HEDIS®

MY2023 PROVIDER CODING & BEST PRACTICES GUIDE

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Clear Spring Health

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HEDIS® MY 2023 CODING GUIDE & BEST PRACTICES

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This guide has been updated with information from the release of the HEDIS® MY 2022 Volume 2 Technical Specifications by NCQA and is subject to change.

SUMMARY of CHANGES to HEDIS® MY 2023

Below is the summary of changes to HEDIS® affecting the Medicare product.

Retired Measures

The following measures have been retired for MY 2023 measurement year:

New MY 2023 Measures

- Breast Cancer Screening (BCS)
- Annual Dental Visit (ADV)
- Frequency of Selected Procedures (FSP)
- Flu Vaccination for Adults Ages 18-64 (FVA)
- Flu Vaccinations for Adults Ages 65 and Older (FVO)
- Pneumococcal Vaccination Status for Oder Adults (PNU)
- Deprescribing of Benzodiazepines in Older Adults (DBO) - The percentage of members 67 years of age and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose (diazepam milligram equivalent) during the measurement year.

Revised Measures

The former Comprehensive Diabetes Care (CDC) measure has been separated into three stand-alone measures since My 2022:

- Emergency Department Visits for Hypoglycemia in Oder Adults with Diabetes (EDH)
- Hemoglobin A1c Control for Patients with Diabetes (HBD)- the percentage of members 18-75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year (2022):
  - HbA1c control (<8/0%)
  - HbA1c poor control (> 9.0%)
- Blood Pressure Control for Patients with Diabetes (BPD)- The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year (2022)
- Eye Exam for Patients with Diabetes (EED)-The percentage of members 18-75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Race and Ethnicity

NCQA has introduced the required reporting of race and ethnicity as defined by the Office of Management and Budget (OMB) Standards for Maintaining, Collecting and Presenting Federal Data on Race and Ethnicity.

NCQA has introduced the race and ethnicity stratification to 3 HEDIS® Medicare measures:

1. Colorectal Cancer Screening (COL)
2. Controlling High Blood Pressure (CBP)
3. Hemoglobin A1c Control for patient with Diabetes (HBD

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CARE FOR OLDER ADULTS (COA)

Description

Measure assesses the percentage of adults 66 years and older who had each of the following during the measurement year:

- Medication review
- Functional status assessment
- Pain assessment

Applicable to Medicare Special Needs Plans (SNP)

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Hybrid: Medical Record Review

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

Best Practice

- Always clearly document the date of service of the pain assessment or the notation that the member's pain was assessed.
- Documentation in a member's medical record of a pain management plan or pain treatment alone will not meet compliance.
- Documentation in a member's medical record of screening for chest pain or documentation of chest pain alone will not meet compliance.
- A pain assessment related to a single body part, except for chest, meets compliance
- Pain scales – numbers or faces – are an acceptable form of pain assessment and meet compliance.
- A pain assessment may be conducted with the member in various manners (phone, in person, virtually etc.) and is not limited to being completed by clinicians.

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COLORECTAL CANCER SCREENING (COL)

Description

Measures, assesses members 45–75 years of age who had appropriate screening for colorectal cancer.

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Hybrid: Medical Record Review

Colonoscopy	
CPT® / CPT II	44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398
HCPCS	G0438, G0439
Computed Tomography (CT) Colonography	
CPT® / CPT II	74261, 74262, 74263
LONIC	60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
FIT-DNA	
CPT® / CPT II	81528 – This code is specific to Cologuard®
HCPCS	G0464
Flexible Sigmoidoscopy	
CPT® / CPT II	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
HCPCS	G0104
FOBT – Fecal Occult Blood Test	
CPT® / CPT II	82270, 82274
HCPCS	G0328
Colorectal Cancer – Optional Exclusion	
ICD-10	C18.0–C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
HCPCS	G0213, G0214, G0215, G0231
Palliative Care	
ICD-10	Z51.5
HCPCS	G9054, M1017
Total Colectomy - Optional Exclusion	
CPT® / CPT II	44150–44153, 44155–44158, 44210–44212

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Best Practice

- Always clearly document the date of service (year only, is acceptable)- when documenting a colonoscopy, flexible sigmoidoscopy, stool DNA with FIT test, FOBT or CT colonography.
- Member refusal will not make them ineligible for this measure. Please recommend a flexible sigmoidoscopy, Stool DNA (sDNA) with FIT Test or FOBT if a member refuses or can't tolerate a colonoscopy.
- There are 2 types of acceptable FOBT tests – guaiac (gFOBT) and immunochemical (iFOBT).
- We encourage clinical personnel to provide the FOBT kits to members during a routine office visit.
- USPSTF added CT colonography for colorectal cancer screening in July 2016. However, Medicare hasn't approved coverage for this colorectal cancer screening test, and it's not a covered benefit.
- Digital rectal exams (DRE) will not meet compliance.
- Lab results and procedure codes for colorectal cancer screening can be accepted as supplemental data.

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ADVANCE CARE PLANNING

Description

Percentage of adults ages 66 to 80 with advance illness, an indication of frailty or who are receiving palliative care, and adults ages 81 and older who had evidence of advance care planning in the measurement year.

Collection and Reporting Method

- Administrative: Claims/Encounter Data

Advance Care Planning	
CPT® / CPT II	99483, 99497, 1123F, 1124F, 1157F, 1158F
HCPCS	S0257
ICD-10	Z66

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OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

Description

Percentage of women ages 67-85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within 6 months of the fracture (does not include fractures to the finger, toe, face, or skull).

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Pharmacy Data

Bone Mineral Density Test	
CPT® / CPT II	76977, 77078, 77080, 77081, 77085, 77086
ICD-10 PCS Procedure	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
Osteoporosis Medication Therapy	
HCPCS	J0897, J1740, J3110, J3111, J3489

Osteoporosis Medications

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

Dementia Medications

Description	Prescription
Cholinesterase inhibitors	• Donepezil • Galantamine • Rivastigmine
Miscellaneous central nervous system agents	•Memantine
Dementia combinations	• Donepezil-memantine

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BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES (BPD)

Updated HEDIS® Measure since MY 2022

- This is now a stand-alone measure and no longer a sub-measure under Comprehensive Diabetes Care measure.
- Gestational diabetes, steroid induced diabetes and polycystic ovarian syndrome are now required exclusions.
- Documentation in the medical record of BP average is acceptable for compliance.

Description

Percentage of members ages 18-75 with diabetes (Types 1 and 2) who have a blood pressure (BP) reading of < 140/90 mmHg in the measurement year.

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Hybrid: Medical Record Review

Diastolic Blood Pressure Levels	
CPT® / CPT II	3078F, 3079F, 3080
Systolic Blood Pressure Levels	
CPT® / CPT II	3074F, 3075F, 3077

Best Practice

- It is important to document patient reported vitals in the official medical record when conducting telehealth, telephone or online assessment visits. Please encourage patients to use a digital device to track and report their BP during every visit.
- Always list the date of service and BP reading together.
  - If BP is listed on the vital flow sheet, it must have a date of service.
- Remind members who are NPO for a fasting lab they should continue to take their anti-hypertensive medications with a sip of water on the morning of their appointment.
- If your office uses manual blood pressure cuffs, don't round up the BP reading. – For example: 138/89 mmHg rounded to 140/90 mmHg
- If a member's initial BP reading is elevated at the start of a visit, you can take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading. Retake the member's BP after they've had time to rest.
- If a member is seeing a cardiologist for their hypertension, please encourage them to also have their records transferred to their primary care provider's office
- If a member is new to your office, please get their medical record from their previous care provider to properly document the transfer of care.
- BP readings can be accepted as supplemental data, reducing the need for some chart review.

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EYE EXAM FOR PATIENTS WITH DIABETES (EED)

Updated HEDIS® Measure since MY 2022

- This is now a stand-alone measure and no longer a sub-measure under Comprehensive Diabetes Care measure.
- Gestational diabetes, steroid induced diabetes and polycystic ovarian syndrome are now required exclusions.

Description

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had any one of the following:

- Retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year
- Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year
- Bilateral eye enucleations any time during their history through December31 of the measurement year (2023)

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Hybrid: Medical Record Review

Diabetic Eye Exam Without Evidence of Retinopathy	
CPT® / CPT II	2023F, 2025F, 2033F
Diabetic Eye Exam With Evidence of Retinopathy	
CPT® / CPT II	2022F, 2024F, 2026F
Diabetic Eye Exam without Evidence of Retinopathy in Prior Year (2021)	
CPT® / CPT II	3072F
Automated Eye Exam	
CPT® / CPT II	92229
Diabetic Eye Exam	
CPT® / CPT II	67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245 HCPCS S0620, S0621, S300

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Unilateral Eye Enucleation	
CPT® / CPT II	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
ICD-10 PCS Procedure	08T1XZZ – left eye 08T0XZZ – right eye
CPT Modifier	50

Best Practice

- Always list the date of service, test, result and eye care professional's name and credentials together if you are documenting the history of a dilated eye exam in a member's chart and don't have the eye exam report from an eye care professional.
- Documentation of a diabetic eye exam by an optometrist or ophthalmologist is not specific enough to meet the criteria. The medical record must indicate that a dilated or retinal exam was performed. If the words "dilated" or "retinal" are missing in the medical record, a notation of "dilated drops used" and findings for macula and vessels will meet the criteria for a dilated exam.
- If history of a dilated retinal eye exam and result is in your progress notes, please ensure that a date of service, the test or result, and the care provider's credentials are documented. The care provider must be an optometrist or ophthalmologist and including only the date of the progress note will not count.
- A slit-lamp examination will not meet the criteria for the dilated eye exam measure. There must be additional documentation of dilation or evidence that the retina was examined for a slit-lamp exam to be considered compliant.
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist reviewed the results will be compliant. – Alternatively, results may be read by:
  - A qualified reading center that operates under the direction of a medical director who is a retinal specialist.
  - A system that provides artificial intelligence (AI) interpretation
- If a copy of the fundus photography is included in your medical record it must include results, date and signature of the reading eye care professional for compliance
- Documentation of hypertensive retinopathy should be considered the same as diabetic retinopathy.
- To be reimbursable, billing of fundus photography code 92250 must be submitted globally by an optometrist or ophthalmologist and meet disease state criteria.
- Dilated retinal eye exams with results can be accepted as supplemental data, reducing the need for some chart review.

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HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES (HBD)

Updated HEDIS® Measure since MY 2022

- This is now a stand-alone measure and no longer a sub-measure under Comprehensive Diabetes Care measure.
- Gestational diabetes, steroid induced diabetes and polycystic ovarian syndrome are now required exclusions.
- Retired the HbA1c testing only measure (results only).

Added

- Rates will now include stratification by race and ethnicity.

Description

Percentage of members ages 18-75 with diabetes (Types 1 and 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under control (< 9.0%; good control is < 8.0%).

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Hybrid: Medical Record Review

HbA1c controlled Level Codes	
CPT® / CPT II	3044F, 3051F, 3052 F
HbA1c uncontrolled Level > 9.0% Codes	
CPT® / CPT II	3046F

Best Practice

- It is important that all A1c test results are part of the member's medical record.
- If test result(s) are documented in the vitals section of your progress notes, please include the date of the blood draw with the result. The date of the progress notes will not count.
- Always list the date of service, result and test together.
- HbA1c tests and results can be accepted as supplemental data, reducing the need for some chart review.
  - Please remember to submit LOINCs for any point of care HbA1c tests done in addition to those completed at a lab or hospital facility

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KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

Description

Percentage of members ages 18-85 with diabetes (Types 1 and 2) who had a kidney health evaluation in the measurement year. Both an eGFR and a uACR test are required on same or different dates of service.

- At least 1 estimated glomerular filtration rate (eGFR); AND
- At least 1 urine albumin-creatinine ration (uACR) test identified by one of the following:
  - A quantitative urine albumin test AND a urine creatinine test 4 or less days apart;

  OR

  - A uACR

Collection and Reporting Method

- Administrative: Claims/Encounter Data

Estimated Glomerular Filtration Rate Lab Test	
CPT® / CPT II	80047, 80048, 80050, 80053, 80069, 82565
LOINC	48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1, 98979-8, 98980-6
Quantitative Urine Albumin Lab Test	
CPT® / CPT II	82043
LOINC	14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
Urine Creatinine Lab Test	
CPT® / CPT II	82570
Urine Albumin Creatinine Ratio Test	
LOINC	13705-9,14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7

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CONTROLLING HIGH BLOOD PRESSURE (CBP)

Updated HEDIS® Measure for MY 2022

- Documentation in the medical record of BP average is acceptable for compliance.
- The average BP listed must be <140/90 mg/ dL

Added

- Rates will now include stratification by race and ethnicity.

Description

Percentage of members ages 18-85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mmHg) during the measurement year (2022).

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Hybrid: Medical Record Review
- Pharmacy Data

Diastolic Blood Pressure Levels	
CPT® / CPT II	3078F, 3079F, 3080
Systolic Blood Pressure Levels	
CPT® / CPT II	3074F, 3075F, 3077

Best Practice

- It is important to document patient reported vitals in the official medical record when conducting telehealth, telephone or online assessment visits. Please encourage patients to use a digital device to track and report their BP during every visit.
- Always list the date of service and BP reading together.
  - If BP is listed on the vital flow sheet, it must have a date of service.
- Remind members who are NPO for a fasting lab they should continue to take their anti-hypertensive medications with a sip of water on the morning of their appointment.
- If your office uses manual blood pressure cuffs, don't round up the BP reading. – For example: 138/89 mmHg rounded to 140/90 mmHg
- If a member's initial BP reading is elevated at the start of a visit, you can take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading. Retake the member's BP after they've had time to rest.
- If a member is seeing a cardiologist for their hypertension, please encourage them to also have their records transferred to their primary care provider's office
- If a member is new to your office, please get their medical record from their previous care provider to properly document the transfer of care.
- BP readings can be accepted as supplemental data, reducing the need for some chart review.

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

Description

The percentage of members ages 18 and older during the measurement year 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 AMI and who received persistent beta-blocker treatment for 6 months after discharge.

- Persistent beta-blocker treatment: at least 135 days for 180 days post discharge.

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Hybrid: Medical Record Review

To comply with this measure, a member must have completed a 135-day course of one of the following beta-blockers:

Medications		
Noncardioselective beta-blockers	• Carvedilol • Labetalol • Nadolol • Pindolol	• Propranolol • Timolol • Sotalo
Cardioselective beta-blockers	• Acebutolol • Atenolol • Betaxolol	• Bisoprolol • Metoprolol • Nebivolol
Antihypertensive combinations	• Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide	• Hydrochlorothiazide-metoprolol • Hydrochlorothiazide-propranolol

Best Practice

- Review member’s prescription refill patterns and reinforce education and reminders
- At each office visit, speak to the member about compliance and/or barriers to taking their medications and encourage adherence.
- Review the member’s prescription refill patterns and reinforce education and reminders.

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PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

Description

The percentage of members ages 18 and older during the measurement year 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 AMI and who received persistent beta-blocker treatment for 6 months after discharge.

- Persistent beta-blocker treatment: at least 135 days for 180 days post discharge.

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Pharmacy Data

To comply with this measure, a member must have been dispensed, or have an active prescription for, one of the following systemic corticosteroids on or within 14 days of the COPD exacerbation:

Medications		
Glucocorticoids	• Cortisone • Dexamethasonel • Hydrocortisone	• Methylprednisolone • Prednisolone • Prednisone
Anticholinergic agents	• Aclidinium-bromide • Ipratropium I	• Tiotropium • Umeclidinium
Beta 2-agonists	• Albuterol • Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol • Fluticasone furoate-umeclidinium-vilanterol • Formoterol-aclidinium	• Formoterol-glycopyrrolate • Formoterol-mometasone • Glycopyrrolate-indacaterol • Olodaterol-tiotropium • Umeclidinium-vilanterol

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ACUTE HOSPITALIZATION UTILIZATION (AHU)

Updated HEDIS® Measure for MY 2022

- Removed surgery and medicine from the rate stratifications.

Added

- Language to clarify that the diagnoses must be on the discharge claim when determining exclusions from inpatient and observation discharges

Description

Members ages 18 and older, the risk-adjusted ratio of observed to expected acute inpatient and observation stay discharges during the measurement year (2022).

Collection and Reporting Method

- Administrative: Claims/Encounter Data

Best Practice

- Encourage members to have their annual wellness visits to promote early diagnosis of any medical conditions, and to help them complete all of their preventive screenings.
- Encourage regular scheduled visits, to help prevent and minimized complications and/or exacerbations.
- Provide member education on safety (i.e., wearing seatbelts, preventing falls, diet, exercise, smoking, alcohol consumption).

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ADULT ACCESS TO PREVENTIVE AMBULATORY HEALTH SERVICES (AAP)

Description

Percentage of members ages 20 and older who had an ambulatory or preventive care visit

- For Medicare members – Visit must occur during the measurement year (2022)

Collection and Reporting Method

- Administrative: Claims/Encounter Data

Ambulatory Visits	
CPT® / CPT II	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99483
HCPCS	G0402, G0438, G0439, G0463, T1015
ICD-10	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
UB REV CODE	0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983
Other Ambulatory Visits	
CPT® / CPT II	92002, 92004, 92012, 92014, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337
HCPCS	S0620, S0621
UB REV CODE	0524, 0525
Telephone Visits	
CPT® / CPT II	98966, 98967, 98968, 99441, 99442, 99443
eVisit/Virtual Visit	
CPT® / CPT II	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Best Practice

- Ensure members are scheduled for a preventive care visit at a minimum annually.

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EMERGENCY DEPARTMENT UTILIZATION (EDU)

Description

For members ages 18 and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year

Member ED visits for the following reasons will not be included in the denominator:

- Electroconvulsive therapy
- Principal diagnosis of mental health or chemical dependency
- Psychiatry
- Result in an inpatient stay

Collection and Reporting Method

- Administrative: Claims/Encounter Data

Best Practice

- Encourage members to have their annual wellness visits to promote early diagnosis of any medical conditions, and to help them complete all of their preventive screenings.
- Encourage regular scheduled visits, to help prevent and minimized complications and/or exacerbations.
- Provide member education on safety (i.e., wearing seatbelts, preventing falls, diet, exercise, smoking, alcohol consumption).
- Educate members on the appropriate use of Emergency Room services and provide member with other options such as:
    - Going to an urgent care center
    - Telehealth visit
    - Calling provider's office after-hours line
    - Asking for same day appointments
    - Calling the health plan's nursing hotline
    - Following with the health plan's case manager, if appropriate

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HOSPITALIZATION FOR POTENTIALLY PREVENTABLE COMPLICATIONS (HPC)

Description

Rate of discharges for an ambulatory care sensitive condition (ACSC) per 1,000 for members ages 67 and older, taking into account the risk-adjusted ratio of observed to expected discharges for an ACSC by chronic and acute condition.

The rate is adjusted for factors such as a member's age, gender, or comorbid condition(s).

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Pharmacy Data

Best Practice

- Schedule follow-up appointments with members to manage and track their health status. At each visit, provide an opportunity for them to ask questions.
- Create early intervention processes to help prevent complications and address disease exacerbations.
- Issues can arise despite your best interventions. If this happens, consider these suggestions:
  - Urgent car: If you can't immediately see a member and it's medically appropriate, direct them to a nearby in-network urgent care center. This can help prevent the member's health condition from getting worse and avoid a costly emergency department (ED) visit. Follow up with them as soon as possible and adjust their treatment plan as needed.

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FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR PEOPLE WITH MULTIPLE HIGH-RISK CHRONIC CONDITIONS (FMC)

Description

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

Collection and Reporting Method

• Administrative: Claims/Encounter Data

Outpatient Visits	
CPT® / CPT II	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483
HCPCS	G0402, G0438, G0439, G0463, T1015
UB REV CODE	0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983
Telephone Visits	
CPT® / CPT II	98966, 98967, 98968, 99441, 99442, 99443
Transitional Care Management	
CPT® / CPT II	99495, 99496
Case Management	
CPT® / CPT II	99366
HCPCS	T1016, T1017, T2022, T2023
Complex Care Management	
CPT® / CPT II	99439, 99487, 99489, 99490, 99491
HCPCS	G0506

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Telehealth or Outpatient Behavioral Health Visit	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 Setting Unspecified 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
UB REV CODE	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
Partial Hospitalization or Intensive Outpatient Visit	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UB REV CODE	0905, 0907, 0912, 0913
Community Mental Health Center Visit	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Electroconvulsive Therapy	
CPT® / CPT II	90870
ICD-10 PC Procedure	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ

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Observation	
CPT® / CPT II	99217, 99218, 99219, 99220
Substance Abuse Disorder Services	
CPT® / CPT II	99408, 99409
HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
UB REV CODE	0906, 0944, 0945
E-Visit or Virtual Check-in	
CPT® / CPT II	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Best Practice

This measure focuses on follow up after an ED visit:

- See patients within 7 days
- If a situation arises where a patient is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge.
- Provide patients with alternative options to ED locations including urgent care, telehealth or in-person office visits.
- Remind patients to schedule an office visit or telehealth follow-up within 7 days post ED visit to ensure all patients are engaged.
- Encourage the use of telehealth appointments when appropriate

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INITIATION AND ENGAGEMENT OF SUBSTANCE USE DISORDER TREATMENT (IET)

Updated HEDIS® Measure for MY 2022

- Alcohol and other drug references now called substance use disorder (SUD).
- Intake period now starts on Nov. 15 of the year prior to the measurement year through Nov. 14 of the measurement year. Previously, the intake period was Jan. 1 – Nov. 14 of the measurement year.
- This measure is now episodic-based and not member-based.
- The continuous enrollment period is now 242 days. Previously, the continuous enrollment period was 108 days.
- The negative diagnosis period is now 194 days. Previously, the negative diagnosis period was 60 days. Negative diagnoses include an SUD medication treatment dispensing event or an SUD medication administration event.

Description

Percentage of new episodes of substance use disorder (SUD) that result in one or both of the following:

- Initiation of SUD Treatment – Percentage of new SUD episodes that result in treatment through an inpatient SUD admission, outpatient visit, intensive outpati ent encounter, partial hospitalization, telehealth or medication treatment within 14 days of diagnosis
- Engagement of SUD Treatment – Percentage of new SUD episodes that result in treatment within 34 days of initiation visit

All Acute or Non-Acute visits must include a diagnosis of 1 of the below on the claims:

- Alcohol abuse and dependence
- Opioid abuse and dependence
- Other drug abuse and dependence

Collection and Reporting Method

- Administrative: Claims/Encounter Data

Inpatient Stay	
UB REV CODE	0100, 0101, 0110, 0111, 0112, 0113, 0114, 0116, 0117, 0118, 0119, 0120, 0121, 0122, 0123, 0124, 0126, 0127, 0128, 0129, 0130, 0131, 0132, 0133, 0134, 0136, 0137, 0138, 0139, 0140, 0141, 0142, 0143, 0144, 0146, 0147, 0148, 0149, 0150, 0151, 0152, 0153, 0154, 0156, 0157, 0158, 0159, 0160, 0164, 0167, 0169, 0170, 0171, 0172, 0173, 0174, 0179, 0190, 0191, 0192, 0193, 0194, 0199, 0200, 0201, 0202, 0203, 0204, 0206, 0207, 0208, 0209, 0210, 0211, 0212, 0213, 0214, 0219, 1000, 1001, 1002

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Behavioral Health Outpatient Visit	
CPT® / CPT II	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510
HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
UB REV CODE	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
Outpatient Visits	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223
Intensive Outpatient Encounter or Partial Hospitalization	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UB REV CODE	0905, 0907, 0912, 0913
Non-Residential Substance Abuse Treatment Facility	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Community Mental Health Center Visit	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Telehealth Visit	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Observation	
CPT® / CPT II	99217, 99218, 99219, 99220

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Substance Abuse Disorder Services	
CPT® / CPT II	99408, 99409
HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
UB REV CODE	0906, 0944, 0945
E-Visit or Virtual Check-in	
CPT® / CPT II	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063
Telephone Visit	
CPT® / CPT II	98966, 98967, 98968, 99441, 99442, 99443
Online Assessment	
CPT® / CPT II	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063
Opioid Treatment	
HCPCS	G2071, G2074, G2075, G2076, G2077, G2080, G2067, G2068, G2069, G2070, G2072, G2073, G2086, G2087
Medication Treatment for Alcohol Disorder	
HCPCS	J2315

One of more medications dispensing events:

Medication Treatment for Alcohol Disorder	
Aldehyde dehydrogenase inhibitor	• Disulfiram (oral)
Antagonist	• Naltrexone (oral and injectable)
Other	• Acamprosate (oral; delayed-release tablet)
Medication Treatment for Opioid Disorder	
HCPCS	J2315, G2070, G2072, J0570, G2069, Q9991, Q9992, J0572, J0573, J0574, J0575, J0571, G2068, G2079, H0020, S0109, G2067, G2078
Antagonist	• Naltrexone (oral and injectable)
Partial agonist	• Buprenorphine (sublingual tablet, injection or implant) • Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

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Best Practice

This measure focuses on follow-up treatment when diagnosing a patient with substance use disorder.

- Use screening tools as aid for diagnosing: (e.g., SBIRT, AUDIT-PC, Audit C Plus 2, CAGE-AID). These tools assist in the assessment of substance use and can aid the discussion around referral for treatment.
- Schedule a follow-up appointment prior to patient leaving the office with you or a substance use specialist to occur within 14 days and then 2 more visits with you or a substance use treatment provider within the next 34 days.
- Encourage telehealth visits when appropriate

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PLAN ALL-CAUSE READMISSION (PCR)

Updated HEDIS® Measure for MY 2022

- This measure has been added back into the CMS Star Ratings and NCQA Health Plan Ratings for MY 2022.

Description

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

Note: A lower rate indicates a better score for this measure.

Collection and Reporting Method

- Administrative: Claims/Encounter Data

Best Practice

Please help avoid member readmission by:

- Providing follow-up within 1 week of member discharge
- Ensuring member fills their new prescriptions post-discharge
- Conduct a discharge plan that includes a post-discharge phone call to discuss the following:
  - Post- discharge instructions
  - Medication reconciliation and instructions
  - Follow-up appointment and assistance with scheduling
  - Transportation needs
  - Answering any member questions regarding follow up care
- Ensure all conditions are identified within the member's medical record and claims
- Encourage members to engage in palliate care or hospice programs, as appropriate.

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TRANSITIONS OF CARE (TRC) – INPATIENT NOTIFICATION

Description

For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between January 1–December 1 of the measurement year with a notification of inpatient admission documented the day of or 2 days after the admission (3 days total).

Collection and Reporting Method

- Administrative: Claims/Encounter
- Hybrid: Medical Record Review

Best Practice

Administrative data: claims/encounter does not count toward the numerator for inpatient admission notification.

Documentation that a provider sent the member to the Emergency Department (ED) that resulted in an inpatient admission does not meet compliance with the numerator.

Medical record documentation must be about the admission and can include record of a discussion or information transfer between the following:

- Inpatient staff/care provider and the member's PCP or ongoing care provider
- Emergency department (ED) facility and the member's PCP or ongoing care provider
- Health information exchange (HIE), automated admission/discharge transfer (ADT) alert system or shared electronic medical record (EMR) system and the member's PCP or ongoing care provider
- A shared electronic medical record system and the member's PCP or ongoing care provider
- The member's health plan and their PCP or ongoing care provider

OR

Medical record documentation that:

- The member's PCP or ongoing care provider admitted the member to the hospital.
- A specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider.
- The member's PCP or ongoing care provider ordered tests or treatments during the member's inpatient stay.
- The PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission.

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TRANSITIONS OF CARE (TRC) – MEDICATION RECONCILIATION POST-DISCHARGE

Updated HEDIS® Measure for MY 2022

- Documentation of post-op/surgery follow-up without a reference to hospitalization, admission or inpatient stay does not meet compliance for medication reconciliation post-discharge numerator.

Added

- Physician Assistant as an appropriate provider type to meet the medication reconciliation post-discharge numerator.

Description

For members ages 18 and older, percentage with an acute or non-acute inpatient discharge on or between January 1–December 1 of the measurement year with medication reconciliation documented on the date of the discharge through 30 days after the discharge (31 days total).

Collection and Reporting Method

- Administrative: Claims/Encounter
- Hybrid: Medical Record Review

Medication Treatment for Alcohol Disorder	
CPT® / CPT II	1111F, 99483, 99495, 99496

Best Practice

- Discharge medications and outpatient medications reconciled and documented in the outpatient medical record
- Current medications and medication list reviewed and documentation of any of the following:
  - Documentation in the discharge summary that states current and discharge medications were reconciled and filed in the outpatient medical record
  - Notation of current medications that also references discharge medications
  - Notation of current medications and that discharge medications were reconciled
  - Review of discharge medication list and current medication list on the same date of service
  - Notation if no medications were prescribed at discharge
  - Evidence the member was seen for a hospital postdischarge follow-up visit with evidence of medication reconciliation or review
- Medication reconciliation must be completed on the date of discharge or 30 days afterward.
- Medication reconciliation can be conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse.

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TRANSITIONS OF CARE (TRC) – PATIENT ENGAGEMENT AFTER INPATIENT DISCHARGE

Description

For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between Jan.1 – Dec. 1 of the measurement year with engagement documented within 30 days of the discharge. Do not include patient engagement that happens on the day of discharge.

Patient engagement can include any of the following:

- Outpatient visit
- Transitional care management
- Synchronous telephone, e-visit or virtual check-in

Collection and Reporting Method

- Hybrid: Medical Record Review

Outpatient Visits	
CPT® / CPT II	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483
HCPCS	G0402, G0438, G0439, G0463, T1015
UB REV CODE	0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983
Telephone Visits	
CPT® / CPT II	98966, 98967, 98968, 99441, 99442, 99443
Online Assessment	
CPT® / CPT II	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063
Transitional Care Management	
CPT® / CPT II	99495, 99496

Best Practice

- Member engagement must be completed within 30 days of the discharge.
- Member engagement on the day of the discharge will not be compliant.

Member engagement can include a:

- Outpatient visit (e.g., in-home visit, office visit)
- Telehealth visit – Must include real-time interaction with the care provider
- E-visit or virtual check-in

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TRANSITIONS OF CARE (TRC) – RECEIPT OF DISCHARGE INFORMATION

Description

For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between January 1–December 1 of the measurement year with a receipt of discharge information documented the day of or 2 days after the discharge (3 days total).Patient engagement can include any of the following:

- Outpatient visit
- Transitional care management
- Synchronous telephone, e-visit or virtual check-in

Collection and Reporting Method

- Hybrid: Medical Record Review- this sub-measure is 100% hybrid. No administrative data is available.

Best Practice

Discharge information must include all of the following in the outpatient medical record:

- The name of the care provider responsible for the member's care during the inpatient stay • Services or treatments provided during the inpatient stay
- Diagnoses at discharge
- Test results or documentation that either test results are pending, or no test results are pending
- Directions on future patient care to the PCP or ongoing care provider
- Current medication list

Importance

- Transitions of care help to better coordinate care, decreasing issues before they occur and leading to better member health outcomes.
- Transitions of care help to decrease readmissions and medication errors. It also helps with affordability and to improve communications between members and their providers.

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USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

Updated HEDIS® Measure for MY 2022

- Medicare is now included in the reporting for this measure.
- The age parameters for measure eligibility are now 18–75. Previously, the age limit for measure eligibility was 18–50.

Added

- Advanced illness in the year prior to the measurement year and measurement year and/or frailty in the measurement year are now required exclusions for this measure.
- Osteoporosis, lumbar surgery, spondylopathy, fragility fractures and palliative care are now required exclusions for this measure

Description

Percentage of members ages 18–75 with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

This measure is reported as an inverted measure and a higher score indicates appropriate treatment of low back pain, where imaging studies did not occur.

Collection and Reporting Method

- Administrative: Claims/Encounter

Outpatient Visits	
CPT® / CPT II	72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220

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ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA)

Description

Percentage of members ages 18 and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of the treatment period.

Collection and Reporting Method

- Administrative: Claims/Encounter
- Pharmacy Data

Medications: Oral Antipsychotics		
Miscellaneous antipsychotic agents (oral)	• Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine	• Lumateperone • Lurisadone • Molindone • Olanzapine • Paliperidone • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics (oral)	• Chlorpromazine • Fluphenazine • Perphenazine	• Prochlorperazine • Thioridazine • Trifluoperazine
Psychotherapeutic combinations (oral)	• Amitriptyline-perphenazine	
Thioxanthenes (oral)	• Thiothixene	
Medications: Long-Acting Injections 28 Day Supply		
Long-acting injections 28-day supply	• Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate	• Haloperidol decanoate • Olanzapine • Paliperidone palmitate
Long-Acting Injections 14-Day Supply Medications	• Risperidone (excluding Perseris®)	
Long-Acting Injections 30-Day Supply Medications	• Risperidone (Perseris®)	

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Best Practice

This measure focuses on medication compliance.

- Encourage patients to take medications as prescribed.
- Offer tips to patients such as:
  - Take medication at the same time each day
  - Use a pill box
  - Enroll in a pharmacy automatic-refill program

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ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

Description

Percentage of members ages 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment.

Two rates are reported:

1. Effective Acute Phase Treatment – Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
2. Effective Continuation Phase Treatment – Percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

Collection and Reporting Method

- Administrative: Claims/Encounter
- Pharmacy Data

Medications: Oral Antipsychotics		
Miscellaneous antidepressants	• Bupropion • Vilazodone • Vortioxetine	
Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine	• Fluoxetine-olanzapin
SNRI antidepressants	• Desvenlafaxine • Duloxetine	• Levomilnacipran • Venlafaxine
SSRI antidepressants	• Citalopram • Escitalopram • Fluoxetine	• Fluvoxamine • Paroxetine • Sertraline
Tetracyclic antidepressants	• Maprotiline • Mirtazapin	
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine • Desipramine • Doxepin (>6 mg)	• Imipramine • Nortriptyline • Protriptyline • Trimipramine

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CARDIOVASCULAR MONITORING FOR PEOPLE WITH CARDIOVACULAR DISEASE AND SCHIZOPHRENIA (SMC)

Description

Definition Percentage of members ages 18–64 with schizophrenia or schizoaffective disorder and cardiovascular disease who had a low-density lipoprotein cholesterol (LDL-C) test during the measurement year.

Collection and Reporting Method

• Administrative: Claims/Encounter

Medication Treatment for Alcohol Disorder	
CPT® / CPT II	80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F
LOINC	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7

Best Practice

This measure focuses on appropriate monitoring for members with schizophrenia or schizoaffective disorder and cardiovascular disease.

- Be sure to schedule an annual LDL-C screening.
- The use of CPT® Category II codes help identify clinical outcomes such as lipid profile and LDL-C test results. It can also reduce the need for some chart review
- Lipid profiles and results can be accepted as supplemental data, reducing the need for some chart review. Please contact your representative to discuss clinical data exchange opportunities

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DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

Description

Percentage of members ages 18–64 with schizophrenia or schizoaffective disorder and diabetes who had both an HbA1c test and a low-density lipoprotein cholesterol (LDL-C) test during the measurement year (2022).

Collection and Reporting Method

- Administrative: Claims/Encounter

HbA1c Test	
CPT® / CPT II	83036, 83037, 3044F, 3046F, 3051F, 3052F
LOINC	17856-6, 4548-4, 4549-2, 96595-4
LDL-C TEST	
CPT® / CPT II	80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F
LOINC	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7

Best Practice

This measure focuses on appropriate monitoring for members with schizophrenia or schizoaffective disorder and diabetes.

- Be sure to schedule an annual HbA1c and LDL-C test.
- The use of CPT® Category II codes help UnitedHealthcare identify clinical outcomes such as HbA1c and LDL-C test results. It can also reduce the need for some chart review.
- HbA1c and lipid profile test results can be accepted as supplemental data, reducing the need for some chart review.

Please contact your Clear Spring Health representative to discuss clinical data exchange opportunities

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

Description

Percentage of members ages 18–64 with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Collection and Reporting Method

- Administrative: Claims/Encounter

Glucose Test	
CPT® / CPT II	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LOINC	10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c Test	
CPT® / CPT II	83036, 83037, 3044F, 3046F, 3051F, 3052F
LOINC	17856-6, 4548-4, 4549-2

Best Practice

This measure focuses on appropriate monitoring for members with schizophrenia or bipolar disorder.

- Be sure to schedule an annual screening for diabetes (HbA1c or blood glucose).
- The use of CPT® Category II codes help identify clinical outcomes such as HbA1c test results. It can also reduce the need for some chart review.
- HbA1c test results can be accepted as supplemental data, reducing the need for some chart review. Please contact your representative to discuss clinical data exchange opportunities

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FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

Description

Definition Percentage of discharges for members ages 6 and older who were hospitalized for treatment of select mental illness or intentional self-harm diagnoses and had a follow-up visit with a mental health provider.

Two rates are reported:

1. Percentage of discharges where the member received follow-up within 30 days of their discharge.
2. Percentage of discharges where the member received follow-up within 7 days of their discharge.

Collection and Reporting Method

- Administrative: Claims/Encounter

Behavioral Health Visit	
CPT® / CPT II	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510
HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
UB REV CODES	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
Partial Hospitalization/Intensive Outpatient Visits	
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UB REV CODES	0905, 0907, 0912, 0913
Observation Visit with a Mental Health Provider	
CPT® / CPT II	99217, 99218, 99219, 99220
Mental Health Visit Setting Unspecified	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Intensive Outpatient Visit or Partial Hospitalization	
CPT® / CPT II	0791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255

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Community Mental Health Center Visit	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Behavioral Health Visits	
CPT® / CPT II	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510
HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
UB REV CODES	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
Observation Visit	
CPT® / CPT II	99217, 99218, 99219, 99220
Care Management Services- Transitional	
CPT® / CPT II	99495, 99496
Electroconvulsive Therapy	
CPT® / CPT II	90870
ICD-10 Procedure	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
Care Management Services: Transitional with a Mental Health Provider	
CPT® / CPT II	99495, 99496
Telehealth Visit with a Mental Health Provider	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Behavioral Healthcare Setting	
UB REV CODES	0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919
Telephone Visits	
CPT® / CPT II	98966, 98967, 98968, 99441, 99442, 99443
Psychiatric Collaborative Care Management	
CPT® / CPT II	99492, 99493, 99494
HCPCS	G0512

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Best Practice

This measure focuses on medication compliance.

- Encourage patients to take medications as prescribed.
- Offer tips to patients such as:
  - Take medication at the same time each day
  - Use a pill box
  - Enroll in a pharmacy automatic-refill program

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FOLLOW-UP AFTER HIGH-INSTENSITY CARE FOR SUBSTANCE USE DISORDER (FUI)

Description

The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members ages 13 and older that result in a follow-up visit or service for substance use disorder.

Two rates are reported:

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

Collection and Reporting Method

• Administrative: Claims/Encounter

Any of the following situations will meet compliance:

- Acute or non-acute inpatient admission
- Residential behavioral health stay with a principal diagnosis of substance use disorder.

Outpatient visit with a principal diagnosis of substance use disorder	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Behavioral health visit with principal diagnosis of substance use disorder	
CPT® / CPT II	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510
HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
UB REV CODES	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983

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Intensive outpatient visit or partial hospitalization	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
CPT® / CPT II	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UB REV CODES	0905, 0907, 0912, 0913
Opioid Treatment Services: Weekly non-drug treatment	
HCPCS	G2071, G2074, G2075, G2076, G2077, G2080
Opioid Treatment Services: Monthly office-based treatment	
HCPCS	G2086, G2087
Transitional Care Management Services	
CPT® / CPT II	99495, 99496
Telehealth visit	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Community Mental Health Center Visit	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Non-residential Substance Abuse Treatment Facility	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Observation Visit	
CPT® / CPT II	99217, 99218, 99219, 99220
Substance Use Disorder Service	
CPT® / CPT II	99408, 99409
HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
UB REV CODES	0906, 0944, 0945
Residential Behavioral Health Treatment	
HCPCS	H0017, H0018, H0019, T2048

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Telephone visit with a principal diagnosis of substance use disorder	
CPT® / CPT II	98966, 98967, 98968, 99441, 99442, 99443
E-visit or virtual check-in with a principal diagnosis of substance use disorder	
CPT® / CPT II	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063
Pharmacotherapy dispensing event or medication treatment event for alcohol or other drug abuse or dependence: Medication Treatment	
HCPCS	G2069, G2070, G2072, G2073, H0020, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109
Opioid treatment service – weekly	
HCPCS	G2067, G2068, G2069, G2070, G2072, G2073
Medications	
Aldehyde dehydrogen-ase inhibitor	• Disulfiram (oral)
Antagonist	• Naltrexone (oral and injectable)
Other	• Acamprosate (oral, delayed-release tablet)
One or more medication dispensing events for alcohol abuse or dependence:	
Antagonist	• Naltrexone (oral and injectable)
Partial agonist	• Buprenorphine (sublingual tablet, injection, implant) • Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

Best Practice

This measure focuses on follow-up treatment with any provider type.

- See patients within 7 days and bill with a substance use diagnosis.
- If a situation arises where a patient is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge.
- Encourage the use of telehealth appointments when appropriate.
- If you need to refer your patient to a substance, use specialist or need to request coordination of care

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FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)

Description

The percentage of ED visits for members ages 6 years and older with a principal diagnosis of mental illness or intentional self-harm, who then had a follow-up visit for mental illness with any practitioner type.

Two rates are reported:

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

Collection and Reporting Method

• Administrative: Claims/Encounter

Any of the following situations will meet criteria for the measure with:

- A principal diagnosis of mental health disorder
- A principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder

Behavioral Health Visit	
CPT® / CPT II	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510
HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
UB REV CODES	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
Partial Hospitalization/Intensive Outpatient Visits	
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UB REV CODES	0905, 0907, 0912, 0913
Observation Visit with a Mental Health Provider	
CPT® / CPT II	99217, 99218, 99219, 99220

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Mental Health Visit Setting Unspecified	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Intensive Outpatient Visit or Partial Hospitalization	
CPT® / CPT II	CPT ® / CPT II 0791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Community Mental Health Center Visit	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Observation Visit	
CPT® / CPT II	99217, 99218, 99219, 99220
Electroconvulsive Therapy	
CPT® / CPT II	0870
ICD-10 Procedure	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
Telehealth Visit with a Mental Health Provider	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Telephone Visits	
CPT® / CPT II	98966, 98967, 98968, 99441, 99442, 99443
E-visit or Virtual Check-in with any practitioner type	
CPT® / CPT II	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Best Practice

This measure focuses on follow-up treatment with a primary care provider or a behavioral health practitioner.

- See patients within 7 days and bill with a mental health diagnosis.
- If a situation arises where a patient is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge.
- Encourage the use of telehealth appointments when appropriate.
- If you need to refer your patient to a behavioral health specialist or need to request coordination of care.

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FOLLOW-UP AFTER EMERGENCY DEPARTEMENT VISIT FOR SUBSTANCE USE (FUA)

Added

- This measure now includes drug overdoses in the denominator, previously only included substance use disorder.

Updated

- This measure is now referred to as Follow-Up After Emergency Department Visit for Substance Use, previously for Alcohol or Other Abuse or Dependence.

Description

The percentage of ED visits for members ages 13 and older with a principal diagnosis of substance use disorder (SUD) or any drug overdose diagnosis and who had a follow-up visit.

Two rates are reported:

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

Collection and Reporting Method

- Administrative: Claims/Encounter

Any of the following situations will meet criteria for the measure when the above diagnoses are present.

Outpatient visit with a mental health provider or with diagnosis of substance use disorder or drug	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Behavioral health visit with a mental health provider or with a diagnosis of substance use disorder or drug overdose	
CPT® / CPT II	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510

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Behavioral health visit with a mental health provider or with a diagnosis of substance use disorder or drug overdose (*continued*)	
HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
UB REV CODES	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
Intensive outpatient visit or partial hospitalizations with a mental health provider or with a diagnosis of substance use disorder or drug overdose	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Partial Hospitalization/ Intensive outpatient visit	
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UB REV CODES	0905, 0907, 0912, 0913
Weekly non-drug treatment	
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Monthly office-based treatment	
HCPCS	G2086, G2087
Peer support service with a diagnosis of substance use disorder or drug overdose	
HCPCS	G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016
Telehealth visits with a mental health provider or with a diagnosis of substance use disorder or drug overdose	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Community mental health center visit with a mental health provider or with a diagnosis of substance use disorder or drug overdose	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Non-residential substance abuse treatment facility visits with a mental health provider or with a diagnosis of substance use disorder or drug overdose	
CPT® / CPT II	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255
Observation visits with a mental health provider or with a diagnosis of substance use disorder or drug overdose	
CPT® / CPT II	99217, 99218, 99219, 99220

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Substance use disorder service	
CPT® / CPT II	99408, 99409
HCPCS	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
UB REV CODES	0906, 0944, 0945
Behavioral health screening or assessment for substance use disorder or mental health disorder	
CPT® / CPT II	99408, 99409
HCPCS	G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Telephone visit with a mental health provider or with a diagnosis of substance use disorder or drug overdose	
CPT® / CPT II	98966, 98967, 98968, 99441, 99442, 99443
E-visit or virtual check in with a mental health provider or with a diagnosis of substance use disorder or drug overdose	
CPT® / CPT II	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063
A pharmacotherapy dispensing event or medication treatment for substance use disorder	
HCPCS	G2069, G2070, G2072, G2073, H0020, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109
Opioid treatment weekly service	
HCPCS	HCPCS G2067, G2068, G2069, G2070, G2072, G2073

Medications:	
Aldehyde dehydrogenase inhibitor	• Disulfiram (oral)
Antagonist	• Naltrexone (oral and injectable)
Other	• Acamprosate (oral; delayed-release tablet)
One or more medication dispensing events for alcohol abuse or dependence:	
Antagonist	• Naltrexone (oral and injectable)
Partial agonist	• Buprenorphine (sublingual tablet, injection, implant) • Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

Best Practice

This measure focuses on follow-up treatment with a primary care provider, or a substance use specialist.

- See patients within 7 days and bill with a substance use diagnosis.
- If a situation arises where a patient is unable to be seen within 7 days, then they need to have an appointment within 30 days of discharge.
- Encourage the use of telehealth appointments when appropriate.
- If you are not going to treat the patient yourself, you will need to refer your patient to a substance use specialist.

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APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

Updated HEDIS® Measure for MY 2022

- Removed Dicloxacillin from the antibiotic medication list

Description

Percentage of episodes for members ages 3 and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test within 3 days prior to or 3 days after the diagnosis day (seven days total).

A higher rate indicates appropriate testing and treatment.

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Pharmacy Data

Group A Strep Test	
CPT® / CPT II	87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
LOINC	11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2
ICD-10 Diagnosis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

Medications:	
Aminopenicillins	• Amoxicillin • Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate
First generation cephalosporins	• Cefadroxil • Cefazolin • Cephalexin
Folate antagonist	• Trimethoprim
Partial agonist	• Buprenorphine (sublingual tablet, injection, implant) • Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
Lincomycin deriva-tives	• Clindamycin
Macrolides	• Azithromycin • Clarithromycin • Erythromycin

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Medications: (*continued*)		
Natural penicillin	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium • Penicillin G benzathine
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline • Minocycline	• Minocycline
Third generation cephalosporins	• Cefdinir • Cefixime	• Cefpodoxime • Ceftriaxone

Best Practice

- Do not prescribe antibiotics until results of Group A Strep test are received.
- Always bill using the LOINC codes previously listed with your strep test submission—not local codes.
- Always use a point of care rapid Group A strep test or throat culture when appropriate to confirm diagnosis of pharyngitis before prescribing an antibiotic.
- Lab results can be accepted as supplemental data

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AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/BRONCHIOLITIS (AAB)

Update

- Antibiotic medication list has been updated.

Description

Percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis between July 1 of the year prior to the measurement year through June 30 of the measurement year who were not dispensed an antibiotic medication on or 3 days after the episode. A higher rate indicates appropriate treatment (not prescribed an antibiotic).

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Pharmacy Data

Medications:		
Aminoglycosides	• Amikacin • Gentamicin	• Streptomycin • Tobramycin
Aminopenicillins	• Amoxicillin • Ampicillin	
Beta-lactamase inhibitors	• Amoxicillin-clavulanate • Ampicillin-sulbactam	• Piperacillin-tazobactam
First-generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Fourth-generation cephalosporins	• Cefepime	
Lincomycin derivatives	• Clindamycin • Lincomycin	
Macrolides	• Azithromycin • Clarithromycin	• Erythromycin
Miscellaneous antibiotics	• Aztreonam • Chloramphenicol • Dalfopristin-quinupristin • Daptomycin	• Linezolid • Metronidazole • Vancomycin
Natural penicillins	• Penicillin G benzathine-procaine • Penicillin G potassium • Penicillin G procaine	• Penicillin G sodium • Penicillin V potassium • Penicillin G benzathine

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Medications: (*continued*)		
Quinolones	• Ciprofloxacin • Gemifloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Rifamycin derivatives	• Rifampin	
Second-generation cephalosporin	• Cefaclor • Cefotetan • Cefoxitin	• Cefprozil • Cefuroxime
Sulfonamides	• Sulfadiazine • Sulfamethoxazole-trimethoprim	
Third generation cephalosporins	• Cefdinir • Cefixime	• Cefpodoxime • Ceftriaxone
Urinary anti-infectives	• Fosfomycin • Nitrofurantoin • Nitrofurantoin macrocrystals	• Nitrofurantoin macrocrystals-monohydrate • Trimethoprim

Best Practice

- An episode for bronchitis/bronchiolitis will not count toward the measure denominator if the member was diagnosed with one of these conditions within 12 months of the event:
  - Chronic obstructive pulmonary disease (COPD)
  - Disorders of the immune system
  - Emphysema
  - HIV
  - Malignant neoplasms
  - Other malignant neoplasms of the skin

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APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION (URI)

Update

- Antibiotic medication list

Description

Percentage of episodes for members 3 months and older who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or 3 days after the diagnosis day (4 days total).

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Pharmacy Data

Upper Respiratory Infection Codes that do NOT need Antibiotics	
ICD-10 Diagnosis	J00, J06.0, J06.9

Medications:		
Aminoglycosides	• Amikacin • Gentamicin	• Streptomycin • Tobramycin
Aminopenicillins	• Amoxicillin • Ampicillin	
Beta-lactamase inhibitors	• Amoxicillin-clavulanate • Ampicillin-sulbactam	• Piperacillin-tazobactam
First-generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Fourth-generation cephalosporins	• Cefepime	
Lincomycin derivatives	• Clindamycin • Lincomycin	
Macrolides	• Azithromycin • Clarithromycin	• Erythromycin
Miscellaneous antibiotics	• Aztreonam • Chloramphenicol • Dalfopristin-quinupristin • Daptomycin	• Linezolid • Metronidazole • Vancomycin

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Medications: (*continued*)		
Natural penicillins	• Penicillin G benzathine-procaine • Penicillin G potassium • Penicillin G procaine	• Penicillin G sodium • Penicillin V potassium • Penicillin G benzathine
Penicillinaseresistant penicillins	• Dicloxacillin • Nafcillin	• Oxacillin
Quinolones	• Ciprofloxacin • Gemifloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Rifamycin derivatives	• Rifampin	
Second-generation cephalosporin	• Cefaclor • Cefotetan • Cefoxitin	• Cefprozil • Cefuroxime
Third generation cephalosporins	• Cefdinir • Cefixime • Cefotaxime	• Cefpodoxime • Ceftazidime • Ceftriaxone
Urinary anti-infectives	• Fosfomycin • Nitrofurantoin	• Nitrofurantoin macrocrystals-monohydrate • Trimethoprim

Best Practice

- Details on the appropriate treatment of URIs are available at www.cdc.gov

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STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

Description

Percentage of males ages 21–75 and females ages 40–75 during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

- Received statin therapy—Members who were dispensed at least 1 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.

Please note: this adherence component does NOT apply to CMS Star Ratings for Medicare members; only the "Received statin therapy" component is required to be compliant for the SPC Star Measure. The treatment period is defined as the earliest prescription dispensing date in the measurement year for any statin medication of at least moderate intensity through the last day of the measurement year.

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Pharmacy Data

Medications:		
High-intensity statin therapy	• Atorvastatin 40–80 mg • Amlodipine-atorvastatin 40–80 mg • Rosuvastatin 20–40 mg	• Simvastatin 80 mg • Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10–20 mg • Amlodipine-atorvastatin 10–20 mg • Rosuvastatin 5–10 mg • Simvastatin 20–40 mg • Ezetimibe-simvastatin 20–40 mg	• Pravastatin 40–80 mg • Lovastatin 40 mg • Fluvastatin 40–80 mg • Pitavastatin 1–4 mg

Best Practice

- Consider prescribing a high - or moderate-intensity statin, as appropriate. If you determine medication is appropriate, please send a prescription to the member's preferred pharmacy.

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STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

Description

Percentage of members ages 40–75 during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:

- Received statin therapy – Members who were dispensed at least 1 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

The treatment period is defined as the earliest prescription dispensing date in the measurement year for any statin medication at any intensity through the last day of the measurement year.

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Pharmacy Data

Medications:		
High-intensity statin therapy	• Amlodipine-atorvastatin 40–80 mg* • Atorvastatin 40–80 mg • Ezetimibe-simvastatin 80 mg*	• Rosuvastatin 20–40 mg • Simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10–20 mg • Amlodipine-atorvastatin 10–20 mg • Rosuvastatin 5–10 mg • Simvastatin 20–40 mg • Ezetimibe-simvastatin 20–40 mg	• Pravastatin 40–80 mg • Lovastatin 40 mg • Fluvastatin 40–80 mg • Pitavastatin 1–4 mg
Low-intensity statin therapy	• Ezetimibe-simvastatin 10 mg* • Fluvastatin 20 mg • Lovastatin 10–20 mg	• Pravastatin 10–20 mg • Simvastatin 5–10 mg

Best Practice

* Consider prescribing a high or moderate-intensity statin, as appropriate. If you determine medication is appropriate, please send a prescription to the member's preferred pharmacy.

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USE OF OPIOIDS AT HIGH DOSE (HDO)

Description

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

A lower rate indicates a better score for this measure.

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Pharmacy Data

Medications:		
To be included in this measure, a member must have been prescribed one of the following opioid medications at an average MME ≥ 90 mg for ≥ 15 days:		
Opioid Medications	• Benzhydrocodone • Butorphanol • Codeine • Dihydrocodeine • Fentanyl oral spray • Fentanyl buccal or sublingual tablet, transmucosal lozenge • Fentanyl transdermal film/patch • Fentanyl nasal spray • Hydrocodone	• Hydromorphone • Levorphanol • Meperidine • Methadone • Morphine • Opium • Oxycodone • Oxymorphone • Pentazocine • Tapentadol • Tramadol

These medications are not included as dispensing events for this measure:

- Cough and cold products with opioids
- Injectables
- Ionsys® – Fentanyl transdermal patch used in inpatient settings only
- Methadone for the treatment of opioid use disorder

Best Practice

This measure focuses on using low dosage for opioids.

- For treatment of acute pain using opioids, the guidelines recommend immediate-release opioids be used at a dosage as low as possible and for as few days as needed.
- For treatment of chronic pain, guidelines recommend clinicians consider non-pharmacologic and non-opioid therapies first, and only in cases where the benefits outweigh the risks, initiation of opioid therapy.
- Information to help you stay informed about the latest opioid research and guidelines is also available at www.cdc.gov , www.hhs.gov or your state's public health department website.

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USE OF OPIOIDS FROM MULTIPLE PROVIDERS (UOP)

Description

Proportion of members ages 18 and older receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers.

Three rates are reported from this measure:

1. Multiple Prescribers—Proportion of members receiving prescriptions for opioids from 4 or more different prescribers during the measurement year
2. Multiple Pharmacies—Proportion of members receiving prescriptions for opioids from 4 or more different pharmacies during the measurement year
3. Multiple Prescribers and Multiple Pharmacies—Proportion of members receiving prescriptions for opioids from 4 or more different prescribers and 4 or more different pharmacies during the measurement year

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Pharmacy Data

<table>
<tr><th colspan="3">Medications:</th></tr>
<tr><td colspan="3">Medications To be included in this measure, a member must have met both of the following criteria in the measurement year:
• 2 or more dispensing events on different dates of service for the following opioid medications
• ≥ 15 days covered by an opioid prescription</td></tr>
<tr><td>Opioid Medications</td><td>• Benzhydrocodone
• Butorphanol
• Codeine
• Dihydrocodeine
• Fentanyl oral spray
• Fentanyl buccal or sublingual tablet, transmucosal lozenge
• Fentanyl transdermal film/patch
• Fentanyl nasal spray
• Hydrocodone</td><td>• Hydromorphone
• Levorphanol
• Meperidine
• Methadone
• Morphine
• Opium
• Oxycodone
• Oxymorphone
• Pentazocine
• Tapentadol
• Tramadol</td></tr>
</table>

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These medications are not included as dispensing events for this measure:

- Cough and cold products with opioids
- Injectables
- Ionsys® – Fentanyl transdermal patch used in inpatient settings only
- Methadone for the treatment of opioid use disorder
- Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder
    - Buprenorphine sublingual tablets
    - Buprenorphine subcutaneous implant
    - Buprenorphine/naloxone combination products

Best Practice

This measure focuses on taking caution with patients using multiple pharmacies and/or prescribers.

- Evidence suggests people who see multiple prescribers and use multiple pharmacies are at higher risk of overdose.
- Information to help you stay informed about the latest opioid research and guidelines is also available at **www.cdc.gov** , **www.hhs.gov** or your state's public health department website.

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PHARMACOTHERAPY FOR OPIOID USE DISORDER (POD)

Description

Definition Percentage of new opioid use disorder pharmacotherapy events with opioid use disorder pharmacotherapy for 180 or more days among members 16 years of age and older.

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Pharmacy Data

Medications:	
To be included in this measure, a member must have been dispensed one of the following opioid medications:	
Antagonist	• Naltrexone (oral or injectable)
Partial agonist	• Buprenorphine (sublingual tablet, injection, implant)
Partial agonist	• Buprenorphine (sublingual tablet, injection, implant) • Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
Agonist	• Methadone (oral)

Note: Methadone is not included on the medication lists for this measure because a pharmacy claim for methadone indicates treatment for pain and not opioid use disorder.

Best Practice

This measure focuses on treatment for members with opioid use disorder.

- Evidence suggests people who see multiple prescribers and use multiple pharmacies are at higher risk of overdose.
- Information to help you stay informed about the latest opioid research and guidelines is also available at www.cdc.gov , www.hhs.gov or your state's public health department website.

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RISK OF CONTINUED OPIOID USE (COU)

Description

Percentage of members ages 18 and older with a new episode of opioid use that puts them at risk for continued use. Two rates are reported:

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

Collection and Reporting Method

- Administrative: Claims/Encounter Data
- Pharmacy Data

Medications:		
Opioid Medications	• Benzhydrocodone • Butorphanol • Codeine • Dihydrocodeine • Fentanyl oral spray • Fentanyl buccal or sublingual tablet, transmucosal lozenge • Fentanyl transdermal film/patch • Fentanyl nasal spray • Hydrocodone	• Hydromorphone • Levorphanol • Meperidine • Methadone • Morphine • Opium • Oxycodone • Oxymorphone • Pentazocine • Tapentadol • Tramadol

These medications are not included as dispensing events for this measure:

- Cough and cold products with opioids
- Injectables
- Ionsys® – Fentanyl transdermal patch used in inpatient settings only
- Methadone for the treatment of opioid use disorder
- Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder
  - Buprenorphine sublingual tablets
  - Buprenorphine subcutaneous implant
  - Buprenorphine/naloxone combination products

Best Practice

This measure focuses on treatment for members with opioid use disorder.

- Evidence suggests people who see multiple prescribers and use multiple pharmacies are at higher risk of overdose.
- Information to help you stay informed about the latest opioid research and guidelines is also available at www.cdc.gov , www.hhs.gov or your state's public health department website.

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

Description

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 the diagnosis

Collection and Reporting Method

- Administrative: Claims/Encounter Data

Group A Strep Test	
CPT®	94010, 94015, 94060, 94375, 94014, 94016, 94070, 94620

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