



# HEDIS<sup>®</sup>/Physician PAY FOR PERFORMANCE

**QUICK REFERENCE GUIDE**



**[buckeyehealthplan.com](http://buckeyehealthplan.com)**

Provider Services: **1-866-296-8731**

**2018 Edition**

# Welcome!

*Dear Colleagues,*

*As you know, Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows for comparison across health plans. Through HEDIS,® NCQA holds Buckeye Health Plan accountable for the timeliness and quality of healthcare services delivered to its diverse membership.*

*This booklet is meant to serve as a quick HEDIS® measure reference guide for your practice, in order to assist with medical record documentation. The booklet also includes general tips and an overview of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®).*

*If you have any questions or would like to request additional copies, please contact Buckeye Health Plan Quality Improvement at 1-866-246-4356 x 84002.*

*Thank you for your dedication to improving the health of our members and your patients.*

*Sincerely,*

*Ronald A. Charles, MD, MHSA, FACP, FACHE, CCM  
Vice President of Medical Affairs, Buckeye Health Plan*

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# HEDIS® Quick Reference Guide

What we have provided in this guide is the most recent, up-to-date information available at print time. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). This tool is meant to be used as a quick-glance reference. All codes are subject to change; there may be revisions, deletions or additions to this information that occur from one measurement period to another. Please contact Buckeye Health Plan regarding any questions you may have with the information provided. Thank you for your efforts in the continuous improvement of quality for our members/your patients.



## 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) which allows direct, objective comparison of **quality** across health plans. NCQA develops the HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers and policy makers. HEDIS allows for standardized measurement, standardized reporting and accurate, objective side-by-side comparisons. Consult NCQA's website for more information: [www.ncqa.org](http://www.ncqa.org)



## What are the scores used for?

As both State and Federal governments move toward a healthcare industry that is driven by quality, HEDIS rates are becoming more and more important, not only to the health plan, but to the individual provider as well. State purchasers of healthcare use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate an improvement in preventive health outreach to its members. Physician-specific scores are being used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician incentive programs such as 'pay for performance' and 'quality bonus funds'. These programs pay providers an increased premium based on their individual scoring of quality indicators such as those used in HEDIS.



## How are the 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 necessity of medical record review.



## How can I improve my HEDIS scores?

- Submit claim/encounter data for each and every service rendered.
- Chart documentation must reflect services billed.
- All providers must bill (or report by encounter submission) for services delivered, regardless of contract status.
- Claim/encounter data is the most clean and efficient way to report HEDIS.
- If services are not billed or not billed accurately they are not included in the calculation.
- Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculation.
- Consider including CPT II codes to reduce medical record requests. These codes provide details currently only found in the chart such as BMI screenings and lab results.
- Avoid missed opportunities by taking advantage of sick-care visits; combine the well visit components and use a modifier and proper codes to bill for both the sick and well visit.
- Use the member list provided by Buckeye to contact patients who are in need of a visit.
- Routinely schedule a member's next appointment while in the office for the visit.

## What is CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey sent to members/patients to measure satisfaction with their providers and healthcare systems. The goal of CAHPS is to capture accurate and complete information about the member reported experiences with health care. This information measures how well the member's expectations and goals were met. CAHPS helps determine the areas of service that have the greatest impact on overall satisfaction and opportunities for improvement which aid in increasing the quality of provided care. The CAHPS survey results are shared with the consumers, which provides them information they can use to choose physicians and health systems.

### ***Important topics that are surveyed include, but are not limited to:***

- How well Providers communicate with patients
- Providers use of information to coordinate patient care
- Helpful, courteous and respectful office staff
- Patients rating of the Provider

## AAP: Adults' Access to Preventive/Ambulatory Health Services

**Members 20 years and older** who had an ambulatory or preventive care visit during the measurement year.

Important Codes	
<b>Ambulatory Visits</b>	<b>CPT:</b> 99201-99205, 99211-99215, 99381-99387, 99391-99397, 99401-99404
	<b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015
	<b>UB Rev:</b> 0510-0517, 0519-0523, 0526-0529, 0982-0983
	<b>ICD 10:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9
<b>Other Ambulatory Visits</b>	<b>CPT:</b> 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337
	<b>HCPCS:</b> S0620, S0621
	<b>UB Rev:</b> 0524, 0525



## ABA: Adult BMI Assessment

**Members 18–74 years of age** who had an outpatient visit and whose body mass index was documented during the measurement year or the previous year.

**Exclusion:** Members with diagnosis of pregnancy during the measurement year or year prior.

Important Codes			
Adult BMI (age 21+)			
19 or less	Z68.1	32.0-32.9	Z68.32
20.0-20.9	Z68.20	33.0-33.9	Z68.33
21.0-21.9	Z68.21	34.0-34.9	Z68.34
22.0-22.9	Z68.22	35.0-35.9	Z68.35
23.0-23.9	Z68.23	36.0-36.9	Z68.36
24.0-24.9	Z68.24	37.0-37.9	Z68.37
25.0-25.9	Z68.25	38.0-38.9	Z68.38
26.0-26.9	Z68.26	39.0-39.9	Z68.39
27.0-27.9	Z68.27	40.0-44.9	Z68.41
28.0-28.9	Z68.28	45.0-49.9	Z68.42
29.0-29.9	Z68.29	50-59.9	Z68.43
30.0-30.9	Z68.30	60.0-69.9	Z68.44
31.0-31.9	Z68.31	70 or greater	Z68.45

Important Codes	
Pediatric BMI (age 18-21)	
BMI <5th percentile for age	<b>ICD10:</b> Z68.51
BMI 5th percentile to <85th percentile for age	<b>ICD10:</b> Z68.52
BMI 85th percentile to <95th percentile for age	<b>ICD10:</b> Z68.53
BMI > 95th percentile for age	<b>ICD10:</b> Z68.54

## ADD: Follow-up Care for Children Prescribed ADHD Medication

**Children, ages 6-12** with a newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who:

- **Initiation Phase.** Had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- **Continuation and Maintenance (C&M) Phase.** Remained on the medication and had at least 2 follow up visits with a practitioner within the next 270 days (9 months) at the conclusion of the Initiation Phase.

Important Codes			
<b>ADD Stand Alone Visits</b>	<b>CPT:</b> 99201-99205, 99211-99215, 99217-99220, 99381-99384, 99391-99394, 99401-99404		
	<b>UBREV:</b> 0510, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983		
	<b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015		
<b>Follow-Up Visits:</b>	<b>CPT:</b> 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876	<b>WITH:</b>	<b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 71, 72

ADHD Medications	
Description	Prescription
<b>CNS Stimulants</b>	Amphetamine-dextroamphetamine, Dexamethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate
<b>Alpha 2 Receptor Agonists</b>	Clonidine, Guanfacine
<b>Miscellaneous ADHD Medications</b>	Atomoxetine

## ADV: Annual Dental Visit

**Members 2–20 years of age** who had at least one dental visit during the measurement year with a dental practitioner.

Definition
<p><b>Dental practitioners</b> hold a DMD (Doctor of Dental Medicine) or a DDS (Doctor of Dental Surgery) from an accredited school and is licensed to practice dentistry by a state board of dental examiners. Certified and licensed dental hygienists are considered dental practitioners.</p>

## AMM: Anti-Depressant Medication Management

**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.

- Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Important Codes	
<b>Major Depression</b>	<b>ICD10:</b> F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
<b>AMM Stand-Alone Visits</b>	<b>CPT:</b> 99201-99205, 99211-99215, 99217-99220, 99384-99387, 99394-99397, 99401-99404, <b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

Anti-Depressant Medications	
Description	Prescription
<b>Miscellaneous Antidepressants</b>	Bupropion, Vilazodone, Vortioxetine
<b>Phenylpiperazine Antidepressants</b>	Nefazodone, Trazodone
<b>Psycho-Therapeutic Combinations</b>	Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine
<b>SNRI Antidepressants</b>	Desvenlafaxine, Levomilnacipran, Duloxetine, Venlafaxine
<b>SSRI Antidepressants</b>	Citalopram, Fluoxetine, Paroxetine, Escitalopram, Fluvoxamine, Sertraline
<b>Monoamine Oxidase Inhibitors</b>	Isocarboxazid, selegiline, Phenelzine, Tranylcypromine
<b>Tetracyclic Antidepressants</b>	Maprotiline, Mirtazapine
<b>Tricyclic Antidepressants</b>	Amitriptyline, Amoxspine, Clomipramine, Desipramine, Doxepin >6 mg, Imipramine, nortriptyline, Protriptyline, Trimipramine

## AMR: Asthma Medication Ratio

**Members 5–85 years of age** who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

**Note:** For Medicaid, report members 5–64 years of age. For Medicare, report only members 18–85 years of age.

Important Codes	
Asthma Diagnosis	
<b>Mild Intermittent</b>	<b>ICD10CM:</b> J45.20, J45.21, J45.22
<b>Mild Persistent</b>	<b>ICD10CM:</b> J45.30, J45.31, J45.32
<b>Moderate Persistent</b>	<b>ICD10CM:</b> J45.40, J45.41, J45.42
<b>Severe Persistent</b>	<b>ICD10CM:</b> J45.50, J45.51, J45.52
<b>Other and Unspecified</b>	<b>ICD10CM:</b> J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

## APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics

**Children and adolescents 1–17 years of age** who had two or more antipsychotic prescriptions and had metabolic testing.

Important Codes		
Metabolic Testing		
<b>Glucose Tests</b>	<b>CPT:</b> 80047, 80048, 80053, 80069, 82947, 82950, 82951	
<b>HbA1c Tests</b>	<b>CPT:</b> 83036, 83037	<b>CPT II:</b> 3044F (<7.0%) 3045F (7.0%-9.0%) 3046F (>9.0%)
<b>LDL-C Tests</b>	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721	<b>CPT II:</b> 3048F LDL-C <100 mg/dL 3049F LDL-C 100-129 mg/dL 3050F LDL-C ≥ 130 mg/dL
<b>Cholesterol Tests Other Than LDL</b>	<b>CPT:</b> 82465, 83718, 84478	

# APP: Use of First-Line Psychosocial Care for Children Adolescents on Antipsychotics

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.

Important Codes	
<b>Psychiatric Disorders</b>	
<b>Bipolar Disorder</b>	<b>ICD-10:</b> F30.10-F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60-F31.64, F31.70--F31.78, F31.81, F31.89, F31.9
<b>Schizophrenia</b>	<b>ICD-10:</b> F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
<b>Other Psychotic Disorders</b>	<b>ICD-10:</b> F22, F23, F24, F28, F29, F32.3, F33.3, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F95.0, F95.1, F95.2, F95.8, F95.9
<b>Psychosocial Care</b>	<b>CPT:</b> 90832, 90833, 90834, 90836-90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880
	<b>HCPCS:</b> G0176, G0177, G0409, G0410, G0411, H0004, H0035-H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017-H2020, S0201, S9480, S9484, S9485

## ART: Disease Modifying Anti-Rheumatic Drug Therapy

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

Important Codes	
<b>Rheumatoid Arthritis</b>	
<b>ICD 10:</b> M05.861, M05.862, M05.869, M05.871, M05.872, M05.879, M05.89, M05.9, M06.00, M06.011, M06.012, M06.019, M06.021, M06.022, M06.029, M06.031, M06.032, M06.039, M06.041, M06.042, M06.049, M06.051, M06.052, M06.059, M06.061, M06.062, M06.069, M06.071, M06.072, M06.079, M06.08, M06.09, M06.1, M06.20, M06.211, M06.212, M06.219, M06.221, M06.222, M06.229, M06.231, M06.232, M06.239, M06.241, M06.242, M06.249, M06.251, M06.252, M06.259, M06.261, M06.262, M06.269, M06.271, M06.272, M06.279, M06.28, M06.29, M06.30, M06.311, M06.312, M06.319, M06.321, M06.322, M06.329, M06.331, M06.332, M06.339, M06.341, M06.342, M06.349, M06.351, M06.352, M06.359, M06.361, M06.362, M06.369, M06.371, M06.372, M06.379, M06.38, M06.39, M06.80, M06.811, M06.812, M06.819, M06.821, M06.822, M06.829, M06.831, M06.832, M06.839, M06.841, M06.842, M06.849, M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.879, M06.88, M06.89, M06.9	
<b>DMARD</b>	<b>HCPCS:</b> J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515- J7518, J9250, J9260, J9310
<b>DMARD Classification</b>	<b>DMARD Name(s)</b>
5-aminosalicyclates	sulfasalazine
Alkylating agents	cyclophosphamide
Aminoquinolines	hydroxychloroquine
Anit-rheumatics	Auranofin, Gold sodium thiomalate, Leflunomide, Methotrexate, Penicillamine
Immunomodulators	Abatacept, Adalimumab, Anakinra, Certolizumab, Certolizumab pegol, Etanercept, Golimumab, Infliximab, Rituximab, Tocilizumab
Immuosuppressive agents	Azathioprine, Cyclosporine, Mycophenolate
Janus kinase (JAK) inhibitor	Tofacitinib
Tetracyclines	Minocycline



## AWC: Adolescent Well-Care Visit

**Members 12-21 years of age** who had one comprehensive well-care visit with a PCP or OB/GYN during the measurement year.

Well-care visits consists of all of the following:

- A health history
- A physical development history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

Important Codes	
<b>Well-Care Visits:</b>	
<b>CPT:</b>	99384, 99385, 99394, 99395
<b>HCPCS:</b>	G0438, G0439
<b>ICD10CM:</b>	Z00.00, Z00.01, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

## BCS: Breast Cancer Screening

**Women 50–74 years of age** who had one or more mammograms between October 1 two years prior to the measurement year and December 31 of the measurement year.

Exclusions:

- Bilateral mastectomy
- Unilateral mastectomy
- Two unilateral mastectomies with service dates 14 or more days apart
- History of bilateral mastectomy

Important Codes	
<b>Breast Cancer Screenings</b>	
<b>CPT:</b>	77055-77067
<b>HCPCS:</b>	G0202, G0204, G0206
<b>UBREV:</b>	0401, 0403

# CAP: Children’s and Adolescents Access to Primary Care Practitioners

**Members 12 months–19 years of age** who had a visit with a PCP. Members are banded into the following age ranges:

- 12–24 months
- 25 months–6 years
- 7–11 years
- Adolescents 12–19 years

Important Codes	
<b>Ambulatory Visits</b>	<b>CPT:</b> 99201-99205, 99211-99215, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 96160, 96161
	<b>HCPCS:</b> G0438, G0439, G0463, T1015
	<b>UB Rev:</b> 0510-0517, 0519-0523, 0526-0529, 0982-0983
	<b>ICD 10:</b> Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9

## CBP: Controlling Blood Pressure

**Members 18–85 years of age** who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:

- Members 18–59 years of age whose BP was <140/90 mm Hg
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg

Important Codes	
Hypertension	ICD 10: I10

## CCS: Cervical Cancer Screening

**Women 21–64 years of age** who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed during the measurement year or the two years prior.
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed during the measurement year or the four years prior.

**The following do not qualify:**

- Lab results that state the sample was inadequate or that “no cervical cells were present”
- Biopsies (these are diagnostic and therapeutic and not valid for primary cervical cancer screening)

Important Codes	
<b>Cervical Cytology Age 21-64</b>	<b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
	<b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
<b>HPV Tests</b>	<b>CPT:</b> 87620-87622, 87624, 87625
	<b>HCPCS:</b> G0476

## CDC: Comprehensive Diabetes Care

**Members 18–75 years of age** with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- Medical attention for nephropathy
- Eye exam (retinal) performed
- BP control (<140/90 mm Hg)

Important Codes	
Diabetic Care	
<b>Diabetes Diagnoses</b>	<b>ICD-10:</b> E10, E11, E13, O24
<b>HbA1c Testing and Values</b>	<b>CPT:</b> 83036, 83037
	<b>CPT II:</b> 3044F (<7.0%) 3045F (7.0%-9.0%) 3046F (>9.0%)
<b>Eye Exam</b>	<b>CPT:</b> 67028, 67030, 67031, 67036, 67039, 67040-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
	<b>CPT II:</b> 2022F, 2024F, 2026F, 3072F
	<b>HCPCS:</b> S0620, S0621, S3000
<b>Blood Pressure</b>	<b>CPT II:</b> 3074F, 3075F, 3077F-3080F
<b>Nephropathy Screening Test (Urine protein Tests)</b>	<b>CPT:</b> 81000-81003, 81005, 82042, 82043, 82044, 84156
	<b>CPT II:</b> 3060F, 3061F, 3062F

# CIS: Childhood Immunization Status

**Complete immunizations and lead screening** on or before child’s 2nd birthday and document preferably on an Immunization Record/Flow sheet.

- DTap ..... (4)      ■ PCV ..... (4)      ■ RV ..... (2 or 3 dose series)
- IPV..... (3)      ■ MMR ..... (1)      ■ Flu..... (2)
- Hep B..... (3)      ■ VZV ..... (1)
- HIB..... (3)      ■ Hep A .... (1)

Important Codes	
Immunizations	
<b>DTAP: diphtheria, tetanus, and acellular pertussis</b>	<b>CPT:</b> 90698, 90700, 90723
<b>IPV: Polio Vaccine</b>	<b>CPT:</b> 90698, 90713, 90723
<b>MMR: measles, mumps, rubella</b>	<b>CPT:</b> 90707, 90710
<b>HIB: H influenza type B</b>	<b>CPT:</b> 90698, 90721, 90748
<b>HepB: hepatitis B</b>	<b>CPT:</b> 90723, 90740, 90744, 90747, 90748
	<b>HCPCS:</b> G0010
<b>Newborn Hep B</b>	<b>ICD-10:</b> 3E0234Z
<b>VZV: chicken pox</b>	<b>CPT:</b> 90710, 90716
<b>PCV: pneumococcal conjugate</b>	<b>CPT:</b> 90670
	<b>HCPCS:</b> G0009
<b>HepA: hepatitis A</b>	<b>CPT:</b> 90633
<b>RV: rotavirus</b>	<b>CPT:</b> 90681 (two dose )
	<b>CPT:</b> 90680 (three dose)
<b>Influenza</b>	<b>CPT:</b> 90655, 90657, 90661, 90662, 90673, 90685-90687, 90688
	<b>HCPCS:</b> G0008

# LSC: Lead Screening in Children

**Screening for children birth through 2nd birthday** Lab report with result or documentation in office note of the date and result of lead screening test.

Important Codes
Lead Screening in Children
<b>CPT:</b> 83655

## CHL: Chlamydia Screening in Women

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

Important Codes	
Chlamydia Screenings	
<b>CPT:</b>	87110, 87270, 87320, 87490-87492, 87810



## COA: Care for Older Adults

**Members 66 years and older** who had each of the following during the measurement year:

- Advance care planning
  - Evidence of advance care planning discussion or the presence of a plan
- Medication review
  - A review of the patient’s medication by a prescribing practitioner or clinical pharmacist and the presence of a medication list.
- Functional status assessment.
  - At least one functional status assessment per year. Can be a standard functional status assessment tool, notation that either:
    - Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL) were assessed or a notation that at least three of the following were assessed: Cognitive status, ambulation status, hearing, vision and speech, and or other functional independence.
- Pain assessment
  - Through a standardized pain assessment tool or documentation that pain was assessed.

Important Codes	
COA	
<b>Advance Care Planning</b>	<b>CPT:</b> 99497
	<b>CPT II:</b> 1123F, 1124F, 1157F, 1158F
	<b>HCPCS:</b> S0257
<b>Medication Review</b>	<b>CPT II:</b> 1160F
<b>Medication List</b>	<b>CPT II:</b> 1159F
	<b>HCPCS:</b> G8427
<b>Functional Status Assessment</b>	<b>CPT II:</b> 1170F
<b>Pain Assessment</b>	<b>CPT II:</b> 1125F, 1126F

## COL: Colorectal Cancer Screening

### Members 50–75 years of age

Medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation in the medical record is clear that the test was performed and not merely ordered.

#### The following screenings meet criteria:

- Fecal Occult Blood Testing during the measurement year. (common names : FIT or Guaiac)
- Flexible Sigmoidoscopy during the measurement year or four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- CT colonography during the measurement year or the four years prior to the measurement year. Must be done by CT (MRI does not count)
- FIT-DNA test during the measurement year or the two years prior to the measurement year.

Important Codes	
Colorectal Cancer Screenings	
<b>FOBT</b>	<b>CPT:</b> 82270, 82274
	<b>HCPCS:</b> G0328
<b>Colonoscopy</b>	<b>CPT:</b> 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398
	<b>HCPCS:</b> G0105, G0121
<b>Flexible Sigmoidoscopy</b>	<b>CPT:</b> 45330-45335, 45337-45342, 45345--45347, 45349, 45350
<b>FIT-DNA</b>	<b>CPT:</b> 81528
<b>CT Colonography</b>	<b>CPT:</b> 74261-74263

# CWP: Appropriate Testing for Children with Pharyngitis

Children 3–18 years of age who were diagnosed with pharyngitis.

Important Codes	
<b>Pharyngitis Testing</b>	
<b>Strep Test</b>	<b>CPT:</b> 87070, 87071, 87081, 87430, 87650-87652, 87880
<b>Acute pharyngitis</b>	<b>ICD 10:</b> J02.8, J02.9
<b>Acute tonsillitis</b>	<b>ICD 10:</b> J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
<b>Streptococcal sore throat</b>	<b>ICD 10:</b> J02.0

## FUA: Follow-Up After Emergency Department Visit for Alcohol and other Drug Dependence

**Emergency department (ED) visits for members 13 years of age and older** with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD. Two rates are reported:

- The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.
- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.

Important Codes			
Initiation and Engagement of Alcohol and Other Drug Dependence:			
<b>Stand Alone Visits:</b>	<b>CPT:</b> 99201-99205, 99211-99215, 99217-99220, 99347-99350, 99384-99387, 99394-99397, 99401-99404		
	<b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015		
	<b>UBREV:</b> 0510, 0515-0517, 0519, 0520-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983		
<b>AOD Dependence</b>	<b>ICD10CM:</b> F10-F19		
<b>IET Visits</b>	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876	<b>WITH</b>	<b>POS:</b> 002, 03, 05, 07, 09, 11, 12-20, 22, 33, 49, 50, 52, 53, 57, 71, 72

# FUH: Follow-Up After Hospitalization for Mental Illness

**Members 6 years of age and older** who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

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

Important Codes			
Follow Up Visits			
<b>Follow-Up Visits</b>	<b>CPT:</b> 99201-99205, 99211-99215, 99217-99220, 99383-99387, 99393-99397, 99401-99404		
	<b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015		
	<b>UB REVENUE:</b> (visit in a behavioral health setting): 0900-0905, 0907, 0911-0919		
	<b>UB REVENUE:</b> (visit in a non-behavioral health setting): 0510, 0515-0523, 0526-0529, 0982, 0983		
<b>Follow-Up Visits</b>	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876	WITH	<b>POS:</b> 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72

## FUM: Follow-Up After Emergency Department Visit for Mental Illness

**Emergency department (ED) visits for members 6 years of age and older** with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported:

- The percentage of ED visits for which the member received follow-up within 7 days of the ED
- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.

Important Codes			
Follow Up Visits			
Follow-Up Visits	<b>CPT:</b> 99201-99205, 99211-99215, 99217-99220, 99383-99387, 99393-99397, 99401-99404		
	<b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015		
Follow-Up Visits	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876	WITH	<b>POS:</b> 20, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72

# IET: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

**Adolescent and adult members** with a new episode of alcohol or other drug (AOD) dependence who received the following.

- Initiation of AOD Treatment. Members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.
- Engagement of AOD Treatment. Members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

Important Codes			
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment			
<b>Stand Alone Visits</b>	<b>CPT:</b> 99201-99205, 99211-99215, 99217-99220, 99384-99387, 99394-99397, 99401-99404		
	<b>HCPCS:</b> G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015		
	<b>UBREV:</b> 0510, 0515-0517, 0519, 0520-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983		
<b>AOD Dependence</b>	<b>ICD10CM:</b> F10, F111, F12, F13, F14, F15, F16, F18, F19		
<b>IET Visits</b>	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876	WITH	<b>POS:</b> 02, 03, 05, 07, 09, 11, 12-20, 22, 33, 49, 50, 52, 53, 57, 71, 72

## IMA: Immunizations for Adolescents

**Complete immunizations** on or before members 13th birthday and document preferably on an Immunization Record/Flow sheet:

- (1) Meningococcal conjugate vaccine
- (1) Tdap (tetanus, diphtheria toxoids and acellular pertussis)
- (3) HPV (human papillomavirus)

Important Codes	
Immunizations for Adolescents	
<b>Meningococcal</b>	<b>CPT:</b> 90734
<b>Tdap</b>	<b>CPT:</b> 90715
<b>HPV</b>	<b>CPT:</b> 90649, 90650, 90651



# MMA: Medication Management for People with Asthma

**Members 5–85 years of age** who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

- The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
- The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.

Asthma Controller Medications	
<b>Antiasthmatic combinations</b>	Dyphylline guaifenesin, Guaifenesin theophylline
<b>Antibody inhibitor</b>	Omalizumab
<b>Inhaled steroid combinations</b>	Budesonide formoterol, Fluticasone salmeterol, Mometasone formoterol
<b>Inhaled corticosteroids</b>	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone
<b>Leukotriene Modifiers</b>	Montelukast, Zafirlukast, Zileuton
<b>Mast cell stabilizers</b>	Cromolyn
<b>Methylxanthines</b>	Aminophylline, Dyphylline, Theophylline

Important Codes	
<b>Asthma</b>	
<b>Mild Intermittent</b>	<b>ICD10CM:</b> J45.20, J45.21, J45.22
<b>Mild Persistent</b>	<b>ICD10CM:</b> J45.30, J45.31, J45.32
<b>Moderate Persistent</b>	<b>ICD10CM:</b> J45.40, J45.41, J45.42
<b>Severe Persistent</b>	<b>ICD10CM:</b> J45.50, J45.51, J45.52
<b>Other and Unspecified</b>	<b>ICD10CM:</b> J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

## MPM: Annual Monitoring for Patients on Persistent Medications

**Members 18 years of age and older** who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. For each product line, report each of the three rates separately and as a total rate.

- Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)
  - Need either a lab panel test or a serum potassium test and a serum creatinine test
- Annual monitoring for members on digoxin
  - Need either a lab panel test and a serum digoxin test, or a serum potassium test and a serum creatinine test and a serum digoxin test
- Annual monitoring for members on diuretics.
  - Need a lab panel test or a serum potassium test and a serum creatinine test

Important Codes	
Description	CPT Codes
Lab Panel	CPT: 80047, 80048, 80053, 80069
Serum Potassium	CPT: 80051, 84132
Serum Creatinine	CPT: 82565, 82575
Digoxin Level	CPT: 80162

## MRP: Medication Reconciliation Post-Discharge

**Members 18 years of age and older** who were discharged from the hospital between January 1-December 1 of the measurement year and who had medications reconciled from the date of discharge through 30 days after the discharge (31 total days).

- Medication reconciliation is a type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient record.

Important Codes	
<b>Medication Reconciliation</b>	CPT: 99495, 99496

## NCS: Non-Recommended Cervical Cancer Screening in Adolescent Females

**Adolescent females 16–20 years of age** who were screened unnecessarily for cervical cancer. Females 16-20 years old should not be screened for cervical cancer.

Important Codes	
Description	Codes
<b>Cervical Cytology</b>	<b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
	<b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
	<b>UB Rev:</b> 0923
<b>HPV Tests</b>	<b>CPT:</b> 87620-87622, 87624, 87265
	<b>HCPCS:</b> G0476

# OMW: Osteoporosis Management in Women who had a Fracture

**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.

Important Codes	
<b>Bone Mineral Density Test</b>	<b>CPT:</b> 76977, 77078, 77080, 77081, 77085, 77086
	<b>ICD10:</b> BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1
	<b>HCPCS:</b> G0130
<b>Osteoporosis Medications</b>	<b>HCPCS:</b> J0630, J0897, J1740, J3110, J3487, J3488, J348 , Q2051

## PBH: Persistence of Beta Blocker Treatment after a Heart Attack

**Members 18 years of age and older** who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of Acute Myocardial Infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge (defined as at least 75% of the days' supply filled).

<b>Beta-Blocker Medications</b>	
<b>Non-cardioselective Beta Blockers</b>	Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol, Metoprolol, Nebivolol
<b>Cardioselective Beta Blockers</b>	Acebutolol, Atenolol, Betaxolol, Bisoprolol
<b>Antihypertensive combinations</b>	Atenolol-chlorthalidone Bendroflumethiazide-nadolol Bisoprolol-hydrochlorothiazide Hydrochlorothiazide-metoprolol Hydrochlorothiazide-propranolol
<b>Acute Myocardial Infarction (AMI)</b>	
<b>ICD10:</b> I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4	

# PCE: Pharmacotherapy Management of COPD Exacerbation

**Members 40 years of age and older** who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

- Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
- Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Important Codes	
COPD Exacerbation	
<b>Chronic Bronchitis:</b>	<b>ICD10CM:</b> J41.0, J41.1, J41.8, J42
<b>Emphysema:</b>	<b>ICD10CM:</b> J43.0, J43.1, J43.2, J43.8, J43.9
<b>COPD:</b>	<b>ICD10CM:</b> J44.0, J44.1, J44.9

## PPC: Prenatal and Postpartum Care

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

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

Important Codes	
Prenatal Care/Timeliness Visits	
<b>Prenatal Ultrasound</b>	<b>CPT:</b> 76801, 76805, 76811, 76813, 76815-76821, 76825-76828
	<b>ICD10PCS:</b> BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ
<b>Prenatal Visits</b>	<b>CPT:</b> 99201-99205, 99211-99215
	<b>CPT II:</b> 0500F, 0501F, 0502F
<b>Obstetric Panel</b>	<b>CPT:</b> 80055, 80081
<b>ABO</b>	<b>CPT:</b> 86900
<b>Rh:</b>	<b>CPT:</b> 86901
<b>Torch Panel</b>	<b>Toxoplasma Antibody</b> <b>CPT:</b> 86777, 86778
	<b>Rubella Antibody</b> <b>CPT:</b> 86762
	<b>Cytomegalovirus Antibody</b> <b>CPT:</b> 86644
	<b>Herpes Simplex</b> <b>CPT:</b> 86694-86696

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

<b>Postpartum Visits</b>	<b>CPT:</b> 57170, 58300, 59430 <b>CPT II:</b> 0503F
	<b>HCPCS:</b> G0101
	<b>ICD10CM:</b> Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
<b>Cervical Cytology</b>	<b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
	<b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
	<b>UBREV:</b> 0923



# PSA: Non-Recommended PSA-Based Screening in Older Men

**Men 70 years and older** who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

Important Codes	
<b>PSA Screenings</b>	
<b>PSA Test</b>	<b>CPT:</b> 84152, 84153, 84154
<b>Prostate Cancer</b>	<b>ICD10CM:</b> C61, D07.5, D40.0, Z15.03, Z85.46
<b>Prostate Dysplasia</b>	<b>ICD10CM:</b> N42.3, N42.30, N42.31, N42.32, N42.39

## SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

**Members 19–64 years of age** with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Important Codes	
<b>Antipsychotic Medication Adherence</b>	
<b>Schizophrenia</b>	<b>ICD10:</b> F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
<b>Long-Acting Injections 14 Days Supply</b>	<b>HCPCS:</b> J2794
<b>Long-Acting Injections 28 Days Supply</b>	<b>HCPCS:</b> J0401, J1631, J2358, J2426, J2680

Schizophrenia Medications		
	Generic	Brand Name
<b>Miscellaneous antipsychotic agents</b>	Aripiprazole	Abilify
	Asenapine	Saphris
	Clozapine	Clozaril
	Haloperidol	Haldol
	lloperidone	Fanapt
	Loxapine	Loxipac/Loxitane
	Lurasidone	Latuda
	Molindone	Moban
	Olanzapine	Zyprexa
	Paliperidone	Invega
	Pimozide	Orap
	Quetiapine	Seroquel
	Quetiapine Fumarate	Seroquel XR
	Risperidone	Risperdal
Ziprasidone	Geodon	

## SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia, CONTINUED

Schizophrenia Medications continued		
	Generic	Brand Name
<b>Phenothiazine Antipsychotics</b>	Chlorpromazine	Thorazine
	Fluphenazine	Prolixin
	Perphenazine	Trilafon
	Perphenazine amitriptyline	Etrafon
	Prochlorperazine	Compazine
	Thioridazine	Mellaril
	Trifluoperazine	Stelazine
<b>Psychotherapeutic Combinations</b>	Fluoxetine-Olanzapine	Symbyax
<b>Thioxanthenes</b>	Thiothixene	Navane
<b>Long-Acting Injections</b>		
<b>28 days supply:</b>	Aripiprazole	Abilify Maintena
	Fluphenazine decanoate	Prolixin
	Haloperidol decanoate	Haldol
	Olanzapine	Zyprexa Relprew
	Paliperidone palmitate	Invega Sustenna
<b>14 days supply</b>	Risperidone	Risperdal Consta

## SMC: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

**Members 18–64 years of age** with schizophrenia and cardiovascular disease who had an LDL-C test during the measurement year.

Members who have cardiovascular disease are defined as having any of the following:

- Discharged from an inpatient setting with an Acute Myocardial Infarction (AMI) or Coronary Artery Bypass Graft (CABG) during the year prior to the measurement year,
- Members who had a percutaneous Coronary Intervention (PCI) during the year prior to the measurement year, or
- Members diagnosed with Ischemic Vascular Disease (IVD) during both the measurement year and the year prior to measurement year.

Important Codes	
SMC	
<b>LDL-C Tests</b>	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721
	<b>CPT II:</b> 3048F LDL-C <100 mg/dL 3049F LDL-C 100-129 mg/dL 3050F LDL-C ≥ 130 mg/dL
<b>Schizophrenia</b>	<b>ICD-10:</b> F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9

# SMD: Diabetes Monitoring for People with Diabetes and Schizophrenia

**Members 18–64 years of age** with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Important Codes	
<b>SMD</b>	
<b>Diabetes</b>	<b>ICD-10:</b> E10, E11, E13, O24
<b>HbA1c</b>	<b>CPT:</b> 83036, 83037
	<b>CPT II:</b> 3044F (<7.0%) 3045F (7.0%-9.0%) 3046F (>9.0%)
<b>LDL</b>	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721
	<b>CPT II:</b> 3048F LDL-C <100 mg/dL 3049F LDL-C 100-129 mg/dL 3050F LDL-C ≥ 130 mg/dL
<b>Schizophrenia</b>	<b>ICD10CM:</b> F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9

## SPC: Statin Therapy for Patients with Cardiovascular Disease

**Males 21–75 years of age and females 40–75 years of age** who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

- Received Statin Therapy. Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year.
- Statin Adherence 80%. Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.

Statin Therapy Medications	
<b>High intensity Statin Therapy</b>	Atorvastatin 40-80mg
	Rosuvastatin 20-40mg
	Amlodipine-storvastatin 40-80mg
	Ezetimibe-atorvastatin 40-80mg
	Simvastatin 80mg
	Ezetimibe-simvastatin 80mg
<b>Moderate-intensity Statin Therapy</b>	Atorvastatin 10-20mg
	Amlodipine-atorvastatin 10-20mg
	Ezetimibe-atorvastatin 10-20mg
	Rosuvastatin 5-10mg
	Simvastatin 20-40mg
	Ezetimibe-Simvastatin 20-40mg
	Niacin-simvastatin 20-40mg
	Pravastatin 40-80mg
	Aspirin-pravastatin 40-80mg
	Lovastatin 40mg
	Niacin-lovastatin 40mg
	Fluvastatin XL 80mg
	Fluvastatin 40mg bid
	Pitavastatin 2-4 mg
Sitagliptin-simvastatin 20-40 mg	

## SPD: Statin Therapy for Patients with Diabetes

**Members 40–75 years of age** with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

- Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year.
- Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Statin Therapy Medications	
<b>High intensity Statin Therapy</b>	Atorvastatin 40-80mg
	Rosuvastatin 20-40mg
	Amlodipine-storvastatin 40-80mg
	Ezetimibe-atorvastatin 40-80mg
	Simvastatin 80mg
	Ezetimibe-simvastatin 80mg

<b>Moderate-intensity Statin Therapy</b>	Atorvastatin 10-20mg
	Amlodipine-atorvastatin 10-20mg
	Ezetimibe-atorvastatin 10-20mg
	Rosuvastatin 5-10mg
	Simvastatin 20-40mg
	Ezetimibe-Simvastatin 20-40mg
	Niacin-simvastatin 20-40mg
	Pravastatin 40-80mg
	Aspirin-pravastatin 40-80mg
	Lovastatin 40mg
	Niacin-lovastatin 40mg
	Fluvastatin XL 80mg
	Fluvastatin 40mg bid
	Pitavastatin 2-4 mg
Sitagliptin-simvastatin 20-40 mg	

CONTINUED

## SPD: Statin Therapy for Patients with Diabetes, CONTINUED

Statin Therapy Medications continued	
Low Intensity Statin Therapy	Simvastatin 10mg
	Lovastatin 20mg
	Ezetimibe-simvastatin 10 mg
	Niacin-lovastatin 20mg
	Sitagliptin-simvastatin 10mg
	Fluvastatin 20-40mg
	Pravastatin 10-20mg
	Pitavastatin 1mg

## SPR: Use of Spirometry Testing in the Assessment and Diagnosis of COPD

**Members 40 years of age and older** with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis in the two years prior to the diagnosis or within 6 months of the diagnosis.

Important Codes	
<b>SPR</b>	
<b>Spirometry Testing</b>	<b>CPT:</b> 94010, 94014, 94015, 94060, 94070, 94375, 94620
<b>Chronic Bronchitis</b>	<b>ICD10CM:</b> J41.0, J41.1, J41.8, J42
<b>Emphysema</b>	<b>ICD10CM:</b> J43.0, J43.1, J43.2, J43.8, J43.9
<b>COPD</b>	<b>ICD10CM:</b> J44.0, J44.1, J44.9



## SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications

**Members 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.

Important Codes	
<b>SSD</b>	
<b>Glucose Test</b>	<b>CPT:</b> 80047, 80048, 80053, 80069, 82947, 82950, 82951
<b>HbA1c Test</b>	<b>CPT:</b> 83036, 83037
	<b>CPT II:</b> 3044F (<7.0%) 3045F (7.0–9.0%) 3046F (>9.0%)
<b>Schizophrenia</b>	<b>ICD10CM:</b> F20.0–F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
<b>Bipolar Disorder</b>	<b>ICD10CM:</b> 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
<b>Diabetes</b>	<b>ICD10CM:</b> E10, E11, E13, O24

Antipsychotic Medications	
<b>Long-Acting Injections 14 Days Supply</b>	<b>HCPCS:</b> J2794
<b>Long-Acting Injections 28 Days Supply</b>	<b>HCPCS:</b> J0401, J1631, J2358, J2426, J2680

CONTINUED

## SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder, CONTINUED

Antipsychotic Medications continued		
Drug Classification	Generic Name	Brand Name
<b>Miscellaneous Antipsychotic agents</b>	Aripiprazole	Abilify
	Asenapine	Saphris
	Clozapine	Clozaril
	Haloperidol	Haldol
	Iloperidone	Fanapt
	Loxapine	Loxipac/Loxitane
	Lurasidone	Latuda
	Molindone	Moban
	Olanzapine	Zyprexa
	Paliperidone	Invega
	Pimozide	Orap
	Quetiapine	Seroquel
	Quetiapine Fumarate	Seroquel XR
	Risperidone	Risperdal
Ziprasidone	Geodon	
<b>Phenothiazine Antipsychotics</b>	Chlorpromazine	Thorazine
	Fluphenazine	Prolixin
	Perphenazine	Trilafon
	Perphenazine amitriptyline	Etrafon
	Prochlorperazine	Compazine
	Thioridazine	Mellaril
	Trifluoperazine	Stelazine
<b>Psychotherapeutic Combinations</b>	Fluoxetine-Olanzapine	Symbyax
<b>Thioxanthenes</b>	Thiothixene	Navane
<b>Long-Acting Injections 28 days supply:</b>	Aripiprazole	Abilify Maintena
	Fluphenazine decanoate	Prolixin
	Haloperidol decanoate	Haldol
	Olanzapine	Zyprexa Relprew
	Paliperidone palmitate	Invega Sustenna
<b>14-day supply</b>	Risperidone	Risperdal Consta

## W15: Well-Child Visits First 15 months of Life

**Children who turned 15 months old** during the measurement year and who had at least 6 well-child visits with a PCP prior to turning 15 months.

Well-child visits consists of all of the following:

- A health History
- A physical development history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

Important Codes	
<b>Well-Care Visits:</b>	
<b>CPT:</b>	99381, 99391
<b>ICD10CM:</b>	Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

## W34: Well-Child Visits First 3-6 years of Life

**Children 3-6 years of age** who had one or more well-child visits with a PCP during the measurement year.

Well-child visits consists of all of the following:

- A health History
- A physical development history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

Important Codes	
<b>Well-Care Visits:</b>	
<b>CPT:</b>	99382, 99383, 99392, 99393
<b>HCPCS:</b>	G0438, G0439
<b>ICD10CM:</b>	Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

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

**Members 3–17 years of age** who received an outpatient visit with a PCP or OB/GYN with evidence of the all following during the measurement year:

- BMI Percentile OR BMI percentile plotted on age-growth chart
- Counseling for physical activity
- Counseling for nutrition

Important Codes	
WCC	
<b>BMI Percentile</b>	<b>ICD 10:</b> Z68.51: <5% Z68.52: 5%-<85% Z68.53: 85%-95% Z68.54: ≥95%
<b>Counseling for Nutrition</b>	<b>CPT:</b> 97802-97804
	<b>ICD 10:</b> Z71.3
	<b>HCPCS:</b> G0270, G0271, S9449, S9452, S9470
<b>Counseling for Physical Activity</b>	<b>ICD 10:</b> Z02.5, Z71.82