

Measure	Requirement	Coding Assistance
SAA Adherence to Antipsychotic Medications for Individuals with Schizophrenia Members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	Ages 18+: Members who achieved a proportion of days covered (PDC) of at least 80% for their antipsychotic medications during the measurement year.	Long acting Injections: Risperidone, Aripiprazole, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone (Perseris) Oral Antipsychotic Medications: Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine, Amitriptyline-perphenazine, Thiothixene
SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are using Antipsychotic Medications 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 during the measurement year.	Age 18 - 64: A glucose test or an HbA1c test performed during the measurement year.	CPT® Code(s): 80047,80048, 80050, 82947, 82950, 82951, 83036 CPT®II Code(s): 3044F, 3045F, 3046F
W34 Well-Child Visits in the Third, Fourth, Fifth and Sixth year of life. Members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	Ages 3 - 6: At least one well-child visit with a PCP during the measurement year as documented. The PCP does not have to be assigned to the member. Documentation in the medical record must include: 1. A note indicating a visit to a PCP 2. The date when the well-care visit occurred and 3. Evidence of all of the following: • Health history. Assessment of the member's history of disease or illness. • Physical developmental history. Includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult. • Mental developmental history. Includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult. • Physical exam. • Health education/anticipatory guidance. Given by the health care provider to the member and/or parents or guardians in anticipation of emerging issues that a member and family may face.	CPT® Code(s): 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 ICD-10-CM Code(s): Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2
WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation and Counseling for nutrition and physical activity during the measurement year.	Ages 3 - 17: Documentation in the medical record for the measurement year must indicate: - BMI percentile documentation. - Counseling for nutrition. - Counseling for physical activity. Excludes: Female members who have a diagnosis of pregnancy.	To Identify BMI Percentile: ICD-10-CM Code(s): Z68.51 - Z68.54 To Identify Nutrition Counseling: CPT® Code(s): 97802, 97803 HCPCS Code(s): S9470 ICD-10-CM Code(s): Z71.3 To Identify Physical Activity Counseling: HCPCS Code(s): G0447, S9451 ICD-10-CM Code(s): Z02.5, Z71.82

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A1C Hemoglobin A1C Testing and Control Members 18 - 75 years of age with type I or type II diabetes who had an HbA1C screen (must be < 8) during the measurement year.	Test Needed: HbA1C required at least one time in the measurement year and most recent test results must be < 8.0%. Excludes: Members with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior to the measurement year.	CPT® Code(s): 83036 CPT® II Code(s): 3044F, 3045F, 3046F <i>When coding a Hemoglobin A1C Test, it is required to include the CPT®II Code with the results of the test. If codes 3045F or 3046F are used, that portion of the medical record that documents those results must be submitted.</i>
ABA Adult Body Mass Assessment Members 18 - 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.	Younger than 20: Documentation in the medical record must indicate the height, weight and BMI percentile, and be dated during the measurement year or year prior to the measurement year. 20 Years or Older: Documentation in the medical record must indicate the weight and BMI value, dated during the measurement year or year prior to the measurement year. Excludes: Female members with a diagnosis of pregnancy.	To Identify BMI: ICD-10-CM Code(s): BMI: Z68.1 - Z68.45 BMI Percentile: Z68.51 - Z68.54
ADD Follow-Up Care for Children Prescribed ADHD Medication Children 6-12 years old newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at test three follow up visits within a 10 month period, one of which was within 30 days of when the first ADHD Medication was dispensed.	Ages 6 - 12: Members six years old as of March 1 of the year prior to the measurement year to 12 years as of the last calendar day of February of the measurement year. Two rates are reported: - Initiation Phase. Members with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation phase. - Continuation and Maintenance (C&M) Phase. Members with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	CPT® Code(s): 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238, 99241-99245, 99251-99255, 99341-99343, 99347-99349, 99381-99385, 99391-99395, 99401, 99204 HCPCS Code(s): H0034, H0035, H2011, H2014, T1015 <i>* Only one of th two visits during the C&M Phase may be a telephone visit or a telehealth visit.</i>
AMM Antidepressant Medication Management Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.	Ages 18+: Two rates are reported - Effective Acute Phase Treatment: Members who remained on an antidepressant medication for at least 84 days (12 weeks). - Effective Continuation Phase Treatment: Members who remained on an antidepressant medication for at least 180 days (6 months).	To satisfy the Effective Acute Phase Treatment: At least 84 days (12 weeks) of treatment with antidepressant medication for 115 total days. This allows *gaps in medication treatment up to a total of 31 days during the 115-day period. To satisfy the Continuation Phase Treatment: At least 180 days (6 months) of treatment with antidepressant medication for 232 total days. This allows *gaps in medication treatment up to a total of 52 days during the 232-day period. <i>* Gaps an include either washout period gaps to change medication or treatment gaps to refill the same medication.</i>
APC Use of Multiple Concurrent Antipsychotics in Children and Adolescents Children and adolescents 1-17 years of age who were treated with antipsychotic medications and were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.	Ages 1 - 17: Identify members on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.	A lower rate indicates better performance. The goal is to limit multiple concurrent antipsychotic use in children and adolescents.

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<p>AWC Adolescent Well-Care Visits</p> <p>Members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>	<p>Ages 12 - 21: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year, as documented. The PCP does not have to be assigned to the member.</p> <p>Documentation in the medical record must include:</p> <ol style="list-style-type: none"> 1. A note indicating a visit to a PCP or OB/GYN practitioner 2. The date when the well-care visit occurred and 3. Evidence of the following: <ul style="list-style-type: none"> -Health History. Assessment of the member's history of disease or illness. - Physical developmental history. Includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult. -Mental developmental history. Includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult. -Physical exam. <p>Health education/anticipatory guidance: Given by the health care provider to the member and/or parents or guardians in anticipation of emerging issues that a member and family may face.</p>	<p>CPT® Code(s): 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461</p> <p>ICD-10-CM Code(s): Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2</p>
<p>BCS Breast Cancer Screening</p> <p>Female members 52 - 74 years of age as of December 31st who had a mammogram to screen for breast cancer.</p>	<p>Age 50 - 74: Mammogram is required two years prior to the measurement year through December 31st of the measurement year.</p> <p>Excludes: Patients with a bilateral mastectomy, unilateral mastectomy w/bilateral modifier or two unilateral mastectomies with service dates 14 days or more apart.</p>	<p>Mammography Codes: CPT® Code(s): 77061, 77062, 77063, 77065, 77066, 77067</p> <p>Exclusion Codes: CPT® Code(s): 19180, 19200, 19220, 19240, 19303-19307</p> <p>ICD-10-CM Code(s): Z90.11, Z90.12, Z90.13 ICD-10-PCS: OHTU0ZZ, OHTT0ZZ, OHTV0ZZ Bilateral modifier codes: 50 and 09950</p>
<p>CBP Controlling Blood Pressure & Diabetes with Controlled Blood Pressure</p> <p>Members 18 - 85 years of age who had a diagnosis of hypertension (HTN) or diabetes and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.</p>	<p>Ages 18 - 85: Identify the most recent BP reading taken during an outpatient visit, a non-acute inpatient encounter or remote monitoring event.</p> <p>*The most recent (last) BP reading during the measurement year on or after the second diagnosis of hypertension or a diagnosis of diabetes. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading.</p>	<p>To identify blood pressure readings:</p> <p>CPT®II Code(s): 3074F, 3075F, 3077F, 3078F, 3079F, 3080F</p> <p>Requirement: Medical record with last BP of the year is required to close this measure.</p>
<p>CCS Cervical Cancer Screening</p> <p>Female members 21 - 64 years of age who were screened for cervical cancer.</p>	<p>Women 21 - 64 who were screened for cervical cancer using either of the following criteria: Women 21 - 64 years of age who have had a cervical cytology performed within the last 3 years. Women 30 - 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years Women 30 - 64 years of age who had cervical cytology/high-risk human papillomavirus (HrHPV) cotesting within the last 5 years.</p> <p>Excludes: Members who had a prior Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.</p>	<p>Cervical Cytology: CPT® Code(s): 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88155, 88164, 88165, 88166, 88167, 88174, 88175</p> <p>HPV Test: CPT® Code(s): 87621, 87623, 87624, 87625</p>

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<p>CHL Chlamydia Screening in Women</p> <p>Women 16 - 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p>	<p>Ages 16 - 24: At least one chlamydia test during the measurement year.</p> <p><i>*Documentation must include a note indicating the date the test was performed, and the result or finding.</i></p>	<p>Chlamydia Tests:</p> <p>CPT® Code(s): 87110, 87270, 87320, 87490, 87491, 87492, 87810</p>
<p>CIS Childhood Immunization Status</p> <p>Children turning 2 years of age in the measurement year who had the following vaccines by their second birthday:</p> <ul style="list-style-type: none"> • 4 DTaP • 1 MMR • 3 HiB • 1 VZV • 3 HepB • 4 PCV • 1 HepA • 2 Flu • 2 or 3 RV • 3 IPV 	<p>On or before 2nd Birthday: All immunizations must be administered on or prior to the child's second birthday.</p> <p><i>*Please follow federal recommendations by the CDC, Arkansas Medicaid, and Bright Futures/American Academy of Pediatrics on immunization schedules.</i></p>	<p>CPT® Code(s):</p> <p>DTaP: 90698, 90700, 90723 IPV: 90698, 90713, 90723 MMR: 90707, 90710 HiB: 90647, 90648, 90698, 90748 VZV: 90710, 90716 PCV: 90760 HepA: 90633 RV: 90680, 90681 Flu: 90655, 90657, 90662, 90673, 90685, 90686, 90688, 90660, 90672</p>
<p>EYE Diabetic Retinal Eye Exam</p> <p>Members 18 - 75 years of age with Type I or Type II diabetes who had a retinal eye exam during the measurement year.</p>	<p>Age 18 - 75: Dilated or retinal eye exam must be completed by an Eye Care Professional in the measurement year; or a negative dilated or retinal exam report completed by an Eye Care Professional in the year prior to the measurement year.</p> <p>Excludes: Members with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior; or members with a diagnosis of eye enucleation.</p> <p><i>If submitted by a PCP, the following CPT® codes must be accompanied by a CPT® II code to meet the HEDIS specifications indicating the services were performed by a qualified eye care professional.</i></p>	<p>CPT® Code(s): 67028, 67030-67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-67221, 67227-67228, 92002, 92004, 92012, 92014, 92018- 92019, 92134, 92225, 92226, 92230, 92235, 92240, 92250, 92260</p> <p>CPT®II Code(s): 2022F, 2024F, 2026F or 3072F (negative for retinopathy).</p> <p>HCPCS Code(s): S0620, S0621</p>
<p>FUH Follow-Up after Hospitalization for Mental Illness</p> <p>Members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.</p>	<p>Ages 6+ Two rates are reported:</p> <p>30-Day Follow-Up: A follow-up visit with a mental health practitioner within 30 days after discharge.</p> <p>7-Day Follow-Up: A follow-up visit with a mental health practitioner within 7 days after discharge.</p> <p>* Do not include visits that occur on the date of discharge.</p>	<p>For both rates, any of the following meet criteria for a follow-up visit:</p> <ul style="list-style-type: none"> • An outpatient visit with a mental health practitioner. • An intensive outpatient encounter or partial hospitalization with a mental health practitioner. • A community mental health center visit with a mental health practitioner. • Electroconvulsive therapy with a mental health practitioner. • A telehealth visit with a mental health practitioner. • An observation visit with a mental health practitioner. • Transitional care management services with a mental health practitioner.
<p>IMA Immunizations for Adolescents</p> <p>Adolescents 13 years of age who had the following vaccines by their 13th birthday: One dose of meningococcal, one dose of tetanus, Diphtheria toxoids and acellular pertussis (Tdap), and completed the human papillomavirus (HPV) series.</p>	<p>On or before 13th Birthday:</p> <p>All immunizations must be administered on or prior to child's thirteenth birthday.</p> <p><i>Please follow federal recommendations by the CDC, Arkansas Medicaid, and Bright Futures/American Academy of Pediatrics on immunization schedules.</i></p>	<p>CPT® Code(s):</p> <p>Meningococcal: 90734 Tdap: 90715 HPV: 90649, 90650, 90651</p>