

HEDIS[®] 2020

Administrative Measure Quick Guide with Codes



L.A. Care
HEALTH PLAN[®]

For All of L.A.

L.A. Care Health Plan strives to provide quality healthcare to our membership as measured through Healthcare Effectiveness Data and Information Set (HEDIS®) quality metrics. We created the HEDIS® 2020 Administrative (Admin) Measure Quick Guide with Codes to help you increase your HEDIS® rates. These results are used to measure performance, identify quality initiatives, and provide educational programs for providers and members.

This guide is designed to help your practice increase your HEDIS® performance scores, understand the coding that will provide evidence of services rendered for your patients, and improve Quality Incentive Program earnings potential through the use of HEDIS® reference sheets that include:

- Measure descriptions
- Age ranges
- Billing and diagnosis codes for each measure
- Tips and strategies for improving measure performance
- Additional information regarding the HEDIS® measure requirements

As state and federal governments move toward a quality-driven healthcare industry, HEDIS® rates are becoming more important for both L.A. Care Health Plan and individual providers. State purchasers of healthcare use aggregated HEDIS® rates to evaluate health insurance companies' efforts to improve preventive health outreach for members. Physician-specific scores are also used to measure your preventive care efforts.

HOW CAN I IMPROVE MY HEDIS® SCORES?

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

VALUE OF HEDIS® TO YOU, OUR PROVIDERS

HEDIS® can help save you time while also potentially reducing healthcare costs. By proactively managing patients' care, you are able to effectively monitor their health, prevent further complications, and identify issues that may arise with their care.

HEDIS® can also help you:

- Identify noncompliant members to ensure they receive appropriate treatment and follow-up care
- Understand how you compare with other L.A. Care Health Plan providers as well as with the national average

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Child/Adolescent Health		
Priority Measure	Measure Specification	How to Improve Score for HEDIS
CWP - Appropriate Testing for Pharyngitis	<p>Children 3 years and older, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group</p> <p>A streptococcus (strep) test for the episode (7/1/2018 - 6/30/2019) during any outpatient or Emergency Department (ED) visit.</p>	<ul style="list-style-type: none"> • Use of Complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data • Ensure proper documentation in medical record
IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	<p>Adolescent and adult members (13 years and older) in Measurement(MY) with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:</p> <ul style="list-style-type: none"> • Members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis. • Members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit 	<ul style="list-style-type: none"> • Use of Complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data • Consider screening all members at office visits using a substance abuse screening tool • Perform Screening, Brief Intervention, and Referral to Treatment (SBIRT) for members who answer positive for alcohol on the SHA or whom you suspect have an alcohol problem • Once a member is identified with AOD abuse or dependence diagnosis, initiate brief intervention or refer for treatment within 14 days. Then complete at least two brief interventions within 34 days of diagnosis • When referring members out to substance abuse providers, ensure an appointment is made within 14 days of diagnosis
MMA - Medication Management for People With Asthma	<p>Members 5–64 years of age, were identified as having persistent asthma and who were dispensed asthma controller medication that they remained on for at least 50% or 75% of their treatment period in MY.</p>	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data • Ensure proper documentation in medical record • Proper coding or documentation – to assist in excluding members from the HEDIS sample <p>See below for exclusion criteria</p> <p>Required Exclusions:</p> <ul style="list-style-type: none"> • Members who had any of the following diagnoses (documented) any time during the member’s history through 12/31/2019: <ol style="list-style-type: none"> Emphysema Other Emphysema Chronic Obstructive Pulmonary Disease (COPD) Obstructive Chronic Bronchitis Chronic Respiratory Conditions Due to Fumes/Vapors Cystic Fibrosis Acute Respiratory Failure Members who had no asthma controller medications dispensed in MY

URI- Appropriate Treatment for Upper Respiratory Infection	Children 3 months -18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription in MY. A higher rate indicates better performance.	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data • Ensure proper documentation in medical record • Exclude claims/encounters with more than one diagnosis code and ED visits or observation visits that result in an inpatient stay.
APM- Metabolic Monitoring for Children and Adolescents on Antipsychotics	Members 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic monitoring (blood glucose testing, cholesterol testing or both) in MY.	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data • Order labs for glucose or A1c and low-density lipoproteins (LDL) during MY. • Proper coding or documentation – to assist in excluding members from the HEDIS sample <p>See below for exclusion criteria</p> <p>Exclusions:</p> <ol style="list-style-type: none"> Members in hospice are excluded from the eligible population Members >66 Members who are enrolled in an Institutional Special Needs Plans (I-SNP) Members who are living long term in an institution any time during MY

Women's Health

BCS- Breast Cancer Screening	Women 50 – 74 years of age who had one or more mammograms to screen for breast cancer any time on or between 10/1/2017 12/31/2019.	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data • Note that mammograms do not need prior authorization and share list of nearby contracted imaging/mammography centers with member • Educate female members about the importance of early detection, address common barriers/fears, and encourage testing • Proper coding or documentation of mastectomy either bilateral or unilateral – to assist in excluding member from the HEDIS sample. <p>See below for exclusion criteria:</p> <p><u>Exclusions</u> for Breast Cancer Screening: (Use designated Value Set Code for each)</p> <p>Any of the following meet criteria for bilateral mastectomy:</p> <ul style="list-style-type: none"> • Bilateral Mastectomy • Unilateral Mastectomy with a bilateral modifierTwo unilateral mastectomies with service dates 14 days or more apart • Unilateral mastectomy with right-side modifier with same date of service • Unilateral mastectomy with left-side modifier with same date of service <p>Note: Biopsies, breast ultrasounds and magnetic resonance imaging (MRI)s are not appropriate methods for breast cancer screening.</p>
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<p>CHL - Chlamydia Screening in Women</p>	<p>Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia in MY.</p>	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data • For all those on birth control pills, make chlamydia screening a standard lab • Remember that chlamydia screening can be performed through a simple urine test offer this as an option for your members • Proper coding or documentation will assist in excluding members from the HEDIS sample • Exclude members based on a pregnancy test alone and who meet either of the following: <ul style="list-style-type: none"> i. A pregnancy test in MY and a prescription for Isotretinoin (Retinoid) on the date of pregnancy test or the six days after the pregnancy test ii. A pregnancy test in MY and an x-ray on the date of the pregnancy test or the six days after the pregnancy test.
<p>OMW- Osteoporosis Management in Women Who Had a Fracture</p>	<p>Women 67-85 years of age who suffered a fracture (7/1/2018 - 6/30/2019), and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.</p>	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) • BMD (bone mineral density) test, in any setting, on the Index Episode Start Date (IESD) or in the 180-day (six month) period after the IESD. • If IESD was an inpatient, a BMD test during inpatient stay. • Osteoporosis therapy on the IESD or in the 180-day (six month) period after IESD. • If the IESD was an inpatient, long-acting osteoporosis therapy during the inpatient stay. • A dispensed prescription to treat osteoporosis on the IESD or in the 180-day (six month) period after IESD • A dispensed prescription to treat osteoporosis • Fracture • Visit type

Men's Health

PSA- Non-Recommended PSA-Based Screening in Older Men

Men 70 years of age and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

- Use of complete and accurate Value Set Codes ([Click to view](#))
- Timely submission of claims and encounter data
- Proper coding or documentation – to assist in excluding members from the HEDIS sample

See below for exclusion criteria

Exclusions:

- Men who had a diagnosis for which PSA-based testing is clinically appropriate. Any of the following meet criteria:
- Prostate cancer diagnosis any time during the member's history through December 3, 2019.
- Dysplasia of the prostate during MY or year prior to
- A PSA test in 2018, where laboratory data indicate an elevated result (>4.0 nanograms/milliliter [ng/mL]).
- Dispensed prescription for a 5-alpha reductase inhibitor in MY.

Adult/Elderly Health

AAB- Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis

Members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that were not dispensed an antibiotic treatment.

- *The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.*

- Use of complete and accurate Value Set Codes ([Click to view](#))
- Timely submission of claims and encounter data

AMR- Asthma Medication Ratio

Members 5-64 years old who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during MY.

- Use of complete and accurate Value Set Codes ([Click to view](#))
- Timely submission of claims and encounter data

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

Adolescent and adult members (13 years and older) in MY with a new episode of alcohol or other drug

(AOD) abuse or dependence who received the following:

Members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.

- Members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit

- Use of complete and accurate Value Set Codes ([Click to view](#))
- Timely submission of claims and encounter data
- Consider screening all members at office visits using a substance abuse screening tool
- Perform SBIRT for members who answer positive for alcohol on the SHA or whom you suspect have an alcohol problem
- Once a member is identified with AOD abuse or dependence diagnosis, initiate brief intervention or refer for treatment within 14 days. Then complete at least two brief interventions within 34 days of diagnosis
- When referring members out to substance abuse providers, ensure an appointment is made within 14 days of diagnosis

<p>LBP- Use of Imaging Studies for Low Back Pain</p>	<p>Members 18-50 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.</p>	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data • Proper coding or documentation of any of the following diagnoses for which imaging is clinically appropriate – to assist in excluding members from the HEDIS sample. <p>See below for exclusion criteria.</p> <p><u>Exclusions:</u> (Use designated Value Set for each)</p> <ul style="list-style-type: none"> • Any of the following meet criteria: <ul style="list-style-type: none"> i. Cancer ii. human immunodeficiency virus (HIV) iii. Recent Trauma iv. Spinal infection v. Intravenous drug abuse vi. Major organ transplant vii. Neurologic impairment viii. Prolonged use of corticosteroids
<p>MMA- Medication Management for People With Asthma</p>	<p>Members 5–64 years of age, were identified as having persistent asthma and who were dispensed asthma controller medication that they remained on for at least 50% or 75% of their treatment period in MY.</p>	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data • Ensure proper documentation in medical record • Proper coding or documentation – to assist in excluding members from the HEDIS sample <p>See below for exclusion criteria</p> <p><u>Required Exclusions:</u></p> <ul style="list-style-type: none"> • Members who had any of the following diagnoses (documented) any time during the member’s history through 12/31/2018: <ul style="list-style-type: none"> i. Emphysema ii. Other Emphysem iii. COPD iv. Obstructive Chronic Bronchitis v. Chronic Respiratory Conditions Due to Fumes/Vapors vi. Cystic Fibrosis vii. Acute Respiratory Failure viii. Members who had no asthma controller medications dispensed in MY

PCE- Pharmacotherapy Management of COPD Exacerbation	<p>Members 40 years of age and older with COPD exacerbations who had an acute inpatient discharge or ED visit on or between January 1, 2019 – November 30, 2019, and who were dispensed a systemic corticosteroid within 14 days of the event and/or a bronchodilator within 30 days of the event.</p>	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data
ART- D Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	<p>Members 18 years and older with a diagnosis of rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) in MY:</p> <ul style="list-style-type: none"> • The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD). 	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data • Ensure proper documentation in medical record • Proper coding or documentation – to assist in excluding members from the HEDIS sample <p>See below for exclusion criteria</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Evidence of a diagnosis of HIV or pregnancy- documentation will assist in excluding members from the HEDIS sample. • Members >66 • Members who are enrolled in an I-SNP • Members who are living long term in an institution any time during MY
PDC- Proportion of Days Covered	<p>Members 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during MY for the following rates</p> <ul style="list-style-type: none"> • Renin Angiotensin System (RAS) Antagonists • Diabetes All Class • Statins 	<ul style="list-style-type: none"> • Timely submission of claims and encounter data • Adapt a medication synchronization/ appointment based system-coordinates the refill of a patient's medications so he/she can pick them up on a single day each month
DAE- Use of High-Risk Medications in Older Adults	<p>Medicare members 66 years and older who had:</p> <ul style="list-style-type: none"> • At least one dispensing event for a high-risk medication • At least two dispensing events for the same high-risk-medication 	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) AAB • Timely submission of claims and encounter data • Proper coding or documentation – to assist in excluding members from the HEDIS sample <p>See below for exclusion criteria</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Members in hospice are excluded from the eligible population

<p>DDE- Potentially Harmful Drug-Disease Interactions in Older Adults</p>	<p>Medicare members 65 years and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.</p>	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data • Proper coding or documentation – to assist in excluding members from the HEDIS sample <p>See below for exclusion criteria</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Bipolar Disorder, Hospice, Other Bipolar Disorder Psychosis, Schizoaffective Disorder, Schizophrenia, or Seizure Disorder on or between January 1, 2019 and December 1, 2019
<p>SPC- Statin Therapy for Patients With Cardiovascular Disease</p>	<p>Males 21–75 years of age and females 40–75 years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high or moderate-intensity statin medication in MY and remained on it for at least 80% of the treatment period</p>	<ul style="list-style-type: none"> • Use of complete and accurate Value Set Codes (Click to view) • Timely submission of claims and encounter data • Proper coding or documentation – to assist in excluding members from the HEDIS sample <p>See below for exclusion criteria</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Exclude members who meet any of the following criteria: <ul style="list-style-type: none"> i. Female members with a diagnosis of pregnancy during MY or one year prior. ii. In vitro fertilization during MY or one year prior iii. Dispensed at least one prescription for clomiphene during MY or one year prior iv. ESRD during MY or one year prior v. Cirrhosis during MY or one year prior vi. Myalgia, myositis, myopathy or rhabdomyolysis in MY.

SPD- Statin Therapy for Patients With Diabetes

Members 40–75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease

(ASCVD) and were dispensed at least one statin medication of any intensity in 2018 and remained on it for at least 80% of the treatment period:

- *The percentage of members who were dispensed at least one statin medication of any intensity during the measurement year.*
- *The percentage of members remained on a statin medication of any intensity for at least 80% of the treatment period.*

- Use of complete and accurate Value Set Codes ([Click to view](#))
- Timely submission of claims and encounter data
- Proper coding or documentation – to assist in excluding members from the HEDIS sample

See below for exclusion criteria

Exclusions:

- Exclude members who meet any of the following criteria:
 - i. Members with cardiovascular disease during MY or one year prior to:
 - Myocardial infarction (MI). Discharged from an inpatient setting with an MI.
 - Coronary artery bypass grafting (CABG). Members who had CABG in any setting.
 - Percutaneous Coronary Intervention (PCI). Members who had PCI in any setting.
 - Other revascularization. Members who had any other revascularization procedure in any setting.
 - ii. Members with ischemic vascular disease (IVD) who met at least one of the following criteria during MY or one year prior to. Criteria need not be the same across both years.
 - At least one outpatient visit with an IVD diagnosis.
 - A telephone visit with an IVD diagnosis.
 - An online assessment with an IVD diagnosis.
 - iii. Female members with a diagnosis of pregnancy during MY or one year prior
 - In vitro fertilization during MY or one year prior to
 - Dispensed at least one prescription for clomiphene during MY or one year prior
 - End-Stage renal disease (ESRD) during MY or one year prior.
 - Cirrhosis during MY or one year prior
 - Myalgia, myositis, myopathy or rhabdomyolysis in MY.

ADD- Follow-Up Care for Children Prescribed ADHD Medication

Children 6-12 years of age newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period;

- One follow-up visit within 30 days of when the first ADHD medication was dispensed.
- One follow-up visit with evidence that the member remained on ADHD medication for at least 210 days (7 months).
- Member had 2 follow-up visits within 270 days (9 months) after the Initiation Phase ended.

- Use of complete and accurate Value Set Codes ([Click to view](#))
- Timely submission of claims and encounter data
- Schedule 30-day follow-up for all children who are dispensed ADHD medication to assess how medication is working

AMM- Antidepressant Medication Management

Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment for at least 84 days (12 weeks) or for at least 180 days (six months).

This two-part measure looks at:

- *The percentage of members with major depression who were initiated on an antidepressant drug and who received an adequate acute-phase trial of medications (three months).*
- *The percentage of members with major depression who were initiated on an antidepressant drug and who completed a period of continuous medication treatment (six months).*

- Use of complete and accurate Value Set Codes ([Click to view](#))
- Timely submission of claims and encounter data
- Follow Practice Guidelines for the Treatment of Patients with Major Depressive Disorders
- Treat members with diagnosis of major depression for at least six months
- Utilize the PATIENT HEALTH QUESTIONNAIRE (PHQ-9) assessment tool in management of depression
- Educate members that it might take up to four weeks for therapeutic effect and of possible medication side effects

Behavioral Health

FUH- Follow-Up After Hospitalization for Mental Illness

Members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow up visit with a mental health practitioner within 7-30 days after discharge.

- Use of complete and accurate Value Set Codes ([Click to view](#))
- Timely submission of claims and encounter data
- Document hospice care for exclusion from the eligible population.

Mental Health Practitioner: A practitioner who provides mental health services and meets any of the following criteria:

- An MD or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient care psychiatry or child psychiatry, if required by the state of practice.
- An individual who is licensed as a psychologist in his/her state of practice, if required by the state of practice.
- An individual who is certified in clinical social work by the American Board of Examiners; who is listed on the National Association of Social Worker's Clinical Register; or who has a master's degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice.
- A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist, or who has a master's degree in nursing with a specialization in psychiatric/mental health and two years of supervised clinical experience and is licensed to practice as a psychiatric or mental health nurse, if required by the state of practice.
- An individual (normally with a master's or a doctoral degree in marital and family therapy and at least two years of supervised clinical experience) who is practicing as a marital and family therapist and is licensed or a certified counselor by the state of practice, or if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy.
- An individual (normally with a master's or doctoral degree in counseling and at least two years of supervised clinical experience) who is practicing as a professional counselor and who is licensed or certified to do so by the state of practice, or if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors (NBCC).

SSD- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a glucose test or an HbA1c test in MY.

- Use of complete and accurate Value Set Codes ([Click to view](#))
- Timely submission of claims and encounter data
- Order glucose test or HgA1c test at least once a year

SAA- Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Members with schizophrenia or schizoaffective disorder who were 19–64 years of age in MY and were dispensed and remained on an antipsychotic medication for at least 80 percent of the treatment period.

- Use of complete and accurate Value Set Codes ([Click to view](#))
- Timely submission of claims and encounter data
- Proper coding or documentation – to assist in excluding members from the HEDIS sample

See below for exclusion criteria

Exclusions:

- Exclude members who met at least one of the following in MY.
 - i. A diagnosis of dementia.

Access/Availability of Care

ADV- Annual Dental Visit

Members 2–20 years of age who had at least one dental visit during in MY.

- Use of complete and accurate Value Set Codes
- Timely submission of claims and encounter data
- Ensure proper documentation in medical record
- Recommend first dental visit to occur by one year of age
- Proper coding or documentation – to assist in excluding members from the HEDIS sample

See below for exclusion criteria

Exclusions:

- Members in hospice are excluded from the eligible population



Admin Measure Codes

List of codes include: Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases (ICD-10)

Please note: This resource is not all-inclusive, and is not intended to replace professional coding standards.

APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

Children 3 years and older, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode (7/1/2018 - 6/30/2019) during any outpatient or ED visit.

CPT	
Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	87070
Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	87071
Culture, presumptive, pathogenic organisms, screening only	87081
Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Streptococcus, group A	87430
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203
Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213

*The codes listed above are not inclusive and do not represent a complete list of codes.

HCPCS

Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	G0402
Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	G0438
Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	G0439
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Clinic visit/encounter, all-inclusive	T1015

ICD-10

Streptococcal pharyngitis	J02.0
Acute pharyngitis due to other specified organisms	J02.8
Acute pharyngitis, unspecified	J02.9
Acute streptococcal tonsillitis, unspecified	J03.00
Acute recurrent streptococcal tonsillitis	J03.01
Acute tonsillitis due to other specified organisms	J03.80
Acute recurrent tonsillitis due to other specified organisms	J03.81
Acute tonsillitis, unspecified	J03.90
Acute recurrent tonsillitis, unspecified	J03.91

*The codes listed above are not inclusive and do not represent a complete list of codes.

USE OF HIGH-RISK MEDICATIONS IN OLDER ADULTS (DAE)

The percentage of Medicare members 66 years of age and older who had at least two dispensing events for the same high-risk medication.

CPT	
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203
Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213
Office consultation for a new or established patient , which requires these three key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99241
Office consultation for a new or established patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99242
Office consultation for a new or established patient , which requires these three key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	99243

HCPCS

Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	G0402
Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	G0438
Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	G0439
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Clinic visit/encounter, all-inclusive	T1015

*The codes listed above are not inclusive and do not represent a complete list of codes.

POTENTIALLY HARMFUL DRUG-DISEASE INTERACTIONS IN OLDER ADULTS (DDE)

The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.

CPT	
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203
Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213
Office consultation for a new or established patient , which requires these three key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99241

Office consultation for a new or established patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99242
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Office consultation for a new or established patient , which requires these three key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	99243
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HCPCS

Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	G0402
Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	G0438
Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	G0439
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Clinic visit/encounter, all-inclusive	T1015

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INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE TREATMENT (IET)

Adolescent and adult members (13 years and older) in MY with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- Members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.
- Members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit

CPT

Office or other outpatient visit for the evaluation and management of a **new patient**, which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. **Typically, 10 minutes are spent face-to-face with the patient and/or family.**

99201

Office or other outpatient visit for the evaluation and management of a **new patient**, which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. **Typically, 20 minutes are spent face-to-face with the patient and/or family.**

99202

Office or other outpatient visit for the evaluation and management of a **new patient**, which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. **Typically, 30 minutes are spent face-to-face with the patient and/or family.**

99203

Office or other outpatient visit for the evaluation and management of an **established patient**, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. **Typically, five minutes are spent performing or supervising these services.**

99211

Office or other outpatient visit for the evaluation and management of an **established patient**, which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. **Typically, 10 minutes are spent face-to-face with the patient and/or family.**

99212

Office or other outpatient visit for the evaluation and management of an **established patient**, which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. **Typically, 15 minutes are spent face-to-face with the patient and/or family.**

99213

*The codes listed above are not inclusive and do not represent a complete list of codes.

HCPCS

Services of clinical social worker in home health or hospice settings, each 15 minutes	G0155
Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	G0176
Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	G0177
Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	G0396
Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	G0397
Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a Comprehensive Outpatient Rehabilitation Facility (CORF)-qualified social worker or psychologist in a CORF)	G0409
Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes	G0410
Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes	G0411
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	G0443
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Alcohol and/or drug assessment	H0001
Behavioral health screening to determine eligibility for admission to treatment program	H0002
Behavioral health counseling and therapy, per 15 minutes	H0004
Alcohol and/or drug services; group counseling by a clinician	H0005
Alcohol and/or drug services; crisis intervention (outpatient)	H0007
Alcohol and/or drug services; intensive outpatient (treatment program that operates at least three hours/day and at least three days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	H0015
Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	H0016
Alcohol and/or drug intervention service (planned facilitation)	H0022
Mental health assessment, by non-physician	H0031
Medication training and support, per 15 minutes	H0034
Mental health partial hospitalization, treatment, less than 24 hours	H0035
Community psychiatric supportive treatment, face-to-face, per 15 minutes	H0036
Community psychiatric supportive treatment program, per diem	H0037

*The codes listed above are not inclusive and do not represent a complete list of codes.

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (MMA)

Members 5–64 years of age, were identified as having persistent asthma and were dispensed asthma controller medication that they remained on for at least 50% or 75% of their treatment period in MY.

CPT	
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203
Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213

*The codes listed above are not inclusive and do not represent a complete list of codes.

HCPCS

Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	G0402
Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	G0438
Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	G0439
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Clinic visit/encounter, all-inclusive	T1015

ICD-10

Mild intermittent asthma, uncomplicated	J45.20
Mild intermittent asthma with (acute) exacerbation	J45.21
Mild intermittent asthma with status asthmaticus	J45.22
Mild persistent asthma, uncomplicated	J45.30
Mild persistent asthma with (acute) exacerbation	J45.31
Mild persistent asthma with status asthmaticus	J45.32
Moderate persistent asthma, uncomplicated	J45.40
Moderate persistent asthma with (acute) exacerbation	J45.41
Moderate persistent asthma with status asthmaticus	J45.42
Severe persistent asthma, uncomplicated	J45.50
Severe persistent asthma with (acute) exacerbation	J45.51
Severe persistent asthma with status asthmaticus	J45.52
Unspecified asthma with (acute) exacerbation	J45.901
Unspecified asthma with status asthmaticus	J45.902
Unspecified asthma, uncomplicated	J45.909
Exercise induced bronchospasm	J45.990
Cough variant asthma	J45.991
Other asthma	J45.998

*The codes listed above are not inclusive and do not represent a complete list of codes.

APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION (URI)

Children 3 months-18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription in MY. A higher rate indicates better performance.

CPT	
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203
Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213

*The codes listed above are not inclusive and do not represent a complete list of codes.

HCPS

Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	G0402
Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	G0438
Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	G0439
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Clinic visit/encounter, all-inclusive	T1015

ICD-10

Acute nasopharyngitis [common cold]	J00
Acute laryngopharyngitis	J06.0
Acute upper respiratory infection, unspecified	J06.9

*The codes listed above are not inclusive and do not represent a complete list of codes.

BREAST CANCER SCREENING (BCS)

Women 50-74 years of age who had one or more mammograms to screen for breast cancer any time on or between 10/1/2017 12/31/2019.

CPT

Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	77065
Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	77066
Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	77067
Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	77063
Diagnostic digital breast tomosynthesis; unilateral	77061
Diagnostic digital breast tomosynthesis; bilateral	77062

ICD-10

Acquired absence of bilateral breasts and nipples	Z90.13
Acquired absence of right breast and nipple	Z90.11
Acquired absence of left breast and nipple	Z90.12

*The codes listed above are not inclusive and do not represent a complete list of codes.

CHLAMYDIA SCREENING IN WOMEN (CHL)

Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia in MY.

CPT	
Culture, chlamydia, any source	87110
Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	87270
Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	87320
Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	87490
Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	87491
Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	87492
Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis	87810
Urine pregnancy test, by visual color comparison methods	81025
Gonadotropin, chorionic (hCG); quantitative	84702
Gonadotropin, chorionic (hCG); qualitative	84703

HCPCS	
Cervical or vaginal cancer screening; pelvic and clinical breast examination	G0101
Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	G0123
Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	G0124
Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	G0141
Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	G0143
Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	G0144
Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	G0145
Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	G0147
Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	G0148
Prenatal care, at-risk assessment	H1000

*The codes listed above are not inclusive and do not represent a complete list of codes.

HCPCS

Prenatal care, at-risk enhanced service; antepartum management	H1001
Prenatal care, at-risk enhanced service; education	H1003
Prenatal care, at-risk enhanced service; follow-up home visit	H1004
Prenatal care, at-risk enhanced service package (includes h1001-h1004)	H1005
Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	P3000
Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	P3001
Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	Q0091
Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by hCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	S0199
Insertion of levonorgestrel-releasing intrauterine system	S4981
Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the CPT code for multifetal pregnancy reduction - 59866)	S8055

*The codes listed above are not inclusive and do not represent a complete list of codes.

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

Women 67-85 years of age who suffered a fracture (7/1/2018 - 6/30/2019), and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

CPT	
Ultrasound bone density measurement and interpretation, peripheral site(s), any method	76977
Computed tomography, bone mineral density study, one or more sites, axial skeleton (eg, hips, pelvis, spine)	77078
Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)	77080
Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	77081
Dual-energy X-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	77085
Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	77086
Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]	99217
Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	99218
HCPCS	
Single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	G0130
DELETED	S2360
Injection, denosumab, 1 mg	J0897
Injection, ibandronate sodium, 1 mg	J1740
Injection, zoledronic acid, 1 mg	J3489

*The codes listed above are not inclusive and do not represent a complete list of codes.

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

Members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that were not dispensed an antibiotic treatment.

CPT	
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203
Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213

*The codes listed above are not inclusive and do not represent a complete list of codes.

HCPCS

Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	G0402
Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	G0438
Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	G0439
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Clinic visit/encounter, all-inclusive	T1015

ICD-10

Immune reconstitution syndrome	D89.3
Acute graft-versus-host disease	D89.810
Chronic graft-versus-host disease	D89.811
Acute on chronic graft-versus-host disease	D89.812
Graft-versus-host disease, unspecified	D89.813
Autoimmune lymphoproliferative syndrome [ALPS]	D89.82
Other specified disorders involving the immune mechanism, not elsewhere classified	D89.89
Disorder involving the immune mechanism, unspecified	D89.9
Acute bronchitis due to coxsackievirus	J20.3
Acute bronchitis due to parainfluenza virus	J20.4
Acute bronchitis due to respiratory syncytial virus	J20.5
Acute bronchitis due to rhinovirus	J20.6
Acute bronchitis due to echovirus	J20.7
Acute bronchitis due to other specified organisms	J20.8
Acute bronchitis, unspecified	J20.9

*The codes listed above are not inclusive and do not represent a complete list of codes.

ASTHMA MEDICATION RATIO (AMR)

Members 5-64 years old who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during MY.

CPT	
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203
Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213

*The codes listed above are not inclusive and do not represent a complete list of codes.

HCPCS

Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	G0402
Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	G0438
Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	G0439
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Clinic visit/encounter, all-inclusive	T1015

ICD-10

Mild intermittent asthma, uncomplicated	J45.20
Mild intermittent asthma with (acute) exacerbation	J45.21
Mild intermittent asthma with status asthmaticus	J45.22
Mild persistent asthma, uncomplicated	J45.30
Mild persistent asthma with (acute) exacerbation	J45.31
Mild persistent asthma with status asthmaticus	J45.32
Moderate persistent asthma, uncomplicated	J45.40
Moderate persistent asthma with (acute) exacerbation	J45.41
Moderate persistent asthma with status asthmaticus	J45.42
Severe persistent asthma, uncomplicated	J45.50
Severe persistent asthma with (acute) exacerbation	J45.51
Severe persistent asthma with status asthmaticus	J45.52
Unspecified asthma with (acute) exacerbation	J45.901
Unspecified asthma with status asthmaticus	J45.902
Unspecified asthma, uncomplicated	J45.909
Exercise induced bronchospasm	J45.990
Cough variant asthma	J45.991
Other asthma	J45.998

*The codes listed above are not inclusive and do not represent a complete list of codes.

USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

Members 18-50 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.

CPT	
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203
Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213

*The codes listed above are not inclusive and do not represent a complete list of codes.

CPT

Radiologic examination, spine, single view, specify level	72020
Radiologic examination, spine, cervical; six or more views	72052
Radiologic examination, spine, lumbosacral; two or three views	72100
Radiologic examination, spine, lumbosacral; minimum of four views	72110
Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of six views	72114
Radiologic examination, spine, lumbosacral; bending views only, two or three views	72120
Computed tomography, lumbar spine; without contrast material	72131
Computed tomography, lumbar spine; with contrast material	72132
Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	72133
Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	72141
Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	72142
Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	72146
Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	72147
Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	72148
Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	72149
Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	72156
Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	72158
Radiologic examination, sacroiliac joints; less than three views	72200
Radiologic examination, sacroiliac joints; three or more views	72202
Radiologic examination, sacrum and coccyx, minimum of two views	72220
Osteopathic manipulative treatment (OMT); 1-2 body regions involved	98925
Osteopathic manipulative treatment (OMT); 3-4 body regions involved	98926
Osteopathic manipulative treatment (OMT); 5-6 body regions involved	98927
Osteopathic manipulative treatment (OMT); 7-8 body regions involved	98928
Osteopathic manipulative treatment (OMT); 9-10 body regions involved	98929
Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	98940
Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	98941
Chiropractic manipulative treatment (CMT); spinal, five regions	98942

HCPCS

Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	G0402
Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	G0438
Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	G0439
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Clinic visit/encounter, all-inclusive	T1015

*The codes listed above are not inclusive and do not represent a complete list of codes.

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

Members 40 years of age and older with COPD exacerbations who had an acute inpatient discharge or ED visit on or between January 1, 2019 – November 30, 2019, and who were dispensed a systemic corticosteroid within 14 days of the event and/or a bronchodilator within 30 days of the event.

CPT	
Simple chronic bronchitis	J41.0
Mucopurulent chronic bronchitis	J41.1
Mixed simple and mucopurulent chronic bronchitis	J41.8
Unspecified chronic bronchitis	J42
Unilateral pulmonary emphysema [MacLeod's syndrome]	J43.0
Panlobular emphysema	J43.1
Centrilobular emphysema	J43.2
Other emphysema	J43.8
Emphysema, unspecified	J43.9
Chronic obstructive pulmonary disease with acute lower respiratory infection	J44.0
Chronic obstructive pulmonary disease w (acute) exacerbation; Acute exacerbation of chronic asthmatic bronchitis; Acute exacerbation of chronic obstructive airways disease; Acute exacerbation of chronic obstructive airways disease with asthma; Acute exacerbation of chronic obstructive bronchitis; Asthma flare, chronic obstructive pulmonary disease; Asthma, chronic obstructive with status asthmaticus; Asthmatic bronchitis, chronic with acute exacerbation; Chronic obstructive asthma with status asthmaticus; Chronic obstructive bronchitis with exacerbation; Chronic obstructive pulmonary disease, acute flare-up; chronic obstructive pulmonary disease [COPD] with acute bronchitis (J44.0); lung diseases due to external agents (J60-J70); Decompensated COPD; Decompensated COPD with (acute) exacerbation	J44.1
Chronic obstructive pulmonary disease, unspecified	J44.9

*The codes listed above are not inclusive and do not represent a complete list of codes.

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

Children 6-12 years newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period;

- One follow-up visit within 30 days of when the first ADHD medication was dispensed.
- One follow-up visit with evidence that the member remained on ADHD medication for at least 210 days (seven months).
- Member had two follow-up visits within 270 days (nine months) after the Initiation Phase ended.

CPT	
Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	96150
Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	96151
Health and behavior intervention, each 15 minutes, face-to-face; individual	96152
Health and behavior intervention, each 15 minutes, face-to-face; group (two or more patients)	96153
Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	96154
Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	98960
Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	98961
Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	98962
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203

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CPT

Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213

HCPCS

Services of clinical social worker in home health or hospice settings, each 15 minutes	G0155
Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	G0176
Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	G0177
Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF)	G0409
Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes	G0410
Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes	G0411
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Behavioral health screening to determine eligibility for admission to treatment program	H0002
Behavioral health counseling and therapy, per 15 minutes	H0004
Mental health assessment, by non-physician	H0031
Medication training and support, per 15 minutes	H0034
Mental health partial hospitalization, treatment, less than 24 hours	H0035
Community psychiatric supportive treatment, face-to-face, per 15 minutes	H0036
Community psychiatric supportive treatment program, per diem	H0037
Assertive community treatment, face-to-face, per 15 minutes	H0039
Assertive community treatment program, per diem	H0040

*The codes listed above are not inclusive and do not represent a complete list of codes.

HCPCS

Comprehensive multidisciplinary evaluation	H2000
Rehabilitation program, per 1/2 day	H2001
Comprehensive medication services, per 15 minutes	H2010
Crisis intervention service, per 15 minutes	H2011
Behavioral health day treatment, per hour	H2012
Psychiatric health facility service, per diem	H2013
Skills training and development, per 15 minutes	H2014
Comprehensive community support services, per 15 minutes	H2015
Comprehensive community support services, per diem	H2016
Psychosocial rehabilitation services, per 15 minutes	H2017
Psychosocial rehabilitation services, per diem	H2018
Therapeutic behavioral services, per 15 minutes	H2019
Therapeutic behavioral services, per diem	H2020
Partial hospitalization services, less than 24 hours, per diem	S0201
Intensive outpatient psychiatric services, per diem	S9480
Crisis intervention mental health services, per hour	S9484
Crisis intervention mental health services, per diem	S9485
Clinic visit/encounter, all-inclusive	T1015

ICD-10

Attention-deficit hyperactivity disorder, predominantly inattentive type	F90.0
Attention-deficit hyperactivity disorder, predominantly hyperactive type	F90.1
Attention-deficit hyperactivity disorder, combined type	F90.2
Attention-deficit hyperactivity disorder, other type	F90.8
Attention-deficit hyperactivity disorder, unspecified type	F90.9

*The codes listed above are not inclusive and do not represent a complete list of codes.

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment for at least 84 days (12 weeks) or for at least 180 days (six months).

CPT

Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203
Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213
Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	99401
Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	99402
Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	99403

*The codes listed above are not inclusive and do not represent a complete list of codes.

HCPCS

Services of clinical social worker in home health or hospice settings, each 15 minutes	G0155
Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	G0176
Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	G0177
Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF)	G0409
Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes	G0410
Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes	G0411
Behavioral health screening to determine eligibility for admission to treatment program	H0002
Behavioral health counseling and therapy, per 15 minutes	H0004
Mental health assessment, by non-physician	H0031
Medication training and support, per 15 minutes	H0034
Mental health partial hospitalization, treatment, less than 24 hours	H0035
Community psychiatric supportive treatment, face-to-face, per 15 minutes	H0036
Community psychiatric supportive treatment program, per diem	H0037
Assertive community treatment, face-to-face, per 15 minutes	H0039
Assertive community treatment program, per diem	H0040
Comprehensive multidisciplinary evaluation	H2000
Rehabilitation program, per 1/2 day	H2001
Comprehensive medication services, per 15 minutes	H2010
Crisis intervention service, per 15 minutes	H2011
Behavioral health day treatment, per hour	H2012
Psychiatric health facility service, per diem	H2013
Skills training and development, per 15 minutes	H2014
Comprehensive community support services, per 15 minutes	H2015

ICD-10

Major depressive disorder, single episode, mild	F32.0
Major depressive disorder, single episode, moderate	F32.1
Major depressive disorder, single episode, severe with psychotic features	F32.3
Major depressive disorder, single episode, in partial remission	F32.4
Major depressive disorder, single episode, unspecified	F32.9
Major depressive disorder, recurrent, mild	F33.0
Major depressive disorder, recurrent, moderate	F33.1
Major depressive disorder, recurrent severe without psychotic features	F33.2
Major depressive disorder, recurrent, severe with psychotic symptoms	F33.3
Major depressive disorder, recurrent, in remission	F33.4
Major depressive disorder, recurrent, unspecified	F33.9

*The codes listed above are not inclusive and do not represent a complete list of codes.

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

Members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow up visit with a mental health practitioner within 7-30 days after discharge.

CPT	
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203
Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213

*The codes listed above are not inclusive and do not represent a complete list of codes.

CPT

Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	98960
Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	98961
Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	98962
Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)	99078
Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.	99483
Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	99402
Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	99403
Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	99404
Alcohol and/or substance (other than tobacco) abuse structured screening (eg, Alcohol Use Disorders Identification Test (AUDIT), Drug Abuse Screening Test (DAST)), and Screening and brief intervention (SBI) services; 15 to 30 minutes	99408
Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	99411

*The codes listed above are not inclusive and do not represent a complete list of codes.

HCPCS

Services of clinical social worker in home health or hospice settings, each 15 minutes	G0155
Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	G0176
Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	G0177
Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF)	G0409
Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes	G0410
Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes	G0411
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Behavioral health screening to determine eligibility for admission to treatment program	H0002
Behavioral health counseling and therapy, per 15 minutes	H0004
Mental health assessment, by non-physician	H0031
Medication training and support, per 15 minutes	H0034
Mental health partial hospitalization, treatment, less than 24 hours	H0035
Community psychiatric supportive treatment, face-to-face, per 15 minutes	H0036
Community psychiatric supportive treatment program, per diem	H0037
Assertive community treatment, face-to-face, per 15 minutes	H0039
Assertive community treatment program, per diem	H0040
Comprehensive multidisciplinary evaluation	H2000
Rehabilitation program, per 1/2 day	H2001
Comprehensive medication services, per 15 minutes	H2010
Crisis intervention service, per 15 minutes	H2011
Behavioral health day treatment, per hour	H2012
Psychiatric health facility service, per diem	H2013
Skills training and development, per 15 minutes	H2014
Comprehensive community support services, per 15 minutes	H2015
Comprehensive community support services, per diem	H2016
Psychosocial rehabilitation services, per 15 minutes	H2017
Psychosocial rehabilitation services, per diem	H2018
Therapeutic behavioral services, per 15 minutes	H2019
Therapeutic behavioral services, per diem	H2020
Partial hospitalization services, less than 24 hours, per diem	S0201
Intensive outpatient psychiatric services, per diem	S9480
Crisis intervention mental health services, per hour	S9484
Crisis intervention mental health services, per diem	S9485
Clinic visit/encounter, all-inclusive	T1015

*The codes listed above are not inclusive and do not represent a complete list of codes.

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

Members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a glucose test or an HbA1c test in MY.

HCPCS	
Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	G0438
Behavioral health counseling and therapy, per 15 minutes	H0004
Mental health assessment, by non-physician	H0031
Comprehensive medication services, per 15 minutes	H2010
Skills training and development, per 15 minutes	H2014
Therapeutic behavioral services, per 15 minutes	H2019

ICD-10	
Schizophrenia, unspecified	F20.9
Bipolar disorder, unspecified	F31.9
Manic episode, unspecified	F30.9

*The codes listed above are not inclusive and do not represent a complete list of codes.

METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM)

Members 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic monitoring (blood glucose testing, cholesterol testing or both) in MY.

CPT	
Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	80047
Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	80048
General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443)	80050
Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	80053
Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	80061
Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	80069
Cholesterol, serum or whole blood, total	82465
Glucose; quantitative, blood (except reagent strip)	82947
Glucose; post glucose dose (includes glucose)	82950
Glucose; tolerance test (GTT), three specimens (includes glucose)	82951
Hemoglobin; glycosylated (A1C)	83036
Hemoglobin; glycosylated (A1C) by device cleared by Food And Drug Administration (FDA) for home use	83037
Lipoprotein, blood; electrophoretic separation and quantitation	83700

*The codes listed above are not inclusive and do not represent a complete list of codes.

CPTII

Most recent hemoglobin A1c (HbA1c) level less than 7.0% Diabetes mellitus (DM)	3044F
Most recent hemoglobin A1c (HbA1c) level 7.0-9.0% (DM)	3045F
Most recent hemoglobin A1c level greater than 9.0% (DM)	3046F
Most recent Low Density Lipoprotein (LDL-C) less than 100 mg/dL Coronary artery disease (CAD) (DM)	3048F
Most recent LDL-C 100-129 mg/dL (CAD) (DM)	3049F
Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	3050F

LOINC

Cholesterol in LDL [Units/volume] in Serum or Plasma by Electrophoresis	12773-8
Cholesterol in LDL [Mass/volume] in Serum or Plasma by calculation	13457-7
Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 75 g glucose by mouth (PO)	1496-9
Glucose [Mass/volume] in Serum or Plasma -- one hour post 0.5 g/kg glucose intravenous (IV)	1499-3
Glucose [Mass/volume] in Serum or Plasma -- one hour post 100 g glucose PO	1501-6
Glucose [Mass/volume] in Serum or Plasma -- one hour post 50 g glucose PO	1504-0
Glucose [Mass/volume] in Serum or Plasma -- one hour post 75 g glucose PO	1507-3
Glucose [Mass/volume] in Serum or Plasma -- two hours post 100 g glucose PO	1514-9
Glucose [Mass/volume] in Serum or Plasma -- two hours post 75 g glucose PO	1518-0
Glucose [Mass/volume] in Serum or Plasma -- three hours post 100 g glucose PO	1530-5
Glucose [Mass/volume] in Serum or Plasma -- three hours post 75 g glucose PO	1533-9
Glucose [Mass/volume] in Serum or Plasma --12 hours fasting	1554-5
Fasting glucose [Mass/volume] in Serum or Plasma	1558-6
Hemoglobin A1c/Hemoglobin.total in Blood by High-performance liquid chromatography (HPLC)	17856-6
Glucose [Mass/volume] in Serum or Plasma -- eight hours fasting	17865-7
Cholesterol in LDL [Mass/volume] in Serum or Plasma by Direct assay	18262-6
Glucose [Mass/volume] in Serum or Plasma -- two hours post dose glucose	20436-2
Glucose [Mass/volume] in Serum or Plasma -- three hours post dose glucose	20437-0
Glucose [Mass/volume] in Serum or Plasma -- one hour post dose glucose	20438-8
Cholesterol in High Density Lipoprotein (HDL) [Mass/volume] in Serum or Plasma	2085-9
Cholesterol in LDL [Mass/volume] in Serum or Plasma	2089-1
Cholesterol [Mass/volume] in Serum or Plasma	2093-3
Triglyceride [Mass/volume] in Serum or Plasma	2571-8
Triglyceride [Mass/volume] in Blood	3043-7
Hemoglobin A1c/Hemoglobin.total in Blood	4548-4
Glucose [Mass/volume] in Blood -- two hours post dose glucose	49134-0
Cholesterol.total/Cholesterol in HDL [Mass Ratio] in Serum or Plasma	9830-1

*The codes listed above are not inclusive and do not represent a complete list of codes.

NON-RECOMMENDED PSA-BASED SCREENING IN OLDER MEN (PSA)

The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

Note: A lower rate indicates better performance.

CPT	
Prostate specific antigen (PSA); complexed (direct measurement)	84152
Prostate specific antigen (PSA); free	84154

LOINC	
Prostate Specific Ag Free [Mass/volume] in Serum or Plasma	10886-0
Prostate Specific Ag Free/Prostate specific Ag.total in Serum or Plasma	12841-3
Prostate specific Ag protein bound [Mass/volume] in Serum or Plasma	33667-7
Prostate specific Ag [Mass/volume] in Serum or Plasma by Detection limit ≤ 0.01 ng/mL	35741-8

*The codes listed above are not inclusive and do not represent a complete list of codes.

DISEASE MODIFYING ANTI RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS (ART)

The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

CPT	
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	99204
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	99205
Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211

*The codes listed above are not inclusive and do not represent a complete list of codes.

CPT

Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	99213
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	99214
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	99215

HCPCS

Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	G0402
Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	G0438
Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	G0439
Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	J0129
Injection, adalimumab, 20 mg	J0135
Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	J0717
Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	J1438
Injection, gold sodium thiomalate, up to 50 mg	J1600
Injection, golimumab, 1 mg, for intravenous use	J1602
Injection, infliximab, excludes biosimilar, 10 mg	J1745
Injection, tocilizumab, 1 mg	J3262

*The codes listed above are not inclusive and do not represent a complete list of codes.

HCPCS

Cyclosporine, oral, 100 mg	J7502
Cyclosporine, oral, 25 mg	J7515
Cyclosporin, parenteral, 250 mg	J7516
Mycophenolate mofetil, oral, 250 mg	J7517
Mycophenolic acid, oral, 180 mg	J7518
Methotrexate sodium, 5 mg	J9250
Methotrexate sodium, 50 mg	J9260
Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Q5103
Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Q5104
Clinic visit/encounter, all-inclusive	T1015

*The codes listed above are not inclusive and do not represent a complete list of codes.

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

- 1. Received Statin Therapy.** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
- 2. Statin Adherence 80%.** Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

CPT	
End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with one face-to-face visit by a physician or other qualified health care professional per month	90959
End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with four or more face-to-face visits by a physician or other qualified health care professional per month	90960
End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with one face-to-face visit by a physician or other qualified health care professional per month	90962
End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90965
End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	90968
Unlisted dialysis procedure, inpatient or outpatient	90999
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	98966
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	98967
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	98968
Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous seven days, using the Internet or similar electronic communications network	98969

*The codes listed above are not inclusive and do not represent a complete list of codes.

CPT

Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99201
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	99204
Office or other outpatient visit for the evaluation and management of an established patient , that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.	99211
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	99214

HCPCS

Percutaneous transluminal revascularization of or through Coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intraCoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	C9604
Percutaneous transluminal revascularization of chronic total occlusion, Coronary artery, Coronary artery branch, or Coronary artery bypass graft, any combination of drug-eluting intraCoronary stent, atherectomy and angioplasty; single vessel	C9607
Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	G0402
Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	G0438
Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	G0439
Clinic visit/encounter, all-inclusive	T1015

*The codes listed above are not inclusive and do not represent a complete list of codes.

STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

1. **Received Statin Therapy.** Members who were dispensed at least one statin medication of any intensity during the measurement year.
2. **Statin Adherence 80%.** Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

CPT	
End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with four or more face-to-face visits by a physician or other qualified health care professional per month	90960
End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	90961
End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with one face-to-face visit by a physician or other qualified health care professional per month	90962
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	98966
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	98967
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	98968
Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous seven days, using the Internet or similar electronic communications network	98969

*The codes listed above are not inclusive and do not represent a complete list of codes.

HCPCS

Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	C9600
Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	C9604
Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	C9606
Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	C9607
Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility	G0257
Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment	G0402
Hospital outpatient clinic visit for assessment and management of a patient	G0463

*The codes listed above are not inclusive and do not represent a complete list of codes.

ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA)

The percentage of members 19–64 years of age 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.

CPT	
Psychiatric diagnostic evaluation	90792
Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	90833
Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	90836
Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	90838
Psychotherapy for crisis; first 60 minutes	90839
Psychoanalysis	90845
Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	90847
Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	90876
Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	98961
Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)	99078
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	99202
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	99203
Office or other outpatient visit for the evaluation and management of a new patient , which requires these three key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	99205

*The codes listed above are not inclusive and do not represent a complete list of codes.

CPT

Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	99212
Office or other outpatient visit for the evaluation and management of an established patient , which requires at least two of these three key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	99214

HCPCS

Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF)	G0409
Hospital outpatient clinic visit for assessment and management of a patient	G0463
Behavioral health screening to determine eligibility for admission to treatment program	H0002
Mental health partial hospitalization, treatment, less than 24 hours	H0035
Community psychiatric supportive treatment, face-to-face, per 15 minutes	H0036
Rehabilitation program, per 1/2 day	H2001
Crisis intervention service, per 15 minutes	H2011
Behavioral health day treatment, per hour	H2012
Comprehensive community support services, per diem	H2016
Psychosocial rehabilitation services, per 15 minutes	H2017
Psychosocial rehabilitation services, per diem	H2018
Therapeutic behavioral services, per 15 minutes	H2019
Therapeutic behavioral services, per diem	H2020
Injection, aripiprazole, extended release, 1 mg	J0401
Injection, haloperidol decanoate, per 50 mg	J1631
Injection, paliperidone palmitate extended release, 1 mg	J2426
Injection, risperidone, long acting, 0.5 mg	J2794
Partial hospitalization services, less than 24 hours, per diem	S0201
Clinic visit/encounter, all-inclusive	T1015

*The codes listed above are not inclusive and do not represent a complete list of codes.