



# Quick Reference Guide HEDIS® MY 2021



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# HEDIS® MY 2020 Quick Reference Guide

## Updated to reflect NCQA HEDIS® MY 2020 Technical Specifications

Home State Health strives to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the HEDIS MY 2020 Quick Reference Guide to help you increase your practice's HEDIS rates and to use to 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
- Consider including CPT II codes to provide additional details and reduce medical record requests

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## PAY FOR PERFORMANCE (P4P)

 P4P is an activity-based reimbursement, with a bonus payment based on achieving defined and measurable goals related to access, continuity of care, patient satisfaction and clinical outcomes.

## QUESTIONS?

**HomeStateHealth.com**  
**1-855-694-4663**

**Ambetter.HomeStateHealth.com**  
**1-855-650-3789 TTY/TDD: 1-877-250-6113**

**Allwell.HomeStateHealth.com**  
**MAPD: 1-855-766-1452**  
**D-SNP: 1-833-298-3361 / TTY:711**

Providers and other health care staff should document to the highest specificity to aid with the most correct coding choice.

Ancillary staff: Please check the tabular list for the most specific ICD-10 code choice.

This guide has been updated with information from the release of the HEDIS® MY 2020 Volume 2 Technical Specifications by NCQA and is subject to change.

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# ADULT HEALTH

## (AAP) ADULTS’ ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES

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.

CPT	HCPCS	ICD-10
99201-99205, 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, 99458, 99483	G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063 T1015, S0620, S0621	Z00.00, Z00.01, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

\*Codes subject to change



## (AMM) ANTIDEPRESSANT MEDICATION MANAGEMENT

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:

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

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

### Antidepressant Medications

DESCRIPTION	PRESCRIPTION
Miscellaneous antidepressants	<ul style="list-style-type: none"> <li style="width: 33%;">· Bupropion</li> <li style="width: 33%;">· Vilazodone</li> <li style="width: 33%;">· Vortioxetine</li> </ul>
Monoamine oxidase inhibitors	<ul style="list-style-type: none"> <li style="width: 33%;">· Isocarboxazid</li> <li style="width: 33%;">· Selegiline</li> <li style="width: 33%;">· Phenelzine</li> <li style="width: 33%;">· Tranylcypromine</li> </ul>
Phenylpiperazine antidepressants	<ul style="list-style-type: none"> <li style="width: 33%;">· Nefazodone</li> <li style="width: 33%;">· Trazodone</li> </ul>
Psychotherapeutic combinations	<ul style="list-style-type: none"> <li>· Amitriptyline-chlordiazepoxide</li> <li>· Fluoxetine-olanzapine</li> <li>· Amitriptyline-perphenazine</li> </ul>
SNRI antidepressants	<ul style="list-style-type: none"> <li style="width: 33%;">· Desvenlafaxine</li> <li style="width: 33%;">· Duloxetine</li> <li style="width: 33%;">· Venlafaxine</li> <li style="width: 33%;">· Levomilnacipran</li> </ul>
SSRI antidepressants	<ul style="list-style-type: none"> <li style="width: 33%;">· Citalopram</li> <li style="width: 33%;">· Escitalopram</li> <li style="width: 33%;">· Fluoxetine</li> <li style="width: 33%;">· Fluvoxamine</li> <li style="width: 33%;">· Paroxetine</li> <li style="width: 33%;">· Sertraline</li> </ul>
Tetracyclic antidepressants	<ul style="list-style-type: none"> <li style="width: 33%;">· Maprotiline</li> <li style="width: 33%;">· Mirtazapine</li> </ul>
Tricyclic antidepressants	<ul style="list-style-type: none"> <li style="width: 33%;">· Amitriptyline</li> <li style="width: 33%;">· Amoxapine</li> <li style="width: 33%;">· Clomipramine</li> <li style="width: 33%;">· Desipramine</li> <li style="width: 33%;">· Doxepin (&gt;6 mg)</li> <li style="width: 33%;">· Imipramine</li> <li style="width: 33%;">· Nortriptyline</li> <li style="width: 33%;">· Protriptyline</li> <li style="width: 33%;">· Trimipramine</li> </ul>

\*Codes subject to change



## (CBP) CONTROLLING HIGH BLOOD PRESSURE

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).

DESCRIPTION	CODES
<b>Hypertension</b>	<b>ICD-10:</b> I10
<b>Systolic greater than/equal to 140</b>	<b>CPT-CAT-II:</b> 3077F
<b>Systolic less than 140</b>	<b>CPT-CAT-II:</b> 3074F, 3075F
<b>Diastolic greater than/equal to 90</b>	<b>CPT-CAT-II:</b> 3080F
<b>Diastolic 80-89</b>	<b>CPT-CAT-II:</b> 3079F
<b>Diastolic less than 80</b>	<b>CPT-CAT-II:</b> 3078F
<b>Remote Blood Pressure Monitoring codes</b>	<b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474
<b>Outpatient codes</b>	<b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99347 -99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015
<b>Non-acute Inpatient codes</b>	<b>CPT:</b> 99304-99310, 99315, 99316, 99318, 99324-99328, 99334 -99337
<b>Online Assessments</b>	<b>CPT:</b> 98969-98972, 99421-99423, 99444, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063.
<b>Telephone Visits</b>	<b>CPT:</b> 98966-98968, 99441-99443
<b>Palliative Care</b>	<b>HCPCS:</b> G9054, M1017 <b>ICD-10:</b> Z51.5

\*Codes subject to change



## (CDC) COMPREHENSIVE DIABETES CARE

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- Eye exam (retinal) performed
- HgA1c poor control (>9.0%)
- Medical attention for nephropathy (Medicare only)
- HgbA1c control (<8.0%)
- BP control (<140/90 mm Hg)

DESCRIPTION	CODES
<b>Palliative Care</b>	<b>HCPCS:</b> G9054, M1017 <b>ICD-10:</b> Z51.5
<b>Outpatient Codes</b>	<b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99347 -99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 <b>HCPCS:</b> G0402, G0438, G0439, G0463, G9054, M1017, ICD-10: Z51.5, T1015
<b>Non-acute Inpatient</b>	<b>CPT:</b> 99304-99310, 99315, 99316, 99318, 99324-99328, 99334, -99337
<b>Remote BP Monitoring</b>	<b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474
<b>Diastolic 80-89</b>	<b>CPT:</b> 93784, 93788, 93790, 99091
<b>Diastolic Greater Than/ Equal To 90</b>	<b>CPT-CAT-II:</b> 3079F
<b>Diastolic Less Than 80</b>	<b>CPT-CAT-II:</b> 3080F
<b>Systolic Greater Than/Equal To 140</b>	<b>CPT-CAT-II:</b> 3078F
<b>Systolic Less Than 140</b>	<b>CPT-CAT-II:</b> 3074F, 3075F
<b>Unilateral Eye Enucleation with a bilateral modifier</b>	<b>CPT:</b> 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 <b>CPT Modifier:</b> 50
<b>HbA1C Lab Test</b>	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3044F, 3046F
<b>HbA1c Level Greater than/ equal to 7 and Less than 8</b>	<b>CPT-CAT-II:</b> 3051F

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<b>HbA1c Level Greater than/ equal to 8 and Less than/ equal to 9</b>	<b>CPT-CAT-II:</b> 3052F
<b>HbA1C Greater than 9.0</b>	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3046F
<b>Urine Protein Tests</b>	<b>CPT:</b> 81000-81003, 81005, 82042-82044, 84156 <b>CPT-CAT-II:</b> 3060F, 3061F, 3062F
<b>Nephropathy Treatment</b>	<b>CPT-CAT-II:</b> 3066F, 4010F

\*Codes subject to change



### (COA) CARE FOR OLDER ADULTS

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

- Advanced care planning
- Medication review
- Functional status assessment
- Pain assessment

DESCRIPTION	CODES
<b>Advanced Care Planning</b>	<b>CPT:</b> : 99483, 99497 <b>CPT-CAT-II:</b> 1123F, 1124F, 1157F, 1158F <b>HCPCS:</b> S0257 <b>ICD-10:</b> Z66
<b>Medication Review Would need both CPT-CAT II codes to get credit. 1159F (Medication List) &amp; 1160F (Medication Review)</b>	<b>CPT:</b> : 90863, 99605, 99606, 99483, 99495, 99496 <b>CPT-CAT-II:</b> 1159F, 1160F
<b>Functional Status Assessment</b>	<b>CPT:</b> 99483 <b>CPT-CAT-II:</b> 1170F <b>HCPCS:</b> G0438, G0439
<b>Pain Assessment</b>	<b>CPT-CAT-II:</b> 1125F, 1126F

\*Codes subject to change



**(COL) COLORECTAL CANCER SCREENING**

Measure evaluates the percentage of members 50-75 years of age who has appropriate screening for colorectal cancer.

DESCRIPTION	CODES
<b>Colonoscopy</b>	<b>CPT:</b> 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 <b>HCPCS:</b> G0105, G0121
<b>CT Colonography</b>	<b>CPT:</b> 74261 – 74263
<b>FIT- DNA Lab Test</b>	<b>CPT:</b> 81528 <b>HCPCS:</b> G0464
<b>Flexible Sigmoidoscopy</b>	<b>CPT:</b> 45330-45335, 45337-45342, 45345-45347, 45349 – 45350 <b>HCPCS:</b> G0104
<b>FOBT Lab Test</b>	<b>CPT:</b> 82270, 82274 <b>HCPCS:</b> G0328
<b>Colorectal Cancer</b>	<b>HCPCS:</b> G0213, G0214, G0215, G0231 <b>ICD-10:</b> C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
<b>Palliative Care</b>	<b>HCPCS:</b> G9054, M1017 <b>ICD-10:</b> Z51.5
<b>Total Colectomy</b>	<b>CPT:</b> 44150-44153, 44155-44158, 44210-44212

\*Codes subject to change



## (KED) KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES

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.

DESCRIPTION	CODES
<b>Estimated Glomerular Filtration Rate (eGFR)</b>	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82565
<b>Urine Albumin-Creatinine Ratio (uACR)</b>	<b>CPT:</b> 82043, 82570
<b>Palliative Care</b>	<b>HCPCS:</b> G9054, M1017 <b>ICD-10:</b> Z51.5

\*Codes subject to change



## (PBH) PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK

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 Medications**

DESCRIPTION	PRESCRIPTION
Noncardioselective beta-blockers	<ul style="list-style-type: none"> <li>• Carvedilol    • Labetalol    • Nadolol</li> <li>• Pindolol    • Propranolol    • Timolol</li> <li>• Sotalol</li> </ul>
Cardioselective beta-blockers	<ul style="list-style-type: none"> <li>• Acebutolol    • Betaxolol    • Metoprolol</li> <li>• Atenolol    • Bisoprolol    • Nebivolol</li> </ul>
Antihypertensive combinations	<ul style="list-style-type: none"> <li>• Atenolol-chlorthalidone</li> <li>• Bendroflumethiazide-nadolol</li> <li>• Bisoprolol-hydrochlorothiazide</li> <li>• Hydrochlorothiazide-metoprolol</li> <li>• Hydrochlorothiazide-propranolol</li> </ul>

\*Codes subject to change



## (PCE) PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION

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:

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**

### **Systemic Corticosteroid Medications**

DESCRIPTION	PRESCRIPTION
Glucocorticoids	<ul style="list-style-type: none"> <li>• Cortisone-acetate</li> <li>• Dexamethasone</li> <li>• Hydrocortisone</li> <li>• Methylprednisolone</li> <li>• Prednisolone</li> <li>• Prednisone</li> </ul>

\*Codes subject to change

### **Bronchodilator Medications**

DESCRIPTION	PRESCRIPTION
Anticholinergic agents	<ul style="list-style-type: none"> <li>• Aclidinium-bromide</li> <li>• Ipratropium</li> <li>• Umeclidinium</li> <li>• Tiotropium</li> </ul>
Beta 2-agonists	<ul style="list-style-type: none"> <li>• Albuterol</li> <li>• Arformoterol</li> <li>• Formoterol</li> <li>• Indacaterol</li> <li>• Levalbuterol</li> <li>• Metaproterenol</li> <li>• Salmeterol</li> </ul>

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Bronchodilator combinations	<ul style="list-style-type: none"> <li>• Albuterol-ipratropium</li> <li>• Budesonide-formoterol</li> <li>• Dyphylline-guaifenesin</li> <li>• Fluticasone-salmeterol</li> <li>• Fluticasone-vilanterol</li> <li>• Formoterol-aclidinium</li> <li>• Formoterol-glycopyrrolate</li> <li>• Formoterol-mometasone</li> <li>• Fluticasone furoate-umeclidinium-vilanterol</li> <li>• Indacaterol-glycopyrrolate</li> <li>• Olodaterol hydrochloride</li> <li>• Olodaterol-tiotropium</li> <li>• Umeclidinium-vilanterol</li> </ul>
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\*Codes subject to change



### **(SMC) CARDIOVASCULAR MONITORING FOR PEOPLE WITH CARDIOVASCULAR DISEASE AND SCHIZOPHRENIA**

Measure evaluates 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
<b>LDL-C Lab Tests</b>	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721 <b>CAP-CAT-II:</b> 3048F, 3049F, 3050F, 3051F, 3052F



### **(SMD) DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA**

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.

DESCRIPTION	CODES
<b>HbA1C Lab Tests</b>	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3044F, 3046F, 3051F, 3052F
<b>LDL-C Lab Tests</b>	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721 <b>CPT-CAT-II:</b> 3048F, 3049F, 3050F, 3051F, 3052F

\*Codes subject to change



**(SPC) STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE**

Measure evaluates male members 21-75 years of age and female members 40-75 years of age during the measurement year , who were identified as having clinical atheroslerotic cardiovascular disease (ASCVD) and met the following criteria:

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

DESCRIPTION	PRESCRIPTION
<b>High-intensity statin therapy</b>	<ul style="list-style-type: none"> <li>• Atorvastatin 40-80 mg</li> <li>• Amlodipine-atorvastatin 40-80 mg</li> <li>• Rosuvastatin 20-40 mg</li> <li>• Simvastatin 80 mg</li> <li>• Ezetimibe-simvastatin 80 mg</li> </ul>
<b>Moderate-intensity statin therapy</b>	<ul style="list-style-type: none"> <li>•Atorvastatin 10-20 mg</li> <li>•Amlodipine-atorvastatin 10-20 mg</li> <li>•Rosuvastatin 5-10 mg</li> <li>•Simvastatin 20-40 mg</li> <li>•Ezetimibe-simvastatin 20-40 mg</li> <li>•Pravastatin 40-80 mg</li> <li>•Lovastatin 40 mg</li> <li>•Fluvastatin 40-80 mt</li> <li>•Pitavastatin 2-4 mg</li> </ul>



**(SPD) STATIN THERAPY FOR PATIENTS WITH DIABETES**

Measure evaluates members 40-75 years of age during the measurement year who do not have clinical artherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

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

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DESCRIPTION	PRESCRIPTION	
<b>Alpha-glucosidase inhibitors</b>	<ul style="list-style-type: none"> <li>•Acarbose</li> <li>•Miglitol</li> </ul>	
<b>Amylin analogs</b>	<ul style="list-style-type: none"> <li>•Pramlintide</li> </ul>	
<b>Antidiabetic combinations</b>	<ul style="list-style-type: none"> <li>•Alogliptin-metformin</li> <li>•Alogliptin-pioglitazone</li> <li>•Canagliflozin-metformin</li> <li>•Dapagliflozin-metformin</li> <li>•Empagliflozin-linagliptin</li> <li>•Empagliflozin-metformin</li> <li>•Glimepiride-pioglitazone</li> <li>•Glipizide-metformin</li> </ul>	<ul style="list-style-type: none"> <li>•Glyburide-metformin</li> <li>•Linagliptin-metformin</li> <li>•Metformin-pioglitazone</li> <li>•Metformin-repaglinide</li> <li>•Metformin-rosiglitazone</li> <li>•Metformin-saxagliptin</li> <li>•Metformin-sitagliptin</li> </ul>
<b>Insulin</b>	<ul style="list-style-type: none"> <li>•Insulin aspart</li> <li>•Insulin aspart-insulin aspart protamine</li> <li>•Insulin degludec</li> <li>•Insulin detemir</li> <li>•Insulin glargine</li> <li>•Insulin glulisine</li> <li>•Insulin isophane human</li> <li>•Insulin isophane-insulin regular</li> <li>•Insulin lispro</li> <li>•Insulin lispro-insulin lispro protamine</li> <li>•Insulin regular human</li> <li>•Insulin human inhaled</li> </ul>	
<b>Meglitinides</b>	<ul style="list-style-type: none"> <li>•Nateglinide</li> <li>•Repaglinide</li> </ul>	
<b>Glucagon-like peptide-1 (GLP1) agonists</b>	<ul style="list-style-type: none"> <li>•Albiglutide</li> <li>•Dulaglutide</li> <li>•Exenatide</li> <li>•Liraglutide (excluding Saxenda®)</li> </ul>	
<b>Sodium glucose cotransporter 2 (SGLT2) inhibitor</b>	<ul style="list-style-type: none"> <li>•Canagliflozin</li> <li>•Dapagliflozin</li> <li>•Empagliflozin</li> </ul>	

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<b>Sulfonylureas</b>	<ul style="list-style-type: none"> <li>•Chlorpropamide</li> <li>•Glimepiride</li> <li>•Glipizide</li> <li>•Glyburide</li> <li>•Tolazamide</li> <li>•Tolbutamide</li> </ul>
<b>Thiazolidinediones</b>	<ul style="list-style-type: none"> <li>•Pioglitazone</li> <li>•Rosiglitazone</li> </ul>
<b>Dipeptidyl peptidase-4 (DDP-4) inhibitors</b>	<ul style="list-style-type: none"> <li>•Alogliptin</li> <li>•Linagliptin</li> <li>•Saxagliptin</li> <li>•Sitagliptin</li> </ul>



**(SPR) USE OF SPIROMETRY TESTING IN THE ASSESSMENT AND DIAGNOSIS OF COPD**

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.

<b>CPT</b>
<b>94010, 94014-94016, 94060, 94070, 94375, 94620</b>

\*Codes subject to change



**(SSD) DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS**

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.

<b>DESCRIPTION</b>	<b>CODES</b>
<b>HbA1C Lab Tests</b>	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3044F, 3046F, 3051F, 3052F
<b>Glucose Lab Tests</b>	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

\*Codes subject to change





## (TRC) TRANSITION OF CARE

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

- Notification of Inpatient Admission (Hybrid Only - Ensure documentation is in member's medical record)
- Receipt of Discharge (Hybrid Only - Ensure documentation is in member's medical record)
- Patient Engagement
- Medication Reconciliation

DESCRIPTION	CODES
<b>Outpatient Visits</b>	<b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015
<b>Online Assessments</b>	<b>CPT:</b> 98969-98972, 99421-99423, 99444, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061-G2063
<b>Telephone Visits</b>	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443
<b>Transitional Care Management Services</b>	<b>CPT:</b> 99495, 99496
<b>Medication Reconciliation</b>	<b>CPT:</b> 99483, 99495, 99456 <b>CPT-CAT-II:</b> 1111F





# WOMEN'S HEALTH

## (BCS) BREAST CANCER SCREENING

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

DESCRIPTION	CODES
<b>Mammogram</b>	<b>CPT:</b> 77055-77057, 77061-77063, 77065-77067 <b>HCPCS:</b> G0202, G0204, G0206 <b>ICD-10 (bilateral mastectomy):</b> Z90.13
<b>Palliative Care</b>	<b>HCPCS:</b> G9054, M1017 <b>ICD-10:</b> Z51.5

\*Codes subject to change



## (CCS) CERVICAL CANCER SCREENING

This measure demonstrates the percentage of women 21-64 years of age who were screened for cervical cancer using **either** of the following criteria:

- Women 21-64 years of age who had cervical cytology performed within last 3 years.
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30-64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years.

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DESCRIPTION	CODES
<b>Cervical Cytology Lab Test (20-64)</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
DESCRIPTION	CODES
<b>HPV Tests (30-64)</b>	<b>CPT:</b> 87620-87622, 87624, 87625 HCPCS: G0476
<b>Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis</b>	<b>CPT:</b> 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 59856, 59135 <b>ICD-10:</b> Q51.5, Z90.710, Z90.712
<b>Palliative Care</b>	<b>HCPCS:</b> G9054, M1017 <b>ICD-10:</b> Z51.5

\*Codes subject to change



### **(CHL) CHLAMYDIA SCREENING IN WOMEN**

Measure evaluates the percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia.

CPT
87110, 87270, 87320, 87490-87492, 87810

\*Codes subject to change



## (OMW) OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE

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.

DESCRIPTION	CODES
<b>Palliative Care</b>	<b>HCPCS:</b> G9054, M1017 <b>ICD-10:</b> Z51.5
<b>Bone Mineral Density Tests</b>	<b>CPT:</b> 76977, 77078, 77080, 77081, 77085, 77086
<b>Osteoporosis Medications</b>	<b>HCPCS:</b> J0897, J1740, J3110, J3489
<b>Long-Acting Osteoporosis Medications during Inpatient Stay</b>	<b>HCPCS:</b> J0897, J1740, J3111, J3489

\*Codes subject to change

### ***Osteoporosis Medications***

DESCRIPTION	PRESCRIPTION
Bisphosphonates	<ul style="list-style-type: none"> <li>• Alendronate</li> <li>• Alendronate-cholecalciferol</li> <li>• Ibandronate</li> <li>• Risedronate</li> <li>• Zoledronic acid</li> </ul>
Other agents	<ul style="list-style-type: none"> <li>• Abaloparatide</li> <li>• Denosumab</li> <li>• Raloxifene</li> <li>• Romosozumab</li> <li>• Teriparatide</li> </ul>

\*Codes subject to change



## (OSW) OSTEOPOROSIS SCREENING IN OLDER WOMEN

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

DESCRIPTION	CODES
<b>Osteoporosis Screening Tests</b>	<b>CPT:</b> 76977, 77078, 77080, 77081, 77085
<b>Palliative Care</b>	<b>HCPCS:</b> G9054, M1017 <b>ICD-10:</b> Z51.5



## (PPC) PRENATAL AND POSTPARTUM CARE

Measure evaluates percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

**Timeliness of Prenatal Care:** percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization

**Postpartum Care:** percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

DESCRIPTION	CODES
<b>Online Assessments</b>	<b>CPT:</b> 98969-98972, 99421-99423, 99444, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2061, G2062, G2063.
<b>Prenatal Visits</b>	<b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99483 <b>CPT-CAT-II:</b> G0463, T1015
DESCRIPTION	CODES
<b>Stand Alone Prenatal Visits</b>	<b>CPT:</b> 99500 <b>CPT-CAT-II:</b> 0500F, 0501F, 0502F <b>HCPCS:</b> H1000, H1001, H1002, H1003, H1004
<b>Cervical Cytology Lab Test</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

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<b>Postpartum Visits</b>	<b>CPT:</b> 57170, 58300, 59430, 99501 <b>CPT-CAT-II:</b> 0503F <b>HCPCS:</b> G0101 <b>ICD-10:</b> Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
<b>Telephone Visits</b>	<b>CPT:</b> 98966-98968, 99441-99443

\*Codes subject to change

\*When using the Online Assessment, Telephone Visit, or Prenatal Visit codes, remember to also include a Pregnancy Diagnosis code."





# PEDIATRIC HEALTH

## (ADD) FOLLOW UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION

Measure evaluates percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:

- **Initiation Phase:** percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase
- **Continuation and Maintenance (C&M) Phase:** percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase

DESCRIPTION	CODES
<b>An Outpatient Visit</b>	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 <b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72

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<b>BH Outpatient Visit</b>	<b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
<b>DESCRIPTION</b>	<b>CODES</b>
<b>Observation Visit</b>	<b>CPT:</b> 99217-99220
<b>Health and Behavior Assessment/ Intervention</b>	<b>CPT:</b> 96150-96154, 96156, 96158, 96164, 96165, 96167, 96168, 96170, 96171
<b>Visit Setting Unspecified Value Set with Partial Hospitalization POS</b>	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251 – 99255 <b>POS:</b> 52
<b>Partial Hospitalization/ Intensive Outpatient</b>	<b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
<b>Telehealth Visit</b>	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255. <b>POS:</b> 02
<b>Telephone Visits</b>	<b>CPT:</b> 98966-98968, 99441-99443
<b>E-visit/Virtual Check-In</b>	<b>CPT:</b> 98969-98972, 99421-99423, 99444, 99458. <b>HCPCS:</b> G2010, G2012, G2061, G2062, G2063
<b>Visit Setting Unspecified Value Set with Community Mental Health Center POS</b>	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251 – 99255 <b>POS:</b> 53

\*Codes subject to change





**(ADV) ANNUAL DENTAL VISIT**

Measure evaluates members 2–20 years of age who had at least one dental visit during the measurement year. Any visit with a dental practitioner during the measurement year meets criteria.

This measure applies only if dental care is a covered benefit in the organization’s Medicaid contract

DESCRIPTION
<b>Please always follow the State and/or CMS billing prior to submission.</b>



**(APM) METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS**

This measure demonstrates the percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates reported:

- 1) Percentage of children and adolescents on antipsychotics who received blood glucose testing
- 2) Percentage of children and adolescents on antipsychotics who received cholesterol testing
- 3) Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

DESCRIPTION (NEED EITHER A1C OR GLUCOSE AND LCL-C OR CHOLESTEROL)	CODES
<b>HbA1C Lab Tests</b>	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3044F, 3046F, 3051F, 3052F
<b>Glucose Lab Tests</b>	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
<b>LDL-C Lab Tests</b>	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721 <b>CPT-CAT-II:</b> 3048F, 3049F, 3050F
<b>Cholesterol Lab Tests</b>	<b>CPT:</b> 82465, 83718, 83722, 84478

\*Codes subject to change



## (CIS) CHILDHOOD IMMUNIZATION STATUS

This measure demonstrates the percentage of children 2 years of age who completed immunizations on or before child's second birthday.

DESCRIPTION	CODES
<b>DTAP (4 dose)</b>	<b>CPT:</b> 90698, 90700, 90723 <b>CVX:</b> 20, 50, 106, 107, 110, 120
<b>HIB (3 dose)</b>	<b>CPT:</b> 90644, 90647, 90648, 90698, 90748 <b>CVX:</b> 17, 46, 47, 48, 49, 50, 51, 120, 148
<b>Newborn Hep B (3 dose)</b>	<b>CPT:</b> 90723, 90740, 90744, 90747, 90748 <b>CVX:</b> 08, 44, 45, 51, 110 <b>HCPCS:</b> G0010 <b>ICD-10:</b> B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
<b>IPV (3 dose)</b>	<b>CPT:</b> 90698, 90713, 90723 <b>CVX:</b> 10, 89, 110, 120
<b>MMR (1 dose)</b>	<b>CPT:</b> 90705, 90707, 90710, 90708, 90704 <b>CVX:</b> 05, 03, 94, 04, 07, 06 <b>ICD-10:</b> B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
<b>Pneumococcal Conjugate PCV (4 dose)</b>	<b>CPT:</b> 90670 <b>CVX:</b> 133, 152 <b>HCPCS:</b> G0009
<b>Varicella VZV (1 dose)</b>	<b>CPT:</b> 90710, 90716 <b>CVX:</b> 21, 94 <b>ICD-10:</b> B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
<b>Hep A (1 dose)</b>	<b>CPT:</b> 90633 <b>CVX:</b> 31, 83, 85 <b>ICD-10:</b> B15.0, B15.9

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<b>Influenza Flu (2 dose)</b> LAIV vaccination must be administered on the child's 2nd birthday	<b>CPT:</b> 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689, 90660, 90672 <b>CVX:</b> 88, 140, 141, 150, 153, 155, 158, 161, 111, 149 <b>HCPCS:</b> G0008
<b>Rotavirus (2 Dose)</b>	<b>CPT:</b> 90681 <b>CVX:</b> 119
<b>Rotavirus (3 Dose)</b>	<b>CPT:</b> 90680 <b>CVX:</b> 116, 122

\*Codes subject to change \*Rotavirus is either 2 dose **OR** 3 dose for compliancy



### (IMA) IMMUNIZATIONS FOR ADOLESCENTS

Measure evaluates percentage of adolescents 13 years of age who completed immunizations on or before member's 13th birthday

DESCRIPTION	CODES
<b>Meningococcal -serogroup A,C,W, and Y: (1 dose)</b>	<b>CPT:</b> 90734 <b>CVX:</b> 108, 114, 136, 147, 167
<b>Tdap (1 dose)</b>	<b>CPT:</b> 90715 <b>CVX:</b> 115
<b>HPV (2 or 3 dose series)</b>	<b>CPT:</b> 90649-90651 <b>CVX:</b> 62, 118, 137, 165

\*Codes subject to change



### (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.

CPT
83655

\*Codes subject to change



**(W30/WCV) WELL CHILD AND ADOLESCENT WELL-CARE VISITS**

The percentage of members within designated ages who had comprehensive well-care visit(s) as defined in each measure, with a PCP or an OB/GYN practitioner during the measurement year.

**(W30) Well Child Vists in the First 30 Months of Life:** Children who turned 15 months old and who had at least 6 well-child visits with a PCP prior to turning 15 months

Months of Life: The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

- 1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.
- 2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

CPT	HCPCS	ICD-10
99381, 99382, 99391, 99392, 99461	G0438, G0439, S0302	Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, Z76.2

\*Codes subject to change

**(WCV) Child and Adolescent Well-Care Visits:** Members 3-21 years of age who had a least one comprehensive well-care visit with a PCP or an OB/GYN

CPT	HCPCS	ICD-10
99382, 99383, 99384, 99385, 99391-99395	G0438, G0439, S0302	Z00.00, Z00.01, Z00121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2

\*Codes subject to change



**(WCC) WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS**

This measure demonstrates the percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:

- BMI Percentile
- Counseling for Nutrition
- Counseling for physical activity

DESCRIPTION	CODES
<b>BMI Percentile</b>	<b>ICD-10:</b> Z68.51, Z68.52, Z68.53, Z68.54
<b>Nutrition Counseling</b>	<b>CPT:</b> 97802, 97803, 97804 <b>HCPCS:</b> G0270, G0271, G0447, S9449, S9452, S9470 <b>ICD-10:</b> Z71.3
<b>Physical Activity</b>	<b>HCPCS:</b> G0447, S9451 <b>ICD-10:</b> Z02.5, Z71.82

\*Codes subject to change





# GENERAL HEALTH

## (AMR) ASTHMA MEDICATION RATIO

Measure evaluates the percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater.

- For each member, count the units of asthma controller medications (Asthma Controller Medications List) dispensed during the measurement year.
- For each member, count the units of asthma reliever medications (Asthma Reliever Medications List) dispensed during the measurement year.
  - For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications
  - For each member, calculate ratio using the below:
    - Units of Controller Medications / Units of Total Asthma Medications

### **Asthma Controller Medications**

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Antiasthmatic combinations	• Dyphylline-guaifenesin	Dyphylline Guaifenesin Medications List	Oral
Antibody inhibitors	• Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	• Dupilumab	Dupilumab	Injection

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### **Asthma Controller Medications (Continued)**

Anti-interleukin-5	• Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	• Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Intravenous
<b>DESCRIPTION</b>	<b>PRESCRIPTIONS</b>	<b>MEDICATION LISTS</b>	<b>ROUTE</b>
Inhaled steroid combinations	• Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	• Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	• Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	• Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	• Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	• Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	• Montelukast	Montelukast Medications List	Oral

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Leukotriene modifiers	• Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	• Zileuton	Zileuton Medications List	Oral
Methylxanthines	• Theophylline	Theophylline Medications List	Oral

\*Codes subject to change

**Asthma Reliever Medications**

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

\*Codes subject to change



**(CWP) APPROPRIATE TESTING FOR PHARYNGITIS**

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.

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

\*Codes subject to change





## (FUH) FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

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 practitioner.

Two rates are reported:

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

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

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

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<b>Visit Setting Unspecified Value Set with Community Mental Health Center POS</b>	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251 – 99255 <b>POS:</b> 53
<b>DESCRIPTION</b>	<b>CODES</b>
<b>Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/ Partial Hospitalization POS</b>	<b>CPT:</b> 90870 <b>Ambulatory POS:</b> 24 <b>Comm. POS:</b> 53 <b>Partial Hosp. POS:</b> 52 <b>Outpatient POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
<b>Telehealth Visit</b>	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251 – 99255 <b>POS:</b> 02
<b>Observation</b>	<b>CPT:</b> 99217-99220
<b>Transitional Care Management</b>	<b>CPT:</b> 99495, 99496
<b>Telephone Visit</b>	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443

\*Codes subject to change



## (IET) INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE TREATMENT

Measure evaluates percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- Initiation of AOD Treatment: percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis
- Engagement of AOD Treatment: percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit

DESCRIPTION	CODES
<b>Initiation and Engagement/ Treatment</b>	<p><b>CPT:</b> 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411-99412, 99510, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99483, 99217-99220</p> <p><b>HCPS:</b> G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p><b>POS:</b> 02, 03, 05, 07, 09, 11-20, 22, 33, 49- 50, 52-53, 57, 58, 71-72</p>
<b>Telephone Visits</b>	<b>CPT:</b> 98966-98968, 99441-99443
<b>e-visit/virtual check-in</b>	<p><b>CPT:</b> 98969-98972, 99421-99423, 99444, 99458.</p> <p><b>HCPCS:</b> G2010, G2012, G2061-G2063.</p>

\*Codes subject to change

**\*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.**





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