



NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND

Provider Performance Guide for Clinical Quality Measures

Department of Quality Improvement Contact Information

Director of Quality Improvement and Grievance and Appeals

Cesarina Elias – celias@nhpri.org

Senior Manager of Quality Improvement and Accreditation

Lisa Bonina – lbonina@nhpri.org

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Neighborhood Health Plan of Rhode Island (Neighborhood) strives to ensure that our members have access to high quality health care services that are responsive to their needs and result in positive health outcomes.

Neighborhood uses the annual Healthcare Effectiveness Data and Information Set (HEDIS) (HEDIS)^{®1} data to provide a standardized assessment of Neighborhood's performance. Neighborhood conducts detailed analyses of HEDIS results by variables such as race and ethnicity, language spoken, gender, age group, primary care provider type, and line of business to better understand clinical outcome patterns and identify areas for improvement. Neighborhood annually shares practice-specific HEDIS results with high-volume primary care provider sites with the goal of identifying opportunities for improvement and share best practices.

Neighborhood developed the "Quality Measures Guide" as a quick HEDIS reference guide to assist providers in addressing gaps in care for their patients, as well as improve their HEDIS rates.

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA)

What is HEDIS

HEDIS is a standardized set of performance measures developed by the National Committee for Quality Assurance (NCQA). According to NCQA, HEDIS is one of health care's most widely used performance measurement tools. HEDIS measures are meant to objectively compare quality across health plans and providers. Additional information on HEDIS is found at www.ncqa.org.

Health plans submit HEDIS results to NCQA annually in June of the reporting year. These results are rigorously audited by an NCQA-certified HEDIS auditor using a process designed by NCQA, and only results that pass audit are accepted by NCQA. Every health plan that is accredited by NCQA must report their HEDIS rates to NCQA annually.

Neighborhood uses the results of the annual HEDIS data collection to monitor and evaluate the care and services provided to its members, as well as compare performance on HEDIS quality measures to other health plans.

What are the Benefits of HEDIS

The benefit of collecting and reporting HEDIS measures include but are not limited to:

- ✓ Identify gaps in care for providers' patients who need clinical services and screenings
- ✓ Evaluate quality of care and services
- ✓ Identify quality improvement initiatives
- ✓ Compare performance with other health plans

How is HEDIS Data Collected and Calculated

<u>Sources for HEDIS Data Collection</u>		
Administrative Measures	Hybrid Measures	Survey Measures
- Claims Data - Immunization Registries - Lab Data Files - Health Information Exchange - Encounter Data - Pharmacy Data - Supplemental data	- Administrative Data - Medicaid Record Review (MRR)	- CAHPS Health Plan Surveys

ECDS

- Gathered from electronic database

HEDIS Rates Calculation:

- **Administrative:** Measures reported as administrative are calculated using administrative data sources to determine both the number of members who are eligible for the measure denominator and the number of eligible members who are compliant with the numerator requirements for the measure. Rates for these measures are based on the total eligible population.
- **Hybrid:** Measures reported as hybrid are calculated using both administrative data and medical record data. Administrative data sources are used to determine the number of members who are eligible for the measure denominator. To determine numerator compliance, administrative data is supplemented by data that is abstracted from medical records for a sample of members from the measure denominator. Rates for these measures are based solely on the sample population.
- **Survey:** Measures reported as survey measures are collected through the CAHPS®ⁱⁱ (Consumer Assessment of Healthcare Providers and Systems) survey on an annual basis. Several of the HEDIS rates are calculated from the CAHPS survey. (e.g., “Advice to Quit Smoking”).

Electronic Clinical Data Systems (ECDS) Reporting

Electronic Clinical Data Systems (ECDS) reporting standard provides health plans a method for collecting and reporting standard electronic clinical data for HEDIS quality measurement and improvement. The ECDS architecture was designed to help HEDIS implementers understand how technology might improve the efficiency of quality reporting while providing an incentive to connect to a broad array of actionable information from multiple sources. HEDIS quality measures reported using ECDS inspire innovative use of electronic clinical data to document high-quality patient care. The ECDS reporting standard represents a step forward in the evolution of HEDIS to accommodate the extensive information available in electronic datasets used for patient care and quality improvement.

Types of ECDS Data

Data systems that may be eligible for HEDIS ECDS reporting include, but are not limited to, member eligibility files, EHRs, clinical registries, HIEs, administrative claims systems, electronic laboratory reports (ELR), electronic pharmacy systems, immunization information systems (IIS) and disease/case management registries.

Data sources used for HEDIS ECDS reporting are categorized as follows:

1. **Electronic health record (EHR)/personal health record (PHR).** Patient records that document a patient’s medical history, treatment plans, radiology and laboratory test results in digital format that can make the information available instantly and securely to authorized users.
2. **Health information exchange (HIE)/clinical registry.** HIEs and clinical registries eligible for this reporting category include state HIEs, IIS, public health agency systems,

regional HIEs (RHIO), Patient-Centered Data Homes™ or other registries developed for research or to support quality improvement and patient safety initiatives. Clinical registries may be sponsored by a government agency, nonprofit organization, health care facility or private company, and decisions regarding use of a registry's data are the responsibility of the registry's governing committee.⁴

3. **Case management system.** A shared database of member information collected through a collaborative process of member assessment, care planning, care coordination or monitoring of a member's functional status and care experience. Case management systems eligible for this category of ECDS reporting include any system developed to support the organization's case/disease management activities, including activities performed by delegates.
4. **Administrative.** Includes data from administrative claim processing systems for all services incurred (paid, suspended, pending, denied) during the period defined by each measure's participation, as well as member management files, member eligibility and enrollment files, electronic member rosters, internal audit files and member call service databases.

1. <https://www.federalregister.gov/documents/2015/10/16/2015-25597/2015-edition-health-information-technology-health-it-certification-criteria-2015-edition-base>
2. <https://www.healthit.gov/providers-professionals/health-information-exchange/what-hie>
3. <https://www.nih.gov/health-information/nih-clinical-research-trials-you/list-registries>

HEDIS Annual Medical Record Requests

Annually, Neighborhood's Quality Improvement Department requests medical records from providers' offices to meet the data collection requirements for hybrid measures. These requests include:

1. A list of your patients who are Neighborhood's members, and
2. The HEDIS measure(s) relevant to each patient

Requested records can be sent to Neighborhood using the following methods:

1. Secured fax
2. Secured mail
3. Direct mail
4. Secured email
5. Onsite collection (nurse will schedule a convenient time)

A Provider's office may also give Neighborhood access to their Electronic Medical Records. Many providers have chosen this option because it reduces the administrative burden on the providers' offices and improves the accuracy of their performance rates. If you are interested in electronic data submission, please contact Neighborhood's Quality Improvement Department at 401-459-6000.

Quality Compass

Quality Compass (QC)[®] is a benchmarking tool produced annually by NCQA. Neighborhood uses QC benchmarks to set performance goals, compare its performance against other health plans and annually monitor progress in quality measures. Quality Compass benchmarks are available for Medicaid, Medicare, Exchange, and Commercial products.

How Can You Improve Your HEDIS Rates?

- **Properly Code Claims and Encounters**
 - Always use the correct diagnosis and procedure codes to ensure you are capturing all the services you provide.
 - Submit all claims/encounter data timely.
 - Ensure that all services are documented in the medical records.
 - Use CPT II codes where applicable. Using CPT II codes provides additional details and reduces medical record requests.
- **Avoid Missed Opportunities**
 - Use the gap in care reports that Neighborhood sends to outreach to your patients and schedule needed services/screenings.
 - Note: Gap in care reports are based on members assigned to your practice, if you are a Neighborhood Primary Care Provider.
 - Conduct ongoing review of your member roster and outreach to patients who are newly assigned to your practice to schedule a new patient appointment.
 - Take advantage of every patient office visit to provide a wellness visit, immunization and screenings such as BMI calculations and blood pressure.
 - Turn HEDIS functionality “on” in your EMR platforms, if available.
 - Schedule preventive services and screenings or make referrals for your patients (ex: mammogram, cervical cancer screening, colonoscopy, diabetes screenings, etc.) before the patient leaves the office.
 - Use an appointment reminder system (i.e., text, email, portal messages, live phone calls).

General Best Practices

- Schedule follow-up appointments and testing for patients before they leave your office.
- Have patients complete screenings and tests before their scheduled appointment.
- Offer extended hours or weekend hours, when possible, for ease of access for patients.

- Conduct appointment reminder calls during off hours (evening).
- Coordinate care with behavioral health providers before the patient leaves the office.
- Talk to your patients about the importance of both medication adherence and taking their medication(s) even when symptoms have subsided.
- Always ask about fears and concerns that a patient may have about screenings or procedures being performed at the visit.
- Create automatic flags in EMR to alert staff when patients are due for screenings

Provider Resources

Visit our website www.nhpri.org for medical and behavioral health resources available to you.

Medical Resources

- **Provider website page:** <https://www.nhpri.org/providers/>
- **Provider Email:** Sign-up Here! <https://lp.constantcontactpages.com/su/O9iV1DT>
- **Clinical Resources** (including Clinical Practice Guidelines and Programs): <https://www.nhpri.org/providers/provider-resources/clinicalresources/>
- **Provider Newsletters:** <https://www.nhpri.org/providers/communication/provider-newsletter/>
- **Bright Futures for age-appropriate anticipatory guidance:** <https://www.Brightfutures.org/>
- **Rhode Island Medicaid Early Periodic Screening, Diagnosis, and Treatment Chart:** <https://cohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/EPsDT-Table-2018.pdf>

Behavioral Health Resources

- Neighborhood Health Plan of Rhode Island: <https://www.nhpri.org/providers/provider-resources/behavioralhealth/>
- Optum Resources
 - Provider Express: <https://www.providerexpress.com/content/ope-provexpr/us/en.html>
 - Clinical Resources: <https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources.html>
 - Screening tools: <https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/clinical-tools-and-quality-initiatives.html>

Childhood Immunization Status (CIS-E)

Measure Definition	Percentage of children who turn 2 years of age in the measurement year who had the following immunization on or before their second birthday: • 4 doses of diphtheria, tetanus and acellular pertussis (DTaP) • 4 doses of pneumococcal conjugate (PCV) • 3 doses of hepatitis B (Hep B) • 3 doses of haemophilus influenza type B (HiB) vaccine • 3 doses of polio (IPV) • 2 or three doses of rotavirus (RV) • 2 doses of influenza (flu) • 1 dose of measles, mumps and rubella (MMR) • 1 dose of hepatitis A (Hep A) • 1 dose of chicken pox (VZV)
Measure Source	HEDIS Technical Specifications
Data Collection Method	ECDS Measure

Best Practices

- ✓ Review gap in care report to determine which immunizations the patient may be due for before age two and set reminders tied to missing vaccines
- ✓ Take advantage of all opportunities when a patient is in the office for administering vaccines
- ✓ Schedule the next visit before the patient leaves the office
- ✓ Educate parents on the importance of vaccines
- ✓ Inform patient of Neighborhood's Member Rewards (Patient receives \$25 gift card if they complete the Asthma Action Plan)
- ✓ Follow the Centers for Disease Control and Prevention (CDC) immunization schedule for Childhood immunization – [HERE](#)

DTAP (DIPHTHERIA, TETANUS AND ACCELLULAR PERTUSSIS)

Number of Doses	4
Note	- Do not count dose administered from birth through 42 days. - If applicable, anaphylaxis or encephalitis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator.
CPT	90697, 90698, 90700, 90723
CVX Codes	20, 50, 106, 107, 110, 120, 146
SNOMED	<u>Vaccine</u> : 310306005, 310307001, 310308006, 312870000, 313383003, 390846000, 390865008, 399014008, 412755006, 412756007, 412757003, 412762002, 412763007, 412764001, 414001002, 414259000, 414620004, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004, 787436003, 866158005, 866159002, 866226006, 868273007, 868274001, 868276004, 868277008, 116264003, 428251000124104, 571571000119105, 572561000119108, 16290681000119103 <u>Anaphylaxis</u> : 428281000124107, 428291000124105 <u>Encephalitis</u> : 19271009, 192711008, 192712001

HEP A (HEPATITIS A)

Number of Doses	1
Note	Must be administered on or between a child's first and second birthdays.
CPT	90633
CVX Codes	31, 83, 85
SNOMED	170378007, 170379004, 170380001, 170381002, 170434002, 170435001, 170436000, 170437009, 243789007, 312868009, 314177003, 314178008, 314179000, 394691002, 871752004, 871753009, 871754003, 571511000119102 <u>Anaphylaxis</u> : 471311000124103

HEP B (HEPATITIS B)

Number of Doses	3
Note	If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator.
ICD10 PCS	Newborn Administration: 3E0234Z
CPT	90697, 90723, 90740, 90744, 90747, 90748
CVX Codes	08, 44, 45, 51, 110, 146
HCPCS	G0010
SNOMED	Vaccine: 16584000, 170370000, 170371001, 170372008, 170373003, 170374009, 170375005, 170434002, 170435001, 170436000, 170437009, 312868009, 396456003, 416923003, 770608009, 770616000, 770617009, 770618004, 786846001, 1162640003, 572561000119108 Anaphylaxis: 428321000124101

HIB (HAEMOPHILUS INFLUENZA TYPE B)

Number of Doses	3
Note	- Do not count dose administered from birth through 42 days. - If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator.
CPT	90644, 90647, 90648, 90697, 90698, 90748
CVX Codes	17, 46, 47, 48, 49, 50, 51, 120, 146, 148
SNOMED	Vaccine: 127787002, 170343007, 170344001, 170345000, 170346004, 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 414001002, 414259000, 415507003, 415712004, 428975001, 712833000, 712834006, 770608009, 770616000, 770617009, 770618004, 786846001, 787436003, 1119364007, 1162640003, 16292241000119109 Anaphylaxis: 433621000124101

INFLUENZA

Number of Doses	2
Note	Do not count dose administered prior to age 6 months.
CPT	90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756
CVX Codes	88, 140, 141, 150, 153, 155, 158, 161, 171, 186
HCPCS	G0008
SNOMED	86198006 <u>Anaphylaxis:</u> 471361000124100

LIVE ATTENUATED INFLUENZA VIRUS

Note	• Must be administered on the second birthday. • Only 1 of the 2 required doses can be LAIV.
CPT	90660, 90672
CVX Codes	111, 149
SNOMED	787016008

IPV (POLIO)

Number of Doses	3
Note	Do not count dose administered from birth through 42 days.
CPT	90697, 90698, 90713, 90723
CVX Codes	10, 89, 110, 120, 146
SNOMED	310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 390865008, 396456003, 412762002, 412763007, 412764001, 414001002, 414259000, 414619005, 414620004, 415507003, 415712004, 416144004, 416591003, 417211006, 417384007, 417615007, 866186002, 866227002, 868266002, 868267006, 868268001, 868273007, 868274001, 868276004, 868277008, 870670004, 572561000119108, 16290681000119103 <u>Anaphylaxis:</u> 471321000124106

MMR (MEASLES, MUMPS, AND RUBELLA)

Number of Doses	1
Note	Must be administered on or between a child's first and second birthday.
CPT	90707, 90710
CVX Codes	03, 94
SNOMED	38598009, 170431005, 170432003, 170433008, 432636005, 433733003, 871909005, 571591000119106, 572511000119105 <u>Anaphylaxis</u> : 471331000124109

PCV (PNEUMOCOCCAL CONJUGATE)

Number of Doses	4
Note	Do not count dose administered from birth through 42 days.
CPT	90670, 90671
CVX Codes	109, 133, 152, 215
HCPCS	G0009
SNOMED	1119368005, 434751000124102 <u>Anaphylaxis</u> : 471141000124102

ROTAVIRUS

Number of Doses	2 or 3 (depending on vaccine manufacturer)
Note	- Do not count dose administered from birth through 42 days. - Can combine at least 1 dose of the 2-dose vaccine and at least 2 doses of the 3-dose vaccine. - If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator.
CPT	<u>Rotavirus two dose</u> : 90681 <u>Rotavirus three dose</u> : 90680
CVX Codes	<u>Rotavirus two dose</u> : 119 <u>Rotavirus three dose</u> : 116, 122
SNOMED	<u>Rotavirus two dose</u> : 434741000124104 <u>Rotavirus three dose</u> : 434731000124109 <u>Anaphylaxis</u> : 428331000124103

VZV (CHICKEN POX)

Number of Doses	1
Note	Must be administered on or between a child's first and second birthdays.
CPT	90710, 90716
CVX Codes	21, 94
SNOMED	425897001, 428502009, 43263605, 433733003, 737081007, 871898007, 871899004, 871909005, 572511000119105 <u>Anaphylaxis</u> : 47134100012104

Immunizations for Adolescents (IMA-E)

Measure Definition	Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and had completed the human papillomavirus (HPV) vaccine series by their 13 th birthday.
Measure Source	HEDIS Technical Specifications
Data Collection Method	ECDS Measure

Best Practices

- ✓ Take advantage of any opportunity when the patient is in the office to administer vaccines
- ✓ Schedule the next appointment before the patient leaves the office
- ✓ Follow the Centers for Disease Control and Prevention (CDC) immunization schedule for Adolescents immunization –
<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

HPV (HUMAN PAPILLOMAVIRUS)

Number of Doses	2 or 3
Note	• Dose must be administered on or between the 9th and 13th birthdays. • There must be at least 146 days between the first and second dose of HPV vaccine or at least three HPV vaccines with different dates of service. • If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator.
CPT	90649, 90650, 90651
CVX Codes	62, 118, 137, 165
SNOMED	<u>Vaccine:</u> 428741008, 428931000, 429396009, 717953009, 724332002, 734152003, 7618841000, 1209198003 <u>Anaphylaxis:</u> 428241000124101

MENINGOCOCCAL CONJUGATE

Number of Doses	1
Note	- Dose must be administered on or between the 11th and 13th birthdays. - If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator.
CPT	90619, 90733, 90734
CVX Codes	32, 108, 114, 136, 147, 167, 203
SNOMED	<u>Vaccine</u> : 871874000, 428271000124109, 16298691000119102 <u>Anaphylaxis</u> : 428301000124106

TDAP (TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS)

Number of Doses	1
Note	- Dose must be administered on or between the 10th and 13th birthdays. - If applicable, anaphylaxis or encephalitis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator.
CPT	90715
CVX Codes	115
SNOMED	<u>Vaccine</u> : 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105 <u>Anaphylaxis</u> : 428281000124107, 428291000124105 <u>Encephalitis</u> : 192710009, 192711008, 192712001

Chlamydia Screening for Women (CHL)

Measure Definition	Percentage of female patients ages 16–24 who were identified as sexually active and had at least one test to screen for chlamydia during the measurement year.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative
CPT	87110, 87270, 87320, 87490, 87491, 87492, 87810, 0353U
SNOMED	104175002, 104281002, 104282009, 104290009, 117775008, 121956002, 121957006, 121958001, 121959009, 122173003, 122254005, 122321005, 122322003, 134256004, 134289004, 171120003, 285586000, 310861008, 310862001, 315087006, 315095005, 315099004, 390784004, 390785003, 395195000, 398452009, 399193003, 407707008, 442487003, 707982002

Best Practices

- ✓ Consider universal screening for all patients ages 16 years and older
- ✓ Document sexual history of your adolescent patients

Reminders:

- ✓ Chlamydia culture taken during Pap smear and urine sample meets chlamydia screening guidelines
- ✓ Urine screening for chlamydia during adolescent well-care or other visits meets screening guidelines

Lead Screening in Children (LSC)

Measure Definition	Percentage of children aged 2 who had one or more capillary or venous lead blood tests for lead poisoning on or by their second birthday.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Hybrid (claims and medical records data)
CPT	83655
LOINC	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7
SNOMED	8655006, 35833009

Best Practices

- ✓ Educate parents on the importance of lead screening/testing
- ✓ Add standing order for lab tests during annual well visit
- ✓ Review gap in care reports to determine which patients have not yet been screened
- ✓ Send reminders to patients who had 18-month visit and have not had one screening completed
- ✓ Provide in-office capillary or venous testing at least once by the patient's second birthday
- ✓ Document in the patient's medical record the date the test was performed and result/finding
- ✓ Re-screen patients with blood lead levels ≥ 3.5 mcg/dL, within 90 days of an elevated blood lead level result

Reminder: Lead risk assessment does not constitute a lead screening.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Measure Definition	The percentage of patients 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. BMI (Body Mass Index) percentile documentation. Counseling for nutrition. Counseling for physical activity.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Hybrid (claims and medical record data)

Best Practices

- ✓ Set reminders to gather proper information during annual screenings
- ✓ Document any educational/anticipatory guidance materials you provide to patients
- ✓ Use Bright Futures to assure age-appropriate anticipatory guidance:
<https://www.Brightfutures.org/>

BMI (BODY MASS INDEX) PERCENTILE

ICD-10	Z68.51, Z68.52, Z68.53, Z68.54
LOINC	59574-4, 59575-1, 59576-9

COUNSELING FOR NUTRITION

CPT	97802, 97803, 97804
HCPSCS	G0270, G0271, G0447, S9449, S9452, S9470
ICD-10	Z71.3

COUNSELING FOR PHYSICAL ACTIVITY

HCPSCS	G0447, S9451
ICD-10	Z02.5, Z71.82

Well-Child Visits in the First 30 Months of Life (W30)

Measure Definition	The percentage of patients 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 who had <u>six</u> or more well-child visits on or before the 15-month birthday. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year who had <u>two</u> or more well-child visits between the 15-month birthday plus one day and the 30-month birthday.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Hybrid (claims and medical record data)
CPT	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
HCPCS	G0438, G0439, S0302, S0610, S0612, S0613
ICD-10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Best Practices

- ✓ Send reminder calls later in the day or early evening
- ✓ Provide preventive care at all visits
- ✓ Utilize alerts, such as reminders about appointments (email/text messages)

Child and Adolescent Well-Care Visits (WCV)

Measure Definition	Percentage of patients 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Hybrid (claims and medical records data)
CPT	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
HCPCS	G0438, G0439, S0302, S0610, S0612, S0613
ICD-10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Best Practices

- ✓ Send reminder calls later in the day or early evening
- ✓ Provide preventive care at all visits
- ✓ Utilize alerts, such as reminders about appointments (email/text messages)
- ✓ Inform patient of Neighborhood's Member Rewards (Patient receives \$25 gift card if they complete the Asthma Action Plan)

Cervical Cancer Screening (CCS-E)

Measure Definition	Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: • Women 21–64 years of age who had cervical cytology performed within 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) co-testing within the last 5 years.
Measure Source	HEDIS Technical Specifications
Data Collection Method	ECDS Measure

Best Practices

- ✓ Provide education about early detection and prevention
- ✓ Include testing for HPV when screening for cervical cancer
- ✓ Review member Gap in Care reports and outreach to members in need of screening

Reminder to document in the patient’s medical record:

- ✓ If the patient had “complete”, “total”, or “radical” abdominal or vaginal hysterectomy in the medical record.
- ✓ If the patient had hysterectomy and no longer needs cervical cancer screening
- ✓ If the patient no longer has both cervix/uterus (Z90.710)
- ✓ If the patient no longer has cervix but has remaining uterus (Z90.712)
- ✓ If the patient sex assigned at birth is male (LOINC: 76689-9 & LA2-8)

CERVICAL CYTOLOGY

CPT	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175
HCPCS	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
LOINC	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
SNOMED	171149006, 416107004, 417036008, 440623000, 448651000124104

HIGH RISK HPV (HUMAN PAPILLOMAVIRUS) TEST

CPT	87624, 87625
HCPCS	G0476
LOINC	21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3
SNOMED	35904009, 448651000124104

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Measure Definition	Percentage of episodes for patients ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did <u>not</u> result in an antibiotic dispensing event. <u>Calculation:</u> The measure is reported as an inverted rate [1– (numerator/eligible population)]. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did <u>not</u> result in an antibiotic dispensing event).
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ Educate patients on the difference between bacterial and viral infections
- ✓ Post educational bulletins in examination rooms
- ✓ Discourage use of antibiotics for routine treatment

Asthma Medication Ratio (AMR)

Measure Definition	Percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ Educate patients about identifying asthma triggers and taking controller medications
- ✓ Remind patients to get their controller medication filled regularly
- ✓ Ask about patients' barriers or issues filling prescriptions
- ✓ Develop an action plan with patient for controlling asthma
- ✓ Inform patient of Neighborhood's Member Rewards (Patient receives \$25 gift card if they complete the Asthma Action Plan)
- ✓ Remind patients not to stop taking their controller medication even if they are feeling better and are symptom-free

Use of Imaging Studies for Low Back Pain (LBP)

Measure Definition	Percentage of patients 18 – 75 years of age with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative
Codes are for imaging studies that should be <u>avoided</u> with a diagnosis of uncomplicated low back pain.	
Codes – CPT	72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220

Best Practices

- ✓ Delay ordering imaging study for first four weeks of care (unless recent trauma, history of cancer, or numbness occurs)
- ✓ Educate patients of potential danger to radiation exposure
- ✓ Obtain a “low back pain” assessment before recommending imaging study

Appropriate Treatment for Upper Respiratory Infection (URI)

Measure Definition	Percentage of episodes for patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did <u>not</u> result in an antibiotic dispensing event on the date of the episode or 3 days after.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative
Codes – ICD-10	J00, J06.0, J06.9

Best Practices

- ✓ Rule out a viral cause for upper respiratory infection
- ✓ Educate patients on the difference between bacterial and viral infections
- ✓ Post educational bulletins in examination rooms
- ✓ Discourage use of antibiotics for routine treatment

Use of Opioids at High Dosage (HDO)

Measure Definition	The percentage of patients 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year. Note: A lower rate indicates better performance.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ Always perform an evaluation of social determinants of health screening to identify risk factors for opioid abuse
- ✓ Consider co-prescribing benzodiazepines
- ✓ Establish treatment goals (involve family or other support)

Use of Opioids from Multiple Providers (UOP)

Measure Definition	The percentage of patients 18 years and older, receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported. 1. Multiple Prescribers. The percentage of patients receiving prescriptions for opioids from four or more different prescribers during the measurement year. 2. Multiple Pharmacies. The percentage of patients receiving prescriptions for opioids from four or more different pharmacies during the measurement year. 3. Multiple Prescribers and Multiple Pharmacies. The percentage of patients receiving prescriptions for opioids from four or more different prescribers <u>and</u> four or more different pharmacies during the measurement year (i.e., the proportion of patients who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates). Note: A lower rate indicates better performance for all three rates.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ Always perform an evaluation of social determinants of health screening to identify risk factors for opioid abuse
- ✓ Monitor opioid prescribing through “Prescription Drug Monitoring Programs”

Appropriate Testing for Pharyngitis (CWP)

Measure Definition	Percentage of episodes for patients 3 years and older where the patient was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practice

- ✓ Always obtain a positive test for strep before dispensing an antibiotic

GROUP A STREP TEST

CPT/CPT II	87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
LOINC	101300-2, 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

PHARYNGITIS

ICD-10	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
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Pharmacotherapy Management of COPD Exacerbation (PCE)

Measure Definition	Percentage of COPD exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and were dispensed appropriate medications. Two rates are reported: 1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event. 2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event. Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on patients. It is possible for the denominator to include multiple events for the same individual.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ Schedule a follow-up appointment within 7-14 days of discharge for a COPD exacerbation
- ✓ Consider standing orders for those patients discharged from the hospital or emergency room
- ✓ Contact your patient once they have been discharged to schedule a follow-up appointment as soon as possible

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

Measure Definition	The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for 180 days (6 months) after discharge.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Measure Definition	The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported: 1. Received Statin Therapy. Patients who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. 2. Statin Adherence 80%. Patients who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practice

- ✓ Document adverse events caused by the medication and any side effects from discontinuation
- ✓ Educate patient on the importance of medication adherence
- ✓ Write statin prescription for 90-days and encourage medication pickup from pharmacy.

Cardiac Rehabilitation (CRE)

Measure Definition	The percentage of patients 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event. Events include myocardial infarction, percutaneous coronary intervention, coronary bypass grafting, heart/lung transplantation, or heart valve repair/replacement. • Initiation: Percentage who attended 2 or more sessions within 30 days after qualifying event. • Engagement 1: Percentage who attended 12 or more sessions within 90 days after qualifying event. • Engagement 2: Percentage who attended 24 or more sessions within 180 days of qualifying event. • Achievement: Percentage who attended 36 or more sessions within 180 days of qualifying event.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Cardiac Rehabilitation

CPT	93798, 93797
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Statin Therapy for Patients with Diabetes (SPD)

Measure Definition	Percentage of patients 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported: 1. Received Statin Therapy. Patients who were dispensed at least one statin medication of any intensity during the measurement year. 2. Statin Adherence 80%. Patients who remained on a statin medication of any intensity for at least 80% of the treatment period.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practice

- ✓ Document adverse events caused by the medication and any side effects from discontinuation.
- ✓ Educate patient on the importance of medication adherence
- ✓ Write statin prescription for 90-days and encourage medication pickup from pharmacy.

Eye Exam for Patients with Diabetes (EED)

Measure Definition	Percentage of patients 18–75 years of age with diabetes (type 1 and type 2) who had an Eye exam (retinal) performed. Screening or monitoring for diabetic retinal disease as identified by administrative data or medical record review. This includes diabetics who had one of the following: • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year. • A <i>negative</i> retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. • Bilateral eye enucleation any time during the patient’s history through December 31 of the measurement year.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Hybrid (claims and medical records data)

Best Practices

- ✓ Document the result of a retinal or dilated eye exam
- ✓ Add a note in EMR that an ophthalmoscopy exam was completed by an eye care professional with date of service and result
- ✓ Medical Record documentation must indicate that a dilated or retinal exam was performed and properly documented in the EMR with the date of service.
- ✓ Utilize on-site retinal imaging machines for patients who are already coming in for diabetic follow-up appointments
- ✓ If using a tele-retinal imaging service, always include the CPT II Code that corresponds with the diagnosis

Coding Best Practices: It’s crucial for all providers submitting claims for diabetic eye exams, including eye doctors and primary care providers, to use the appropriate CPT-II codes. The use of CPT code “92229” (Imaging of Retina for Detection or Monitoring of Disease) does not document the retinopathy result.

Codes that can be billed by ANY PROVIDER:

Diabetic Eye Exam without Evidence of Retinopathy in Prior Year

CPT II	3072F
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Diabetic Eye Exam without Evidence of Retinopathy

CPT II	2023F, 2025F, 2033F
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Diabetic Eye Exam with Evidence of Retinopathy

CPT II	2022F, 2024F, 2026F
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AUTOMATED EYE EXAM (IMAGING OF RETINA)

CPT	92229
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CODES THAT CAN BE BILLED BY AN EYE CARE PROFESSIONAL:

DIABETIC EYE EXAM

CPT	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, S3000
Diabetes Mellitus without Complications ICD-10	E10.9, E11.9, E13.9

UNILATERAL EYE ENUCLEATION

CPT	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
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UNILATERAL EYE ENUCLEATION - LEFT

ICD-10 Procedure	08T1XZZ
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UNILATERAL EYE ENUCLEATION - RIGHT

ICD-10 Procedure	08T0XZZ
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BILATERAL MODIFIER

CPT Modifier	50
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Glycemic Status Assessment for Patients with Diabetes (GSD)

Measure Definition	Percentage of patients 18–75 years of age with diabetes (type 1 and type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] lab test or glucose management indicator [GMI]) showed their blood sugar is under control during the measurement year. (good control is < 8.0%, poor control is >9.0%)
Measure Source	HEDIS Technical Specifications
Data Collection Method	Hybrid (claims and medical records data)

New for Measure:

- Glucose management indicator (GMI) was added as an option to meet numerator criteria.
- Continuous glucose monitoring (CGM) data is acceptable.

Best Practices

- ✓ Ensure that diabetes testing occurs during annual physicals
- ✓ Utilize gap in care reports to identify patients who have not had A1c in last year (missing) or whose A1c is over 8.0
- ✓ Schedule testing multiple times per year and the last test of the year is what is counted
- ✓ Educate patients on importance of diabetes management. Consider referring patients with A1c of 10 or higher to Nurse Care Manager or Pharmacists for diabetes management follow-up visits
- ✓ Consider providing point of care A1c testing at your office
- ✓ Patients who are seeing external endocrinologists- enter date of service and A1c value in EMR
- ✓ Documentation in the medical record must include a note indicating the date when the HbA1c test or GMI was performed and the result.
- ✓ GMI values must include documentation of the continuous glucose monitoring (CGM) data date range used to derive the value. The terminal date in the range should be used to assign assessment date.
- ✓ GMI results collected by the member from their CGM and documented in the member's medical record are eligible for use in reporting (provided the GMI does not meet any exclusion criteria)
- ✓ If multiple glycemic status assessments were recorded for a single date, use the lowest result.
- ✓ Always list the date of service, result and test together.
- ✓ 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.

HbA1c LEVEL < 7.0%

CPT II	3044F
SNOMED	165679005

HbA1c ≥ 7.0% AND < 8.0%

CPT II	3051F
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HbA1c ≥ 8.0% AND ≤ 9.0%

CPT II	3052F
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HbA1c > 9.0%

CPT II	3046F
SNOMED	451061000124104

GLUCOSE MANAGEMENT INDICATOR (GMI)

LOINC	97506-0
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Blood Pressure Control for Patients with Diabetes (BPD)

Measure Definition	Percentage of patients 18–75 years of age with diabetes (type 1 and type 2) who had a blood pressure reading <140/90 mm Hg. The most recent BP level (taken during the measurement year) is <140/90 mm Hg, as documented through administrative data or medical record review.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Hybrid (Claims and medical records data)

Best Practices

- ✓ Ensure patients with diabetes have their blood pressure measured and documented at each visit
- ✓ If blood pressure is high, recheck before the patient leaves the office and record the value
- ✓ When using manual blood pressure cuffs, do not round up
- ✓ Educate patients on their blood pressure goal and the risks associated with high blood pressure
- ✓ Best Practice for taking a blood pressure:
 - Sit in a comfortable chair with your back supported.
 - Put both feet flat on the ground and keep your legs uncrossed.
 - Rest your arm with the cuff on a table at chest height.
 - Make sure the blood pressure cuff is snug but not too tight.

DIASTOLIC BLOOD PRESSURE LEVELS

CPT II	3078F (<80), 3079F (80-89), 3080F (≥90)
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SYSTOLIC BLOOD PRESSURE LEVELS

CPT II	3074F (<130), 3075F (130-139), 3077F (≥140)
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Kidney Health Evaluation for Patients with Diabetes (KED)

Measure Definition	Percentage of patients 18–85 years of age with diabetes (type 1 and type 2) who had a kidney health evaluation in the measurement year. Both eGFR <u>and</u> a uACR are required on the same or different dates of service. - At least 1 estimated glomerular filtration rate (eGFR); AND - At least 1 urine albumin-creatinine ratio test identified by one of the following: - A quantitative urine albumin test AND a urine creatinine test 4 or less days apart - A uACR
Measure Source	HEDIS Technical Specifications
Data Collection Method	Hybrid (Claims and medical records data)

Best Practices

- ✓ Order both uACR and eGFR lab tests annually for diabetic patients.
- ✓ Educate patients on the importance of annual lab work.
- ✓ Encourage patients to complete before their appointments to facilitate timely discussions.
- ✓ Implement standing orders for annual kidney function tests in diabetic patients.
- ✓ Inform patients about the impact of diabetes on kidney health and share prevention tips.
- ✓ Emphasize the control of blood pressure, blood sugar, cholesterol, and lipids.
- ✓ Recommend ACE inhibitors or ARBs for kidney protection.
- ✓ Advise against using NSAIDS like naproxen or ibuprofen, which can harm kidneys.
- ✓ Coordinate care with specialists such as endocrinologists or nephrologists as needed necessary.

ESTIMATED GLOMERULAR FILTRATION RATE LAB TEST

CPT	80047, 80048, 80050, 80053, 80069, 82565
LOINC	50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6
SNOMED	12341000. 18207002, 241373003, 444275009, 444336003, 446913004, 706951006, 763355007

QUANTITATIVE URINE ALBUMIN LAB TEST

CPT	82043
LOINC	100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
SNOMED	104486009, 104819000

URINE CREATININE LAB TEST

CPT	82570
LOINC	20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
SNOMED	8879006, 36793009, 271260009, 444322008

URINE ALBUMIN CREATININE RATIO TEST

LOINC	13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
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Osteoporosis Screening for Older Women (OSW)

Measure Definition	The percentage of women 65–75 years of age who received osteoporosis screening.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Blood Pressure Control (CBP)

Measure Definition	Percentage of patients 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Hybrid

DIASTOLIC BLOOD PRESSURE LEVELS

CPT II	3078F (<80), 3079F (80-89), 3080F (≥90)
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SYSTOLIC BLOOD PRESSURE LEVELS

CPT II	3074F (<130), 3075F (130-139), 3077F (≥90)
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Best Practices

- ✓ Ensure patients with hypertension have their blood pressure measured and documented at each visit
- ✓ If blood pressure is high, recheck before the patient leaves the office and record the value
- ✓ When using manual blood pressure cuffs, do not round up
- ✓ Educate patients on their blood pressure goal and the risks associated with high blood pressure
- ✓ If patient is seeing a specialist for their hypertension, encourage them to also have their records transferred to their primary care provider's office
- ✓ Best Practice for taking a blood pressure:
 - Sit in a comfortable chair with your back supported.
 - Put both feet flat on the ground and keep your legs uncrossed.
 - Rest your arm with the cuff on a table at chest height.
 - Make sure the blood pressure cuff is snug but not too tight.

Care for Older Adults (COA)

Measure Definition	The percentage of adults 66 years of age and older who had both of the following during the measurement year: • Medication Review. • Functional Status Assessment.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

MEDICATION REVIEW

Both of the Following during the same visit:	
Med Review CPT	99483, 99606, 99605, 90863
Med Review CPT II	1160F
And	
Med List CPT II	1159F
OR	
Transitional Care Mgmt: CPT	99495, 99496

FUNCTIONAL STATUS ASSESSMENT

CPT	99483
CPT II	1170F

Plan All-Cause Readmissions (PCR)

Measure Definition	For members 18 years of age 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: For commercial and Medicaid, report only members 18–64 years of age.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Behavioral Health Measures

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Measure Definition	Percentage of patients 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test, either a glucose test or an HBA1c test, during the measurement year.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ Ensure that diabetes testing occurs during annual physicals
- ✓ Schedule testing multiple times per year
- ✓ Educate patient on importance of diabetes management
- ✓ Have patient complete lab prior to next scheduled visit
- ✓ If patient does not receive lab orders at visit, send out lab orders and inform patient that they may complete lab at a suitable time

Reminder: Documentation in the medical record must include the date and the result of the diabetic screening test performed in the year.

GLUCOSE TEST

CPT	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, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
SNOMED	22569008, 33747003, 52302001, 72191006, 73128004, 88856000, 104686004, 166890005, 166891009, 166892002, 166914001, 166915000, 166916004, 166917008, 166918003, 166919006, 166921001, 166922008, 166923003, 167086002, 167087006, 167088001, 167095005, 167096006, 167097002, 250417005, 271061004, 271062006, 271063001, 271064007, 271065008, 275810004, 302788006, 302789003, 308113006, 313474007, 313545000, 313546004, 313624000, 313626003, 313627007, 313628002, 313630000, 313631001, 313697000, 313698005, 313810002, 412928005, 440576000, 442545002, 443780009, 444780001, 444008003, 444127006, 1179458001

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HbA1c TEST

CPT	83036, 83037
CPT II	3044F, 3046F, 3051F, 3052F
LOINC	17855-8, 17856-6, 4548-4, 4549-2, 96595-4
SNOMED	165679005, 43396009, 313835008, 451061000124104

Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

Measure Definition	The percentage of patients 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ Ensure that diabetes point of care testing occurs during annual physicals
- ✓ Schedule testing multiple times per year
- ✓ Schedule annual LDL-C testing and educate patients on the importance of the annual LDL-C testing
- ✓ Educate patients on importance of diabetes management
- ✓ Have patient complete lab prior to next scheduled visit
- ✓ If patient does not receive lab orders at visit, send out lab orders and inform patient that they may complete lab at a suitable time.

Reminder: Documentation in the medical record must include the date and the result of the HbA1c test and LDL-C screening test performed in the year.

LDL-C TEST

CPT	80061, 83700, 83701, 83704, 83721
CPT II	3048F, 3049F, 3050F
LOINC	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7
	113079009, 166833005, 16684006, 166841005, 167074000, 167075004, 314036004

HbA1c TEST

CPT	83036, 83037
CPT II	3044F, 3046F, 3051F, 3052F
LOINC	17855-8, 17856-6, 4548-4, 4549-2, 96595-4
SNOMED	43396009, 165679005, 313835008, 451061000124104

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)

Measure Definition	Percentage of patients 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

LDL-C TEST

CPT	80061, 83700, 83701, 83704, 83721
CPT II	3048F, 3049F, 3050F
LOINC	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7
SNOMED	113079009, 166833005, 166840006, 166841005, 167074000, 167075004, 314036004

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Measure Definition	Percentage of patients 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.
Measure Compliance	The number of patients who achieve a portion of days covered (PDC) compliance of 80% in the measurement year.
Portion of Days Covered	The number of days a patient is covered at least one antipsychotic medication prescription, divided by the number of days in the treatment.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ Educate patient on the importance of medication therapy and follow-up visits
- ✓ Recommend Cognitive Behavioral Therapy (understand barriers and treatment)
- ✓ Offer tips to patients such as taking medication at the same time each day, using a pill box, enrolling in a pharmacy automatic refill program

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

Measure Definition	Percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative
Codes	
CPT	90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880
HCPCS	G0176, G0177, G0409, G0410, G0411, H0004, H0017, H0018, H0019, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9840, S9484, S9485, T2048

Best Practices

- ✓ Ensure children and adolescents receive a psychosocial care appointment at least 90 days prior to prescribing medication or within 30 days of starting an initial prescription if there is an urgent need for medication
- ✓ Educate parents on the importance of medication therapy and follow-up visits
- ✓ Consider safer alternatives before prescribing antipsychotic medications; psychosocial care is recommended as first-line treatment option for children and adolescents before starting medication therapy

Reminder: Psychosocial treatments (interventions) include structured counseling, case management, care-coordination, psychotherapy and relapse prevention

Risk of Continued Opioid Use (COU)

Measure Definition	The percentage of patients 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: 1. The percentage of patients with at least 15 days of prescription opioids in a 30-day period. 2. The percentage of patients with at least 31 days of prescription opioids in a 62-day period. Note: A lower rate indicates better performance.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ For treatment of acute pain using opioids, use immediate-release opioids to be used at a dosage as low as possible and for as few days as needed
- ✓ For treatment of chronic pain, consider non-pharmacologic and non-opioid therapies first
- ✓ Encourage and educate prevention and management of opioid overdose
- ✓ Use a Prescription Drug Monitoring Program to eliminate overprescribing opioids

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Measure Definition	Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported: Initiation of SUD Treatment. Percentage of new SUD episodes that result in treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days of the diagnosis. Engagement of SUD Treatment. Percentage of new SUD episodes that have evidence of treatment engagement within 34 days of the initiation visit.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative
Notes	Initiation of SUD Treatment compliance: • New SUD episode was during an inpatient stay- that is considered initiation of treatment. • New SUD episode is followed by opioid treatment service within 14 days that bills monthly – that is considered initiation of treatment. • New SUD episode is followed by at least one of the following within 14 days: ○ All with SUD Diagnosis code billed: inpatient stay, outpatient visit, BH outpatient visit, intensive outpatient visit or partial hospitalization, non-residential substance abuse treatment facility visit, community health center visit, telehealth or telephone visit, substance use disorder service, observation, e-visit, weekly or monthly opioid treatment service, medication assisted treatment. Engagement of SUD Treatment compliance: • Initiation of SUD Treatment must be compliant first. • Monthly or weekly treatment service is compliant • Ongoing medication assisted treatment is compliant • Two engagement visits beginning on the day after initiation visit through 34 days after initiation.

	○ All with the same SUD Diagnosis code billed as initiation visit: inpatient stay, outpatient visit, BH outpatient visit, intensive outpatient visit or partial hospitalization, non-residential substance abuse treatment facility visit, community health center visit, telehealth or telephone visit, substance use disorder service, observation, e-visit, weekly or monthly opioid treatment service, medication assisted treatment. ● Two engagement visits can be on the same date of service but must be with different providers.
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Best Practices

- ✓ Encourage newly diagnosed individuals to accept treatment by assisting them in identifying their own reasons for change
- ✓ Increase awareness for cannabis dependency as these patients are least likely to receive treatment
- ✓ Create a “care” team (patient, providers, caretaker, behavioral health care manager, behavioral health providers)
- ✓ Screening Tools (e.g., SBIRT, AUDIT-PC, CAGE-AID) assist in the assessment of substance use and can aid the discussion around referral for treatment.
 - Use code “Unspecified use” diagnoses sparingly
- ✓ Be sure to properly document if a patient is an active user versus in remission
 - When a patient is in remission, remember to remove the original diagnosis and use remission codes
- ✓ Prior to the patient leaving the office schedule a follow up appointment with you or a substance use treatment provider within 14 days and then two more visits with you or a substance use treatment provider within the next 34 days

Reminder: Initiation and Engagement Treatment follow up can be performed via telehealth

BEHAVIORAL HEALTH OUTPATIENT VISIT

Claim must include visit code and diagnosis code matching the original episode diagnosis.

CPT	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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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
UBREV	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

OBSERVATIONS VISITS

Claim must include visit code and diagnosis code matching the original episode diagnosis.

CPT	99217, 99218, 99219, 99220
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OUTPATIENT VISIT

Claim must include visit code and diagnosis code matching the original episode diagnosis.

CPT	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	
Place of Service Code	• 02 - Telehealth • 03 – School • 05 – Indian Health Service free-standing facility • 07 – Tribal 638 free-standing facility • 09 – Prison/Correctional facility • 11 – Office • 12 – Home • 13 – Assisted living facility • 14 – Group Home • 15 – Mobile Unit • 16 – Temporary lodging • 17 – Walk-in retail health clinic	• 18 – Place of Employment – worksite • 19 – Off-campus outpatient hospital • 20 – Urgent care facility • 22 – On-campus outpatient hospital • 33 – Custodial care facility • 49 – Independent clinic • 50 – Federally qualified health center • 53 – Community mental health center • 71 – Public health clinic • 72 – Rural health clinic

INTENSIVE OUTPATIENT OR PARTIAL HOSPITALIZATION

Claim must include visit code and diagnosis code matching the original episode diagnosis.

CPT	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
with	
Place of Service Code	52 – Psychiatric facility – partial hospitalization
or	
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UBREV	0905, 0907, 0912, 0913

SUBSTANCE USE DISORDER SERVICES

Claim must include visit code and diagnosis code matching the original episode diagnosis.

CPT	99408, 99409
HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0022, H0047, H0050, H2035, H2036, T1006, T1012
UBREV	0906, 0944, 0945

TELEPHONE VISIT

Claim must include visit code and diagnosis code matching the original episode diagnosis.

CPT	98966, 98967, 98968, 99441, 99442, 99443
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ONLINE ASSESSMENT

Claim must include visit code and diagnosis code matching the original episode diagnosis.

CPT	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252

OPIOID TREATMENT SERVICE

Claim must include visit code and diagnosis code matching the original episode diagnosis.

Weekly Billing

HCPCS	G2067, G2068, G2069, G2070, G2071, G2072, G2073, G2074, G2075, G2076, G2077, G2080
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Monthly

HCPCS	G2086, G2087
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MEDICATION TREATMENT FOR ALCOHOL ABUSE OR DEPENDENCE AND OPIOID ABUSE OR DEPENDENCE

Claim must include visit code and diagnosis code matching the original episode diagnosis.

HCPCS	G2067, G2068, G2069, G2070, G2072, G2078, G2079, H0020, H0033, J2315, J0570, J0571, J0572, J0573, J0574, J0575, Q9991, Q9992, S0109
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Follow-Up After Emergency Department Visit for Substance Use (FUA)

Measure Definition	Percentage of emergency department (ED) visits for patients 13 years of age and older with a principal diagnosis of alcohol or other drug (SUD) abuse or dependence, who had a follow-up visit for SUD. Two rates are reported: 1. The percentage of ED visits for which the patient received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the patient received follow-up within 7 days of the ED visit (8 total days).
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ Conduct an initial needs assessment for patients
- ✓ Utilize case management in helping patients accessing community resources and prevention program
- ✓ Make referrals to treatment programs to assist in care plan
- ✓ See patients within 7 days and bill with a substance use diagnosis
- ✓ If a patient cannot be seen within 7 days, they need to have an appointment within 30 days of discharge

OUTPATIENT VISIT

CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255	
with		
Place of Service Code	● 02 - Telehealth ● 03 – School ● 05 – Indian Health Service free-standing facility ● 07 – Tribal 638 free-standing facility ● 09 – Prison/Correctional facility ● 11 – Office	● 20 – Urgent care facility ● 22 – On-campus outpatient hospital ● 33 – Custodial care facility ● 49 – Independent clinic ● 50 – Federally qualified health center ● 52 – Psychiatric facility – partial hospitalization

	• 12 – Home • 13 – Assisted living facility • 14 – Group Home • 15 – Mobile Unit • 16 – Temporary lodging • 17 – Walk-in retail health clinic • 18 – Place of Employment – worksite • 19 – Off-campus outpatient hospital	• 53 – Community mental health center • 57 – Non-residential substance abuse treatment facility • 58 – Non-residential opioid treatment facility • 71 – Public health clinic • 72 – Rural health clinic
With any diagnosis of SUD, substance use, or drug overdose.		

BEHAVIORAL HEALTH OUTPATIENT VISIT

CPT	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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
SNOMED	77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105
UBREV	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
With any diagnosis of SUD, substance use, or drug overdose.	

INTENSIVE OUTPATIENT OR PARTIAL HOSPITALIZATION

Claim must include visit code and diagnosis code matching the original episode diagnosis.

CPT	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
with	
Place of Service Code	52 – Psychiatric facility – partial hospitalization
or	
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UBREV	0905, 0907, 0912, 0913

OPIOID TREATMENT SERVICE

Weekly Treatment	
HCPCS	G2071, G2074, G2075, G2076, G2077, G2080
Monthly Office Based Treatment	
HCPCS	G2086, G2087

PEER SUPPORT SERVICES

HCPCS	G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016
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ONLINE ASSESSMENTS

CPT	98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458
HCPCS	G0071, G2010, G2012, G2250, G2251, G2252

TELEPHONE VISITS

CPT	98966, 98967, 98968, 99441, 99442, 99443
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SUBSTANCE USE DISORDER SERVICES

ICD10	Z71.41, Z71.51
CPT	99408, 99409
HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
UBREV	0906, 0944, 0945

BEHAVIORAL HEALTH ASSESSMENT

CPT	99408, 99409
HCPCS	G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049

SUBSTANCE USE SERVICES

HCPCS	H0006, H0028
SNOMED	4266003, 38670004, 390857005, 396150002, 401266006, 417096006, 417699000, 423416000, 431260004, 719757009, 1254709001

MEDICATION TREATMENT EVENT

For Alcohol Use Disorder:	
HCPCS	G2069, G2070, G2072, G2073, H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109
SNOMED	310653000
For Opioid Use:	
HCPCS	G2067, G2068, G2069, G2070, G2072, G2073

Follow-Up After High-Intensity Care for Substance Abuse Disorder (FUI)

Measure Definition	Percentage of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use disorder among patients 13 years of age 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 patient received follow-up for substance use disorder within the 30 days after the visit or discharge. 2. The percentage of visits or discharges for which the patient received follow-up for substance use disorder within the 7 days after the visit or discharge.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ Conduct an initial needs assessment
- ✓ Utilize case management to help patient access community resources and prevention programs
- ✓ Make referrals to treatment programs to assist in care plan
- ✓ 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

Note: An Acute or nonacute inpatient admission or Residential Behavioral Health Stay with a principal diagnosis of substance use disorder counts as a follow up if admission date is within the 7 or 30 days.

OUTPATIENT VISIT

CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255	
with		
Place of Service Code	• 02 - Telehealth • 03 – School	• 20 – Urgent care facility

	• 05 – Indian Health Service free-standing facility • 07 – Tribal 638 free-standing facility • 09 – Prison/Correctional facility • 11 – Office • 12 – Home • 13 – Assisted living facility • 14 – Group Home • 15 – Mobile Unit • 16 – Temporary lodging • 17 – Walk-in retail health clinic • 18 – Place of Employment – worksite • 19 – Off-campus outpatient hospital	• 22 – On-campus outpatient hospital • 33 – Custodial care facility • 49 – Independent clinic • 50 – Federally qualified health center • 52 – Psychiatric facility – partial hospitalization • 53 – Community mental health center • 57 – Non-residential substance abuse treatment facility • 58 – Non-residential opioid treatment facility • 71 – Public health clinic • 72 – Rural health clinic
With principal diagnosis of substance use disorder		

BEHAVIORAL HEALTH OUTPATIENT VISIT

CPT	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 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
SNOMED	77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105
UBREV	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
With principal diagnosis of substance use disorder	

INTENSIVE OUTPATIENT OR PARTIAL HOSPITALIZATION

CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
with	
Place of Service Code	52 – Psychiatric facility – partial hospitalization
or	
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UBREV	0905, 0907, 0912, 0913
With principal diagnosis of substance use disorder	

SUBSTANCE USE DISORDER SERVICES

CPT	99408, 99409
HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
SNOMED	20093000, 23915005, 56876005, 61480009, 64297001, 67516001, 87106005, 182969009, 266707007, 310653000, 370776007, 370854007, 385989002, 386449006, 386450006, 386451005, 414054004, 414056002, 414283008, 414501008, 415662004, 445628007, 445662007, 450760003, 704182008, 707166002, 711008001, 713106006, 713107002, 713127001, 720174008, 720175009, 720176005, 720177001, 763104007, 763233002, 763302001, 772813001, 774090004, 774091000, 792901003, 792902005, 827094004, 865964007, 428211000124100
UBREV	0906, 0944, 0945
ICD10	Z71.41, Z71.51
With principal diagnosis of substance use disorder	

OPIOID TREATMENT SERVICE

Weekly Treatment	
HCPCS	G2071, G2074, G2075, G2076, G2077, G2080
Monthly Office Based Treatment	
HCPCS	G2086, G2087
With principal diagnosis of substance use disorder	

MEDICATION TREATMENT SERVICE

Alcohol Medication Treatment	
HCPCS	G2069, G2070, G2072, G2073, H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109
SNOMED	310653000
Opioid Weekly Medication Treatment	
HCPCS	G2067, G2068, G2069, G2070, G2072, G2073

TELEPHONE VISITS

CPT	98966, 98967, 98968, 99441, 99442, 99443
SNOMED	185317003, 314849005, 386472008, 386473003, 401267002
With principal diagnosis of substance use disorder	

ONLINE ASSESSMENT

CPT	98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458
HCPCS	G0071, G2010, G2012, G2250, G2251, G2252
With principal diagnosis of substance use disorder	

RESIDENTIAL BEHAVIORAL HEALTH TREATMENT

HCPCS	H0017, H0018, H0019, T2048
With principal diagnosis of substance use disorder	

Follow-Up After Hospitalization for Mental Illness (FUH)

Measure Definition	Percentage of discharges for patients 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 <u>mental health provider</u> . Two rates are reported: 1. Percentage of discharges for which the patient received follow-up within 30 days after discharge. 2. Percentage of discharges for which the patient received follow-up within 7 days after discharge.
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ Refer patient to a mental health practitioner to be seen within 7 days of discharge
- ✓ Even patients receiving medication from their PCP need post-discharge supportive therapy with a licensed mental health clinician such as a therapist or social worker
- ✓ 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

Reminders:

- ✓ Telehealth visits with a mental health provider counts as a follow up for this measure
- ✓ Use inpatient information to ensure a follow up visit with a behavioral health provider is scheduled for your patient
- ✓ Visits performed same day of discharges do not count
- ✓ PCP follow-up visits now count for this measure when following up post discharge.

BEHAVIORAL HEALTH VISITS

CPT	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 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

SNOMED	77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105
UBREV	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 OR PARTIAL HOSPITALIZATION

HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UBREV	0905, 0907, 0912, 0913
OR	
CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Place of Service Code	52 – Psychiatric Facility-Partial Hospitalization

OUTPATIENT VISIT WITH MENTAL HEALTH PROVIDER

CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255	
Place of Service Code	• 02 – Telehealth Provided Other than in Patient’s Home • 03 – School • 05 – Indian Health Service free-standing facility • 07 – Tribal 638 free-standing facility • 09 – Prison/Correctional facility • 10 – Telehealth Provided in Patient’s Home • 11 – Office • 12 – Home • 13 – Assisted living facility • 14 – Group Home • 15 – Mobile Unit • 16 – Temporary lodging	• 17 – Walk-in retail health clinic • 18 – Place of Employment – worksite • 19 – Off-campus outpatient hospital • 20 – Urgent care facility • 22 – On-campus outpatient hospital • 33 – Custodial care facility • 49 – Independent clinic • 50 – Federally qualified health center • 71 – Public health clinic • 72 – Rural health clinic

COMMUNITY MENTAL HEALTH CENTER VISIT

Visit Setting Unspecified with a Mental Health Provider	
CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Behavioral Health Visits	
CPT	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 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
UBREV	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
Transitional Care Management Services	
CPT	99495, 99496
with	
Place of Service Code	53 – Community Health Center

ELECTROCONVULSIVE THERAPY

Visit Setting Unspecified		
CPT	90870	
ICD 10 Procedure	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ	
Place of Service Code	• 03 – School • 05 – Indian Health Service free-standing facility • 07 – Tribal 638 free-standing facility • 09 – Prison/Correctional facility • 11 – Office • 12 – Home • 13 – Assisted living facility • 14 – Group Home • 15 – Mobile Unit	• 18 – Place of Employment – worksite • 19 – Off-campus outpatient hospital • 20 – Urgent care facility • 24 – Ambulatory Surgical Center • 33 – Custodial care facility • 49 – Independent clinic • 50 – Federally qualified health center

	• 16 – Temporary lodging • 17 – Walk-in retail health clinic	• 52 – Psychiatric Facility-Partial Hospitalization • 53 – Community mental health center • 54 – Psychiatric facility – partial hospitalization • 71 – Public health clinic • 72 – Rural health clinic
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TRANSITIONAL CARE MANAGEMENT SERVICES WITH MENTAL HEALTH PROVIDER

CPT	99495, 99496
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PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT

CPT	99492, 99493, 99494
HCPCS	G0512

TELEPHONE VISIT WITH MENTAL HEALTH PROVIDER

CPT	98966, 98967, 98968, 99441, 99442, 99443
SNOMED	185317003, 314849005, 386472008, 386473003, 401267002

TRANSITIONAL CARE MANAGEMENT SERVICES WITH A MENTAL HEALTH PROVIDER

CPT	99495, 99496
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VISIT IN BEHAVIORAL HEALTHCARE SETTING

UBREV	0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919
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TELEPHONE VISIT WITH A MENTAL HEALTH PROVIDER

CPT	98966, 98967, 98968, 99441, 99442, 99443
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OBSERVATION VISIT

CPT	99217, 99218, 99219, 99220
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PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT

CPT	99492, 99493, 99494
HCPCS	G0512

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Measure Definition	The percentage of emergency department (ED) visits for patients 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported: 1. The percentage of ED visits for which the patient received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the patient received follow-up within 7 days of the ED visit (8 total days).
Measure Source	HEDIS Technical Specifications
Data Collection Method	Administrative

Best Practices

- ✓ Conduct follow up phone calls within 24 – 72 hours (ensure appointments are scheduled)
- ✓ 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
- ✓ Virtual visits may be used for follow-up appointments

BEHAVIORAL HEALTH VISITS

CPT/CPT II	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 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
SNOMED	77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105
UBREV	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

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

PARTIAL HOSPITALIZATION/INTENSIVE OUTPATIENT VISITS

HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UBREV	0905, 0907, 0912, 0913
With a principal diagnosis of a mental health disorder OR With a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder OR	
CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Place of Service Code	52 – Psychiatric Facility-Partial Hospitalization
With a principal diagnosis of a mental health disorder OR With a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder	

OBSERVATION VISIT

CPT/CPT II	99217, 99218, 99219, 99220
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OUTPATIENT VISIT WITH ANY PROVIDER TYPE AND WITH APPROPRIATE PLACE OF SERVICE CODE

Visit Setting Unspecified		
CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255	
Place of Service Code	• 02 – Telehealth Provided Other than in Patient’s Home • 03 – School • 05 – Indian Health Service free-standing facility • 07 – Tribal 638 free-standing facility • 09 – Prison/Correctional facility	• 18 – Place of Employment – worksite • 19 – Off-campus outpatient hospital • 20 – Urgent care facility • 22 – On-campus outpatient hospital • 33 – Custodial care facility • 49 – Independent clinic

	• 10 – Telehealth Provided in Patient’s Home • 11 – Office • 12 – Home • 13 – Assisted living facility • 14 – Group Home • 15 – Mobile Unit • 16 – Temporary lodging • 17 – Walk-in retail health clinic	• 50 – Federally qualified health center • 53 – Community mental health center • 71 – Public health clinic • 72 – Rural health clinic
With a principal diagnosis of a mental health disorder OR With a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder		

TELEPHONE VISIT WITH ANY PROVIDER TYPE

CPT	98966, 98967, 98968, 99441, 99442, 99443
SNOMED	185317003, 314849005, 386472008, 386473003, 401267002
With a principal diagnosis of a mental health disorder OR With a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder	

E-VISIT OR VIRTUAL CHECK-IN WITH ANY PROVIDER TYPE

CPT	98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458
HCPCS	G0071, G2010, G2012, G2250, G2251, G2252
With a principal diagnosis of a mental health disorder OR With a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder	

ELECTROCONVULSIVE THERAPY

Visit Setting Unspecified		
CPT	90870	
ICD 10 Procedure	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ	
Place of Service Code	• 03 – School • 05 – Indian Health Service free-standing facility • 07 – Tribal 638 free-standing facility • 09 – Prison/Correctional facility	• 18 – Place of Employment – worksite • 19 – Off-campus outpatient hospital • 20 – Urgent care facility • 24 – Ambulatory Surgical Center

	• 11 – Office • 12 – Home • 13 – Assisted living facility • 14 – Group Home • 15 – Mobile Unit • 16 – Temporary lodging • 17 – Walk-in retail health clinic	• 33 – Custodial care facility • 49 – Independent clinic • 50 – Federally qualified health center • 52 – Psychiatric Facility- Partial Hospitalization • 53 – Community mental health center • 54 – Psychiatric facility – partial hospitalization • 71 – Public health clinic • 72 – Rural health clinic
With a principal diagnosis of a mental health disorder OR With a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder		

Electronic Clinical Data Systems (EDCS) Reporting

Electronic Clinical Data Systems (ECDS) are a network of data containing a plan member's personal health information and records of their experiences within the health-care system. The HEDIS® ECDS Reporting Standard provides health plans a method to collect and report structured electronic clinical data for HEDIS quality measurement and quality improvement.

Types of ECDS Data

- Electronic health record (EHR)/personal health record (PHR)
- Health information exchange (HIE)/clinical registries
- Case Management registries
- Administrative claims

ECDS measures help reduce the administrative burden and resources traditional HEDIS measures reporting requires of both providers and Neighborhood Health Plan of Rhode Island. Using electronic data other than claims can make measure performance tracking more accurate, (i.e. remove the issue of claims lag).

ECDS Sources are prioritized into 4 categories:

- Electronic health record (EHR), laboratory records, pharmacy records, pathology and radiology
- Health Information Exchange, Clinical registries
- Case management registries
- Administrative

For more information on EDCS measures please go to:

<https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/>

Adult Immunization Status (AIS-E)

Measure Definition	Percentage of members ages 19 and older who have had the following vaccinations in the recommended time frame: • 1 influenza vaccine • 1 Td/Tdap vaccine • 1 (live) or 2 (recombinant) Herpes Zoster (Shingles) • 1 Adult Pneumococcal vaccine
Measure Source	HEDIS Technical Specifications
Data Collection Method	Electronic Data Only

Best Practices

- ✓ Schedule appointments within required timeframes for immunization administration
- ✓ Use your electronic medical record (EMR) system to set reminder flags
- ✓ Ensure the member's medical record includes immunization history from all sources ("Vaccines up to date" is not sufficient for documentation)
- ✓ Schedule the next appointment before the patient leaves the office
- ✓ Follow the Centers for Disease Control and Prevention (CDC) immunization schedule for immunization – <https://www.cdc.gov/vaccines/schedules>

INFLUENZA VACCINE

Number of Doses	1
Note	• Members aged 19 and older • Vaccine administered on or between July 1 of the year prior to the measurement year and June 30 of the measurement year • Anaphylaxis due to influenza vaccine will count toward compliance
CPT	90630, 90653, 90654, 90656, 90658, 90660, 90661, 90662, 90672, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756
CVX Codes	88, 111, 135, 140, 141, 144, 149, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205
SNOMED	<u>Vaccine</u> : 86198006, 787016008 <u>Anaphylaxis</u> : 471361000124100

TDAP (TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS)

Number of Doses	1
Note	- Members age 19 and older - Vaccine administered between 9 years prior to the start of the measurement year and the end of the measurement year - Anaphylaxis or Encephalitis due to vaccine will count toward compliance
CPT	90714, 90715
CVX Codes	09, 113, 115, 138, 139
SNOMED	<u>Vaccine</u> : 73152006, 312869001, 390846000, 395178008, 395179000, 395180002, 395181003, 412755006, 412756007, 412757003, 414619005, 416144004, 416591003, 417211006, 417384007, 417615007, 866161006, 866184004, 866185003, 866186002, 866227002, 868266002, 868267006, 868268001, 870668008, 870669000, 870670004, 871828004, 428251000124104, 571571000119105, 632481000119106 <u>Anaphylaxis</u> : 428281000124107, 428291000124105 <u>Encephalitis</u> : 192710009, 192711008, 192712001

ADULT PNEUMOCOCCAL VACCINE

Number of Doses	1
Note	- Members age 66 and older - Vaccine administered on or after their 19th birthday before or during the measurement year - Anaphylaxis due to vaccine any time before or during the measurement year will count toward compliance
CPT	90670, 90671, 90677, 90732
CVX Codes	33, 109, 133, 152, 215, 216
HCPCS	G0009
SNOMED	1286606, 394678003, 871833000, 1119366009, 1119367000, 1119368005, 434757000124102 <u>Anaphylaxis</u> : 471141000124102

HERPES ZOSTER (SHINGLES)

Number of Doses	1 live vaccine or 2 doses of herpes zoster recombinant vaccine
Note	- Members age 50 and older - Vaccine administered on or after their 50th birthday - The recombinant vaccine must be at least 28 days apart - Anaphylaxis to the vaccine will count toward compliance
CPT	<u>Live</u> : 90736 <u>Recombinant</u> : 90750
CVX Codes	<u>Live</u> : 121 <u>Recombinant</u> : 187
SNOMED	<u>Live</u> : 871898007, 871899004 <u>Recombinant</u> : 722215002 <u>Anaphylaxis (Live)</u> : 471381000124105 <u>Anaphylaxis (Recombinant)</u> : 471271000124107

Breast Cancer Screening (BCS-E)

Measure Definition	Percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.
Measure Source	HEDIS Technical Specifications
Data Collection Method	ECDS Measure
CPT	77061, 77062, 77063, 77065, 77066, 77067
SNOMED	12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006, 723778004, 723779007, 72378005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102
LOINC	24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 39150-8, 39152-4, 39153-2, 39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46342-2, 46350-5, 46351-3, 46354-7, 46355-4, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3

Best Practices

- ✓ Provide education about early detection and prevention
- ✓ Annually, or sooner if needed, screen all women 50+
- ✓ Order a mammogram service during the patients' visits
- ✓ If a patient is self-reporting a mammogram, always include a date of service when documenting.
- ✓ Schedule the patient's mammogram service appointment before the patient leaves the office
- ✓ Document all family history and make referrals for mammogram
- ✓ Per the CDC, lymphadenopathy may occur 4-6 weeks after the COVID-19 vaccine. Please encourage patients to wait the appropriate amount of time before scheduling their mammogram.
- ✓ NCQA has not added an exclusion code to the Value Set Directory for transgender females. These women must be manually excluded.

- ✓ Remember to submit the appropriate ICD-10 diagnosis code that reflects a patient's history of bilateral mastectomy (Z90.13).
- ✓ Inform patient of Neighborhood's Member Rewards (Patient receives \$25 gift card if they complete the Asthma Action Plan)

Colorectal Cancer Screening (COL-E)

Measure Definition	Percentage of patients ages 45-75 who had an appropriate screening for colorectal cancer.
Measurement Period	• Colonoscopy – measurement year or 9 years prior • Flexible Sigmoidoscopy – measurement year or 4 years prior • CT Colonography – measurement year or 4 years prior • Stool DNA (sDNA) with FIT Test – measurement year or 2 years prior • iFOBT, gFOBT, FIT – measurement year
Measure Source	HEDIS Technical Specifications
Data Collection Method	ECDS Measure

Best Practices

- ✓ Provide education about early detection and prevention
- ✓ Educate patients on the purpose of screening
- ✓ Contact your laboratory services provider for iFOBT supplies to give out at your practice
- ✓ Remember to include a date of service when documenting a colorectal cancer screening
- ✓ Submit any codes for patients with a history of malignancy for colorectal cancer or those who have had a total colectomy (Z85.038 and Z85.048)
- ✓ Refusal is not an exclusion for this measure
- ✓ Try offering other screenings with patients who decline colonoscopy
- ✓ Digital Rectal Exams or FOBT tests performed in the office setting does not count towards compliance for the measure

COLONOSCOPY

CPT	44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398
HCPCS	G0105, G0121
SNOMED	8180007, 12350003, 25732003, 34264006, 73761001, 174158000, 174185007, 235150006, 235151005, 275251008, 302052009, 367535003, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 789778002, 1209098000

COMPUTED TOMOGRAPHY (CT) COLONOGRAPHY

CPT	74261, 74262, 74263
LOINC	60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
SNOMED	418714002

Stool DNA (sDNA) with FIT Test

CPT	81528 – Code specific to Cologuard® FIT-DNA test.
LOINC	77353-1, 77354-9

FLEXIBLE SIGMOIDOSCOPY

CPT	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
HCPCS	G0104
SNOMED	44441009, 396226005, 425634007

FOBT

CPT	82270, 82274
HCPCS	G0328
LOINC	12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6
SNOMED	104435004, 441579003, 442067009, 442516004, 442554004, 442563002, 59614000, 167667006, 389076003

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

Measure Definition	Percentage of patients 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. Depression Screening - Percentage of patients who were screened for clinical depression using a standardized instrument. Follow-Up on Positive Screen - Percentage of patients who received follow-up care within 30 days of a positive depression screen finding. Qualifying as Follow Up: • Outpatient, telephone, e-visit or virtual check in follow-up visit with a diagnosis of depression or other behavioral health diagnosis. • Depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health diagnosis. • Behavioral Health encounter including assessment, therapy, collaborative care or medication management. • A dispensed antidepressant medication • Documentation of additional depression screening on a full-length instrument indication either no depression or no symptoms that require follow-up (negative screen) on the same day as the positive screen on a brief screening instrument. ○ Positive PHQ-2 screening with documentation of a negative finding from PHQ-9 screening on the same encounter date.		
Measure Source	HEDIS Technical Specifications		
Data Collection Method	ECDS Measure		
Codes			
Depression Screening:			
LOINC	Adolescents ≤ 17 Years:		
	Screening Tools	Total Score LOINC	Positive Finding
	Patient Health Questionnaire (PHQ-9)®	44261-6	Total Score ≥ 10
	Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total Score ≥ 10
	Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total Score ≥ 3

	Beck Depression Inventory – Fast Screen (BDI-FS)®	89209-3	Total Score ≥ 8
	Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	89205-9	Total Score ≥ 17
	Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total Score ≥ 10
	PROMIS Depression	71965-8	Total Score ≥ 60 (T Score)
	Adults 18+ Years:		
	Screening Tools	Total Score LOINC	Positive Finding
	Patient Health Questionnaire (PHQ-9)®	44261-6	Total Score ≥ 10
	Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total Score ≥ 3
	Beck Depression Inventory – Fast Screen (BDI-FS)®	89208-3	Total Score ≥ 8
	Beck Depression Inventory (BDI-II)	89209-1	Total Score ≥ 20
	Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	89205-9	Total Score ≥ 17
	Duke Anxiety – Depression Scale (DUKE-AD)®	90853-3	Total Score ≥ 30
	Geriatric Depression Scale Short Form (GDS)	48545-8	Total Score ≥ 5
	Geriatric Depression Scale Long Form (GDS)	48544-1	Total Score ≥ 10
	Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total Score ≥ 10
	My Mood Monitor (M-3)®	71777-7	Total Score ≥ 5
	PROMIS Depression	71965-8	Total Score ≥ 60 (T Score)
	Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total Score ≥ 31

Best Practices

- ✓ Use Patient Health Questionnaire (PHQ-9) or other standardized instrument to screen for depression
- ✓ Schedule a follow-up appointment within 30 days from positive screening
- ✓ Continue to monitor and evaluate treatment plan

Follow-Up on Positive Screen:

FOLLOW-UP VISIT WITH ANY PROVIDER TYPE AND DOCUMENTED BH DIAGNOSIS

CPT	98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483
HCPCS	G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015
SNOMED	42137004, 50357006, 86013001, 90526000, 108220007, 108221006, 185317003, 185389009, 281036007, 314849005, 386472008, 386473003, 390906007, 401267002, 406547006, 870191006
UBREV	0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983

DEPRESSION CASE MANAGEMENT ENCOUNTER

Must document assessment for symptoms of depression or diagnosis of depression or other behavioral health condition.	
CPT	99366, 99492, 99493, 99494
HCPCS	G0512, T1016, T1017, T2022, T2023
SNOMED	182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002, 737850002, 621561000124106, 661051000124109, 662081000124106, 662541000124107 <u>Symptoms of Depression:</u> 394924000, 788976000

BEHAVIORAL HEALTH ENCOUNTER

Includes assessment, therapy, collaborative care, or medication management	
CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
ICD 10	Z71.82
HCPCS	G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485
SNOMED	5694008, 10197000, 10997001, 38756009, 45392008, 79094001, 88848003, 90407005, 91310009, 165171009, 165190001, 225337009, 370803007, 372067001, 385721005, 385724002, 385725001, 385726000, 385727009, 385887004, 385889001, 385890005, 401277000, 410223002, 410224008, 410225009, 410226005, 410227001, 410228006, 410229003, 410230008, 410231007, 410232000, 410233005, 410234004, 439141002
UBREV	0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919

Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)

Measure Definition	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 patients 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. Continuation and Maintenance (C&M) Phase - Percentage of patients 6–12 years of age 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.
Measure Source	HEDIS Technical Specifications
Data Collection Method	ECDS Measure

Best Practices

- ✓ Schedule a follow-up appointment within 30 days of prescribing a new ADHD medication
- ✓ Continue to monitor patient with two more visits within 9 months after prescribing the ADHD medication
- ✓ Virtual visits may be used for follow-up appointments
- ✓ Use screening/assessment tools (e.g. Vanderbilt Scales) to assist diagnosing ADHD. (Screening tools available at Providerexpress.com. Go to Clinical Resources - Behavioral Health Toolkit for Medical Providers)

Initiation Phase:

OUTPATIENT VISIT

CPT	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	
Place of Service Codes	• 02 - Telehealth other than patient's home • 03 – School • 05 – Indian Health Service free-standing facility • 07 – Tribal 638 free-standing facility • 09 – Prison/Correctional facility • 10 – Telehealth in patient's home • 11 – Office • 12 – Home • 13 – Assisted living facility • 14 – Group Home • 15 – Mobile Unit • 16 – Temporary lodging • 17 – Walk-in retail health clinic	• 18 – Place of Employment – worksite • 19 – Off-campus outpatient hospital • 20 – Urgent care facility • 22 – On-campus outpatient hospital • 33 – Custodial care facility • 49 – Independent clinic • 50 – Federally qualified health center • 53 – Community Mental Health Center • 71 – Public health clinic • 72 – Rural health clinic

BEHAVIORAL HEALTH OUTPATIENT VISIT

CPT	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
SNOMED	77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391233009,

	391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105
UBREV	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	99217, 99218, 99219, 99220
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INTENSIVE OUTPATIENT ENCOUNTER OR PARTIAL HOSPITALIZATION

CPT	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
Place of Service Code	52 – Psychiatric facility – partial hospitalization
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
SNOMED	07133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000
UBREV	0905, 0907, 0912, 0913

HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION

CPT	96150, 96151, 96152, 96153, 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
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TELEPHONE VISIT

CPT	98966, 98967, 98968, 99441, 99442, 99443
SNOMED	185317003, 314849005, 386472008, 386473003, 401267002

Continuation Phase - all scenarios above plus:

**E-VISIT OR VIRTUAL CHECK-IN WITH A PRACTITIONER WITH
PRESCRIBING AUTHORITY**

CPT	98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458
HCPCS	G0071, G2010, G2012, G2250, G2251, G2252

Unhealthy Alcohol Use Screening and Follow-Up (ASF)

Measure Definition	The percentage of patients 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care. - Unhealthy Alcohol Use Screening. The percentage of patients who had a systematic screening for unhealthy alcohol use. - Alcohol Counseling or Other Follow-up Care. The percentage of patients receiving brief counseling or other follow-up care within 2 months of screening positive for unhealthy alcohol use.		
Measure Source	HEDIS Technical Specifications		
Data Collection Method	Administrative		
Codes			
Screening Instruments	Screening Instrument	Total Score LOINC Codes	Positive Finding
	Alcohol Use Disorders Identification Test (AUDIT) Screening Instrument	75624-7	Total Score ≥ 8
	Alcohol Use Disorders Identification Test Consumption (AUDIT-C) Screening Instrument	75266-2	Total Score ≥ 4 for men Total Score ≥ 3 for women
	Single Question Screen for Men: “How many times in the past year have you had 5 or more drinks in a day?”	88037-7	Response ≥ 1
	Single Question for Women and All Adults age 65+: “How many times in the past year have you had 4 or more drinks in a day?”	75889-6	Response ≥ 1
CPT	99408, 99409		
HCPCS	G0396, G0397, G0443, G2011, H0005, H0007, H0015, H0016, H0022, H0050, H2035, H2036, T1006, T1012		
ICD 10	Z71.41		
SNOMED	20093000, 23915005, 24165007, 64297001, 386449006, 408945004, 408947007, 408948002, 413473000, 707166002, 429291000124102		

Best Practices

- ✓ Educate patients on what recommended limits are and ways to cut back on drinking
- ✓ Screen all patient for potential alcohol use
- ✓ Recommend counseling
- ✓ Provide a list of activities to help occupy patients instead of drinking
- ✓ Map out a “healthy lifestyle” for patient to follow

Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)

Measure Definition	Percentage of patients 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter. Assessment Periods: • Jan 1 – Apr 30 • May 1 – Aug 31 • Sept 1 – Dec 31
Measure Source	HEDIS Technical Specifications
Data Collection Method	ECDS Measure
Codes	
LOINC	<u>Ages 12 – 17 Years Only</u>: 89204-2 <u>Ages 12+</u>: 44261-6

Best Practices

- ✓ Educate patients and family of patients on the PHQ-9 questionnaire. The questionnaire can be administered in person, at home or over the phone
- ✓ Accurately capture PHQ-9 score, code appropriate diagnosis and treatment plans in EMR

Depression Remission or Response for Adolescents and Adults (DRR-E)

Measure Definition	Percentage of patients 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months (120-240 days) of the elevated score. • Follow-Up PHQ-9. The percentage of patients who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score. • Depression Remission. The percentage of patients who achieved remission within 4–8 months after the initial elevated PHQ-9 score. ○ Total Score < 5 • Depression Response. The percentage of patients who showed response within 4–8 months after the initial elevated PHQ-9 score. ○ Total Score at least 50% lower than the index score Index Date occurs between May 1 of the year prior to the measurement year and April 30 of the measurement year. Follow-Up can occur up until December 31 of the measurement year.
Measure Source	HEDIS Technical Specifications
Data Collection Method	ECDS Measure

Best Practices

- ✓ Continue assessments throughout the 32 weeks
- ✓ Be aware of remaining symptoms after initial treatment
- ✓ Provide patient with access to support groups or counseling

PHQ-9®

LOINC	<u>Ages 12-17 Years Only:</u> 89204-2 <u>Ages 12+ Years:</u> 44261-1
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Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

Measure Definition	Percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: 1. The percentage of children and adolescents on antipsychotics who received blood glucose testing. 2. The percentage of children and adolescents on antipsychotics who received cholesterol testing. 3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.
Measure Source	HEDIS Technical Specifications
Data Collection Method	ECDS Measure

Best Practice

- ✓ Perform at least one blood glucose test and either one LDL-C or Cholesterol test yearly
- ✓ Schedule testing multiple times per year
- ✓ Educate patient on importance of metabolic testing
- ✓ Have patient complete labs prior to next scheduled visit
- ✓ If patient does not receive lab orders at visit, send out lab orders and inform patient that they may complete labs at a suitable time
- ✓ **Reminder:** Documentation in the medical record should include the date and the result of the metabolic testing performed in the year.

GLUCOSE TEST

CPT	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, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
SNOMED	22569008, 33747003, 52302001, 72191006, 73128004, 88856000, 104686004, 167086002, 167087006, 167088001, 167095005, 167096006, 167097002, 250417005, 271061004, 271062006, 271063001, 271064007, 271065008, 275810004, 302788006, 302789003, 308113006, 313474007, 313545000, 313546004, 313624000, 313626003, 313627007, 313628002, 313630000,

	313631001, 313697000, 313698005, 313810002, 412928005, 440576000, 443780009, 444008003, 444127006, 166890005, 166891009, 166892002, 166914001, 166915000, 166916004, 166917008, 166918003, 166919006, 166921001, 166922008, 166923003, 442545002, 44478000, 1179458001
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HbA1c TEST

CPT	83036, 83037
CPT II	3044F, 3046F, 3051F, 3052F
LOINC	17855-8, 17856-6, 4548-4, 4549-2, 96595-4
SNOMED	43396009, 313835008, 165679005, 451061000124104

CHOLESTEROL TEST OTHER THAN LDL

CPT	82465, 83718, 83722, 84478
LOINC	2085-9, 2093-3, 2571-8, 3043-7, 9830-1
SNOMED	14740000, 28036006, 77068002, 104583003, 104584009, 104586006, 104784006, 104990004, 104991000, 121868005, 166832000, 166838001, 166839009, 166849007, 166850007, 167072001, 167073006, 167082000, 167083005, 167084004, 271245006, 275972003, 314035000, 315017003, 390956002, 412808005, 412827004, 443915001, 166830008, 166848004, 259557002, 365793008, 365794002, 365795001, 365796000, 439953004, 707122004, 707123009, 1162800007, 1172655006, 1172656007, 67991000119104

LDL-C TEST

CPT	80061, 83700, 83701, 83704, 83721
CPT II	3048F, 3049F, 3050F
LOINC	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7
SNOMED	113079009, 166833005, 166840006, 166841005, 167074000, 167075004, 314036004

Prenatal Immunization Status (PRS-E)

Measure Definition	Percentage of deliveries in the measurement year in which the member had the following vaccinations in the recommended time frame: • 1 influenza vaccine • 1 Td/Tdap vaccine
Measure Source	HEDIS Technical Specifications
Data Collection Method	ECDS Measure

Best Practices

- ✓ Schedule appointments to coincide with required timeframes for immunization administration
- ✓ Use your electronic medical record (EMR) system to set reminder flags
- ✓ Ensure the member's medical record includes immunization history from all sources ("Vaccines up to date" is not sufficient for documentation)
- ✓ Schedule the next appointment before the patient leaves the office
- ✓ Follow the Centers for Disease Control and Prevention (CDC) immunization schedule for immunization – <https://www.cdc.gov/vaccines/schedules>

INFLUENZA VACCINE

Number of Doses	1
Note	• Vaccine administered on or between July 1 of the year prior to the measurement year and the delivery date • Anaphylaxis due to influenza vaccine will count toward compliance
CPT	90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756
CVX Codes	88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205
SNOMED	<u>Vaccine:</u> 86198006 <u>Anaphylaxis:</u> 471361000124100

TDAP (TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS)

Number of Doses	1
Note	- At least 1 vaccine administered during the pregnancy including on the delivery date - Anaphylaxis or encephalitis due to vaccine will count toward compliance
CPT	90715
SNOMED	<u>Vaccine</u> : 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105 <u>Anaphylaxis</u> : 428281000124107, 428291000124105 <u>Encephalitis</u> : 192710009, 192711008, 192712001

Prenatal Depression Screening and Follow-Up (PND-E)

Measure Definition	Percentage deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.		
	Depression Screening - Percentage of deliveries in which the members were screened for clinical depression during pregnancy using a standardized instrument.		
	Follow-Up on Positive Screen - Percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.		
	Qualifying as Follow Up:		
	• Outpatient, telephone, e-visit or virtual check in follow-up visit with a diagnosis of depression or other behavioral health diagnosis. • Depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health diagnosis. • Behavioral Health encounter including assessment, therapy, collaborative care or medication management. • A dispensed antidepressant medication • Documentation of additional depression screening on a full-length instrument indication either no depression or no symptoms that require follow-up (negative screen) on the same day as the positive screen on a brief screening instrument. ○ Positive PHQ-2 screening with documentation of a negative finding from PHQ-9 screening on the same encounter date.		
Measure Source	HEDIS Technical Specifications		
Data Collection Method	ECDS Measure		
Codes			
Depression Screening:			
LOINC	Adolescents ≤ 17 Years:		
	Screening Tools	Total Score LOINC	Positive Finding
	Patient Health Questionnaire (PHQ-9)®	44261-6	Total Score ≥ 10
	Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total Score ≥ 10
	Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total Score ≥ 3

Beck Depression Inventory – Fast Screen (BDI-FS)®	89209-3	Total Score ≥ 8
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	89205-9	Total Score ≥ 17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total Score ≥ 10
PROMIS Depression	71965-8	Total Score ≥ 60 (T Score)
Adults 18+ Years:		
Screening Tools	Total Score LOINC	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total Score ≥ 10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total Score ≥ 3
Beck Depression Inventory – Fast Screen (BDI-FS)®	89208-3	Total Score ≥ 8
Beck Depression Inventory (BDI-II)	89209-1	Total Score ≥ 20
Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	89205-9	Total Score ≥ 17
Duke Anxiety – Depression Scale (DUKE-AD)®	90853-3	Total Score ≥ 30
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total Score ≥ 10
My Mood Monitor (M-3)®	71777-7	Total Score ≥ 5
PROMIS Depression	71965-8	Total Score ≥ 60 (T Score)
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total Score ≥ 31

Best Practices

- ✓ Use Patient Health Questionnaire (PHQ-9) or other standardized instrument to screen for depression
- ✓ Schedule a follow-up appointment within 30 days from positive screening
- ✓ Continue to monitor and evaluate treatment plan

Follow-Up on Positive Screen:

FOLLOW-UP VISIT WITH ANY PROVIDER TYPE AND DOCUMENTED BH DIAGNOSIS

CPT	98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483
HCPCS	G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015
SNOMED	42137004, 50357006, 86013001, 90526000, 108220007, 108221006, 185317003, 185389009, 281036007, 314849005, 386472008, 386473003, 390906007, 401267002, 406547006, 870191006
UBREV	0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983

DEPRESSION CASE MANAGEMENT ENCOUNTER

Must document assessment for symptoms of depression or diagnosis of depression or other behavioral health condition.

CPT	99366, 99492, 99493, 99494
HCPCS	G0512, T1016, T1017, T2022, T2023
SNOMED	182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002, 737850002, 621561000124106, 661051000124109, 662081000124106, 662541000124107 <u>Symptoms of Depression:</u> 394924000, 788976000

BEHAVIORAL HEALTH ENCOUNTER

Includes assessment, therapy, collaborative care, or medication management	
CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
ICD 10	Z71.82
HCPCS	G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485
SNOMED	5694008, 10197000, 10997001, 38756009, 45392008, 79094001, 88848003, 90407005, 91310009, 165171009, 165190001, 225337009, 370803007, 372067001, 385721005, 385724002, 385725001, 385726000, 385727009, 385887004, 385889001, 385890005, 401277000, 410223002, 410224008, 410225009, 410226005, 410227001, 410228006, 410229003, 410230008, 410231007, 410232000, 410233005, 410234004, 439141002
UBREV	0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919

Postpartum Depression Screening and Follow-Up (PDS-E)

Measure Definition	Percentage deliveries in which members were screened for clinical depression during the postpartum period and, if screened positive, received follow-up care. Depression Screening - Percentage of deliveries in which the members were screened for clinical depression during the postpartum period using a standardized instrument. <u>Postpartum period</u> – 7 to 84 days following the delivery date. Follow-Up on Positive Screen - Percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding. Qualifying as Follow Up: • Outpatient, telephone, e-visit or virtual check in follow-up visit with a diagnosis of depression or other behavioral health diagnosis. • Depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health diagnosis. • Behavioral Health encounter including assessment, therapy, collaborative care or medication management. • A dispensed antidepressant medication • Documentation of additional depression screening on a full-length instrument indication either no depression or no symptoms that require follow-up (negative screen) on the same day as the positive screen on a brief screening instrument. ○ Positive PHQ-2 screening with documentation of a negative finding from PHQ-9 screening on the same encounter date.		
Measure Source	HEDIS Technical Specifications		
Data Collection Method	ECDS Measure		
Codes			
Depression Screening:			
LOINC	Adolescents ≤ 17 Years:		
	Screening Tools	Total Score LOINC	Positive Finding
	Patient Health Questionnaire (PHQ-9)®	44261-6	Total Score ≥ 10
	Patient Health Questionnaire	89204-2	Total Score ≥ 10

	Modified for Teens (PHQ-9M)®		
	Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total Score ≥ 3
	Beck Depression Inventory – Fast Screen (BDI-FS)®	89209-3	Total Score ≥ 8
	Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	89205-9	Total Score ≥ 17
	Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total Score ≥ 10
	PROMIS Depression	71965-8	Total Score ≥ 60 (T Score)
	Adults 18+ Years:		
	Screening Tools	Total Score LOINC	Positive Finding
	Patient Health Questionnaire (PHQ-9)®	44261-6	Total Score ≥ 10
	Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total Score ≥ 3
	Beck Depression Inventory – Fast Screen (BDI-FS)®	89208-3	Total Score ≥ 8
	Beck Depression Inventory (BDI-II)	89209-1	Total Score ≥ 20
	Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)	89205-9	Total Score ≥ 17
	Duke Anxiety – Depression Scale (DUKE-AD)®	90853-3	Total Score ≥ 30
	Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total Score ≥ 10
	My Mood Monitor (M-3)®	71777-7	Total Score ≥ 5
	PROMIS Depression	71965-8	Total Score ≥ 60 (T Score)
	Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total Score ≥ 31

Best Practices

- ✓ Use Patient Health Questionnaire (PHQ-9) or other standardized instrument to screen for depression
- ✓ Schedule a follow-up appointment within 30 days from positive screening
- ✓ Continue to monitor and evaluate treatment plan

Follow-Up on Positive Screen:

FOLLOW-UP VISIT WITH ANY PROVIDER TYPE AND DOCUMENTED BH DIAGNOSIS

CPT	98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483
HCPCS	G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015
SNOMED	42137004, 50357006, 86013001, 90526000, 108220007, 108221006, 185317003, 185389009, 281036007, 314849005, 386472008, 386473003, 390906007, 401267002, 406547006, 870191006
UBREV	0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983

DEPRESSION CASE MANAGEMENT ENCOUNTER

Must document assessment for symptoms of depression or diagnosis of depression or other behavioral health condition.	
CPT	99366, 99492, 99493, 99494
HCPCS	G0512, T1016, T1017, T2022, T2023
SNOMED	182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002, 737850002, 621561000124106, 661051000124109, 662081000124106, 662541000124107 <u>Symptoms of Depression:</u> 394924000, 788976000

BEHAVIORAL HEALTH ENCOUNTER

Includes assessment, therapy, collaborative care, or medication management

CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493
ICD 10	Z71.82
HCPCS	G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485
SNOMED	5694008, 10197000, 10997001, 38756009, 45392008, 79094001, 88848003, 90407005, 91310009, 165171009, 165190001, 225337009, 370803007, 372067001, 385721005, 385724002, 385725001, 385726000, 385727009, 385887004, 385889001, 385890005, 401277000, 410223002, 410224008, 410225009, 410226005, 410227001, 410228006, 410229003, 410230008, 410231007, 410232000, 410233005, 410234004, 439141002
UBREV	0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919

Social Need Screening and Intervention (SNS-E)

Measure Definition	Percentage of patients screened, using a prespecified instruments, at least once during the measure period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive. - Food Screening. The percentage of patients who were screened for food insecurity. - Food Intervention. The percentage of patients who received a corresponding intervention within 30 days of screening positive for food insecurity. - Housing Screening. The percentage of patients who were screened for housing instability, homelessness or housing inadequacy. - Housing Intervention. The percentage of patients who received corresponding intervention within 30 days of screening positive for housing instability, homelessness or housing inadequacy. - Transportation Screening. The percentage of patients screened for transportation insecurity. - Transportation Intervention. The percentage of patients who received a corresponding intervention within 30 days of screening positive for transportation insecurity. Interventions must correspond with the type of need identified on or up to 30 days after the date of the first positive screening. Interventions include any of the following: - Assistance - Assessment - Counseling - Coordination - Education - Evaluation of eligibility - Provision - Referral		
Measure Source	HEDIS Technical Specifications		
Data Collection Method	ECDS Measure		
Codes			
Depression Screening:			
LOINC	Eligible screening instruments with thresholds for positive findings include:		
	Food Insecurity Instruments	Screening LOINC Codes	Positive Finding LOINC Codes

	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 LA6729-3
		88123-5	LA28397-0 LA6729-3
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 LA6729-3
		88123-5	LA28397-0 LA6729-3
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool – short form	88122-7	LA28397-0 LA6729-3
		88123-5	LA28397-0 LA6729-3
	Health Leads Screening Panel®	95251-5	LA33-6
	Hunger Vital Sign™ (HVS)	88124-3	LA19952-3
	Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PREPARE)®	93031-3	LA30125-1
	Safe Environment for Every Kid (SEEK)®	95400-8	LA33-6
		95399-2	LA33-6
	U.S. Household Food Security Survey (U.S. FSS)	95264-8	LA30985-8 LA30986-6
	U.S. Adult Food Security Survey (U.S. FSS)	95264-8	LA30985-8 LA30986-6
	U.S. Child Food Security Survey (U.S. FSS)	95264-8	LA30985-8 LA30986-6
	U.S. Household Food Security Survey – Six-Item Short Form (U.S. FSS)	95264-8	LA30985-8 LA30986-6
	We Care Survey	96434-6	LA32-8
	WellRx Questionnaire	93668-2	LA33-6
	Housing Instability and Homelessness Instruments	Screening LOINC Codes	Positive Finding LOINC Codes
	Accountable Health Communities (AHC) Health-Related Social	71802-3	LA31994-9 LA31995-6

	Needs (HRSN) Screening Tool		
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool – short form	71802-3	LA31994-9 LA31995-6
	Children’s Health Watch Housing Stability Vital Signs™	98976-4	LA33-6
		98977-2	≥3
		98978-0	LA33-6
	Health Leads Screening Panel®	99550-6	LA33-6
	Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences (PREPARE)®	93033-9	LA33-6
		71802-3	LA30190-5
	We Care Survey	96441-1	LA33-6
	WellRx Questionnaire	93669-0	LA33-6
	Housing Inadequacy Instruments	Screening LOINC Codes	Positive Finding LOINC Codes
	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool – short form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
	Norwalk Community Health Center	99134-9	LA33-6

	Screening Tool (NCHC)	99135-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
	Transportation Insecurity Instruments	Screening LOINC Codes	Positive Finding LOINC Codes
	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool – short form	99594-4	LA33093-8 LA30134-3
	Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
	Health Leads Screening Panel®	99553-0	LA33-6
	Inpatient Rehabilitation Facility – Patient Assessment Instrument (IRF-PAI) – version 4.0 (CMS Assessment)	93030-5	LA30133-5 LA30134-3
	Outcome and Assessment Information Set (OASIS) form – version E - Discharge from Agency (CMS Assessment)	93030-5	LA30133-5 LA30134-3
	Outcome and Assessment Information Set (OASIS) form – version E – Resumption of Care (CMS Assessment)	93030-5	LA30133-5 LA30134-3

	Outcome and Assessment Information Set (OASIS) form – version E – Start of Care (CMS Assessment)	93030-5	LA30133-5 LA30134-3
	Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PREPARE)®	93030-5	LA30133-5 LA30134-3
	PROMIS®	92358-1	LA30024-6 LA30026-1 LA30027-9
	WellRX Questionnaire	93671-6	LA33-6

Best Practices

- ✓ Screen patients at every visit
- ✓ Schedule a follow-up appointment within 30 days from positive screening
- ✓ Choose a Screening Tool that covers all the domains for social needs screening

Follow-Up on Positive Screen:

FOOD INTERVENTION

CPT	96156, 96160, 96161, 97802, 97803, 97804
HCPCS	S5170, S9470

HOUSING INTERVENTION

CPT	96156, 96160, 96161
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TRANSPORTATION INTERVENTION

CPT	96156, 96160, 96161
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Non-HEDIS Quality Measures

Developmental Screening in the First Three Years of Life

Measure Definition	Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.
Measure Source	Oregon Health and Sciences University
Data Collection Method	Hybrid (claims and medical records data)
Codes	
CPT	96110

Best Practices

- ✓ Utilize proactive gap in care reports to identify patients who are due for screening before 1st, 2nd, or 3rd birthday.
- ✓ Consider giving screening ahead of time for parent to complete before the well child visit
- ✓ Check KIDSNET for previous screenings completed at another practice

Screening for Clinical Depression and Follow-up Plan

Measure Definition	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening and if positive, a follow-up plan is documented on the date of the eligible encounter.
Measure Source	Center for Medicare and Medicaid Services Merit-based Incentive Payment System 2020, modified by Rhode Island Executive Office of Health and Human Services
Data Collection Method	Hybrid (claims and medical records data)
Exclusions	Patients with an active diagnosis for depression or a diagnosis of bipolar disorder
Codes	
CPT	96127
ICD 10	Z13.89
HCCPS	G8431, G8510, G8433

Best Practices

- ✓ Use Patient Health Questionnaire (PHQ-9) or other standardized instrument to screen for depression
- ✓ Schedule a follow-up visits within 30 days from positive screening
- ✓ Continue to monitor and evaluate treatment plan

HIV Viral Load Suppression

Measure Definition	Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year.
Measure Source	Center for Medicare and Medicaid Services Merit-based Incentive Payment System 2020, modified by Rhode Island Executive Office of Health and Human Services
Data Collection Method	Hybrid (claims and medical records data)
Exclusions	None
Codes	
LOINC	20447-9, 21333-0, 23876-6, 41515-8, 48511-0, 59419-2, 70241-5

Best Practices

- ✓ Ensure that the patient is regularly filling script and taking medication as prescribed
- ✓ Always have patient complete labs prior to their annual physical

Last Updated 2/4/2025

All codes subject to changes and updates

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ii CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

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