



Quick Reference Guide HEDIS[®] MY 2022



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HEDIS[®] MY 2022

Quick Reference Guide

Updated to reflect NCQA HEDIS[®] MY 2022 Technical Specifications

Arkansas Total Care strives to provide quality healthcare to our membership as measured through HEDIS quality metrics. We created the HEDIS MY 2022 Quick Reference Guide to help you increase your practice's HEDIS rates and to use to address care opportunities for your patients. Please always follow the state and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission.



WHAT IS HEDIS[®]?

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

WHAT ARE THE SCORES USED FOR?

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

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

HOW ARE RATES CALCULATED?

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

HOW CAN I IMPROVE MY HEDIS® SCORES?

- Submit claim/encounter data for each and every service rendered.
- Make sure that chart documentation reflects all services billed.
- Bill (or report by encounter submission) for all delivered services, regardless of contract status.
- Ensure that all claim/encounter data is submitted in an accurate and timely manner.
- Consider including CPT® II codes to provide additional details and reduce medical record requests.



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.



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

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ADULT HEALTH

(AAP) ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES

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

CPT®	HCPCS	ICD-10
99202-99205, 99211-99215, 99241-99245, 99341, 99342, 99344, 99347-99349, 99381-99385, 99391-99395, 99401, 99402, 92002, 92004, 92012, 92014, 99304-99310, 99318	G2012, T1015, S0620, S0621	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

*Codes subject to change



(AMM) ANTIDEPRESSANT MEDICATION MANAGEMENT

Measure evaluates the percentage of members 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:

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



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(AMM) ANTIDEPRESSANT MEDICATION MANAGEMENT (CONTINUED)

Antidepressant Medications

DESCRIPTION	PRESCRIPTION		
Miscellaneous Antidepressants	• Bupropion	• Vilazodone	• Vortioxetine
Monoamine oxidase Inhibitors	• Isocarboxazid • Tranylcypromine	• Selegiline	• Phenelzine
Phenylpiperazine Antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic Combinations	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine		• Fluoxetine-olanzapine
SNRI Antidepressants	• Desvenlafaxine • Levomilnacipran	• Duloxetine	• Venlafaxine
SSRI Antidepressants	• Citalopram • Fluvoxamine	• Escitalopram • Paroxetine	• Fluoxetine • Sertraline
Tetracyclic Antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic Antidepressants	• Amitriptyline • Desipramine • Nortriptyline	• Amoxapine • Doxepin (>6 mg) • Protriptyline	• Clomipramine • Imipramine • Trimipramine

*Codes subject to change

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(CBP) CONTROLLING HIGH BLOOD PRESSURE

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

DESCRIPTION	CODES
Hypertension	ICD-10: I10
Systolic ≥ 140	CPT-CAT-II: 3077F
Systolic < 140	CPT-CAT-II: 3074F, 3075F
Diastolic ≥ 90	CPT-CAT-II: 3080F
Diastolic 80–89	CPT-CAT-II: 3079F
Diastolic < 80	CPT-CAT-II: 3078F
Outpatient	CPT: 99202-99205, 99211-99215, 99241-99245, 99347-99349, 99381-99385, 99391-99395, 99401, 99402, 99341-99343 HCPCS: T1015
Non-Acute Inpatient	CPT: 99304-99310, 99318, 99325-99327
Online Assessments	CPT: 99421, 99422, 99423 HCPCS: G2012

*Codes subject to change

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(BPD) BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES

Measure evaluates the percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

DESCRIPTION	CODES
Palliative Care	ICD-10: Z51.5
Outpatient	CPT: 99202-99205, 99211-99215, 99241-99245, 99341-99343, 99345, 99347- 99350, 99381- 99385, 99391-99395, 99401, 99402 HCPCS: T1015
Non-Acute Inpatient	CPT: 99304-99310, 99318
Systolic ≥ 140	CPT-CAT-II: 3077F
Systolic < 140	CPT-CAT-II: 3074F, 3075F
Diastolic ≥ 90	CPT-CAT-II: 3080F
Diastolic < 80	CPT-CAT-II: 3078F

*Codes subject to change



(HBD) HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES

Measure evaluates 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:

- HbA1c Control (<8.0%)
- HbA1c Poor Control (>9.0%)

DESCRIPTION	CODES
HbA1c Level < 7	CPT-CAT-II: 3044F
HbA1x Level > 9	CPT-CAT-II: 3046F
HbA1c Level ≥ 7 and < 8	CPT-CAT-II: 3051F
HbA1c Level ≥ 8 and ≤ 9	CPT-CAT-II: 3052F



(EED) EYE EXAM FOR PATIENTS WITH DIABETES

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

DESCRIPTION	CODES
Palliative Care	ICD-10: Z51.5
Outpatient	CPT: 99202-99205, 99211-99215, 99241-99245, 99341-99343, 99345, 99347-99350, 99381-99385, 99391-99395, 99401, 99402 HCPCS: T1015
Non-Acute Inpatient	CPT: 99304-99310, 99318
Eye Exam with Retinopathy	CPT-CAT-II: 2022F, 2024F, 2026F
Eye Exam without Retinopathy	CPT-CAT-II: 2023F, 2025F, 2033F
Unilateral Eye Enucleation	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114

*Codes subject to change



(KED) KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES

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

DESCRIPTION	CODES
Estimated Glomerular Filtration Rate (eGFR)	CPT: 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin-Creatinine Ratio (uACR)	CPT: 82043, 82570

*Codes subject to change



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

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

Beta-Blocker Medications

DESCRIPTION	PRESCRIPTION		
Noncardioselective Beta-Blockers	• Carvedilol • Pindolol • Sotalol	• Labetalol • Propranolol	• Nadolol • Timolol
Cardioselective Beta-Blockers	• Acebutolol • Atenolol	• Betaxolol • Bisoprolol	• Metoprolol • Nebivolol
Antihypertensive Combinations	• Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide • Hydrochlorothiazide-metoprolol • Hydrochlorothiazide-propranolol		



(PCE) PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION

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

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

Systemic Corticosteroid Medications

DESCRIPTION	PRESCRIPTION		
Glucocorticoids	• Cortisone • Dexamethasone	• Hydrocortisone • Methylprednisolone	• Prednisolone • Prednisone

*Codes subject to change

(PCE) PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION
(CONTINUED)

Bronchodilator Medications

DESCRIPTION	PRESCRIPTION	
Anticholinergic Agents	• Aclidinium-bromide • Ipratropium	• Umeclidinium • Tiotropium
Beta 2-Agonists	• Albuterol • Arformoterol • Formoterol • Indacaterol	• Levalbuterol • Metaproterenol • Olodaterol • Salmeterol
Bronchodilator Combinations	• Albuterol-ipratropium • Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol • Formoterol-aclidinium • Fluticasone furoate-umeclidinium-vilanterol	• Formoterol-glycopyrrolate • Formoterol-mometasone • Glycopyrrolate-indacaterol • Olodaterol-tiotropium • Umeclidinium-Vilanterol

*Codes subject to change



(SMD) DIABETES MONITORING FOR PEOPLE WITH DIABETES AND
SCHIZOPHRENIA

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

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

*Codes subject to change



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

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

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

*Codes subject to change



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

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

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

*Codes subject to change

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WOMEN'S HEALTH

(BCS) BREAST CANCER SCREENING

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

DESCRIPTION	CODES
Mammogram	CPT: 77061-77063, 77065-77067 ICD-10 (bilateral mastectomy): Z90.13

*Codes subject to change



(CCS) CERVICAL CANCER SCREENING

Measure demonstrates the percentage of patients 21–64 years of age who were screened for cervical cancer using **any** of the following criteria:

- Patients ages 21–64 who had cervical cytology performed within last three years.
- Patients ages 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.
- Patients ages 30–64 who had cervical cytology/hrHPV co-testing within the last five years.



For more information, visit www.ncqa.org

(CCS) CERVICAL CANCER SCREENING (CONTINUED)

DESCRIPTION	CODES
Cervical Cytology Lab Test (20–64)	CPT: 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175
HPV Tests (30–64)	CPT: 87624, 87625
Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis	CPT: 51925, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58292, 58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 59856 ICD-10: Q51.5, Z90.710, Z90.712

*Codes subject to change



(CHL) CHLAMYDIA SCREENING IN WOMEN

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

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

*Codes subject to change



(PPC) PRENATAL AND POSTPARTUM CARE

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

- **Timeliness of Prenatal Care:** Percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization.
- **Postpartum Care:** Percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.

(PPC) PRENATAL AND POSTPARTUM CARE (CONTINUED)

DESCRIPTION	CODES
Prenatal Visits	CPT: 99202-99205, 99211, 99215, 99241-99245 HCPCS: T1015
Stand-Alone Prenatal Visits	CPT-CAT-II: 0500F, 0501F, 0502F
Cervical Cytology Lab Test	CPT: 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175
Postpartum Visits	CPT: 57170, 58300 CPT-CAT-II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

*Codes subject to change

NOTE: When using the Prenatal Visit codes, remember to also include a Pregnancy Diagnosis code.

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PEDIATRIC HEALTH

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

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

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

DESCRIPTION	CODES
Outpatient Visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	CPT: 99202-99205, 99211-99215, 99241-99245, 99341-99343, 99345, 99347-99350, 99381-99385, 99391-99395, 99401, 99402 HCPCS: H0034, H2000, H2011, H2014, H2015, H2016, H2017, H2019, H2020, T1015
Observation Visit	CPT: 99217-99220

NOTE: Table continues on next page

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

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Partial Hospitalization POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255 POS: 52
Partial Hospitalization/ Intensive Outpatient	HCPCS: H0035, S0201, S9485
Telehealth Visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 02
E-visit/Virtual Check-In	HCPCS: G2012
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255 POS: 53

*Codes subject to change



(APM) METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS

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

- Percentage of children and adolescents on antipsychotics who received blood glucose testing.
- Percentage of children and adolescents on antipsychotics who received cholesterol testing.
- Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

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

*Codes subject to change



(CIS) CHILDHOOD IMMUNIZATION STATUS

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

DESCRIPTION	CODES
DTaP (4-dose)	CPT: 90967, 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120, 146
HIB (3-dose)	CPT: 90647, 90648, 90698, 90748 CVX: 17, 46, 47, 48, 49, 50, 51, 120, 148
Newborn Hep B (3-dose)	CPT: 90967, 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110, 146 ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
IPV (3-dose)	CPT: 90967, 90698, 90713, 90723 CVX: 10, 89, 110, 120, 146
MMR (1-dose)	CPT: 90707, 90710 CVX: 03, 94 ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Pneumococcal Conjugate PCV (4-dose)	CPT: 90670 CVX: 133, 152
Varicella VZV (1-dose)	CPT: 90710, 90716 CVX: 21, 94 ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
Hep A (1-dose)	CPT: 90633 CVX: 31, 83, 85 ICD-10: B15.0, B15.9
Influenza Flu (2-dose) LAIV vaccination must be administered on the child's second birthday.	CPT: 90655, 90657, 90660, 90661, 90672, 90673, 90685-90689, 90756 CVX: 88, 111, 140, 141, 149, 150, 153, 155, 158, 161, 171, 186 HCPCS: G0008
Rotavirus (2-Dose)	CPT: 90681 CVX: 119
Rotavirus (3-Dose)	CPT: 90680 CVX: 116, 122

*Codes subject to change

NOTE: Rotavirus is either 2-dose **OR** 3-dose for compliancy.

(IMA) IMMUNIZATIONS FOR ADOLESCENTS

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

DESCRIPTION	CODES
Meningococcal-serogroup A, C, W, and Y: (1-dose)	CPT: 90619, 90733, 90734 CVX: 32, 108, 114, 136, 147, 167, 203
Tdap (1-dose)	CPT: 90714 CVX: 115
HPV (2- or 3-dose series)	CPT: 90649-90651 CVX: 62, 118, 137, 165

*Codes subject to change

(LSC) LEAD SCREENING IN CHILDREN

Measure evaluates the percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

CPT*
83655

*Codes subject to change

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

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

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

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

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

CPT*	ICD-10
99381, 99382, 99383, 99384, 99385, 99393-99395	Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2

*Codes subject to change

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

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

CPT*	ICD-10
99318, 99382-99385, 99391-99395, 99461	Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2

*Codes subject to change



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

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

- BMI Percentile
- Counseling for Nutrition
- Counseling for Physical Activity

DESCRIPTION	CODES
BMI Percentile	ICD-10: Z68.51, Z68.52, Z68.53, Z68.54
Nutrition Counseling	CPT: 97802, 97803 HCPCS: S9470 ICD-10: Z71.3
Physical Activity	ICD-10: Z02.5, Z71.82

*Codes subject to change





GENERAL HEALTH

(AMR) ASTHMA MEDICATION RATIO

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

Step 1: For each member, count the units of asthma controller medications (Asthma Controller Medications List) dispensed during the measurement year.

Step 2: For each member, count the units of asthma reliever medications (Asthma Reliever Medications List) dispensed during the measurement year.

- For each member, sum the units calculated in steps 1 and 2 to determine the total units asthma medications.
- For each member, calculate ratio using the below:
 - Units of Controller Medications/Units of Total Asthma Medications.

Asthma Controller Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Antiasthmatic Combinations	Dyphylline-guaifenesin	Dyphylline-guaifenesin Medications List	Oral
Antibody Inhibitors	Omalizumab	Omalizumab Medications List	Injection
Anti-Interleukin-4	Dupilumab	Dupilumab Medications List	Injection
Anti-Interleukin-5	Benralizumab	Benralizumab Medications List	Injection
Anti-Interleukin-5	Mepolizumab	Mepolizumab Medications List	Injection

NOTE: Table continues on next page



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

(AMR) ASTHMA MEDICATION RATIO (CONTINUED)

Asthma Controller Medications (Continued)

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Anti-Interleukin-5	Reslizumab	Reslizumab Medications List	Injection
Inhaled Steroid Combinations	Budesonide-formoterol	Budesonide-formoterol Medications List	Inhalation
Inhaled Steroid Combinations	Fluticasone-salmeterol	Fluticasone-salmeterol Medications List	Inhalation
Inhaled Steroid Combinations	Fluticasone-vilanterol	Fluticasone-vilanterol Medications List	Inhalation
Inhaled Steroid Combinations	Formoterol-mometasone	Formoterol-mometasone Medications List	Inhalation
Inhaled Corticosteroids	Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled Corticosteroids	Budesonide	Budesonide Medications List	Inhalation
Inhaled Corticosteroids	Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled Corticosteroids	Flunisolide	Flunisolide Medications List	Inhalation
Inhaled Corticosteroids	Fluticasone	Fluticasone Medications List	Inhalation
Inhaled Corticosteroids	Mometasone	Mometasone Medications List	Inhalation
Leukotriene Modifiers	Montelukast	Montelukast Medications List	Oral
Leukotriene Modifiers	Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene Modifiers	Zileuton	Zileuton Medications List	Oral
Methylxanthines	Theophylline	Theophylline Medications List	Oral

(AMR) ASTHMA MEDICATION RATIO (CONTINUED)

Asthma Reliever Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Short-Acting, Inhaled Beta-2 Agonists	Albuterol	Albuterol Medications List	Inhalation
Short-Acting, Inhaled Beta-2 Agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

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(CWP) APPROPRIATE TESTING FOR PHARYNGITIS

Measure demonstrates the percentage of episodes for members 3 and older in which the member was diagnosed with pharyngitis, dispensed an antibiotic, and given a group A streptococcus (strep) test for the episode.

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

*Codes subject to change

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(FUH) FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

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

- Discharges for which the member received **follow-up within 30 days of discharge.**
- Discharges for which the member received **follow-up within 7 days of discharge.**

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Provider	CPT: 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with Mental Health Provider	CPT: 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99385, 99391-99395, 99401, 99402 HCPCS: H2000, H2011, H2014, H0215, H0216, H0217, H0219, H2020, T1015

NOTE: Table continues on next page

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

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Provider	CPT: 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255 POS: 52
Partial Hospitalization/Intensive Outpatient	HCPCS: H0035, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255 POS: 53
Electroconvulsive Therapy with Ambulatory Surgical Center POS/Community Mental Health Center POS/Outpatient POS/Partial Hospitalization POS	CPT: 90870 Ambulatory POS: 24 Comm. POS: 53 Partial Hosp. POS: 52 Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Telehealth Visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99251-99255 POS: 02
Observation	CPT: 99217-99220

*Codes subject to change



(IET) INITIATION AND ENGAGEMENT OF SUBSTANCE USE DISORDER TREATMENT

Measure evaluates the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.

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

(IET) INITIATION AND ENGAGEMENT OF SUBSTANCE USE DISORDER TREATMENT (CONTINUED)

DESCRIPTION	CODES
Initiation and Engagement/Treatment	CPT: 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99078, 99202-99205, 99211-99215, 99217-99220, 99221-99223, 99231, 99232, 99233, 99238, 99241-99245, 99341-99343, 99345, 99347-99350, 99251-99255, 99381-99383, 99384, 99385, 99391-99393, 99394, 99395, 99401, 99402 HCPS: H0001, H0015, H0034, H0035, H2000, H2011, H2014-H2017, H2019, H2020, S9485, T1015 POS: 02, 03, 05, 07, 09, 11-20, 22, 33, 49-50, 52, 53, 57, 58, 71, 72
E-visit/Virtual Check-In	HCPCS: G2012

*Codes subject to change

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





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