Quick Reference Guide HEDIS® MY 2023

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Medicaid = ●   Medicare = ●

WellCare of North Carolina is proud to serve Medicaid members in the state of North Carolina. The information presented here is also representative of our affiliated and newly refreshed Wellcare brand of Medicare Advantage products serving members across the country. If you have any questions, please contact Provider Relations.

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HEDIS® MY 2023 Quick Reference Guide

Updated to reflect NCQA HEDIS® MY 2023 Technical Specifications

WellCare of North Carolina strives to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the HEDIS® MY 2023 Quick Reference Guide to help you increase your practice's HEDIS® rates and address care opportunities for your patients. Please always follow the state and/or CMS billing guidance and ensure the HEDIS® codes are covered prior to submission.

What is HEDIS®?

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

What are the scores used for?

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

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

How are rates calculated?

HEDIS® rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

How can I improve my HEDIS® scores?

✔ Submit claim/encounter data for each and every service rendered

✔ Make sure that chart documentation reflects all services billed

✔ Bill (or report by encounter submission) for all delivered services, regardless of contract status

✔ Ensure that all claim/encounter data is submitted in an accurate and timely manner

✔ Include CPT II codes to provide additional details and reduce medical record requests

✔ Respond timely to medical records requests

✔ Submit supplemental data throughout the measurement year

✔ Early Engagement with Pharmacy Adherence is key – once a member loses days on a prescription, those days cannot be recovered.

✔ Speak with the members about any barriers to adherence.

✔ Consider utilizing RxEffect – a free online portal for our network providers that will prioritize your high-risk patients more efficiently. This will save on resources as it lists your patients at highest risk for non-adherence.

✔ If you have any questions regarding pharmacy and member barriers, please reach out to your local Provider Relations Representative for assistance.

For more information, visit **www.ncqa.org**

Updates to HEDIS® Measures

(effective for calendar year 2022 and 2023)

This guide has been updated with information from the release of the HEDIS® 2023 Volume 2 Technical Specifications by NCQA and is subject to change.

Retired Measures:

- (FVA) Flu Vaccinations for Adults Ages 18–64
- Breast Cancer Screening (BCS): no longer collected administratively; only the BCS-E measure will be reported.

Revised Measures:

- (FUA) Follow-Up After Emergency Department Visit for Substance Use
- (IET) Initiation and Engagement of Substance Abuse Disorder Treatment
- (BPD) Blood Pressure Control for Patients with Diabetes
- (EED) Eye Exam for Patients with Diabetes
- (HBD) Hemoglobin A1c Control for Patients with Diabetes
- (SPD) Statin Therapy for Patients with Diabetes
- (AMR) Asthma Medication Ratio
- (PCE) Pharmacotherapy Management of COPD Exacerbation
- (BCS-E) Breast Cancer Screening
- (CCS) Cervical Cancer Screening
- (PPC) Prenatal and Postpartum Care
- (PRS-E) Prenatal Immunization Status

New Measure for Medicaid:

- (COL) Colorectal Cancer Screening

Quick Reference Guide

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For a complete list of codes, please visit the NCQA website at **www.ncqa.org**, or see the HEDIS value sets. Only subsets of the NCQA approved codes are listed in this document.

Adult Health

Call To Action: Please refer to the provider portal where you will find a complete list of member care gaps as applicable for the measures in this document.

(AAP) Adults' Access to Preventive/ Ambulatory Health Services

Lines of Business: ● *Medicare*

Measure evaluates the percentage of members 20 years and older who had an ambulatory or preventive care visit. Services that count include outpatient evaluation and management (E&M) visits, consultations, assisted living/home care oversight, preventive medicine, and counseling.

Tips:

- Assist or schedule member's appointments for Preventive Care Visits.

- Document the date and the type of visit.

- Submit the applicable codes.

CPT*	HCPCS*	ICD-10*
99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 98966-98968, 99441-99443, 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99483	G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063, T1015, S0620, S0621	Z00.00, Z00.01, Z00.3, Z00.5, Z00.8, Z00.121, Z00.129, 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

*Codes subject to change

For more information, visit **www.ncqa.org**

(ACP) Advance Care Planning

Lines of Business: ● *Medicare*

Measure evaluates percentage of adults:

✔ 66 and up years of age with advanced illness, an indication of frailty, or who are receiving palliative care and had advance care planning;

✔ 81 years of age and older who had advance care planning

Tips:

- Encourage members to consider an Advance Directive.
- Assist members in scheduling an Annual Well-visit.
- Telephone visits, e-visits, or virtual check-ins are acceptable.
- Submit the applicable codes.

Description	Codes*
Advanced Care Planning	**CPT:** 99483, 99497 **CPT-CAT-II:** 1123F, 1124F, 1157F, 1158F **HCPCS:** S0257 **ICD-10:** Z66

*Codes subject to change

(AIS) Adult Immunization Status

Lines of Business: ● *Medicare*

Measures percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster and pneumococcal.

Tips:

- Schedule appointments within immunization timeframes.
- Discuss the importance of vaccinations during member appointments.
- Include immunization history from all sources in the member's medical record.

Lines of Business: ● *Medicare*

Description	Codes*
Adult Influenza Vaccine Procedure	**CPT:** 90630, 90653-90654, 90656, 90658, 90661-90662, 90673-90674, 90682, 90686, 90688-90689, 90694, 90756
Td Vaccine Procedure	**CPT:** 90714, 90718
Tdap Vaccine Procedure	**CPT:** 90715
Varicella Zoster (VZV) Vaccine Procedure	**CPT:** 90710, 90716

*Codes subject to change

(BPD) Blood Pressure Control for Patients with Diabetes

Lines of Business: ● *Medicare*

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (<140/90 mm Hg).

Tips:

- Never round up BP readings.
- Use correct cuff size on bare arm.
- Check BP on both arms and record the lowest systolic and diastolic readings.
- Patients should rest quietly for at least 5 minutes before the first BP is taken.
- Submit applicable codes.

Description	Codes*
Palliative Care	**HCPCS:** G9054, M1017
Outpatient Codes (must include a diagnosis of diabetes)	**CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99987, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015

(BPD) Blood Pressure Control for Patients with Diabetes *(continued)*

Lines of Business: ● *Medicare*

Description	Codes*
Non-Acute Inpatient (must include a diagnosis of diabetes)	**CPT:** 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337
Telephone Visits (must include a diagnosis of diabetes)	**CPT:** 98966-98968, 99441-99443
E-Visits or Virtual Check-ins (must include a diagnosis of diabetes)	**CPT:** 98969-98972, 99421-99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061-G2063
Systolic Greater Than/ Equal to 140	**CPT-CAT-II:** 3077F
Systolic Less Than 140	**CPT-CAT-II:** 3074F, 3075F
Diastolic 80-89	**CPT-CAT-II:** 3079F
Diastolic Greater Than/ Equal to 90	**CPT-CAT-II:** 3080F
Diastolic Less Than 80	**CPT-CAT-II:** 3078F

*Codes subject to change

(CBP) Controlling High Blood Pressure

Lines of Business: ● *Medicare*

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

Tips:

- Blood pressure reading can be collected via any telehealth visit and it does not require a remote monitoring device to be the source.

- Retake BP readings if the reading is >140/90 mm Hg.

- Help members schedule their hypertension follow-up appointments.

- Educate members on what a controlled blood pressure means.

- Talk with members about taking their own blood pressure via a digital device.

- Submit applicable codes.

Description	Codes*
Essential Hypertension	**ICD-10:** I10
Systolic Greater Than/Equal to 140	**CPT-CAT-II:** 3077F
Systolic Less Than 140	**CPT-CAT-II:** 3074F, 3075F
Diastolic Greater Than/Equal to 90	**CPT-CAT-II:** 3080F
Diastolic 80-89	**CPT-CAT-II:** 3079F
Diastolic Less Than 80	**CPT-CAT-II:** 3078F
Telephone Visits	**CPT:** 98966-98968, 99441-99443
Palliative Care	**HCPCS:** G9054, M1017

*Codes subject to change

(COA) Care for Older Adults

Lines of Business: ● *Medicare*

Measure evaluates percentage of adults 66 years and older who had each of the following:

✔ Medication review   ✔ Functional status assessment
✔ Pain assessment

Tips:

- A Functional Status Assessment does not require a specific setting. Services rendered during a telephone visit, e-visit, or virtual check-in meets criteria.

- Submit applicable codes.

Description	Codes*
Medication Review (would need both CPT-CAT II codes to get credit) 1159F (Medication List) & 1160F (Medication Review)	**CPT:** 90863, 99605, 99606, 99483, 99495, 99496 **CPT-CAT-II:** 1159F, 1160F **HCPCS:** G8427
Functional Status Assessment	**CPT:** 99483 **CPT-CAT-II:** 1170F **HCPCS:** G0438, G0439
Pain Assessment	**CPT-CAT-II:** 1125F, 1126F

*Codes subject to change

(COL) Colorectal Cancer Screening

Lines of Business: ● *Medicare*

Measure evaluates the percentage of members 45-75 years of age who has had an appropriate screening for colorectal cancer.

Tips:

- Complete and document all screenings for patients.
- Educate members on the importance of colorectal cancer screenings for early detection and the options available to complete their screening.
- Talk with members about using the home screenings for colorectal cancer screening.
- Help members schedule their colonoscopy screening appointments.
- Submit applicable codes.

Description	Codes*
Colonoscopy	**CPT:** 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 **HCPCS:** G0105, G0121
CT Colonography	**CPT:** 74261-74263
sDNA FIT Lab Test	**CPT:** 81528
Flexible Sigmoidoscopy	**CPT:** 45330-45335, 45337-45338, 45340-45342 , 45346-45347, 45349-45350 **HCPCS:** G0104
FOBT Lab Test	**CPT:** 82270, 82274 **HCPCS:** G0328
Colorectal Cancer	**ICD-10:** C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Palliative Care	**HCPCS:** G9054, M1017
Total Colectomy	**CPT:** 44150-44153, 44155-44158, 44210-44212

*Codes subject to change

(EED) Eye Exam for Patients with Diabetes

Lines of Business: ● *Medicare*

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.

Tips:

- Refer diabetic members to an acceptable eye care professional annually.
- Educate members on the eye damage that could be caused by their diabetes.
- Help members to schedule their annual diabetic eye exam appointments.
- Submit applicable codes.

Description	Codes*
Palliative Care	**HCPCS:** G9054, M1017
Outpatient Codes (must include a diagnosis of diabetes)	**CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient (must include a diagnosis of diabetes)	**CPT:** 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337
Telephone Visits (must include a diagnosis of diabetes)	**CPT:** 98966-98968, 99441-99443
E-Visits or Virtual Check-ins (must include a diagnosis of diabetes)	**CPT:** 98969-98972, 99421-99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061-G2063
Unilateral Eye Enucleation With a Bilateral Modifier	**CPT:** 65091, 65093, 65101, 65103, 65105, 65110,65112, 65114 **CPT Modifier:** 50

(continued)

(EED) Eye Exam for Patients with Diabetes *(continued)*

Lines of Business: ● *Medicare*

Description	Codes*
Automated Eye Exam	**CPT:** 92229
Diabetic Retinal Screening Negative in Prior Year	**CPT-CAT-II:** 3072F
Eye Exam With Retinopathy	**CPT-CAT-II:** 2022F, 2024F, 2026F **HCPCS:** S0620, S0621, S3000
Eye Exam Without Retinopathy	**CPT-CAT-II:** 2023F, 2025F, 2033F

*Codes subject to change

➕ (FMC) Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions

Lines of Business: ● *Medicare*

The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

Tips:

- If a patient has more than one ED visit, they could be in the measure more than once.
- Maintain reserved appointments so patients with an ED visit can be seen within 7 days of their discharge.
- An in-person office visit is not required, follow-up can be provided via a telehealth, telephone, e-visit or virtual visit.
- Submit applicable codes.

(FMC) Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions *(continued)*

Lines of Business: ● *Medicare*

FMC Value Set	
Complex Care Management Services	G0506
Online Assessments	G0071, G2010, G2012, G2061-G2063, G2250-G2252
Outpatient	G0402, G0438-G0439, G0463, T1015
Case Management Encounter	T1016-T1017, T2022-T2023
Substance Use Disorder Services	G0396-G0397, G0443, H0001, H0005, H0007, H0015-H0016, H0022, H0047, H0050, H2035-H2036, T1006, T1012
BH Outpatient	G0155, G0176-G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-H0037, H0039-H0040, H2000, H2010-H2011, H2013-H2020, T1015

*Codes subject to change

(HBD) Hemoglobin A1c Control for Patients with Diabetes

Lines of Business: ● *Medicare*

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose HbA1c was at the following levels:

✔ HbA1c control (<8.0%)   ✔ HbA1c Poor control (>9.0%)

Tips:

- Document all A1c lab values with dates for diabetic members.
- Provide education to members regarding the need to monitor and manage their blood sugars (HgA1c).
- Assist members if needed to schedule lab visits for regular A1c testing to include transportation assistance.
- Submit applicable codes.

Description	Codes*
Palliative Care	**HCPCS:** G9054, M1017
Outpatient Codes (must include a diagnosis of diabetes)	**CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient (must include a diagnosis of diabetes)	**CPT:** 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337
Telephone Visits (must include a diagnosis of diabetes)	**CPT:** 98966-98968, 99441-99443
E-Visits or Virtual Check-ins (must include a diagnosis of diabetes)	**CPT:** 98969-98972, 99421-99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061-G2063
HbA1c Lab Test	**CPT:** 83036, 83037

(continued)

(HBD) Hemoglobin A1c Control
for Patients with Diabetes *(continued)*

Lines of Business: ● *Medicare*

Description	Codes*
HbA1c Level Less than 7 Codes	**CPT-CAT-II:** 3044F
HbA1c Level Greater Than/Equal to 7 and Less than 8	**CPT-CAT-II:** 3051F
HbA1c Level Greater Than/Equal to 8 and Less Than/Equal to 9	**CPT-CAT-II:** 3052F
HbA1c Greater Than 9.0	**CPT-CAT-II:** 3046F

*Codes subject to change

(KED) Kidney Health Evaluation for Patients with Diabetes

Lines of Business: ● *Medicare*

The percentage of members 18–85 years of age with diabetes (Type 1 and Type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) *and* a urine albumin-creatinine ratio (uACR), during the measurement year.

Tips:

- Use CPT II coding when completing screening test to assist in administrative collection and gap closure.
- Educate members on why good kidney function is important as they work to manage their health and diabetes.
- Help members schedule their diabetes follow-up appointments and remind them of the care gaps that should be covered to include kidney function.
- Submit applicable codes.

Description	Codes*
Estimated Glomerular Filtration Rate (eGFR) – must be within 4 days or less of the uACR	**CPT:** 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin-Creatinine Ratio (uACR) – must be within 4 days or less of the eGFR	**CPT:** 82043, 82570
Palliative Care	**HCPCS:** G9054, M1017

*Codes subject to change

(PBH) Persistence of Beta-Blocker Treatment After a Heart Attack

Lines of Business: ● *Medicare*

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

Beta-Blocker Medication			
Description	**Prescription**		
Noncardioselective Beta-blockers	• Carvedilol • Propranolol	• Labetalol • Timolol	• Nadolol • Pindolol • Sotalol
Cardioselective Beta-blockers	• Acebutolol • Atenolol	• Betaxolol • Bisoprolol	• Metoprolol • Nebivolol
Antihypertensive Combinations	• Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide • Hydrochlorothiazide-metoprolol • Hydrochlorothiazide-propranolol		

(PCE) Pharmacotherapy Management of COPD Exacerbation

Lines of Business: ● *Medicare*

Measure evaluates percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1-November 30 and were dispensed appropriate medications.

Two rates are reported:

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

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

Systemic Corticosteroid Medications		
Description	**Prescription**	
Glucocorticoids	• Cortisone • Prednisolone • Methylprednisolone	• Hydrocortisone • Dexamethasone • Prednisone

Bronchodilator Medications		
Description	**Prescription**	
Anticholinergic Agents	• Aclidinium-bromide • Ipratropium	• Umeclidinium • Tiotropium
Beta 2-agonists	• Albuterol • Metaproterenol • Indacaterol	• Levalbuterol • Arformoterol • Formoterol • Salmeterol • Oledaterol
Bronchodilator Combinations	• Albuterol-ipratropium • Budesonide-formoterol • Formoterol-mometasone • Glycopyrrolate-indacaterol • Umeclidinium-Vilanterol • Olodaterol-tiotropium	• Formoterol-aclidinium • Formoterol-glycopyrrolate • Fluticasone-salmeterol • Fluticasone-vilanterol • Fluticasone furoate- umeclidinium-vilarterol

(PCR) Plan All Cause Readmission

Lines of Business: ● *Medicare*

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

*Note: for commercial (Marketplace) and Medicaid, report only members 18-64 years of age.

Description	Codes*
Acute Inpatient	**CPT:** 99221-99223, 99231-99233, 99238-99239, 99251-99255, 99291
Nonacute Inpatient	**CPT:** 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337
Observation	**CPT:** 33217-99220

*Codes subject to change

(SPC) Statin Therapy for Patients with Cardiovascular Disease

Lines of Business: ● *Medicaid,* ● *Medicare*

The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria.

The following rates are reported:

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

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

(continued)

(SPC) Statin Therapy for Patients with Cardiovascular Disease *(continued)*

Lines of Business: ● *Medicaid,* ● *Medicare*

Tips:

- Review medication list during each visit with the patient.
- Discuss the importance of medication adherence with the patient.

High- and Moderate-Intensity Statin Medications		
Description	**Prescription**	**Medication Lists**
High-intensity Statin Therapy	• Atorvastatin 40-80 mg	Atorvastatin High Intensity Medications List
High-intensity Statin Therapy	• Amlodipine-atorvastatin 40-80 mg	Amlodipine Atorvastatin High Intensity Medications List
High-intensity Statin Therapy	• Rosuvastatin 20-40 mg	Rosuvastatin High Intensity Medications List
High-intensity Statin Therapy	• Simvastatin 80 mg	Simvastatin High Intensity Medications List
High-intensity Statin Therapy	• Ezetimibe-simvastatin 80 mg	Ezetimibe Simvastatin High Intensity Medications List
Moderate-intensity Statin Therapy	• Atorvastatin 10-20 mg	Atorvastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	• Amlodipine-atorvastatin 10-20 mg	Amlodipine Atorvastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	• Rosuvastatin 5-10 mg	Rosuvastatin Moderate Intensity Medications List

(SPC) Statin Therapy for Patients with Cardiovascular Disease *(continued)*

Lines of Business: ● *Medicaid,* ● *Medicare*

High- and Moderate-Intensity Statin Medications		
Description	**Prescription**	**Medication Lists**
Moderate-intensity Statin Therapy	• Simvastatin 20-40 mg	Simvastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	• Ezetimibe-simvastatin 20-40 mg	Ezetimibe Simvastatin Moderate Intensity Medication List
Moderate-intensity Statin Therapy	• Pravastatin 40-80 mg	Pravastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	• Lovastatin 40 mg	Lovastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	• Fluvastatin 40-80 mg	Fluvastatin Moderate Intensity Medications List
Moderate-intensity Statin Therapy	• Pitavastatin 1-4 mg	Pitavastatin Moderate Intensity Medications List

(SPR) Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Lines of Business: ● *Medicare*

Measure evaluates the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm diagnosis.

CPT*	
Spirometry	94010, 94014-94016, 94060, 94070, 94375

*Codes subject to change

(TRC) Transitions of Care

Lines of Business: ● *Medicare*

The percentage of discharges for members 18 years of age and older who had each of the following:

✔ **Notification of Inpatient Admission.**
Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).

✔ **Receipt of Discharge Information.**
Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).

✔ **Patient Engagement After Inpatient Discharge.**
Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.

✔ **Medication Reconciliation Post-Discharge.**
Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

Tips:

- Ensure follow-up appointments are scheduled within 30 days after discharge.
- Use CPT II coding when completing screening test to assist in administrative collection and gap closure.
- Document medication reconciliation.
- Services may be performed during a telephone visit, e-visit, or virtual check-in.
- Submit applicable codes.

(TRC) Transitions of Care *(continued)*

Lines of Business: ● *Medicare*

Description	Codes*
Medication Reconciliation	**CPT-CAT-II:**1111F **CPT:** 99483, 99495-99496
Telephone Visits Outpatient	**CPT:** 99441-99442, 98966-98968 **CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99350, 99381-99387, 99391-99397, 99401, 99483
Online Assessments	**HCPCS:** G8427, G0071, G2010, G2012, G2061-G2063, G2250-G2252
Transitional Care Management Services	99495, 99496

*Codes subject to change

Pharmacy Adherence Measures

(DIAB) Adherence to Diabetes Medications – Measure Overview

The percentage of members 18 years and older with a diabetes medication with a Proportion of Days Covered (PDC) ≥ 80%.

- ✔ Higher rate indicates better performance
- ✔ 2 fills needed to index into the measure
- ✔ Targeted early in the year

RY25 Measure Weight: 3

Gap Closure Requirements

PDC ≥ 80% per member

- ✔ PDC calculated utilizing: total days supplied of diabetes pharmacy claims / Date of first diabetes fill to the end of the reporting interval
- ✔ Each medication claim must be submitted to the Health Plan (cash payment/ samples given by prescriber or meds filled at an out of network pharmacy do not count)
- ✔ Final plan star score based upon the percentage of members with a PDC ≥ 80%

Other Criteria

- ✔ Medication Inclusions: Diabetes Medications
  - i.e., Metformin, Glipizide, Glimepiride, Januvia
- ✔ Exclusions: Members with an insulin claim; Hospice enrollees, ESRD

For more information, visit **www.ncqa.org**

(RASA) Adherence to Hypertensive Medications – Measure Overview

The percentage of members 18 years and older with a RASA medication with a Proportion of Days Covered (PDC) ≥ 80%.

✔ Higher rate indicates better performance

✔ 2 fills needed to index into the measure

✔ Targeted early in the year

RY25 Measure Weight: 3

Gap Closure Requirements

PDC ≥ 80% per member

✔ PDC calculated utilizing: total days supplied of RASA pharmacy claims / Date of first RASA fill to the end of the reporting interval

✔ Each medication claim must be submitted to the Health Plan (cash payment/ samples given by prescriber or meds filled at an out of network pharmacy do not count)

✔ Final plan star score based upon the percentage of members with a PDC ≥ 80%

Other Criteria

✔ Medication Inclusions: RASA Medications

- i.e. Lisinopril, Losartan, Enalapril, Valsartan

✔ Exclusions: Members with a Sacubutril/valsartan claim; Hospice enrollees, ESRD

(STAT) Adherence to Cholesterol Medications – Measure Overview

The percentage of members 18 years and older with a CHOL medication with a Proportion of Days Covered (PDC) ≥ 80%.

✔ Higher rate indicates better performance

✔ 2 fills needed to index into the measure

✔ Targeted early in the year

RY25 Measure Weight: 3

Gap Closure Requirements

PDC ≥ 80% per member

✔ **PDC calculated utilizing:**
total days supplied of CHOL pharmacy claims / Date of first CHOL fill to the end of the reporting interval

✔ Each medication claim must be submitted to the Health Plan (cash payment/ samples given by prescriber or meds filled at an out of network pharmacy do not count)

✔ Final plan star score based upon the percentage of members with a PDC ≥ 80%

Other Criteria

✔ Medication Inclusions: CHOL Medications

• i.e., Atorvastatin, Simvastatin, Rosuvastatin, Pravastatin

✔ Exclusions: Hospice enrollees, ESRD

(SUPD) Statin Use in Persons with Diabetes – Measure Overview

The percentage of members ages 40-75 years of age with diabetes that have a single fill of a statin.

✔ Higher rate indicates better performance

✔ Only 1 fill needed to index in the measure

✔ Targeted later in the year vs. other measures (starting in late July or August)

RY25 Measure Weight: 1

Gap Closure Requirements

Member received a Statin Therapy

✔ The number of members who had at least one dispensing event for a statin medication during the measurement year

Other Criteria

✔ Medication Inclusions: Statin Medications

- i.e., Atorvastatin, Simvastatin, Rosuvastatin, Pravastatin

✔ Exclusions: ESRD, Rhabdomyolysis, Pregnancy, Cirrhosis, Pre-Diabetes, Polycystic Ovary Syndrome

Women's Health

(BCS-E) Breast Cancer Screening

The Breast Cancer Screening measure has transitioned to exclusive use of the Electronic Clinical Data Systems reporting standard for measurement year 2023.

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

Lines of Business: ● *Medicare*

Measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

Tips:

- Schedule member's mammogram screening.
- Document the date and the specific procedure completed when reviewing the patient's history.
- Submit applicable codes.

(continued)

(BCS-E) Breast Cancer Screening *(continued)*

Lines of Business: ● *Medicare*

Description	Codes*
Mammogram	**CPT:** 77061-77063, 77065-77067 **ICD-10 (bilateral mastectomy):** Z90.13 **SNOMED:** 836381000000102 1106021000000101 1106641000000102 1106651000000104 1106661000000101 1111381000000105 1111411000000107 1111421000000101 1111791000000108
Palliative Care	**HCPCS:** G9054, M1017

*Codes subject to change

(OMW) Osteoporosis Management in Women Who Had a Fracture

Lines of Business: ● *Medicare*

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

Tips:

- Provide patients who have had a fracture with a referral for BMD testing and encourage them to obtain the screening.
- When appropriate, prescribe medication to treat osteoporosis (bisphosphates).
- Check that fracture codes are used appropriately.
- Consider offering onsite bone density screening for patients at risk.
- Women at risk for osteoporosis should receive a bone density screening every two years.
- Submit applicable codes.

Description	Codes*
Palliative Care	**HCPCS:** G9054, M1017
Bone Mineral Density Tests	**CPT:** 76977, 77078, 77080, 77081, 77085, 77086
Osteoporosis Medications	**HCPCS:** J0897, J1740, J3110, J3111, J3489
Long-Acting Osteoporosis Medications during Inpatient Stay	**HCPCS:** J0897, J1740, J3489

*Codes subject to change

Osteoporosis Medications		
Description	**Prescription**	
Bisphosphonates	• Alendronate • Alendronate-cholecalciferol • Ibandronate • Risedronate • Zoledronic acid	
Other agents	• Abaloparatide • Romosozumab • Denosumab • Teriparatide • Raloxifene	

(OSW) Osteoporosis Screening in Older Women

Lines of Business: ● *Medicare*

The percentage of women 65–75 years of age who received osteoporosis screening.

Description	Codes*
Osteoporosis Screening Tests	**CPT:** 76977, 77078, 77080, 77081, 77085
Palliative Care	**HCPCS:** G9054, M1017

*Codes subject to change

Pediatric Health

(LSC) Lead Screening in Children

Measure evaluates 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.

Tips:

- LSC testing on or prior to the child's second birthday.
- Document both the date and results of the LSC screening.
- Submit applicable codes.

CPT*
83655

*Codes subject to change

For more information, visit **www.ncqa.org**

(URI) Appropriate Treatment for Upper Respiratory Infection

Lines of Business: ● *Medicaid,* ● *Medicare*

The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

Tips:

- Discourage the use of antibiotics for routine treatment of uncomplicated acute bronchitis, unless clinically indicated.
- Submit applicable codes.

Description	Codes*
Acute Nasopharyngitis (common cold)	**ICD-10:** J00
Acute Laryngopharyngitis	**ICD-10:** J06.0
Acute Upper Respiratory Infection, unspecified	**ICD-10:** J06.9

*Codes subject to change

General Health

✚ (CWP) Appropriate Testing for Pharyngitis

Lines of Business: ● *Medicare*

This measure demonstrates the percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

Tips:

- Review and document the group A streptococcus (strep) test in the member's health record.
- An in-person office visit is not required, follow-up can be provided via a telehealth, telephone, e-visit or virtual visit.
- Provide tips for managing viral infections and their symptoms such as over the counter medications.
- Submit applicable codes.

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

*Codes subject to change

For more information, visit **www.ncqa.org**

Social Determinants of Health

(SDOH) Social Determinants of Health

Description	Codes*
Occupational Exposure to Risk Factors	**ICD-10:** Z57.0 - Z57.9
Problems Related to Education and Literacy	**ICD-10:** Z55.0 – Z55.9
Problems Related to Employment and Unemployment	**ICD-10:** Z56.0 – Z56.9
Problems Related to Physical Environment	**ICD-10:** Z58.0 - Z58.9
Problems Related to Housing and Economic Circumstances	**ICD-10:** Z59.0 – Z59.9
Problems Related to Social Environment	**ICD-10:** Z60.0 – Z60.9
Problems Related to Upbringing	**ICD-10:** Z62.0 – Z62.9
Problems Related to Primary Support Group, Including Family Circumstances	**ICD-10:** Z63.0 – Z63.9
Problems Related to Certain Psychosocial Circumstances	**ICD-10:** Z64.0 – Z64.4
Problems Related to Other Psychosocial Circumstances	**ICD-10:** Z65-0 – Z65.9
Problems Related to Substance Use	**ICD-10:** Z71.41, Z71.42, Z71.51, Z71.52
Problems Related to Sleep/Sleep Hygiene	**ICD-10:** Z72.820, Z72.821
Other Risk Factors	**ICD-10:** Z91.89
Patient/Caregiver Noncompliance with Dietary Regimen or Medical Treatment Due to Financial Hardship	**ICD-10:** Z911.10, Z911.90, Z91A.10, Z91A.20

(continued)

For more information, visit **www.ncqa.org**

(SDOH) Social Determinants of Health *(continued)*

Description	Codes*
Transportation Insecurity Procedures	**CPT:** 96156
CPT/HCPCS Screening Codes Applicable to SDOH	**CPT:** 96156-96161, 97802-97804, 99377-99378 **HCPCS**: S5170, S9470, G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046

*Codes subject to change

Best Practices Include supplemental codes in the patient's diagnosis section on a claim form. Assign as many SDOH codes necessary to describe all the social problems, conditions, or risk factors documented during the current episode of care.

Behavioral Health

(AMM) Antidepressant Medication Management

Applicable Foster Care Measure:

Lines of Business: ● *Medicare*

Measure evaluates percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment.

Two rates are reported:

1 **Effective Acute Phase Treatment:** percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)

2 **Effective Continuation Phase Treatment:** percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

(continued)

For more information, visit **www.ncqa.org**

(AMM) Antidepressant Medication Management *(continued)*

Lines of Business: ● *Medicare*

Antidepressant Medications		
Description	**Prescription**	
Miscellaneous Antidepressants	• Bupropion • Vortioxetine	• Vilazodone
Monoamine Oxidase Inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine
Phenylpiperazine Antidepressants	• Nefazodone	• Trazodone
Psychotherapeutic Combinations	• Amitriptyline-chlordiazepoxide • Fluoxetine-olanzapine • Amitriptyline-perphenazine	
SNRI Antidepressants	• Desvenlafaxine • Venlafaxine	• Duloxetine • Levomilnacipran
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	

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

Applicable Foster Care Measure:

Lines of Business: ● *Medicaid*

Measure evaluates the percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

CPT® Codes for Psychosocial Care
90832 – 90834, 90836 – 90840, 90845 – 90847, 90849, 90853, 90875, 90876, 90880

HCPCS Codes for Psychological Care
G0176, G0177, G0409 – G0411, H0004, H0035 – H0040, H2000, H2001, H2011 – H2014, H2017 – H2020, S0201, S9480, S9484, S9485   With or without a telehealth modifier: 95, GT

*Codes subject to change

(COU) Risk of Continued Opioid Use

Lines of Business: ● *Medicaid,* ● *Medicare*

Measure evaluates the percentage of members 18 years of age 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.

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

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

Lines of Business: ● *Medicaid,* ● *Medicare*

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

Two rates are reported:

1 Discharges for which the member received follow-up within 30 days of discharge

2 Discharges for which the member received follow-up within 7 days of discharge

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

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

Lines of Business: ● *Medicaid,* ● *Medicare*

Description	Codes*
Outpatient Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 98960-98962, 99078, 99201-99205, 99211- 99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 994883, 99492-99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017-H2020, T1015 **ICD-10:** F10.xx-F19.xx or T40.xxxx-T43.xxxx, T51.xxxx **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72
Intensive Outpatient Encounter or Partial Hospitalization with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **ICD-10:** F10.xx-F19.xx or T40.xxxx-T43.xxxx, T51.xxxx **POS:** 52

(continued)

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

Lines of Business: ● *Medicaid,* ● *Medicare*

Description	Codes*
Non-residential Substance Abuse Treatment Facility with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **ICD-10:** F10.xx-F19.xx or T40.xxxx-T43.xxxx, T51.xxxx **POS:** 57, 58
Community Mental Health Center Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **ICD-10:** F10.xx-F19.xx or T40.xxxx-T43.xxxx, T51.xxxx **POS:** 53
Observation Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 99217, 99218, 99219, 99220 **ICD-10:** F10.xx-F19.xx or T40.xxxx-T43.xxxx, T51.xxxx
Peer Support Service with any Diagnosis of SUD or Drug Overdose	**HCPCS:** G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016 **ICD-10:** F10.xx-F19.xx or T40.xxxx-T43.xxxx, T51.xxxx
Opioid Treatment Service That Bills Monthly or Weekly with any Diagnosis of SUD or Drug Overdose	**HCPCS:** G2086, G2087, G2071, G8074-G2077, G2080 **ICD-10:** F10.xx-F19.xx or T40.xxxx-T43.xxxx, T51.xxxx

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

Lines of Business: ● *Medicaid,* ● *Medicare*

Description	Codes*
Telehealth Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **ICD-10:** F10.xx-F19.xx or T40.xxxx-T43.xxxx, T51.xxxx **POS:** : 02, 10
Telephone Visit with any Diagnosis of SUD or Drug Overdose	**CPT:** 98966-98968, 99441-99443 **ICD-10:** F10.xx-F19.xx or T40.xxxx-T43.xxxx, T51.xxxx
E-Visit or Virtual Check In with any Diagnosis of SUD or Drug Overdose	**CPT:** 98969-98972, 99421-99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061-G2063, G2250-G2252
Substance Use and Substance Use Disorder Services	**CPT:** 99408, 99409 **HCPCS:** T1012, G0396, G0397, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, H0006, H0028
Behavioral Health Screening or Assessment for SUD or Mental Health Disorders	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0442, H2011, H0001, H0002, H0031, H0049
Pharmacotherapy Dispensing Event or Medication Treatment Event	**Medications:** Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet), Buprenorphine (implant, injection, or sublingual tablet), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **HCPCS:** G2069, G2070, G2072, G2073, H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109

*Codes subject to change

(FUH) Follow-Up After Hospitalization for Mental Illness

Applicable Foster Care Measure:

Lines of Business: ● *Medicare*

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

Tips:

- Schedule follow up appointments prior to discharge and include the date and time on discharge instructions.
- Submit applicable codes.

FUH Age Stratification	
Eligible Population	
Product Lines:	Commercial (Marketplace), Medicaid, Medicare (report each product line separately)
Ages:	6 years and older as of the date of discharge. Report three ag stratifications and a total rate: 6-17 years. 18-64 years. 65 years and older - Total. The total is the sum of the age stratifications.

Two rates are reported:

1 Discharges for which the member received **follow-up within 30 days after discharge**

2 Discharges for which the member received **follow-up within 7 days after discharge**

(continued)

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

Lines of Business: ● *Medicare*

Description	Codes*
Outpatient Visit with a Mental Health Provider	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 98960-98962, 99078,99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99492-99494, 99510, 99483 **POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Provider	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **POS:** 52
Partial Hospitalization/Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **POS:** 53

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

Lines of Business: ● *Medicare*

Description	Codes*
Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/Partial Hospitalization POS	**CPT:** 90870 **Ambulatory POS:** 24 **Comm. POS:** 53 **Partial Hosp. POS:** 52 **Outpatient POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Telehealth Visit	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **POS:** 02, 10
Observation	**CPT:** 99217-99220
Transitional Care Management	**CPT:** 99495, 99496
Telephone Visit	**CPT:** 98966-98968, 99441-99443
Psychiatric Collaborative Care Management	**CPT:** 99492-99494 **HCPCS:** G0512

*Codes subject to change

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

Lines of Business: ● *Medicaid,* ● *Medicare*

Measure evaluates percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.

Two rates are reported:

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

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

Note: Follow-up does not include withdrawal management.

Description	Codes*
An Acute or Nonacute Inpatient Admission or Residential Behavioral Health Stay with a Principal Diagnosis of SUD on the Discharge Claim	F10.xx-F19.xx

(continued)

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

Lines of Business: ● *Medicaid,* ● *Medicare*

Description	Codes*
Outpatient Visit with a Principal Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 994883, 99492 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017-H2020, T1015 **ICD-10:** F10.xx-F19.xx **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72
Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **ICD-10:** F10.xx-F19.xx **POS:** 52

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

Lines of Business: ● *Medicaid,* ● *Medicare*

Description	Codes*
Non-residential Substance Abuse Treatment Facility with a Principal Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **ICD-10:** F10.xx-F19.xx **POS:** 57, 58
Community Mental Health Center Visit with a Principal Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **ICD-10:** F10.xx-F19.xx **POS:** 53
Telehealth Visit with a Principal Diagnosis of SUD	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **ICD-10:** F10.xx-F19.xx **POS:** 02, 10
Substance use Disorder Services with a Principal Diagnosis of SUD	**CPT:** 99408, 99409 **HCPCS:** : T1012, G0396, G0397, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, H0006, H0028
Opioid Treatment Service that Bills Monthly or Weekly with a Principal Diagnosis of SUD	**HCPCS:** G2086, G2087, G2071, G8074-G2077, G2080 **ICD-10:** F10.xx-F19.xx
Observation Visit with a Principal Diagnosis of SUD	**CPT:** 99217, 99218, 99219, 99220 **ICD-10:** F10.xx-F19.xx

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

Lines of Business: ● *Medicaid,* ● *Medicare*

Description	Codes*
Residential Behavioral Health Treatment with a Principal Diagnosis of SUD	**HCPCS:** H0017, H0018, H0019, T2048 **ICD-10:** F10.xx-F19.xx
Telephone Visit with a Principal Diagnosis of SUD	**CPT:** 98966-98968, 99441-99443 **ICD-10:** F10.xx-F19.xx
E-Visit or Virtual Check in with a Principal Diagnosis of SUD	**CPT:** 98969-98972, 99421-99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061-G2063, G2250-G2252
Pharmacotherapy Dispensing Event or Medication Treatment Event	**Medications:** Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet), Buprenorphine (implant, injection, or sublingual tablet), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) **HCPCS:** G2069, G2070, G2072, G2073, H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109

*Codes subject to change

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

Applicable Foster Care Measure:

Lines of Business: ● *Medicaid,* ● *Medicare*

Measure evaluates the percentage of emergency department (ED) visits for members 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.

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).

Description	Codes*
Outpatient Visit with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 994883, 99492 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017-H2020, T1015 **ICD-10:** F10.xx-F99 **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72

(continued)

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

Lines of Business: ● *Medicaid,* ● *Medicare*

Description	Codes*
Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **ICD-10:** F10.xx-F99 **POS:** 52
Community Mental Health Center Visit with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **ICD-10:** F10.xx-F99 **POS:** 53
Electroconvulsive Therapy with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 90780 **POS:** 03, 05, 07, 09, 11- 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Telehealth Visit with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **ICD-10:** F10.xx-F99 **POS:** 02, 10
Observation Visit with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 99217, 99218, 99219, 99220 **ICD-10:** F10.xx-F99
Telephone Visit with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 98966-98968, 99441-99443 **ICD-10:** F10.xx-F99

(continued)

Description	Codes*
E-Visit or Virtual Check in with a Principal Diagnosis of a Mental Health Disorder	**CPT:** 98969-98972, 99421-99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061-G2063, G2250-G2252
An Outpatient with a Principal Diagnosis of Intentional Self-Harm with any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 994883, 99492 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017-H2020, T1015 **ICD-10:** T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99 **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72
Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **ICD-10:** T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99 **POS:** 52

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

Lines of Business: ● *Medicaid,* ● *Medicare*

Description	Codes*
Community Mental Health Center Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **ICD-10:** T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99 **POS:** 53
Electroconvulsive Therapy with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 90780 **ICD-10:** T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99 **POS:** 03, 05, 07, 09, 11- 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Telehealth Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 **ICD-10:** T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99 **POS:** 02, 10
Observation Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 99217, 99218, 99219, 99220 **ICD-10:** T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99
Telephone Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 98966-98968, 99441-99443 **ICD-10:** T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99

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

Lines of Business: ● *Medicaid,* ● *Medicare*

Description	Codes*
E-Visit or Virtual Check In with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	**CPT:** 98969-98972, 99421-99444, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2061-G2063, G2250-G2252 **ICD-10:** T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99

*Codes subject to change

(IET) Initiation and Engagement of Substance Use Disorder Treatment

Lines of Business: ● *Medicare*

Measure evaluates percentage of adolescent and adult members with a new episode of substance use disorder (SUD) episodes that result in treatment initiation and engagement.

Tips:

- Explain the importance of a follow-up to your patients.
- Schedule an initial follow-up appointment within 14 days.
- Reschedule patients as soon as possible who do not keep initial appointments.
- Use telehealth where appropriate.
- Submit applicable codes.

  ✓ **Initiation of SUD Treatment:** percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days

  ✓ **Engagement of SUD Treatment:** percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation

(IET) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

Lines of Business: ● *Medicare*

Alcohol Use Disorder Treatment Medications	
Description	**Prescription**
Aldehyde Dehydrogenase Inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosafe (oral; delayed-release tablet)

Opioid Use Disorder Treatment Medications		
Description	**Prescription**	**Medication Lists**
Antagonist	Naltrexone (oral)	Naltrexone Oral Medication List
Antagonist	Naltrexone (injectable)	Naltrexone Injection Medication List
Partial Agonist	Buprenorphine (sublingual tablet)	Buprenorphine Oral Medication List
Partial Agonist	Buprenorphine (injection)	Buprenorphine Injection Medication List
Partial Agonist	Buprenorphine (implant)	Buprenorphine Implant Medication List
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)	Buprenorphine Naloxone Medication List

Tips:

- Explain the importance of follow-up to your patients.
- Schedule an initial follow-up appointment within 14 days.
- Reschedule patients as soon as possible who do not keep initial appointments.
- Use telehealth where appropriate.
- Submit applicable codes.

(IET) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

Lines of Business: ● *Medicare*

Description	Codes*
Initiation and Engagement/ Treatment	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99221-99223, 99231, 99232, 99233, 99238, 99239, 99241-99245, 99341-99345, 99347-99350, 99251-99255, 99381-99387, 99391-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99492-99494, 99510 **HCPCS:** G0155, G0176, G0177, G0396, G0397, G0409, G0443, G0463, G2086, G2087, G0512, G2067-G2078, G2080, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H0050, H2000, H2010, H2011, H2013-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 **POS:** 02, 03, 05, 07, 09, 11-20, 22, 33, 49-50, 52-53, 57, 58, 71-72
Telephone Visits	**CPT:** 98966-98968, 99441-99443
E-visit/Virtual Check-In	**CPT:** 98969-98972, 99421-99423, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061-G2063

*Codes subject to change

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

Lines of Business: ● *Medicaid*

Evaluates 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.

Instruments for Adolescents (≤17 years)	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	Total score ≥8
Center for Epidemiologic Studies Depression Scale- Revised (CESD-R)	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10
PROMIS Depression	Total score (T Score) ≥60

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

Lines of Business: ● *Medicaid*

Instruments for Adults (18+ years)	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	Total score ≥8
Beck Depression Inventory (BDI-II)	Total score ≥20
Center for Epidemiologic Studies Depression Scale- Revised (CESD-R)	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD)®[2]	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10
My Mood Monitor (M-3)®	Total score ≥5
PROMIS Depression	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	Total score ≥31

[1]Brief screening instrument. All other instruments are full-length.
[2]Proprietary; may be cost or licensing requirement associated with use.

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

Lines of Business: ● *Medicaid*

Description	LOINC Code Used to Identify Screening Results
Beck Depression Inventory Fast Screen total score [BDI]	'89208-3' from "LOINC" display 'Beck Depression Inventory Fast Screen total score [BDI]'
Beck Depression Inventory II total score [BDI]	'89209-1' from "LOINC" display 'Beck Depression Inventory II total score [BDI]'
Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R]	'89205-9' from "LOINC" display Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R]'
Edinburgh Postnatal Depression Scale [EPDS]	'71354-5' from "LOINC" display 'Edinburgh Postnatal Depression Scale [EPDS]'
Final score [DUKE-AD]	'90853-3' from "LOINC" display 'Final score [DUKE-AD]'
Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]	'55758-7' from "LOINC" display 'Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]'
Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]	'44261-6' from "LOINC" display 'Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]'
Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]	'89204-2' from "LOINC" display 'Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]'
PROMIS-29 Depression score T-score	'71965-8' from "LOINC" display 'PROMIS-29 Depression score T-score

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

Lines of Business: ● *Medicaid*

Description	LOINC Code Used to Identify Screening Results
Total score [CUDOS]	'90221-3' from "LOINC" display 'Total score [CUDOS]'
Code Total score [M3]	'71777-7' from "LOINC" display 'Total score [M3]'

(POD) Pharmacotherapy for Opioid Use Disorder

Lines of Business: ● *Medicaid,* ● *Medicare*

Evaluates the percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Description	Codes*
Opioid Use Disorder (OUD)	F11.10, F11.120-122, F11.129, F11.13-14, F11.150-151, F11.159, F11.181-182, F11.188, F11.19-20, F11.220-222, F11.229, F11.23-24, F11.250-251, F11.259, F11.281-282, F11.288, F11.29

Description	Prescription
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)

*Codes subject to change

(SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Lines of Business: ● *Medicaid,* ● *Medicare*

Evaluates 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.

Oral Antipsychotics		
• Aripiprazole	• Lumateperone	• Chlorpromazine
• Asenapine	• Lurasidone	• Fluphenazine
• Brexpiprazole	• Molindone	• Perphenazine
• Cariprazine	• Olanzapine	• Prochlorperazine
• Clozapine	• Paliperidone	• Thioridazine
• Haloperidol	• Quetiapine	• Trifluoperazine
• Iloperidone	• Risperidone	• Amitriptyline-perphenazine
• Loxapine	• Ziprasidone	• Thiothixene

Long-Acting Injections	
Description	**Prescription**
Long-acting Injections 14 Days Supply	Risperidone (excluding Perseris®)
Long-acting Injections 28 Days Supply	• Aripiprazole • Aripiprwazole lauroxil • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate
Long-acting Injections 30 days Supply	Risperidone (Perseris®)

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

Lines of Business: ● *Medicaid*

Measure evaluates 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.

Description	Codes*
LDL-C Test	80061, 83700, 83701, 83704, 83721

*Codes subject to change

(SMD) Diabetes Monitoring for People with Diabetes and Schizophrenia

Lines of Business: ● *Medicaid*

Measure evaluates the percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test.

Tips:

- Order diabetes and a cholesterol panel every year.
- Communicate and coordinate care between behavioral health and primary care providers to communicate test results.
- Educate members on the need for continuous monitoring.
- Help members with scheduling appointments.

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

*Codes subject to change

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

Lines of Business: ● *Medicaid*

Measure evaluates percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test.

Tips:

- Provide members with HbA1c or glucose test orders to be completed yearly.
- Educate the member about the risks associated with taking antipsychotic medications and the importance of regular follow up care.
- Submit applicable codes.

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

*Codes subject to change

(UOP) Use of Opioids from Multiple Providers

Lines of Business: ● *Medicaid,* ● *Medicare*

Assesses the percentage of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, who received opioids from multiple providers.

Three rates reported:

1 **Multiple Prescribers-** The percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.

2 **Multiple Pharmacies-** The percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.

3 **Multiple Prescribers and Multiple Pharmacies-** The percentage of members receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year (i.e., the percentage of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Note: *A lower rate indicates better performance for all three rates.*

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

(Opioid medications exclude injectables and opioid-containing cough and cold products)

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