phases:

1. **Initiation Phase:** Assesses children 6-12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication. The visit can occur via face-to-face, telehealth, or telephone.

- 2. Continuation & Maintenance Phase:** Assesses children 6-12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner in the nine months following the Initiation Phase. One of the two visits can be an e-visit or virtual check-in and the other can be via telehealth, phone or face-to-face.

What is Included?

- Medicaid members aged 6-12 years old.
- **New** prescription (no fill 120 days prior) for ADHD medication between March 1 of the year prior through the last calendar day of February of the measurement year)

Description	Prescription		
CNS stimulants	<ul style="list-style-type: none"> • Dexmethylphenidate • Dextroamphetamine 	<ul style="list-style-type: none"> • Lisdexamfetamine • Methylphenidate 	<ul style="list-style-type: none"> • Methamphetamine
Alpha-2 receptor agonists	<ul style="list-style-type: none"> • Clonidine 	<ul style="list-style-type: none"> • Guanfacine 	
Miscellaneous ADHD medications	<ul style="list-style-type: none"> • Atomoxetine 		

How is Adherence Met?

- The Initiation Phase is met when the child is prescribed a new ADHD medication and attends a follow-up visit with a practitioner with prescribing authority within 30 days of the first ADHD medication prescription dispensing date.
- The Continuation & Maintenance Phase is met when the child has remained on the ADHD medication for at least 210 days and has had at least two more visits with any practitioner in the nine months following the Initiation Phase.

Adherent CPT/HCPCS/POS/Rev Codes**

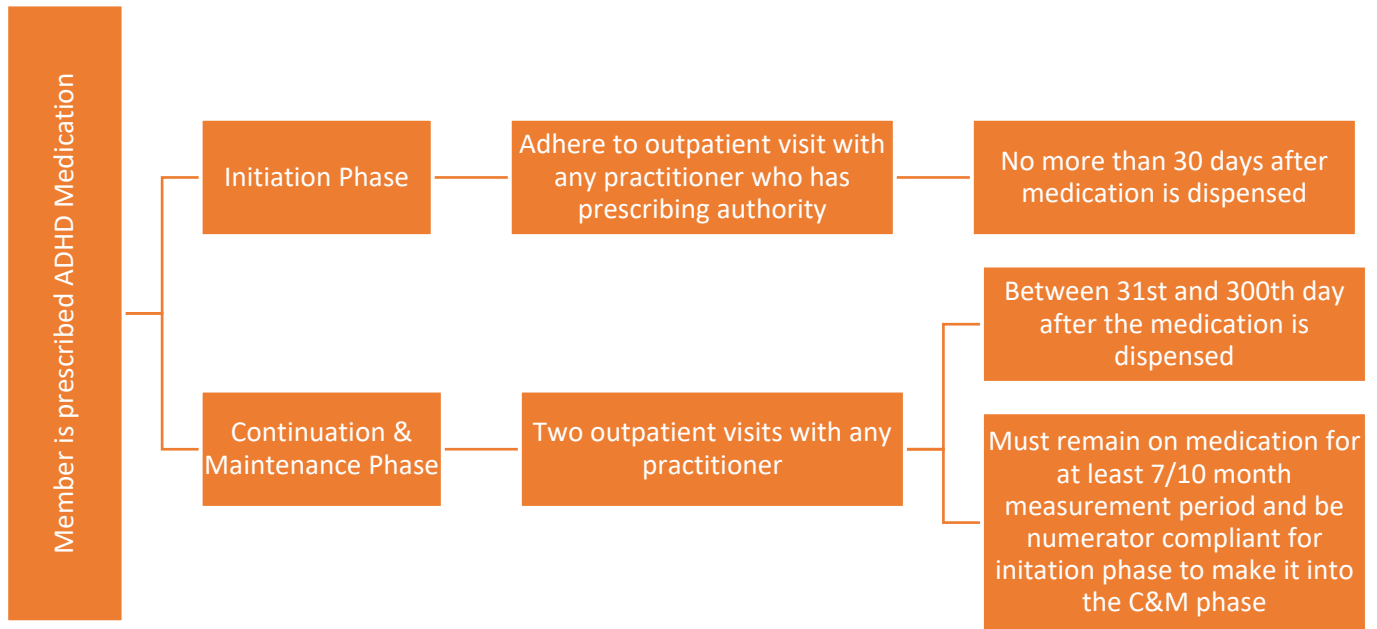
Description	Code
Outpatient Visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 <i>with</i> POS 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Outpatient Visit with a BH Provider	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982,

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	0983, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510, G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Health and Behavior Assessment or Intervention	96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 97171
Intensive Outpatient Encounter or Partial Hospitalization	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99223, 99231-99233, 99238, 99239, 99252-99255 with POS 52 or G0140, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, 0905, 0907, 0912, 0913
Community Mental Health Center Visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99223, 99231-99233, 99238, 99239, 99252-99255 with POS 53
Telehealth Visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99223, 99231-99233, 99238, 99239, 99252-99255 with POS 02, 10
Telephone Visit	98966-98968, 99441-99443
E-Visit or Virtual Check-In (Can only be used for one of the two visits in the C&M Phase)	98970-98972, 98980, 98981, 99421-99423, 99457, 99458, G0071, G2010, G2012, G2250-G2252

Note: Specific SNOMED codes can also be used for the numerators.

ADD-E Measure At-a-Glance



Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

Applicable Foster Care Measure

This measure assesses children and adolescents 1-17 years of age who had at least two or more antipsychotic medication dispensing events of the same or different medications, on different dates of services during the measurement year and had metabolic testing. Three rates are reported:

- At least one blood glucose or HbA1c test.
- At least one LDC-C test.
- At least one blood glucose or HbA1c and at least one LDL-C test.

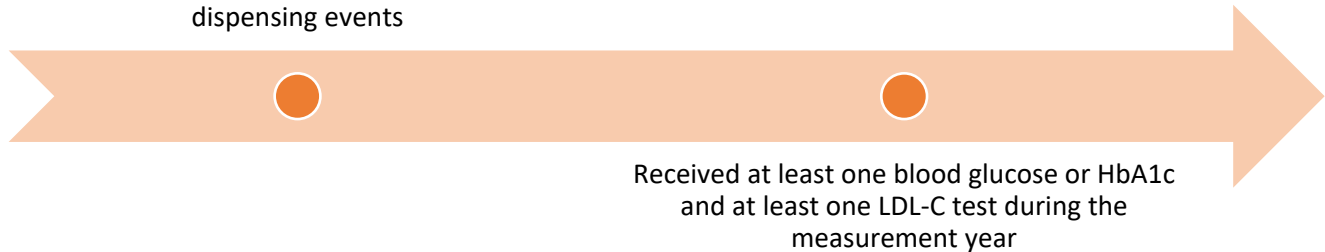
How is Adherence Met?

Adherence is met when the member has at least one blood glucose or HbA1c and LDL-C test in the measurement year.

Lab Test	CPT** Codes	LOINC Codes
HbA1c	83036, 83037 CAT-II: 3044F, 3046F, 3051F, 3052F	17855-8, 17856-6, 4548-4, 4549-2, 96595-4
Blood Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	10450-5, 1492-8, 1494-4, 1496-9, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5 1533-9 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
Cholesterol or LDL-C	82465, 83718, 83722, 84478, 80061, 83700, 83701, 83704, 83721 CAT-II: 3048F, 3049F, 3050F	2085-9, 2096-3, 2571-8, 3043-7, 9830-1, 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7

APM Measure At-A-Glance

Member has two or more antipsychotic dispensing events



Received at least one blood glucose or HbA1c and at least one LDL-C test during the measurement year

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

This measure assesses the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

1. *Depression Screening.* The percentage of members who were screened for clinical depression using a standardized instrument.
2. *Follow-Up on Positive Screen.* The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Note: A LOINC code submission via flat file is required to be adherent for the depression screening numerator.

What is included?

Medicaid, Medicare, and Marketplace members aged 12 and older.

Depression Screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)*	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)*	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)*	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)*	89208-3	Total score ≥8

Center for Epidemiologic Studies Depression Scale— Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

How is Adherence Met?

Adherence is met for the first numerator when the member had a documented screening using an age-appropriate standardized instrument. If the depression screening is positive, the member must receive follow-up care on or up to 30 days after the date of the first positive screening to be adherent for the second numerator.

Adherent LOINC codes for the Screening numerator

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) [®]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale— Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety—Depression Scale (DUKE-AD) [®]	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS)	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	48544-1	Total score ≥10
My Mood Monitor (M-3) [®]	71777-7	Total score ≥5

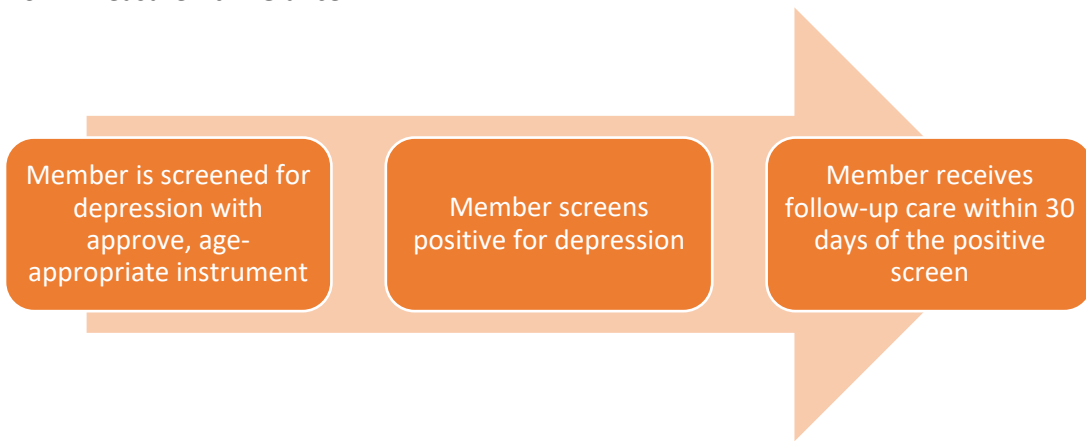
Adherent REV, CPT**, and HCPCS Codes for the Follow-Up on Positive Screen numerator

Description	Codes*
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An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition	0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0982, 0983, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, G0071, G0463, G2010, G2012, G2250-G2252, T1015
Depression Case Management Encounter that documents assessment for symptoms of depression (i.e., SNOMED) or a diagnosis of depression or other behavioral health condition	99366, 99492- 99494, G0512, T1016, T1017, T2022, T2023
Behavioral health encounter, including assessment, therapy, collaborative care, or medication management	90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493, G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485
Exercise counseling	Z71.82
Dispensed an antidepressant medication	
Documentation of an additional depression screening on a full-length instrument (i.e., PHQ-9®) indicating either no depression or no symptoms that require follow-up (i.e., negative screen) on the same day as a positive screen on a brief screening instrument (i.e., PHQ-2®).	

*Codes subject to change

DSF-E Measure At-A-Glance



Depression Remission or Response for Adolescents and Adults (DRR-E)

Measures the percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.

1. *Follow-Up PHQ-9.* The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
2. *Depression Remission.* The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.
3. *Depression Response.* The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.

Note: A LOINC code submission is required to be numerator adherent for the follow-up, remission, and response numerators.

What is included?

Medicaid and Medicare members aged 12 and older

Screening Instrument	Codes*
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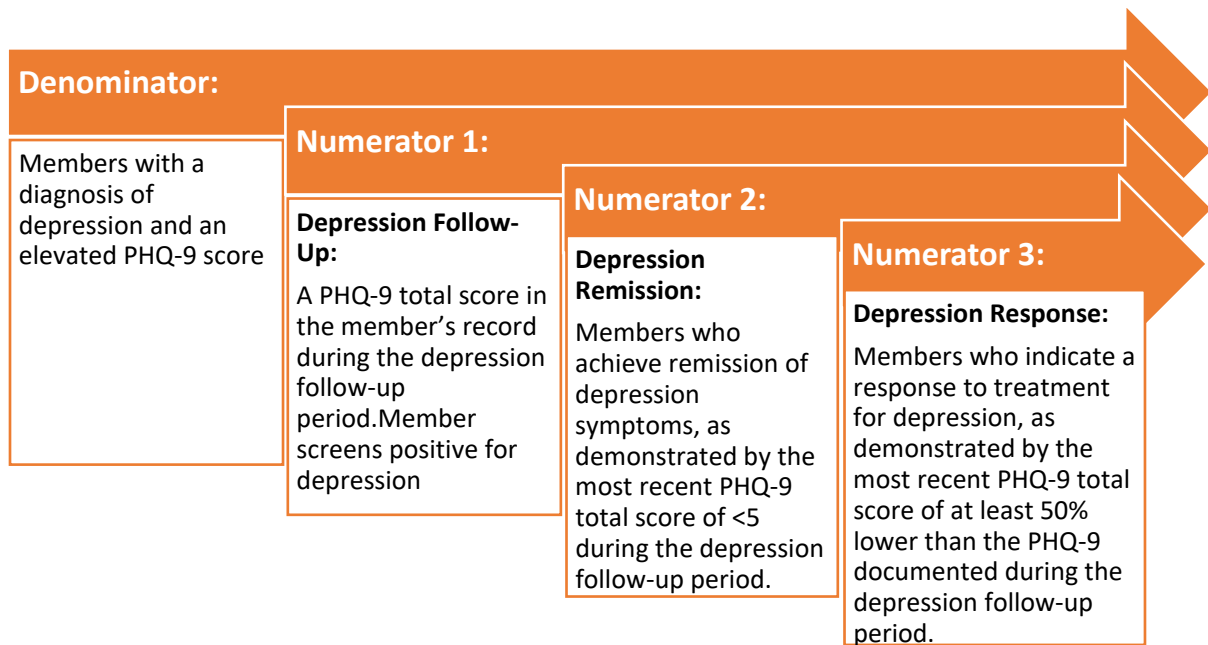
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Patient Health Questionnaire 9 item (PHQ-9)	Total score + LOINC code 44261-6 for members 12 years of age and older; LOINC code 89204-2 or 44261-6 for members 12–17 years of age
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How is Adherence Met?

The member has documented PHQ-9 scores within the allocated timeframes.

DRR-E Measure At-A-Glance



Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)

Measure assesses the percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

The Measurement Period is divided into three assessment periods with specific dates of service:

1. *Assessment Period 1:* January 1–April 30.
2. *Assessment Period 2:* May 1–August 31.
3. *Assessment Period 3:* September 1–December 31.

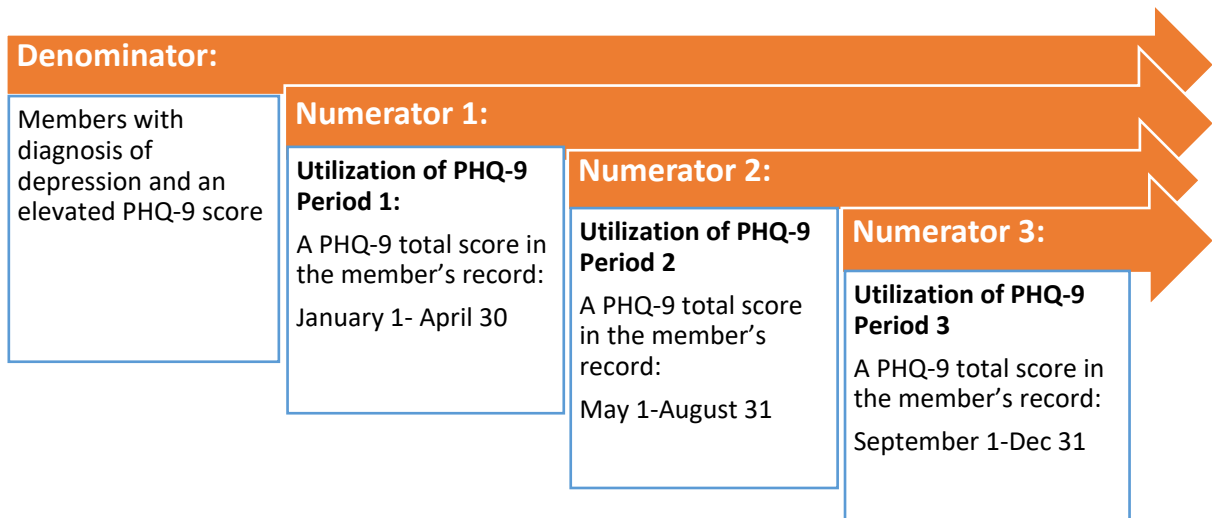
Note: A LOINC code submission is required to be adherent for assessment period numerators.

What is included?

Medicaid and Medicare members aged 12 and older.

Screening Instrument	Codes*
Patient Health Questionnaire 9 item (PHQ-9)	Total score + LOINC code 44261-6 for members 12 years of age and older; LOINC code 89204-2 or 44261-6 for members 12–17 years of age

DMS-E Measure At-A-Glance



Prenatal Depression Screening and Follow-Up (PND-E)

This measure assesses the percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

1. *Depression Screening.* The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
2. *Follow-Up on Positive Screen.* The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

Note: A LOINC code submission via flat file is required to be adherent for the depression screening numerator.

What is included?

Medicaid members who deliver during the measurement period.

Depression Screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate patient population.

Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)*	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)*	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)*	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)*	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

How is Adherence Met?

Adherence is met for the first numerator when the member had a documented screening using an age-appropriate standardized instrument. If the depression screening is positive, the member must receive follow-up care on or up to 30 days after the date of the first positive screening to be adherent for the second numerator.

Adherent LOINC codes for the Screening numerator

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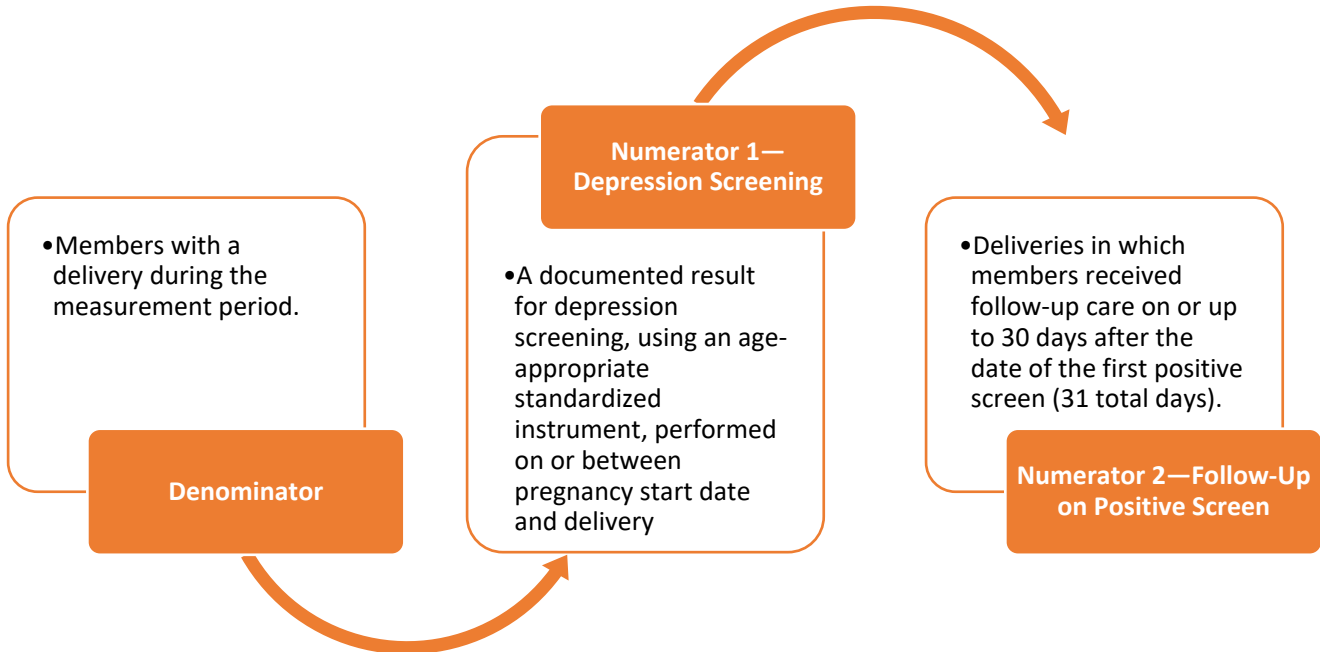
2025 ICD-10 Diagnosis Codes* **CPT copyright 2025 American Medical Association (AMA). All rights reserved. CPT** is a registered trademark of the AMA. For a complete list please refer to the NCQA website.*

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) [®]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety—Depression Scale (DUKE-AD) [®]	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS)	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	48544-1	Total score ≥10

Description	Codes
An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition	0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0982, 0983, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, G0071, G0463, G2010, G2012, G2250-G2252, T1015
Depression Case Management Encounter that documents assessment for symptoms of depression (i.e., SNOMED) or a diagnosis of depression or other behavioral health condition	99366, 99492- 99494, G0512, T1016, T1017, T2022, T2023
Behavioral health encounter, including assessment, therapy, collaborative care, or medication management	90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493, G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485, 0900-0905, 0907, 0911-0917, 0919
Exercise counseling	Z71.82
Dispensed antidepressant medication	

Documentation of an additional depression screening on a full-length instrument (i.e., PHQ-9®) indicating either no depression or no symptoms that require follow-up (i.e., negative screen) on the same day as a positive screen on a brief screening instrument (i.e., PHQ-2®).

PND-E At-A-Glance



Postpartum Depression Screening and Follow-Up (PDS-E)

This measure Assesses the percentage of deliveries in which members were screened for clinical depression **during the postpartum period**, and if screened positive, received follow-up care. Two rates are reported:

1. *Depression Screening.* The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period (7-84 days following the date of delivery).
2. *Follow-Up on Positive Screen.* The percentage of deliveries in which members received follow-up care on or up to 30 days after the date of the first positive depression screen finding (31 total days)

Note: A LOINC code submission via flat file is required to be adherent for the depression screening numerator.

What is included?

Medicaid members who delivered during September 8 of the year prior through September 7 of the measurement period.

Depression Screening instrument: A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) [®]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

How is Adherence Met?

Adherence is met when the member had a documented screening using an age-appropriate standardized instrument. If the depression screening is positive, the member must receive follow-up care on or up to 30 days after the date of the first positive screening.

Adherent LOINC codes for the Screening numerator

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) [®]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17

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Duke Anxiety—Depression Scale (DUKE-AD) [®]	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS)	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	48544-1	Total score ≥10
My Mood Monitor (M-3) [®]	71777-7	Total score ≥5

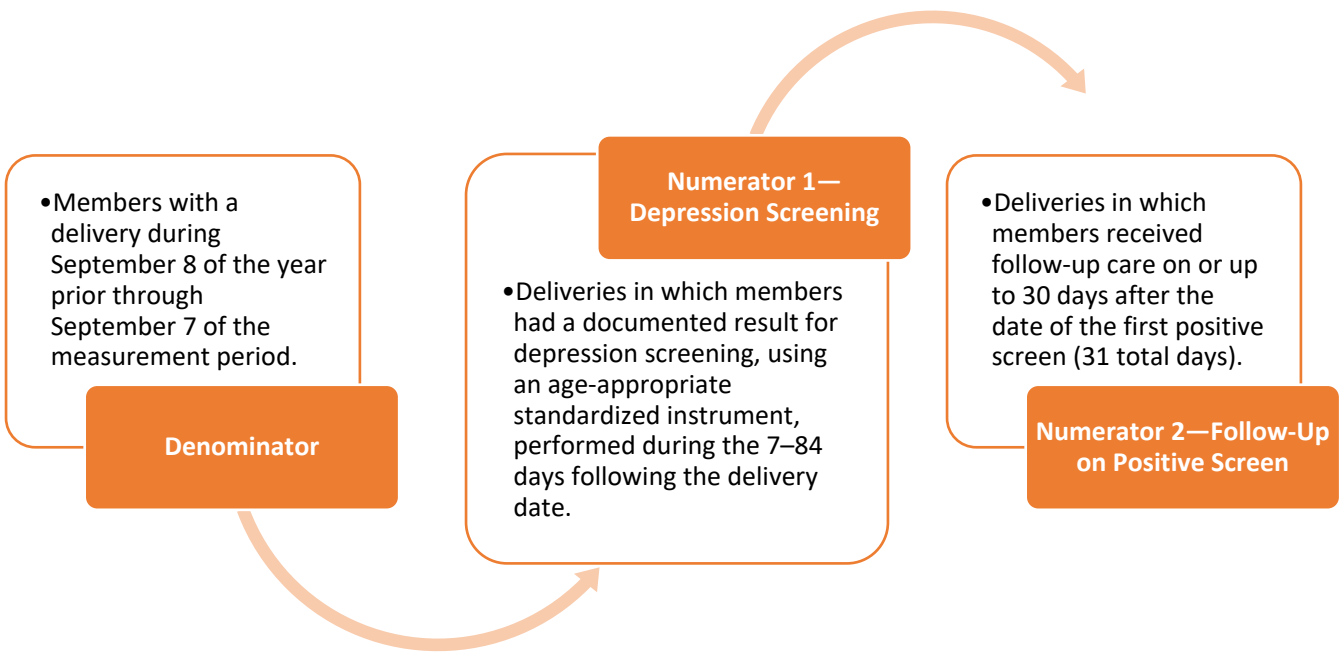
Adherent REV, CPT, and HCPCS Codes for the Follow-Up on Positive Screen numerator**

Description	Codes*
An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition	0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0982, 0983, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, G0071, G0463, G2010, G2012, G2250-G2252, T1015
Depression Case Management Encounter that documents assessment for symptoms of depression (i.e., SNOMED) or a diagnosis of depression or other behavioral health condition	99366, 99492- 99494, G0512, T1016, T1017, T2022, T2023
Behavioral health encounter, including assessment, therapy, collaborative care, or medication management	90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493, G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485, 0900-0905, 0907, 0911-0917, 0919
Exercise counseling	Z71.82
Dispensed antidepressant medication	

Documentation of an additional depression screening on a full-length instrument (i.e., PHQ-9®) indicating either no depression or no symptoms that require follow-up (i.e., negative screen) on the same day as a positive screen on a brief screening instrument (i.e., PHQ-2®).

*Codes subject to change

PDS-E Measure At-A-Glance



Social Need Screening and Intervention (SNS-E)

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

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

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

Note: A LOINC code submission via flat file is required to be adherent for the screening numerators.

What is included?

Medicaid and Medicare members of any age enrolled at the start of through the last day of the measurement period (Jan. 1-Dec. 31) with no more than one gap in enrollment of up to 45 days.

How is Adherence Met?

Members identified between January 1 and December 1 through approved screening tools as having food insecurity, housing insecurity (instability, homelessness, inadequacy) and/or transportation insecurity and received an intervention to address the identified insecurity on or up to 30 days after the date of the first positive screening(s).

Adherent LOINC codes for the Screening numerators

Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3

Health Leads Screening Panel ^{®1}	95251-5	LA33-6
Hunger Vital Sign ^{™1} (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] ^{®1}	93031-3	LA30125-1
Safe Environment for Every Kid (SEEK) ^{®1}	95400-8	LA33-6
	95399-2	LA33-6
U.S. Household Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Adult Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Child Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Household Food Security Survey—Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

Housing Instability and Homelessness Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	71802-3	LA31994-9 LA31995-6
Children's Health Watch Housing Stability Vital Signs ^{™1}	98976-4	LA33-6
	98977-2	≥3
	98978-0	LA33-6
Health Leads Screening Panel ^{®1}	99550-6	LA33-6

Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] ^{e1}	93033-9	LA33-6
	71802-3	LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool [NCHC]	99134-9	LA33-6
	99135-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8

		LA32000-4 LA32001-2
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Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	LA33093-8 LA30134-3
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
Health Leads Screening Panel ^{®1}	99553-0	LA33-6
Inpatient Rehabilitation Facility—Patient Assessment Instrument (IRF-PAI)—version 4.0 [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] ^{®1}	93030-5	LA30133-5 LA30134-3
PROMIS ^{®1}	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

Positive screens require an intervention within 30 days that corresponds to the type of need identified on or up to 30 days after the date of the first positive screening.

- A positive food insecurity screen finding must be met by a food insecurity intervention.
- A positive housing instability or homelessness screen finding must be met by a housing instability or homelessness intervention.
- A positive housing inadequacy screen finding must be met by a housing inadequacy intervention.

Interventions may include any of the following categories: adjustment, assistance, coordination, counseling, education, evaluation of eligibility, evaluation/assessment, provision, or referral.

Adherent CPT codes for the Intervention numerators**

Description	Codes*
Food Insecurity	96156, 96160, 96161, 97802-97804, S5170, S9470
Housing Instability	96156, 96160, 96161
Transportation Insecurity	96156, 96160, 96161

Note: Specific SNOMED codes can also be used for the intervention numerators.

*Codes subject to change

CAHPS® Outpatient Mental Health Survey

Appropriate patient care is essential to the overall health of the ones we serve. Annually, NCQA directs health plans to conduct a survey about the member’s experience with behavioral health services. The Outpatient Mental Health Survey measures members’ experiences and identifies opportunities for health plans and providers to improve quality of care and access to mental health and substance abuse services.

Your patients may be asked the following questions. How do you rate?

Composite Measures	Sample Questions
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*This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS® measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). *2025 ICD-10 Diagnosis Codes**CPT** copyright 2025 American Medical Association (AMA). All rights reserved. CPT** is a registered trademark of the AMA. For a complete list please refer to the NCQA website.*

Getting Appointments for Prescription Medications	<ul style="list-style-type: none"> How difficult was it for you to make an appointment with the person who prescribes your mental health medicine? <p>(Very difficult, Somewhat difficult, Not very difficult, Not difficult at all)</p>
Getting Mental Health Counseling	<ul style="list-style-type: none"> How difficult was it for you to make an appointment with your mental health counselor? <p>(Very difficult, Somewhat difficult, Not very difficult, Not difficult at all)</p>
Communication with Mental Health Counselor	<ul style="list-style-type: none"> How often did your main mental health counselor listen carefully to you? How often did your main mental health counselor show respect for what you had to say? <p>(Never, Sometimes, Usually, Always)</p>
Goal Setting	<ul style="list-style-type: none"> How much did your main mental health counselor consider what is important to you when setting the goals for treatment? <p>(Not at all, A little, Some, A lot)</p>
Getting Help Between Appointments	<ul style="list-style-type: none"> When you contacted your main mental health counselor between your appointments, how often did you get the help or support you needed? <p>(Never, Sometimes, Usually, Always)</p>
Rating of Mental Health Counselor	<ul style="list-style-type: none"> What number would you use to rate your main mental health counselor? <p>(0-10)</p>
Unmet Need for Mental Health Services	<ul style="list-style-type: none"> Did you get all the mental health services you needed? <p>(Yes, No)</p>
Financial Barriers to Mental Health Services	<ul style="list-style-type: none"> How difficult was it for you to pay for the mental health services you received? <p>(Very difficult, Somewhat difficult, Not very difficult, Not difficult at all)</p>

Provider Tips:

- Offer extended hours, telehealth, and various treatment options when possible.
- Let patients know your office hours and how to get after-hour care.

- Partner with the health plan and coordinate care with other specialists and primary care physicians to address whole person health and access to timely care.
- Assess culture and linguistic needs and ask your patients what is important to them.
- Offer to coordinate care with other specialists or primary care physicians.
- Obtain release of information forms and explain the purpose of releasing information to other providers.
- Include family/caregivers/identified support in the treatment plan.
- Invite questions and encourage your patient to take notes.
- Use the “teach-back” method.

Health Outcomes Survey (HOS)

The Medicare Health Outcomes Survey (HOS) measures a health plans success in improving and maintaining the functional status of our patients ages 65 and older. A random sample of Medicare patients are surveyed annually and again two years later to assess changes in health status. HOS measures patients’ perception of their physical and mental health and overall quality of life and impact the Centers for Medicare & Medicaid Services (CMS) STAR ratings.

Provider Tips:

- Take time to engage and build rapport with the patients.
- Encourage patients to take actions aligning with the HOS measures.
- Encourage office staff to help patients fill out the HOS.
- Remember each HOS measure addresses a different aspect of patient care and patient-provider interaction.

STAR Measure:	Description:	Recommendations to Directly Impact:
Improving or Maintaining Physical Health	Assesses the percentage of patients whose physical health was the same or better after 2 years.	<ol style="list-style-type: none"> 1. Ask patients: <ul style="list-style-type: none"> – How far they can walk. – If they have trouble with stairs – Are they able to shop & cook their own food? 2. Assess your patients’ pain & functional status using standardized tools. 3. Provide interventions to improve physical health (i.e., disease management, pain management, physical therapy, or care management).

		4. Promote self-management support strategies (i.e., goal setting, action planning, problem solving & follow-up to help patients take an active role in improving health.
Improving or Maintaining Mental Health	Assesses the percentage of patients whose behavioral health was the same or better after 2 years.	<ol style="list-style-type: none"> 1. Ask patients: <ul style="list-style-type: none"> – How is their energy level throughout the day? – What do they like to do to socialize? – Does drinking ever get in their way of other important things in life? 2. Assess your patients' symptoms of depression with the PHQ-2 and, when appropriate PHQ-9 3. Refer patients to behavioral health services or manage depression & anxiety treatment as indicated. 4. Promote web-based programs (i.e., mystrength.com, which provides evidence-based behavioral health self-care resources.) 5. Use motivational interviewing to improve treatment engagement & behavioral and physical health outcomes.
Monitoring Physical Activity	Assesses the percentage of patients who discussed exercise with their health care provider and were advised to start, increase, or maintain their physical activity within the year.	<ol style="list-style-type: none"> 1. Ask patients about their level of activity, including: <ul style="list-style-type: none"> – Walking, rolling wheelchair or swimming (aerobic activities) – Carrying laundry, groceries or working in their yard (strength activity) 2. Use motivational interviewing to improve treatment engagement & behavioral and physical health outcomes. 3. Remember to submit CPT II code for functional status assessment, 1170F, on the claim.
Reducing Risk of Falling	Assesses the percentage of patients with falling,	1. Ask patients:

	<p>walking, or balance problems who discussed these topics with their care providers and received treatment within the year.</p>	<ul style="list-style-type: none"> – If they had a fall in the past year – If they felt dizzy or had problems with balance or walking in the past year. – If they have any vision problems, when was their most recent eye exam. <ol style="list-style-type: none"> 2. Complete a fall risk assessment & provide resource. and treatment (i.e., referrals for care management, social worker, eye exam, have office staff verify health plan benefits for OTC). 3. Promote home safety (i.e., removal of throw rugs & clutter to reduce tripping, use of night lights, installing handrails on stairs & grab bars in the bathrooms) 4. Perform medication review to identify medications that increase risk for falls. 5. Provide educational material about fall prevention resources (visit: https://www.cdc.gov/steady/materials.html)
<p>Improving Bladder Control</p>	<p>Assesses the percentage of patients with urinary incontinence (UI) who discussed problem & treatment options with their care provider.</p>	<ol style="list-style-type: none"> 1. Ask patients; <ul style="list-style-type: none"> – If they have had any leakage in the past 6 months (Patient may be hesitant to ask about this themselves) – How often & when the leakage problem occurs. – If UI affects their daily life (i.e., social withdrawals, – depression or sleep deprivation) 2. Evaluate the severity and impact of UI on the patient’s quality of life and involve them in the decisions about treatment options (i.e., bladder training, pelvic muscle rehab) 3. Have informative brochures & materials visible and available as discussion starters