



# **NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND**

## **Provider Performance Guide for Clinical Quality Measures**

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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 annual Healthcare Effectiveness Data and Information Set (HEDIS) (HEDIS)<sup>1</sup> data to provide a standardized assessment of Plan performance. Neighborhood conducts detailed analysis of HEDIS results by variable 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 shares practice specific HEDIS results annually with high-volume primary care provider sites to identify opportunities for improvement and share best practices.

Neighborhood has developed the “Quality Measures Guide” as a quick HEDIS reference guide to help providers address gaps in care for their patients, as well as improve their HEDIS rates.

## 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](http://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

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<sup>1</sup> HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA)

## How is HEDIS Data Collected and Calculated

Sources for HEDIS Data Collection		
Administrative Measures	Hybrid Measures	Survey Measures
<ul style="list-style-type: none"> <li>- Claims Data</li> <li>- Immunization Registries</li> <li>- Lab Data Files</li> <li>- Health Information Exchange</li> <li>- Encounter Data</li> <li>- Pharmacy Data</li> <li>- Supplemental data</li> </ul>	<ul style="list-style-type: none"> <li>- Administrative Data</li> <li>- Medicaid Record Review (MRR)</li> </ul>	<ul style="list-style-type: none"> <li>- CAHPS Health Plan Surveys</li> </ul>

### 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®<sup>ii</sup> (Consumer Assessment of Healthcare Provider and Systems) survey on an annual basis. Several of the HEDIS rates are calculated from the CAHPS survey. (e.g., “Advice to Quit Smoking”).

## 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 Providers' 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) <sup>®</sup> 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, 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 is based on members assigned to your practice, if you are a Neighborhood Primary Care Provider.
  - Conduct ongoing review of your member roster and outreach your 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 importance of medication adherence and that it’s important to take medication 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](http://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/>
- Bright Futures for age-appropriate anticipatory guidance: <https://www.Brightfutures.org/>

- Rhode Island Medicaid Early Periodic Screening, Diagnosis, and Treatment Chart: <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-03/EPSTD-Table-2018.pdf>

## Behavioral Health Resources

- 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>
    - Optum Standard Authorization Forms: <https://www.providerexpress.com/content/ope-provexpr/us/en/admin-resources/forms/Optumstandardforms.html>
    - Coordination of Care: <https://www.providerexpress.com/content/ope-provexpr/us/en/about-us/coordination-of-care.html>
  - Screening tools: <https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/clinical-tools-and-quality-initiatives.html>
- Neighborhood Health Plan of Rhode Island: <https://www.nhpri.org/providers/provider-resources/behavioralhealth/>

## Childhood Immunization Status (CIS)

<b>Measure Definition</b>	<p>Percentage of children who turn 2 years of age in the measurement year who had the following immunization on or before their second birthday:</p> <ul style="list-style-type: none"> <li>• 4 doses of diphtheria, tetanus and acellular pertussis (DTaP)</li> <li>• 4 doses of pneumococcal conjugate (PCV)</li> <li>• 3 doses of hepatitis B (Hep B)</li> <li>• 3 doses of haemophilus influenza type B (HiB) vaccine;</li> <li>• 3 doses of polio (IPV)</li> <li>• 2 or three doses of rotavirus (RV)</li> <li>• 2 doses of influenza (flu)</li> <li>• 1 dose of measles, mumps and rubella (MMR)</li> <li>• 1 dose of hepatitis A (Hep A)</li> <li>• 1 dose of chicken pox (VZV)</li> </ul>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid (claims and medical records data)

### Best Practices

- ✓ Review gap in care report to determine which immunizations the patient may be due for before age two
- ✓ Take advantage of all opportunities when the patients are in the office for administering vaccines
- ✓ Schedule the next visit before the patient leaves the office
- ✓ Educate parents on the importance of vaccines
- ✓ Document and code the doses correctly
- ✓ Follow the Centers for Disease Control and Prevention (CDC) immunization schedule for Childhood immunization – <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

## DTAP (DIPHTHERIA, TETANUS AND ACELLULAR PERTUSSIS)

<b>Number of Doses</b>	4
<b>Note</b>	<ul style="list-style-type: none"> <li>• Do not count dose administered from birth through 42 days.</li> <li>• 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.</li> </ul>
<b>CPT</b>	90697, 90698, 90700, 90723
<b>CVX Codes</b>	20, 50, 106, 107, 110, 120, 146
<b>SNOMED</b>	<p><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</p> <p><u>Anaphylaxis</u>: 428281000124107, 428291000124105</p> <p><u>Encephalitis</u>: 19271009, 192711008, 192712001</p>

## HEP A (HEPATITIS A)

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

**HEP B (HEPATITIS B)**

<b>Number of Doses</b>	3
<b>Note</b>	If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator.
<b>CPT</b>	90697, 90723, 90740, 90744, 90747, 90748
<b>CVX Codes</b>	08, 44, 45, 51, 110, 146
<b>HCPCS</b>	G0010
<b>SNOMED</b>	<u>Vaccine</u> : 16584000, 170370000, 170371001, 170372008, 170373003, 170374009, 170375005, 170434002, 170435001, 170436000, 170437009, 312868009, 396456003, 770608009, 770616000, 770617009, 770618004, 786846001, 1162640003, 572561000119108 <u>Anaphylaxis</u> : 1428321000124101

**HIB (HAEMOPHILUS INFLUENZA TYPE B)**

<b>Number of Doses</b>	3
<b>Note</b>	<ul style="list-style-type: none"> <li>Do not count dose administered from birth through 42 days.</li> <li>If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator.</li> </ul>
<b>CPT</b>	90644, 90647, 90648, 90697, 90698, 90748
<b>CVX Codes</b>	17, 46, 47, 48, 49, 50, 51, 120, 146, 148
<b>SNOMED</b>	<u>Vaccine</u> : 127787002, 170343007, 170344001, 170345000, 170346004, 310306005, 310307001, 310308006, 312869001, 312870000, 414001002, 414259000, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004, 786846001, 787436003, 787438002, 16292241000119109 <u>Anaphylaxis</u> : 433621000124101

**INFLUENZA**

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



<b>SNOMED</b>	86198006 <u>Anaphylaxis:</u> 433621000124101
<b><u>LIVE ATTENUATED INFLUENZA VIRUS</u></b>	
<b>Note</b>	<ul style="list-style-type: none"> <li>Administered on the second birthday.</li> <li>Only 1 of the 2 required doses can be LAIV.</li> </ul>
<b>CPT</b>	90660, 90672
<b>CVX Codes</b>	111, 149
<b>SNOMED</b>	787016008

<b><u>IPV (POLIO)</u></b>	
<b>Number of Doses</b>	3
<b>Note</b>	Do not count dose administered from birth through 42 days.
<b>CPT</b>	90697, 90698, 90713, 90723
<b>CVX Codes</b>	10, 89, 110, 120, 146
<b>SNOMED</b>	1310306005, 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

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

<b><u>PCV (PNEUMOCOCCAL CONJUGATE)</u></b>	
<b>Number of Doses</b>	4

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

## ROTAVIRUS

<b>Number of Doses</b>	2 or 3 (depending on vaccine manufacturer)
<b>Note</b>	<ul style="list-style-type: none"> <li>• Do not count dose administered from birth through 42 days.</li> <li>• Can combine at least 1 dose of the 2-dose vaccine and at least 2 doses of the 3-dose vaccine.</li> <li>• If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator.</li> </ul>
<b>CPT</b>	<u>Rotavirus two dose</u> : 90681 <u>Rotavirus three dose</u> : 90680
<b>CVX Codes</b>	<u>Rotavirus two dose</u> : 119 <u>Rotavirus three dose</u> : 116, 122
<b>SNOMED</b>	<u>Rotavirus two dose</u> : 434741000124104 <u>Rotavirus three dose</u> : 434731000124109 <u>Anaphylaxis</u> : 428331000124103

## VZV (CHICKEN POX)

<b>Number of Doses</b>	1
<b>Note</b>	Must be administered on or between a child's first and second birthdays.
<b>CPT</b>	90710, 90716
<b>CVX Codes</b>	21, 94
<b>SNOMED</b>	<u>Anaphylaxis</u> : 471141000124102

## Immunizations for Adolescents (IMA)

<b>Measure Definition</b>	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 <sup>th</sup> birthday.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid (claims and medical records data)

### Best Practices

- ✓ Take advantage of any opportunity when the patient is in the office to administer vaccines
- ✓ Schedule the next appointment before the member 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)

<b>Number of Doses</b>	2 or 3
<b>Note</b>	<ul style="list-style-type: none"> <li>• Dose must be administered on or between the 9<sup>th</sup> and 13<sup>th</sup> birthdays.</li> <li>• 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.</li> <li>• If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator.</li> </ul>
<b>CPT</b>	90649, 90650, 90651
<b>CVX Codes</b>	62, 118, 137, 165
<b>SNOMED</b>	<u>Vaccine</u> : 428741008, 428741008, 428931000, 429396009, 717953009, 724332002, 734152003, 7618841000, <u>Anaphylaxis</u> : 4428241000124101

## MENINGOCOCCAL CONJUGATE

<b>Number of Doses</b>	1
<b>Note</b>	<ul style="list-style-type: none"> <li>• Dose must be administered on or between the 11<sup>th</sup> and 13<sup>th</sup> birthdays.</li> <li>• If applicable, anaphylaxis due to vaccine and the date it occurred must be documented in the medical record to count toward the numerator.</li> </ul>
<b>CPT</b>	90619, 90733, 90734
<b>CVX Codes</b>	32, 108, 114, 136, 147, 167, 203
<b>SNOMED</b>	<u>Vaccine</u> : 871874000, 428271000124109, 16298691000119102 <u>Anaphylaxis</u> : 428301000124106

## TDAP (TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS)

<b>Number of Doses</b>	1
<b>Note</b>	<ul style="list-style-type: none"> <li>• Dose must be administered on or between the 10<sup>th</sup> and 13<sup>th</sup> birthdays.</li> <li>• 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.</li> </ul>
<b>CPT</b>	90715
<b>CVX Codes</b>	115
<b>SNOMED</b>	<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)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative
<b>CPT</b>	87110, 87270, 87320, 87490, 87491, 87492, 87810

### Best Practices

- ✓ Consider universal screening for all patients ages 16 years and older
- ✓ Take 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)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid (claims and medical records data)
<b>CPT</b>	83655
<b>LOINC</b>	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7

### Best Practices

- ✓ Educate parents on the importance of lead screening / testing
- ✓ Add standing order for lab test during annual screening
- ✓ Review gap in care proactive report to determine which patients have not been screened yet.
- ✓ Send reminders to patients who had 18 month visit and have not had 1 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 greater than or equal to 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)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid (claims and medical record data)

### Best Practices

- ✓ Documentation on BMI and nutrition counseling can be on separate visits
- ✓ 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

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

### COUNSELING FOR NUTRITION

<b>CPT</b>	97802, 97803, 97804
<b>HCPCS</b>	G0270, G0271, G0447, S9449, S9452, S9470
<b>ICD-10</b>	Z71.3

### COUNSELING FOR PHYSICAL ACTIVITY

<b>HCPCS</b>	G0447, S9451
<b>ICD-10</b>	Z02.5, Z71.82

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

<b>Measure Definition</b>	<p>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:</p> <ol style="list-style-type: none"> <li><b>Well-Child Visits in the First 15 Months.</b> Children who turned 15 months old during the measurement year who had six or more well-child visits during the previous 15 months.</li> <li><b>Well-Child Visits for Age 15 Months–30 Months.</b> Children who turned 30 months old during the measurement year who had two or more well-child visits during the previous 15 months.</li> </ol>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid (claims and medical record data)
<b>CPT</b>	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
<b>HCPCS</b>	G0438, G0439, S0302
<b>ICD-10</b>	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

### Best Practices

- ✓ Provide preventive care at all visits
- ✓ Schedule the next visit before the patient leaves the office



## Child and Adolescent Well-Care Visits (WCV)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid (claims and medical records data)
<b>CPT</b>	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
<b>HCPCS</b>	G0438, G0439, S0302, S0610, S0612, S0613
<b>ICD-10</b>	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)

## Breast Cancer Screening (BCS)

<b>Measure Definition</b>	Percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid (claims and medical records data)
<b>CPT</b>	77061, 77062, 77063, 77065, 77066, 77067
<b>HCPCS</b>	G0202, G0204, G0206
<b>SNOMED</b>	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
<b>LOINC</b>	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, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0

### 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.

## Colorectal Cancer Screening (COL)

<b>Measure Definition</b>	Percentage of patients who had an appropriate screening for colorectal cancer.
<b>Measurement Period</b>	<ul style="list-style-type: none"> <li>• Colonoscopy – measurement year or 9 years prior</li> <li>• Flexible Sigmoidoscopy – measurement year or 4 years prior</li> <li>• CT Colonography – measurement year or 4 years prior</li> <li>• Stool DNA (sDNA) with FIT Test – measurement year or 2 years prior</li> <li>• iFOBT, gFOBT, FIT – measurement year</li> </ul>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid (claims and medical records data)

### 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 **refuse who decline** colonoscopy
- ✓ Digital Rectal Exams or FOBT tests performed in the office setting does not count towards compliance for the measure

## COLONOSCOPY

<b>CPT</b>	44388, 44389, 44390, 44391, 44392, 44393, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398
<b>HCPCS</b>	G0105, G0121

## COMPUTED TOMOGRAPHY (CT) COLONOGRAPHY

<b>CPT</b>	74261, 74262, 74263
<b>LOINC</b>	60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3

**Stool DNA (sDNA) with FIT Test**

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

**FLEXIBLE SIGMOIDOSCOPY**

<b>CPT</b>	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
<b>HCPCS</b>	G0104

**FOBT**

<b>CPT</b>	82270
<b>HCPCS</b>	G0328
<b>LOINC</b>	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

**FIT**

<b>CPT</b>	82274
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## Cervical Cancer Screening (CCS)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid (claims and medical records data)

### Best Practices

- ✓ Provide education about early detection and prevention
- ✓ Educate patients on the purpose of screening
- ✓ Be sure to order HPV test when screening for cervical cancer

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)

## CERVICAL CYTOLOGY

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

## HIGH RISK HPV (HUMAN PAPILLOMAVIRUS) TEST

<b>CPT</b>	87624, 87625
<b>HCPCS</b>	G0476

<b>LOINC</b>	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
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## Prenatal and Postpartum Care (PPC)

<b>Measure Definition</b>	Percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. <b>Timeliness of Prenatal Care.</b> Percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. <b>Postpartum Care.</b> Percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid (claims and medical records data)
<b>Measurement Period</b>	43 days prior to delivery through 60 days after delivery.

### Best Practices

- ✓ Educate patients on the importance of perinatal and postpartum care visits
- ✓ Send reminders to encourage new moms to schedule an appointment for postpartum care visits

### Reminders:

- ✓ Medical records must include documentation indicating the date when the prenatal and postpartum visits occurred.
- ✓ Refer patients to our Bright Start and LunaYou Programs: <https://www.nhpri.org/your-health/programs/bright-start/>
- ✓ Remember to complete the pregnancy risk assessment form upon determination of pregnancy diagnose: <https://www.nhpri.org/wp-content/uploads/2019/06/Bright-Start-Prenatal-Risk-Assessment.pdf>

## Prenatal Bundled Services

<b>CPT</b>	59400, 59425, 59426, 59510, 59610, 59618
<b>HCPCS</b>	H1005

### STAND-ALONE PRENATAL VISITS

<b>CPT</b>	99500
<b>CPT II</b>	0500F, 0501F, 0502F
<b>HCPCS</b>	H1000, H1001, H1002, H1003, H1004

### Prenatal Office Visits with Diagnosis of Pregnancy

<b>CPT</b>	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483
<b>HCPCS</b>	G0463, T1015
<b>ICD-10</b> <i>(not all codes listed)</i>	Z34.90

### POSTPARTUM BUNDLED SERVICES

<b>CPT</b>	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
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### Postpartum Visits

<b>CPT/CPT II</b>	57170, 58300, 59430, 99501
<b>CPT II</b>	0503F
<b>HCPCS</b>	G0101
<b>ICD-10</b>	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

### TELEPHONE VISITS

<b>CPT</b>	98966, 98967, 98968, 99441, 99442, 99443
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### Online Assessment (e-visit/virtual check-in)

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

### CERVICAL CYTOLOGY

<b>CPT</b>	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175
<b>HCPCS</b>	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091



<b>LOINC</b>	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
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## Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

<b>Measure Definition</b>	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).
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	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

## Medical Assistance with Smoking and Tobacco Use Cessation (MSC)

<b>Measure Definition</b>	Percentage of patients 18 years of age and older who are current smokers or tobacco users and who: Advising Smokers and Tobacco Users to Quit Received advice to quit during the measurement year from their primary care practitioner. Discussing Cessation Medications Discussed or were recommended cessation medications during the measurement year from their primary care practitioner. Discussing Cessation Strategies Discussed or were provided cessation methods or strategies during the measurement year from their primary care practitioner.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	CAHPS Survey
<b>Age Criteria</b>	18 years and older as of December 31 of the measurement year.

### Best Practices

- ✓ Reinforce smoking and tobacco use cessation during every visit
- ✓ Provide educational materials to encourage smoking and tobacco use cessation

## Asthma Medication Ratio (AMR)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	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 the patient for controlling asthma
- ✓ Inform patient of Neighborhood’s Member Rewards options (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)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative
<b>Codes – CPT</b>	72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220

### Best Practices

- ✓ Hold off 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)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative
<b>Codes – ICD-10</b>	J00, J06.0, J06.9

### Best Practices

- ✓ Be sure to 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)

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

<p><b>Measure Definition</b></p>	<p>The proportion of patients 18 years and older, receiving prescription opioids for <math>\geq 15</math> days during the measurement year who received opioids from multiple providers. Three rates are reported.</p> <ol style="list-style-type: none"> <li>1. <b>Multiple Prescribers.</b> The proportion of patients receiving prescriptions for opioids from four or more different prescribers during the measurement year.</li> <li>2. <b>Multiple Pharmacies.</b> The proportion of patients receiving prescriptions for opioids from four or more different pharmacies during the measurement year.</li> <li>3. <b>Multiple Prescribers and Multiple Pharmacies.</b> The proportion of patients receiving prescriptions for opioids from four or more different prescribers and 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).</li> </ol> <p>Note: A lower rate indicates better performance for all three rates.</p>
<p><b>Measure Source</b></p>	<p>HEDIS Technical Specifications</p>
<p><b>Data Collection Method</b></p>	<p>Administrative</p>

### 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)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative

### Best Practice

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

## GROUP A STREP TEST

<b>CPT/CPT II</b>	87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
<b>LOINC</b>	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

<b>ICD-10</b>	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)

<b>Measure Definition</b>	<p>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.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.</li> <li>2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.</li> </ol> <p>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.</p>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	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

## Statin Therapy for Patients with Cardiovascular Disease (SPC)

<b>Measure Definition</b>	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: <ol style="list-style-type: none"> <li>1. <b>Received Statin Therapy.</b> Patients who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.</li> <li>2. <b>Statin Adherence 80%.</b> Patients who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</li> </ol>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative

### Best Practice

- ✓ Document adverse events caused by the medication and any side effects from discontinuation
- ✓ Educate patients on the importance of medication adherence

## Statin Therapy for Patients with Diabetes (SPD)

<b>Measure Definition</b>	<p>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:</p> <ol style="list-style-type: none"> <li>1. Received Statin Therapy. Patients who were dispensed at least one statin medication of any intensity during the measurement year.</li> <li>2. Statin Adherence 80%. Patients who remained on a statin medication of any intensity for at least 80% of the treatment period.</li> </ol>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative

### Best Practice

- ✓ Document adverse events caused by the medication and any side effects from discontinuation.
- ✓ Educate patients on the importance of medication adherence

## Eye Exam for Patients with Diabetes (EED)

<b>Measure Definition</b>	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: <ul style="list-style-type: none"> <li>• A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.</li> <li>• 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.</li> <li>• Bilateral eye enucleation any time during the patient’s history through December 31 of the measurement year.</li> </ul>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	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 sites for patients who are already coming in for diabetic follow-up appointments

### Codes that can be billed by ANY PROVIDER

#### Diabetic Eye Exam without Evidence of Retinopathy in Prior Year

<b>CPT II</b>	3072F
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#### Diabetic Eye Exam without Evidence of Retinopathy

<b>CPT II</b>	2023F, 2025F, 2033F
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#### Diabetic Eye Exam with Evidence of Retinopathy

<b>CPT II</b>	2022F, 2024F, 2026F
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**AUTOMATED EYE EXAM (IMAGING OF RETINA)**

<b>CPT</b>	<b>92229</b>
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**CODES THAT CAN BE BILLED BY AN EYE CARE PROFESSIONAL:**

**DIABETIC EYE EXAM**

<b>CPT</b>	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
<b>HCPCS</b>	S0620, S0621, S3000
<b>Diabetes Mellitus without Complications ICD-10</b>	E10.9, E11.9, E13.9

**UNILATERAL EYE ENUCLEATION**

<b>CPT</b>	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
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**UNILATERAL EYE ENUCLEATION - LEFT**

<b>ICD-10 Procedure</b>	08T1XZZ
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**UNILATERAL EYE ENUCLEATION - RIGHT**

<b>ICD-10 Procedure</b>	08T0XZZ
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**BILATERAL MODIFIER**

<b>CPT Modifier</b>	50
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## Hemoglobin A1c Control for Patients with Diabetes (HBD)

<b>Measure Definition</b>	Percentage of patients 18–75 years of age with diabetes (type 1 and type 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under control (good control is < 8.0%, poor control is >9.0%).
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid (claims and medical records data)
<b>CPT</b>	83036, 83037
<b>CPT II</b>	3044F, 3046F
<b>LOINC</b>	178-56-6, 4548-4, 4549-2

### 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
- ✓ 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
- ✓ Remember to always include the date of the blood draw when documenting A1c value in the medical record
- ✓ 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

### HBA1C LEVEL < 7.0%

<b>CPT II</b>	3044F
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### HBA1C ≥ 7.0% AND < 8.0%

<b>CPT II</b>	3051F
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### HBA1C ≥ 8.0% AND ≤ 9.0%

<b>CPT II</b>	3052F
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### HBA1C > 9.0%

<b>CPT II</b>	3046F
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## Blood Pressure Control for Patients with Diabetes (BPD)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	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

## DIASTOLIC BLOOD PRESSURE LEVELS

<b>CPT II</b>	3078F, 3079F, 3080
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## SYSTOLIC BLOOD PRESSURE LEVELS

<b>CPT II</b>	3074F, 3075F, 3077
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## TELEPHONE VISITS

<b>CPT</b>	98966, 98967, 98968, 99441, 99442, 99443
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## ONLINE ASSESSMENT (E-VISIT/VIRTUAL CHECK-IN)

<b>CPT</b>	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457
<b>HCPCS</b>	G0071, G2010, G2012, G2061, G2062, G2063



## Kidney Health Evaluation for Patients with Diabetes (KED)

<b>Measure Definition</b>	<p>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 and a uACR are required on the same or different dates of service.</p> <ul style="list-style-type: none"> <li>• At least 1 estimated glomerular filtration rate (eGFR); <b>AND</b></li> <li>• At least 1 urine albumin-creatinine ratio test identified by one of the following: <ul style="list-style-type: none"> <li>○ A quantitative urine albumin test <b>AND</b> a urine creatinine test 4 or less days apart;</li> <li>○ A uACR</li> </ul> </li> </ul>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid (Claims and medical records data)

### Best Practices

- ✓ Educate patients on the importance of completing lab work annually
- ✓ Order and request labs be completed prior to appointment to allow results to be available for discussion during the office visit

### ESTIMATED GLOMERULAR FILTRATION RATE LAB TEST

<b>CPT</b>	80047, 80048, 80050, 80053, 80069, 82565
<b>LOINC</b>	48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1, 98979-8, 98980-6

### QUANTITATIVE URINE ALBUMIN LAB TEST

<b>CPT</b>	82043
<b>LOINC</b>	14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7

### URINE CREATININE LAB TEST

<b>CPT</b>	82570
<b>LOINC</b>	20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5

### URINE ALBUMIN CREATININE RATIO TEST

<b>LOINC</b>	13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
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## Blood Pressure Control (CBP)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Hybrid

## DIASTOLIC BLOOD PRESSURE LEVELS

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

<b>CPT II</b>	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

## Behavioral Health Measures

## Antidepressant Medication Management (AMM)

<b>Measure Definition</b>	<p>Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported.</p> <ol style="list-style-type: none"> <li>1. <b>Effective Acute Phase Treatment</b> - Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).</li> <li>2. <b>Effective Continuation Phase Treatment</b> - Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</li> </ol>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative

### Best Practices

- ✓ Follow up with patient after 30 days to make sure dosage is working
- ✓ Educate patients about antidepressant medication so that they understand that it may take up to 12 weeks for full effectiveness of medication
- ✓ Discuss the side effects of the medication and the importance of medication adherence
- ✓ Consider a referral or a consult for talk therapy as an alternative to medication
- ✓ Screening tools (e.g. PHQ-9) may provide objective assessment and better identify who would or would not benefit from medication.
- ✓ Encourage patients to accept a referral for psychotherapy and help them understand mental health diagnoses are medical illnesses
- ✓ Use “unspecified” diagnoses sparingly

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

<b>Measure Definition</b>	<p>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.</p> <ol style="list-style-type: none"> <li>1. <b>Initiation Phase</b> - 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.</li> <li>2. <b>Continuation and Maintenance (C&amp;M) Phase</b> - 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.</li> </ol>
<b>Measure Source</b>	HEDIS 1 Technical Specifications
<b>Data Collection Method</b>	Administrative

### Best Practices

- ✓ Schedule a follow up appointment within 30 days of giving the patient an 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](http://Providerexpress.com). Go to Clinical Resources - Behavioral Health Toolkit for Medical Providers)

**OUTPATIENT VISIT**

<b>CPT</b>	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	
<b>Place of Service Codes</b>	<ul style="list-style-type: none"> <li>• 02 - Telehealth</li> <li>• 03 – School</li> <li>• 05 – Indian Health Service free-standing facility</li> <li>• 07 – Tribal 638 free-standing facility</li> <li>• 09 – Prison/Correctional facility</li> <li>• 11 – Office</li> <li>• 12 – Home</li> <li>• 13 – Assisted living facility</li> <li>• 14 – Group Home</li> <li>• 15 – Mobile Unit</li> <li>• 16 – Temporary lodging</li> <li>• 17 – Walk-in retail health clinic</li> </ul>	<ul style="list-style-type: none"> <li>• 18 – Place of Employment – worksite</li> <li>• 19 – Off-campus outpatient hospital</li> <li>• 20 – Urgent care facility</li> <li>• 22 – On-campus outpatient hospital</li> <li>• 33 – Custodial care facility</li> <li>• 49 – Independent clinic</li> <li>• 50 – Federally qualified health center</li> <li>• 53 – Community Mental Health Center</li> <li>• 71 – Public health clinic</li> <li>• 72 – Rural health clinic</li> </ul>

**BEHAVIORAL HEALTH OUTPATIENT VISIT**

<b>CPT</b>	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
<b>HCPCS</b>	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
<b>SNOMED</b>	77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391233009, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105

<b>UBREV</b>	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
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### OBSERVATION VISIT

<b>CPT</b>	99217, 99218, 99219, 99220
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### INTENSIVE OUTPATIENT ENCOUNTER OR PARTIAL HOSPITALIZATION

<b>CPT</b>	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
<b>Place of Service Code</b>	52 – Psychiatric facility – partial hospitalization
<b>HCPCS</b>	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
<b>SNOMED</b>	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
<b>UBREV</b>	0905, 0907, 0912, 0913

### HEALTH AND BEHAVIOR ASSESSMENT/INTERVENTION

<b>CPT</b>	96150, 96151, 96152, 96153, 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
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### E-VISIT OR VIRTUAL CHECK-IN WITH A PRACTITIONER WITH PRESCRIBING AUTHORITY

<b>CPT</b>	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458
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<b>HCPCS</b>	G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252
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**TELEPHONE VISIT**

<b>CPT</b>	98966, 98967, 98968, 99441, 99442, 99443
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## Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative

### Best Practices

- ✓ Ensure that diabetes testing occurs during annual physicals
- ✓ Schedule testing multiple times per year
- ✓ 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 diabetic screening test performed in the year.

### GLUCOSE TEST

<b>CPT</b>	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
<b>LOINC</b>	10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7

### HBA1C TEST

<b>CPT</b>	83036, 83037
<b>CPT II</b>	3044F, 3046F, 3051F, 3052F
<b>LOINC</b>	17856-6, 4548-4, 4549-2

## Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative

### Best Practices

- ✓ Ensure that diabetes testing occurs during annual physicals
- ✓ Schedule testing multiple times per year
- ✓ Schedule annual LDL-C testing with the patient
- ✓ 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

<b>CPT</b>	80061, 83700, 83701, 83704, 83721
<b>CPT II</b>	3048F, 3049F, 3050F
<b>LOINC</b>	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7

### HBA1C TEST

<b>CPT</b>	83036, 83037
<b>CPT II</b>	3044F, 3046F, 3051F, 3052F
<b>LOINC</b>	17856-6, 4548-4, 4549-2, 96595-4

## Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative

### LDL-C TEST

<b>CPT</b>	80061, 83700, 83701, 83704, 83721
<b>CPT II</b>	3048F, 3049F, 3050F
<b>LOINC</b>	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7

### **Best Practices**

- ✓ Schedule annual LDL-C testing
- ✓ Educate patients on the importance of the annual LDL-C testing and ways that they can improve their LDL-C results
- ✓ Have patient complete lab prior to next scheduled visit

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

## Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

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

### Best Practices

- ✓ Educate 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, use a pill box, enroll in a pharmacy automatic refill program

## Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

<b>Measure Definition</b>	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: <ol style="list-style-type: none"> <li>1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.</li> <li>2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.</li> <li>3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.</li> </ol>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative

### Best Practice

- ✓ Perform at least one blood glucose test and either one LDL-C or Cholesterol test yearly

## GLUCOSE TEST

<b>CPT</b>	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
<b>LOINC</b>	10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
<b>SNOMED</b>	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

**HBA1C TEST**

<b>CPT</b>	83036, 83037
<b>CPT II</b>	3044F, 3046F, 3051F, 3052F
<b>LOINC</b>	17856-6, 4548-4, 4549-2
<b>SNOMED</b>	43396009, 313835008

**CHOLESTEROL TEST OTHER THAN LDL**

<b>CPT</b>	82465, 83718, 83722, 84478
<b>LOINC</b>	2085-9, 2093-3, 2571-8, 3043-7, 9830-1
<b>SNOMED</b>	214740000, 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, 166831007, 166848004, 259557002, 365793008, 365794002, 365795001, 365796000, 439953004, 442193004, 442234001, 442350007, 442480001, 707122004, 707123009, 67991000119104

**LDL-C TEST**

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

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

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative
<b>Codes</b>	
<b>CPT</b>	90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880
<b>HCPCS</b>	G0176, G0177, G0409, G0410, G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9840, S9484, S9485

### Reminder

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

### 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

## Risk of Continued Opioid Use (COU)

<b>Measure Definition</b>	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: <ol style="list-style-type: none"> <li>1. The percentage of patients with at least 15 days of prescription opioids in a 30-day period.</li> <li>2. The percentage of patients with at least 31 days of prescription opioids in a 62-day period.</li> </ol> <p>Note: A lower rate indicates better performance.</p>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative

### Best Practices

- ✓ For treatment of acute pain using opioids, use immediate-release opioids 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)

<b>Measure Definition</b>	<p>Percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:</p> <p><b>Initiation of SUD Treatment.</b> 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.</p> <p><b>Engagement of SUD Treatment.</b> Percentage of new SUD episodes that have evidence of treatment engagement within 34 days of the initiation visit.</p>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative
<b>Notes</b>	<p>Initiation of SUD Treatment compliance:</p> <ul style="list-style-type: none"> <li>• New SUD episode was during an inpatient stay- that is considered initiation of treatment.</li> <li>• New SUD episode is followed by opioid treatment service within 14 days that bills monthly – that is considered initiation of treatment.</li> <li>• New SUD episode is followed by at least one of the following within 14 days:             <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> </ul> <p>Engagement of SUD Treatment compliance:</p> <ul style="list-style-type: none"> <li>• Initiation of SUD Treatment must be compliant first.</li> <li>• Monthly or weekly treatment service is compliant</li> <li>• Ongoing medication assisted treatment is compliant</li> <li>• Two engagement visits beginning on the day after initiation visit through 34 days after initiation.             <ul style="list-style-type: none"> <li>○ All with the same SUD Diagnosis code billed as initiation visit: inpatient stay, outpatient visit, BH outpatient visit, intensive outpatient visit or partial</li> </ul> </li> </ul>

	<p>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.</p> <ul style="list-style-type: none"> <li>• Two engagement visits can be on the same date of service but must be with different providers.</li> </ul>
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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. Code “Unspecified use” diagnoses sparingly
- ✓ Be sure to properly document if a patient is an active user versus in remission
- ✓ 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
- ✓ When a patient is in remission, remember to remove the original diagnosis and use remission codes

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

**BEHAVIORAL HEALTH OUTPATIENT VISIT**

<p><b>Claim must include visit code and diagnosis code matching the original episode diagnosis.</b></p>	
<p><b>CPT</b></p>	<p>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</p>
<p><b>HCPCS</b></p>	<p>G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010,</p>

	H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
<b>UBREV</b>	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.**

<b>CPT</b>	99217, 99218, 99219, 99220
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### OUTPATIENT VISIT

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

<b>CPT</b>	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	
<b>Place of Service Code</b>	<ul style="list-style-type: none"> <li>• 02 - Telehealth</li> <li>• 03 – School</li> <li>• 05 – Indian Health Service free-standing facility</li> <li>• 07 – Tribal 638 free-standing facility</li> <li>• 09 – Prison/Correctional facility</li> <li>• 11 – Office</li> <li>• 12 – Home</li> <li>• 13 – Assisted living facility</li> <li>• 14 – Group Home</li> <li>• 15 – Mobile Unit</li> <li>• 16 – Temporary lodging</li> <li>• 17 – Walk-in retail health clinic</li> </ul>	<ul style="list-style-type: none"> <li>• 18 – Place of Employment – worksite</li> <li>• 19 – Off-campus outpatient hospital</li> <li>• 20 – Urgent care facility</li> <li>• 22 – On-campus outpatient hospital</li> <li>• 33 – Custodial care facility</li> <li>• 49 – Independent clinic</li> <li>• 50 – Federally qualified health center</li> <li>• 53 – Community mental health center</li> <li>• 71 – Public health clinic</li> <li>• 72 – Rural health clinic</li> </ul>

### INTENSIVE OUTPATIENT OR PARTIAL HOSPITALIZATION

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

<b>CPT</b>	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
<b>with</b>	
<b>Place of Service Code</b>	<ul style="list-style-type: none"> <li>52 – Psychiatric facility – partial hospitalization</li> </ul>
<b>or</b>	
<b>HCPCS</b>	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
<b>UBREV</b>	0905, 0907, 0912, 0913

## SUBSTANCE USE DISORDER SERVICES

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

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

## TELEPHONE VISIT

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

<b>CPT</b>	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.**

<b>CPT</b>	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458
<b>HCPCS</b>	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**

<b>HCPCS</b>	G2067, G2068, G2069, G2070, G2071, G2072, G2073, G2074, G2075, G2076, G2077, G2080
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<b>Monthly</b>	
<b>HCPCS</b>	G2086, G2087

**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.**

<b>HCPCS</b>	G2067, G2068, G2069, G2070, G2072, G2078, G2079, H0020, H0033, J2315, J0570, J0571, J0572, J0573, J0574, J0575, Q9991, Q9992, S0109
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## Depression Screening and Follow-Up For Adolescents and Adults (DSF)

<b>Measure Definition</b>	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. <b>Depression Screening</b> - Percentage of patients who were screened for clinical depression using a standardized instrument. <b>Follow-Up on Positive Screen</b> - Percentage of patients who received follow-up care within 30 days of a positive depression screen finding.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative
<b>Codes</b>	
<b>CPT</b>	96127
<b>ICD 10</b>	Z13.89

### Best Practices

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

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

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative
<b>Codes</b>	
<b>CPT</b>	96127
<b>ICD 10</b>	Z13.89

### Best Practices

- ✓ Educate patients and family 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)

<b>Measure Definition</b>	<p>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 of the elevated score.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Depression Remission. The percentage of patients who achieved remission within 4–8 months after the initial elevated PHQ-9 score.</li> </ul> <p>Depression Response. The percentage of patients who showed response within 4–8 months after the initial elevated PHQ-9 score.</p>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative
<b>Codes</b>	
<b>CPT</b>	96127
<b>ICD 10</b>	Z13.89

### 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



## Unhealthy Alcohol Use Screening and Follow-Up (ASF)

<b>Measure Definition</b>	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.
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative
<b>Codes</b>	
<b>CPT</b>	99408, 99409
<b>HCPCS</b>	G0396, G0397, G0443, G2011, H0005, H0007, H0015, H0016, H0022, H0050, H2035, H2036, T1006, T1012
<b>ICD 10</b>	Z71.41, Z71.89
<b>SNOMED</b>	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

## Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

<b>Measure Definition</b>	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: <ol style="list-style-type: none"> <li>1. The percentage of ED visits for which the patient received follow-up within 30 days of the ED visit (31 total days).</li> <li>2. The percentage of ED visits for which the patient received follow-up within 7 days of the ED visit (8 total days).</li> </ol>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	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

<b>CPT</b>	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	
	<b>with</b>	
<b>Place of Service Code</b>	<ul style="list-style-type: none"> <li>• 02 - Telehealth</li> <li>• 03 – School</li> <li>• 05 – Indian Health Service free-standing facility</li> <li>• 07 – Tribal 638 free-standing facility</li> <li>• 09 – Prison/Correctional facility</li> <li>• 11 – Office</li> <li>• 12 – Home</li> <li>• 13 – Assisted living facility</li> </ul>	<ul style="list-style-type: none"> <li>• 20 – Urgent care facility</li> <li>• 22 – On-campus outpatient hospital</li> <li>• 33 – Custodial care facility</li> <li>• 49 – Independent clinic</li> <li>• 50 – Federally qualified health center</li> <li>• 52 – Psychiatric facility – partial hospitalization</li> <li>• 53 – Community mental health center</li> </ul>

	<ul style="list-style-type: none"> <li>• 14 – Group Home</li> <li>• 15 – Mobile Unit</li> <li>• 16 – Temporary lodging</li> <li>• 17 – Walk-in retail health clinic</li> <li>• 18 – Place of Employment – worksite</li> <li>• 19 – Off-campus outpatient hospital</li> </ul>	<ul style="list-style-type: none"> <li>• 57 – Non-residential substance abuse treatment facility</li> <li>• 58 – Non-residential opioid treatment facility</li> <li>• 71 – Public health clinic</li> <li>• 72 – Rural health clinic</li> </ul>
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### BEHAVIORAL HEALTH OUTPATIENT VISIT

<b>CPT</b>	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
<b>HCPCS</b>	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
<b>UBREV</b>	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

<b>Claim must include visit code and diagnosis code matching the original episode diagnosis.</b>	
<b>CPT</b>	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
<b>with</b>	
<b>Place of Service Code</b>	<ul style="list-style-type: none"> <li>• 52 – Psychiatric facility – partial hospitalization</li> </ul>
<b>or</b>	
<b>HCPCS</b>	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
<b>UBREV</b>	0905, 0907, 0912, 0913

**OPIOID TREATMENT SERVICE**

<b>Weekly Treatment</b>	
<b>HCPCS</b>	G2067, G2068, G2069, G2070, G2071, G2072, G2073, G2074, G2075, G2076, G2077, G2080
<b>Monthly Office Based Treatment</b>	
<b>HCPCS</b>	G2086, G2087

**PEER SUPPORT SERVICES**

<b>HCPCS</b>	G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016
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**OBSERVATION VISIT**

<b>CPT</b>	99217, 99218, 99219, 99220
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**TELEPHONE VISITS**

<b>CPT</b>	98966, 98967, 98968, 99441, 99442, 99443
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**SUBSTANCE USE DISORDER SERVICES**

<b>CPT</b>	99408, 99409
<b>HCPCS</b>	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
<b>UBREV</b>	0906, 0944, 0945

**BEHAVIORAL HEALTH ASSESSMENT**

<b>CPT</b>	99408, 99409
<b>HCPCS</b>	G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049

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

<b>Measure Definition</b>	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: <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	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 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

## OUTPATIENT VISIT

<b>CPT</b>	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	
	<b>with</b>	
<b>Place of Service Code</b>	<ul style="list-style-type: none"> <li>• 02 - Telehealth</li> <li>• 03 – School</li> <li>• 05 – Indian Health Service free-standing facility</li> <li>• 07 – Tribal 638 free-standing facility</li> </ul>	<ul style="list-style-type: none"> <li>• 20 – Urgent care facility</li> <li>• 22 – On-campus outpatient hospital</li> <li>• 33 – Custodial care facility</li> <li>• 49 – Independent clinic</li> <li>• 50 – Federally qualified health center</li> </ul>

	<ul style="list-style-type: none"> <li>• 09 – Prison/Correctional facility</li> <li>• 11 – Office</li> <li>• 12 – Home</li> <li>• 13 – Assisted living facility</li> <li>• 14 – Group Home</li> <li>• 15 – Mobile Unit</li> <li>• 16 – Temporary lodging</li> <li>• 17 – Walk-in retail health clinic</li> <li>• 18 – Place of Employment – worksite</li> <li>• 19 – Off-campus outpatient hospital</li> </ul>	<ul style="list-style-type: none"> <li>• 52 – Psychiatric facility – partial hospitalization</li> <li>• 53 – Community mental health center</li> <li>• 57 – Non-residential substance abuse treatment facility</li> <li>• 58 – Non-residential opioid treatment facility</li> <li>• 71 – Public health clinic</li> <li>• 72 – Rural health clinic</li> </ul>
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### BEHAVIORAL HEALTH OUTPATIENT VISIT

<b>CPT</b>	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
<b>HCPCS</b>	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
<b>UBREV</b>	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

<b>CPT</b>	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
<b>with</b>	
<b>Place of Service Code</b>	<ul style="list-style-type: none"> <li>• 52 – Psychiatric facility – partial hospitalization</li> </ul>
<b>or</b>	

<b>HCPCS</b>	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
<b>UBREV</b>	0905, 0907, 0912, 0913

### SUBSTANCE USE DISORDER SERVICES

<b>CPT</b>	99408, 99409
<b>HCPCS</b>	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
<b>UBREV</b>	0906, 0944, 0945

### OPIOID TREATMENT SERVICE

<b>Weekly Treatment</b>	
<b>HCPCS</b>	G2071, G2074, G2075, G2076, G2077, G2080
<b>Monthly Office Based Treatment</b>	
<b>HCPCS</b>	G2086, G2087

### MEDICATION TREATMENT SERVICE

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

### OBSERVATION VISIT

<b>CPT</b>	99217, 99218, 99219, 99220
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### TELEPHONE VISITS

<b>CPT</b>	98966, 98967, 98968, 99441, 99442, 99443
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### ONLINE ASSESSMENT

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

RESIDENTIAL BEHAVIORAL HEALTH TREATMENT

**HCPCS**

H0017, H0018, H0019, T2048



## Follow-Up After Hospitalization for Mental Illness (FUH)

<b>Measure Definition</b>	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: <ol style="list-style-type: none"> <li>1. Percentage of discharges for which the patient received follow-up within 30 days after discharge.</li> <li>2. Percentage of discharges for which the patient received follow-up within 7 days after discharge.</li> </ol>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative

### Best Practices

- ✓ Explain medications to patients and answer any questions or concerns
- ✓ Refer patient to a mental health practitioner to be seen within 7 days of discharge
- ✓ Even patients receiving medication from their PCP still 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 do not count for this measure, only visits with mental health providers

## BEHAVIORAL HEALTH VISITS

<b>CPT</b>	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
<b>HCPCS</b>	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

<b>UBREV</b>	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
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### INTENSIVE OUTPATIENT OR PARTIAL HOSPITALIZATION

<b>HCPCS</b>	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
<b>UBREV</b>	0905, 0907, 0912, 0913

### OUTPATIENT VISIT

<b>CPT</b>	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	
<b>Place of Service Code</b>	<ul style="list-style-type: none"> <li>• 02 – Telehealth</li> <li>• 03 – School</li> <li>• 05 – Indian Health Service free-standing facility</li> <li>• 07 – Tribal 638 free-standing facility</li> <li>• 09 – Prison/Correctional facility</li> <li>• 11 – Office</li> <li>• 12 – Home</li> <li>• 13 – Assisted living facility</li> <li>• 14 – Group Home</li> <li>• 15 – Mobile Unit</li> <li>• 16 – Temporary lodging</li> </ul>	<ul style="list-style-type: none"> <li>• 17 – Walk-in retail health clinic</li> <li>• 18 – Place of Employment – worksite</li> <li>• 19 – Off-campus outpatient hospital</li> <li>• 20 – Urgent care facility</li> <li>• 22 – On-campus outpatient hospital</li> <li>• 33 – Custodial care facility</li> <li>• 49 – Independent clinic</li> <li>• 50 – Federally qualified health center</li> <li>• 71 – Public health clinic</li> <li>• 72 – Rural health clinic</li> </ul>

### COMMUNITY MENTAL HEALTH CENTER VISIT

<b>Visit Setting Unspecified</b>	
<b>CPT</b>	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
<b>Behavioral Health Visits</b>	
<b>CPT</b>	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
<b>HCPCS</b>	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
<b>UBREV</b>	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
<b>Observation Visit</b>	
<b>CPT</b>	99217, 99218, 99219, 99220
<b>Transitional Care Management Services</b>	
<b>CPT</b>	99495, 99496
<b>with</b>	
<b>Place of Service Code</b>	53 – Community Health Center

## ELECTROCONVULSIVE THERAPY

<b>Visit Setting Unspecified</b>		
<b>CPT</b>	90870	
<b>ICD 10 Procedure</b>	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ	
<b>Place of Service Code</b>	<ul style="list-style-type: none"> <li>• 03 – School</li> <li>• 05 – Indian Health Service free-standing facility</li> <li>• 07 – Tribal 638 free-standing facility</li> <li>• 09 – Prison/Correctional facility</li> <li>• 11 – Office</li> <li>• 12 – Home</li> <li>• 13 – Assisted living facility</li> <li>• 14 – Group Home</li> <li>• 15 – Mobile Unit</li> <li>• 16 – Temporary lodging</li> <li>• 17 – Walk-in retail health clinic</li> </ul>	<ul style="list-style-type: none"> <li>• 18 – Place of Employment – worksite</li> <li>• 19 – Off-campus outpatient hospital</li> <li>• 20 – Urgent care facility</li> <li>• 33 – Custodial care facility</li> <li>• 49 – Independent clinic</li> <li>• 50 – Federally qualified health center</li> <li>• 53 – Community mental health center</li> <li>• 54 – Psychiatric facility – partial hospitalization</li> <li>• 71 – Public health clinic</li> <li>• 72 – Rural health clinic</li> </ul>

**TRANSITIONAL CARE MANAGEMENT SERVICES WITH A MENTAL HEALTH PROVIDER**

<b>CPT</b>	99495, 99496
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**VISIT IN BEHAVIORAL HEALTHCARE SETTING**

<b>UBREV</b>	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**

<b>CPT</b>	98966, 98967, 98968, 99441, 99442, 99443
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**OBSERVATION VISIT**

<b>CPT</b>	99217, 99218, 99219, 99220
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**PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT**

<b>CPT</b>	99492, 99493, 99494
<b>HCPCS</b>	G0512

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

<b>Measure Definition</b>	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: <ol style="list-style-type: none"> <li>1. The percentage of ED visits for which the patient received follow-up within 30 days of the ED visit (31 total days).</li> <li>2. The percentage of ED visits for which the patient received follow-up within 7 days of the ED visit (8 total days).</li> </ol>
<b>Measure Source</b>	HEDIS Technical Specifications
<b>Data Collection Method</b>	Administrative

### Best Practices

- ✓ Conduct follow up phone calls within 24 – 72 hours (make sure 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

<b>CPT/CPT II</b>	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
<b>HCPCS</b>	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
<b>UBREV</b>	0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983

## PARTIAL HOSPITALIZATION/INTENSIVE OUTPATIENT VISITS

<b>HCPCS</b>	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
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<b>UBREV</b>	0905, 0907, 0912, 0913
<b>Place of Service Code</b>	52 – Psychiatric Facility-Partial Hospitalization

**OBSERVATION VISIT**

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

<b>Visit Setting Unspecified</b>		
<b>CPT</b>	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	
<b>Place of Service Code</b>	<ul style="list-style-type: none"> <li>• 02 – Telehealth</li> <li>• 03 – School</li> <li>• 05 – Indian Health Service free-standing facility</li> <li>• 07 – Tribal 638 free-standing facility</li> <li>• 09 – Prison/Correctional facility</li> <li>• 11 – Office</li> <li>• 12 – Home</li> <li>• 13 – Assisted living facility</li> <li>• 14 – Group Home</li> <li>• 15 – Mobile Unit</li> <li>• 16 – Temporary lodging</li> <li>• 17 – Walk-in retail health clinic</li> </ul>	<ul style="list-style-type: none"> <li>• 18 – Place of Employment – worksite</li> <li>• 19 – Off-campus outpatient hospital</li> <li>• 20 – Urgent care facility</li> <li>• 22 – On-campus outpatient hospital</li> <li>• 33 – Custodial care facility</li> <li>• 49 – Independent clinic</li> <li>• 50 – Federally qualified health center</li> <li>• 53 – Community mental health center</li> <li>• 71 – Public health clinic</li> <li>• 72 – Rural health clinic</li> </ul>

**TELEPHONE VISIT WITH ANY PROVIDER TYPE**

<b>CPT</b>	98966, 98967, 98968, 99441, 99442, 99443
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**E-VISIT OR VIRTUAL CHECK-IN WITH ANY PROVIDER TYPE**

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

**ELECTROCONVULSIVE THERAPY**

<b>Visit Setting Unspecified</b>		
<b>CPT</b>	90870	
<b>ICD 10 Procedure</b>	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ	
<b>Place of Service Code</b>	<ul style="list-style-type: none"> <li>• 03 – School</li> <li>• 05 – Indian Health Service free-standing facility</li> <li>• 07 – Tribal 638 free-standing facility</li> <li>• 09 – Prison/Correctional facility</li> <li>• 11 – Office</li> <li>• 12 – Home</li> <li>• 13 – Assisted living facility</li> <li>• 14 – Group Home</li> <li>• 15 – Mobile Unit</li> <li>• 16 – Temporary lodging</li> <li>• 17 – Walk-in retail health clinic</li> </ul>	<ul style="list-style-type: none"> <li>• 18 – Place of Employment – worksite</li> <li>• 19 – Off-campus outpatient hospital</li> <li>• 20 – Urgent care facility</li> <li>• 33 – Custodial care facility</li> <li>• 49 – Independent clinic</li> <li>• 50 – Federally qualified health center</li> <li>• 53 – Community mental health center</li> <li>• 54 – Psychiatric facility – partial hospitalization</li> <li>• 71 – Public health clinic</li> <li>• 72 – Rural health clinic</li> </ul>

## Non-HEDIS Quality Measures



## Developmental Screening in the First Three Years of Life

<b>Measure Definition</b>	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.
<b>Measure Source</b>	Oregon Health and Sciences University
<b>Data Collection Method</b>	Hybrid (claims and medical records data)
<b>Codes</b>	
<b>CPT</b>	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 for the well child visit
- ✓ Check KIDSNET for previous screenings completed at another practice

## Screening for Clinical Depression and Follow-up Plan

<b>Measure Definition</b>	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.
<b>Measure Source</b>	Center for Medicare and Medicaid Services Merit-based Incentive Payment System 2020, modified by Rhode Island Executive Office of Health and Human Services
<b>Data Collection Method</b>	Hybrid(claims and medical records data)
<b>Exclusions</b>	Patients with an active diagnosis for depression or a diagnosis of bipolar disorder
<b>Codes</b>	
<b>CPT</b>	96127
<b>ICD 10</b>	Z13.89
<b>HCPCS</b>	G8431, G8510, G8433

### Best Practices

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

## HIV Viral Load Suppression

<b>Measure Definition</b>	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.
<b>Measure Source</b>	Center for Medicare and Medicaid Services Merit-based Incentive Payment System 2020, modified by Rhode Island Executive Office of Health and Human Services
<b>Data Collection Method</b>	Hybrid(claims and medical records data)
<b>Exclusions</b>	None
<b>Codes</b>	
<b>LOINC</b>	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

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Last Updated 2/21/2023

All codes subject to changes and updates

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