



**BlueCross BlueShield  
of North Carolina**

# **MY 2023 Blue Cross NC Provider Reference Guide**

This version of the MY 2023 Blue Cross NC Provider Reference Guide is based on the final HEDIS Specifications published on March 31, 2023 by NCQA.

**This reference guide is not intended to be a complete guide for all HEDIS® measures and requirements. For additional details and specifications for HEDIS® measures, please go to <https://www.ncqa.org/hedis/measures> or contact Blue Cross NC Quality Management at [qualitymanagement@bcbsnc.com](mailto:qualitymanagement@bcbsnc.com) or 919-765-4809.**

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**NCQA will post a comprehensive list of medications and NDC codes to [www.ncqa.org](http://www.ncqa.org) on March 31 of the measurement year.**

## IMPORTANT EXCLUSION INFORMATION

- Starting in Measurement year 2023:
  - All exclusions will be required, there are no longer “optional” exclusions.
  - All deceased members are required to be excluded, even if there was compliance before death.

## IMPORTANT DEFINITIONS

- **Administrative Measure** – Transaction data or other administrative data are used to identify the eligible population and numerator.
- **Hybrid Measure** – Organizations look for numerator compliance in both administrative and medical record data.
- **IPSD** – Index Prescription Start Date
- **IESD** – Index Episode Start Date

## RACE AND ETHNICITY STRATIFICATION

### Included Measures:

- **AIS-E** – Adult Immunization Status (ECDS)
- **AMR** – Asthma Medication Ratio
- **BCS-E** – Breast Cancer Screening (ECDS)
- **CBP** – Controlling High Blood Pressure
- **COL** – Colorectal Cancer Screening
- **FUA** – Follow-up After Emergency Department Visit for Substance Use
- **HBD** – Hemoglobin A1c Control for Patients With Diabetes
- **IET** – Initiation and Engagement of Substance Use Disorder Treatment
- **IMA** – Immunizations for Adolescents
- **POD** – Pharmacotherapy for Opioid Use Disorder
- **PPC** – Prenatal and Postpartum Care
- **WCV** – Child and Adolescent Well-Care Visits
- **WCV** – Well-Child Visits in the First 30 Months of Life

# Helpful Links and Resources



Provider Quality Report Job Aids:

[BlueCrossNC.com/Providers/Quality-Based-Programs/Provider-Quality-Reports](http://BlueCrossNC.com/Providers/Quality-Based-Programs/Provider-Quality-Reports)

Sign up for Provider E-briefs:

[BlueCrossNC.com/Providers/Forms-and-Documentation/Provider-Email-Registry](http://BlueCrossNC.com/Providers/Forms-and-Documentation/Provider-Email-Registry)

Provider Blueline<sup>SM</sup>:  
**1-800-214-4844** (toll free)



Network Management:  
**1-800-777-1643** (toll free)  
**919-765-4349** (fax)

[ProviderUpdates@bcbsnc.com](mailto:ProviderUpdates@bcbsnc.com) (email)

## RISK ADJUSTMENT CONTACTS

Prospective Risk Adjustment Program	Prospective Risk Adjustment Chart Requests
<p><b>Davina Bowden</b> Team Leader, Clinical Teams <a href="mailto:Davina.Bowden@bcbsnc.com">Davina.Bowden@bcbsnc.com</a> <b>919-765-3200</b></p>	<p><b>George Taylor</b> Team Lead, Operations <a href="mailto:George.Taylor@bcbsnc.com">George.Taylor@bcbsnc.com</a> <b>919-765-2750</b></p>

## IMPORTANT INFORMATION and HELPFUL LINKS AND RESOURCES

The NCQA HEDIS<sup>®</sup> measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS<sup>®</sup>*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>AAB – Avoidance of Antibiotic Treatment for Acute Bronchitis / Bronchiolitis</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of episodes for members 3 months of age or older with a diagnosis of acute bronchitis / bronchiolitis that did <b>NOT</b> result in an antibiotic dispensing event.</p> <p><b>The Intake Period:</b> 7/1 of the year prior to measurement year to 6/30 of the measurement year.</p>	<p>Members treated for acute bronchitis / bronchiolitis should <b>NOT</b> be prescribed antibiotics unless there are co-morbid conditions or competing diagnoses that require antibiotic therapy.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim with all appropriate diagnosis codes including any competing conditions (i.e. cellulitis, pharyngitis) and any co-morbid condition diagnoses. Telehealth visits are allowed for this measure.</li> </ul> <p><b>Medical Record documentation not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services anytime during the measurement year.</li> </ul>
	<p align="center"><b>PRODUCT LINE</b></p> <p>Commercial, Marketplace, Medicare Advantage and Medicaid</p>	

ADD

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL								
<p><b>ADD – Follow-Up Care for Children Prescribed ADHD Medication</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of children newly prescribed ADHD medication who had at least 3 follow-up visits within a 10 month period; one needs to be within 30 days of when the medication was dispensed.</p> <p><b>The Intake Period:</b> 12 month window starting 3/1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year.</p>	<p><b>Initiation Phase:</b> The percentage of members 6 – 12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.</p> <p><b>Continuation and Maintenance Phase:</b></p> <p>The percentage of members 6 – 12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. Only one of the two visits may be an e-visit or virtual check-in.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim for a follow-up visit with a prescribing provider and the appropriate CPT and ICD-10 ADHD codes within 30 days of starting the medication and then at least two additional visits with a provider in the 9 months following the 30 day visit.</li> <li>For Commercial Members please use the Patient Care Summary to verify the date of medication fills and refills.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services anytime during the measurement year.</li> <li>Members with a diagnosis of narcolepsy any time during their history through December 31 of the measurement year.</li> </ul> <table border="1" data-bbox="846 1419 1542 1776"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Visit Setting Unspecified</td> <td>CPT</td> <td>90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</td> <td>With an Outpatient POS <b>OR</b> Partial Hospitalization POS <b>OR</b> Telehealth POS <b>OR</b> Community Mental Health Center POS</td> </tr> </tbody> </table> <p>Remaining HEDIS Value Set codes can be found in Appendix 7.</p>	HEDIS Value Set Name	Code Set	Code	Comments	Visit Setting Unspecified	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	With an Outpatient POS <b>OR</b> Partial Hospitalization POS <b>OR</b> Telehealth POS <b>OR</b> Community Mental Health Center POS
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<p align="center"><b>PRODUCT LINE</b></p> <p>Commercial and Medicaid</p>										

AAB – ADD

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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>AMM – Antidepressant Medication Management</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members 18 years of age and older with a diagnosis of major depression who were treated with antidepressant medication and who remained on the medication treatment for:</p> <ul style="list-style-type: none"> <li>• 84 days (12 weeks) – Acute Phase.</li> <li>• 180 days (6 months) – Continuation Phase.</li> </ul> <p><b>The Intake Period:</b> 5/1 of the year prior to the measurement year to 4/30 of the measurement year.</p>	<p>Members with a diagnosis of major depression will remain on medication treatment for at least 180 days (6 months).</p> <p><b>Acute and Continuation Phase -</b> Can include telehealth visits, telephone visits, e-visits or virtual check-ins.</p> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Commercial, DSNP, Marketplace, Medicare and Medicaid</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Submit a claim for the appropriate member diagnosis (major depression).</li> <li>• Receipt of pharmacy claims for 6 months of medication fills.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> <li>• Members who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the IPSD, through the IPSD and 60 days after the IPSD.</li> </ul>

AMR

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>AMR – Asthma Medication Ratio</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members 5 – 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Members with persistent asthma will receive asthma controller prescriptions that account for at least 50% of their total asthma medications. (Controller medications versus rescue medications.)</p> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Commercial, Marketplace and Medicaid</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Receipt of claims for any exclusions that apply.</li> <li>• Receipt of claims for asthma controller medications that account for at least 50% of all asthma medication prescriptions filled.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> </ul>

AMM – AMR

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<p><b>APM – Metabolic Monitoring for Children and Adolescents on Antipsychotics</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of children and adolescents 1 – 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.</p> <p><b>Three rates are reported:</b></p> <p>Percentage of children and adolescents on antipsychotics who received:</p> <ul style="list-style-type: none"> <li>• Blood glucose testing.</li> <li>• Cholesterol testing.</li> <li>• Blood glucose and cholesterol testing.</li> </ul> <p>The measurement year is 1/1 to 12/31.</p>	<p>Children and adolescents who had two or more antipsychotic medication dispensing events during the measurement year and had metabolic testing.</p>	<p><b>Claims:</b></p> <p><b>Blood Glucose Testing Rate:</b></p> <ul style="list-style-type: none"> <li>• Members who received at least one test for blood glucose or HbA1c.</li> </ul> <p><b>Cholesterol Testing Rate:</b></p> <ul style="list-style-type: none"> <li>• Members who received at least one test for LDL-C or cholesterol.</li> </ul> <p><b>Blood Glucose and Cholesterol Testing Rate:</b></p> <p>Claims received for both of the following during the measurement year on the same or different dates of service:</p> <ul style="list-style-type: none"> <li>• At least one test for blood glucose or HbA1c.</li> <li>• At least one test for LDL-C or cholesterol.</li> </ul>																								
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BCS-E

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL															
<p><b>BCS-E – Breast Cancer Screening</b></p> <p><b>ECDS Measure</b></p> <p>The percentage of women 50 – 74 years of age who had a mammogram to screen for breast cancer.</p> <p>There is a 27 month look back period from 10/1 two years prior to 12/31 of the current year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Members between the age of 50 and 74 years will have one or more mammograms at least every 2 years.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Receipt of claim for mammogram any time on or between October 1 two years prior to the measurement period and 12/31 of the measurement year.</li> </ul> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Bilateral mastectomy.</li> <li>• Unilateral mastectomy with a bilateral modifier from the same procedure.</li> <li>• Unilateral mastectomy found in clinical data with bilateral modifier from same procedure.</li> <li>• Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.</li> <li>• Members 66 years of age and older as of 12/31 of the measurement year with frailty <b>and</b> advanced illness.</li> <li>• Members receiving palliative care or hospice services during the measurement year.</li> </ul>															
	PRODUCT LINE	<table border="1"> <thead> <tr> <th data-bbox="844 1474 1013 1533">HEDIS Value Set Name</th> <th data-bbox="1019 1474 1117 1533">Code Set</th> <th data-bbox="1123 1474 1325 1533">Code</th> <th data-bbox="1331 1474 1546 1533">Comments</th> </tr> </thead> <tbody> <tr> <td data-bbox="844 1537 1013 1839">Mammography History of Bilateral</td> <td data-bbox="1019 1537 1117 1839">CPT</td> <td data-bbox="1123 1537 1325 1839">77061, 77062, 77063, 77065, 77066, 77067</td> <td data-bbox="1331 1537 1546 1839"></td> </tr> <tr> <td data-bbox="844 1843 1013 1885">Mastectomy</td> <td data-bbox="1019 1843 1117 1885">ICD10CM</td> <td data-bbox="1123 1843 1325 1885">Z90.13</td> <td data-bbox="1331 1843 1546 1885">Required Exclusion</td> </tr> </tbody> </table>				HEDIS Value Set Name	Code Set	Code	Comments	Mammography History of Bilateral	CPT	77061, 77062, 77063, 77065, 77066, 77067		Mastectomy	ICD10CM	Z90.13	Required Exclusion
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APP – BCS-E

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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL																		
<p><b>BPD – Blood Pressure Control for Patients with Diabetes</b></p> <p><b>Hybrid Measure</b></p> <p>Members 18 – 75 years of age with diabetes (Types 1 and 2) whose BP was adequately controlled (&lt; 140/90) during the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Members with diabetes will have blood pressure control of &lt; 140/90 mm Hg.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim with the 2 appropriate CPTII codes to report results of the BP at each office visit:</li> </ul> <table border="1" data-bbox="846 338 1547 688"> <tr> <td>Systolic BP greater than / equal to 140 mm Hg</td> <td>Insert 3077F – CPTII</td> <td>Not controlled</td> </tr> <tr> <td>Diastolic BP greater than / equal to 90 mm Hg</td> <td>Insert 3080F – CPTII</td> <td>Not controlled</td> </tr> <tr> <td>Systolic BP 130 – 139 mm Hg</td> <td>Insert 3075F – CPTII</td> <td>Controlled</td> </tr> <tr> <td>Systolic BP less than 130 mm Hg</td> <td>Insert 3074F – CPTII</td> <td>Controlled</td> </tr> <tr> <td>Diastolic BP 80 – 89 mm Hg</td> <td>Insert 3079F – CPTII</td> <td>Controlled</td> </tr> <tr> <td>Diastolic BP less than 80 mm Hg</td> <td>Insert 3078F – CPTII</td> <td>Controlled</td> </tr> </table> <p><b>Medical record documentation not applicable.</b></p>	Systolic BP greater than / equal to 140 mm Hg	Insert 3077F – CPTII	Not controlled	Diastolic BP greater than / equal to 90 mm Hg	Insert 3080F – CPTII	Not controlled	Systolic BP 130 – 139 mm Hg	Insert 3075F – CPTII	Controlled	Systolic BP less than 130 mm Hg	Insert 3074F – CPTII	Controlled	Diastolic BP 80 – 89 mm Hg	Insert 3079F – CPTII	Controlled	Diastolic BP less than 80 mm Hg	Insert 3078F – CPTII	Controlled
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<p><b>PRODUCT LINE</b></p>	<p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Members who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year <b>and</b> who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or year prior to the measurement year.</li> <li>Members receiving palliative care or hospice services during the measurement year.</li> <li>Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.</li> <li>Members 66 of age and older as of 12/31 of the measurement year with frailty <b>and</b> advanced illness.</li> </ul>																			
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<p><b>CBP – Controlling High Blood Pressure</b></p> <p><b>Hybrid Measure</b></p> <p>The percentage of members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was controlled during the measurement year.</p> <ul style="list-style-type: none"> <li>BP goal &lt; 140/90 mm Hg</li> </ul> <p>The measurement year is 1/1 to 12/31.</p> <p>The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading.</p>	<p>Control of high BP &lt; 140/90 is extremely important to prevent additional cardiovascular conditions.</p> <p><b>EDUCATE</b> on risk factors associated with poor control.</p> <p><b>ASSESS</b> medication compliance.</p> <p><b>INFORM</b> members of their goal BP.</p> <p><b>ENCOURAGE</b> member to obtain a BP cuff and log BP at least 3 times a week.</p> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Commercial, DSNP, Marketplace, Medicare and Medicaid</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim with the 2 appropriate CPTII codes to report results of the BP at each routine office visit:</li> </ul> <table border="1" data-bbox="846 344 1547 693"> <tr> <td>Systolic BP greater than / equal to 140 mm Hg</td> <td>Insert 3077F – CPTII</td> <td>Not controlled</td> </tr> <tr> <td>Diastolic BP greater than / equal to 90 mm Hg</td> <td>Insert 3080F – CPTII</td> <td>Not controlled</td> </tr> <tr> <td>Systolic BP 130 – 139 mm Hg</td> <td>Insert 3075F – CPTII</td> <td>Controlled</td> </tr> <tr> <td>Systolic BP less than 130 mm Hg</td> <td>Insert 3074F – CPTII</td> <td>Controlled</td> </tr> <tr> <td>Diastolic BP 80 – 89 mm Hg</td> <td>Insert 3079F – CPTII</td> <td>Controlled</td> </tr> <tr> <td>Diastolic BP less than 80 mm Hg</td> <td>Insert 3078F – CPTII</td> <td>Controlled</td> </tr> </table> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Members with evidence of end-stage renal disease, dialysis, nephrectomy or kidney transplant any time during the member’s history on or prior to December 31 of the measurement year.</li> <li>Members with a diagnosis of pregnancy any time during the measurement year.</li> <li>Members receiving palliative care or hospice services during the measurement year.</li> <li>Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.</li> <li>Members 66 – 80 years of age and older as of 12/31 of the measurement year with frailty and advanced illness.</li> <li>Members 81 years of age and older as of 12/31 of the measurement year with frailty.</li> </ul>	Systolic BP greater than / equal to 140 mm Hg	Insert 3077F – CPTII	Not controlled	Diastolic BP greater than / equal to 90 mm Hg	Insert 3080F – CPTII	Not controlled	Systolic BP 130 – 139 mm Hg	Insert 3075F – CPTII	Controlled	Systolic BP less than 130 mm Hg	Insert 3074F – CPTII	Controlled	Diastolic BP 80 – 89 mm Hg	Insert 3079F – CPTII	Controlled	Diastolic BP less than 80 mm Hg	Insert 3078F – CPTII	Controlled
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<p><b>CCS – Cervical Cancer Screening</b></p> <p><b>Hybrid Measure</b></p> <p>The percentage of women 21 – 64 years of age who were screened for cervical cancer.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Women 21 – 64 will have a cervical cytology (Pap smear) every 3 years.</p> <p style="text-align: center;"><b>OR</b></p> <p>Women 30 – 64 years of age will have primary HPV testing every 5 years.</p> <p style="text-align: center;"><b>OR</b></p> <p>Women age 30 – 64 will have cervical cytology with HPV co-testing every 5 years.</p> <p><b>Note:</b> HPV reflex testing does not count for the 5-year timeframe.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim for procedures completed with appropriate codes.</li> <li>Submit a claim using the appropriate code for history of exclusion.</li> </ul> <p><b>Medical Record documentation of:</b></p> <ul style="list-style-type: none"> <li>Screening and results from appropriate testing completed in the last 3 – 5 years.</li> <li><b>Exclusions:</b> Documentation of “total”, “radical”, “complete” abdominal or vaginal hysterectomy.</li> </ul> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix anytime during the member’s history through December 31 of the measurement year.</li> <li>Members receiving palliative care or hospice services during the measurement year.</li> </ul>																															
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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL						
<p><b>CHL – Chlamydia Screening in Women</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of women 16 – 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Annual screening for chlamydia is required for all sexually active females ages 16 – 24.</p> <p>Obtain a urine sample or obtain a direct sample (i.e. cervix, urethra, vagina) for chlamydia culture yearly.</p> <hr/> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Commercial, Marketplace and Medicaid</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Receipt of a microbiology claim for chlamydia screening with appropriate codes.</li> </ul> <p><b>Medical record documentation:</b></p> <ul style="list-style-type: none"> <li>• A visit note indicating date of service and lab results showing chlamydia screening was performed.</li> </ul> <p><b>Note:</b> <i>The two methods to determine sexual activity are pharmacy data (contraceptives) and claims encounter for sexual activity, pregnancy test or pregnancy diagnosis.</i></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> </ul> <table border="1" data-bbox="847 716 1544 848"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Chlamydia Tests</td> <td>CPT</td> <td>87110, 87270, 87320, 87490, 87491, 87492, 87810, 0353U</td> </tr> </tbody> </table>	HEDIS Value Set Name	Code Set	Code	Chlamydia Tests	CPT	87110, 87270, 87320, 87490, 87491, 87492, 87810, 0353U
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<p><b>CIS – Childhood Immunization Status</b></p> <p><b>Hybrid Measure</b></p> <p>The percentage of children 2 years of age who received all of the immunizations listed under the Clinical Goal column.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Children who turn 2 years of age during the measurement year will have the following vaccinations by their 2nd birthday:</p> <ul style="list-style-type: none"> <li>• 4 DTaP</li> <li>• 3 IPV</li> <li>• 1 MMR</li> <li>• 3 HiB</li> <li>• 3 HepB</li> <li>• 1 VZV</li> <li>• 4 PCV</li> <li>• 1 HepA</li> <li>• 2 or 3 Rotavirus</li> <li>• 2 Flu vaccinations</li> </ul> <p><b>Combo 7</b> = Numerator compliant for all except Flu.</p> <p><b>Combo 10</b> = Numerator compliant for all.</p> <p><b>Combo 3</b> = Numerator compliant for all except Hep A, RV, and Flu.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Report all immunizations to the North Carolina Immunization Registry.</li> <li>• Submit a claim for all immunizations given.</li> </ul> <p><b>New for MY 2023:</b></p> <p>For all vaccines the member is considered compliant for the indicator if anaphylaxis to vaccine occurs on or before the 2nd birthday.</p> <p><b>Medical record documentation:</b></p> <ul style="list-style-type: none"> <li>• A visit note indicating the name of the specific antigen and the date of the immunization.</li> <li>• A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.</li> </ul> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> <li>• Members who had any of the following on or before their second birthday:                             <ul style="list-style-type: none"> <li>– Severe combined immunodeficiency</li> <li>– Immunodeficiency</li> <li>– HIV</li> <li>– Lymphoreticular cancer, multiple myeloma or leukemia</li> <li>– Intussusception</li> </ul> </li> </ul> <p><b>Note:</b> For measure compliance, MMR, HepA, and VZV vaccines should be given between the child's 1st and 2nd birthdays.</p>																						
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<p><b>COA – Care for Older Adults</b></p> <p><b>Hybrid Measure</b></p> <p>The percentage of adults 66 years and older who had each of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>• Medication review.</li> <li>• Functional status assessment.</li> <li>• Pain assessment.</li> </ul> <p>The measurement year is 1/1 to 12/31.</p>	<p><b>Medication Review</b> – Either of the following meets criteria:</p> <ul style="list-style-type: none"> <li>• Both of the following during the same visit during the measurement year where the provider type is a prescribing practitioner or clinical pharmacist:                             <ul style="list-style-type: none"> <li>– At least one medication review.</li> <li>– The presence of a medication list in the medical record.</li> </ul> </li> <li>• Transitional care management services during the measurement year.</li> </ul> <p>Exclude services provided in an acute inpatient setting.</p> <p><b>Functional Status Assessment</b> – At least one functional status assessment during the measurement year. Exclude services provided in an acute inpatient setting.</p> <p><b>Pain Assessment</b> – At least one pain assessment during the measurement year. Exclude services provided in an acute inpatient setting.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Submit a claim for services completed with appropriate codes.</li> </ul> <p><b>Medical record documentation*:</b></p> <ul style="list-style-type: none"> <li>• Medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record.</li> <li>• Medication list, signed and dated during the measurement year by the appropriate practitioner type.</li> <li>• Functional status assessment during the measurement year.</li> <li>• Pain assessment during the measurement year.</li> </ul> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> </ul> <p><b>Note:</b> <i>Notation alone of:</i></p> <ul style="list-style-type: none"> <li>• <i>Pain management plan does not meet criteria.</i></li> <li>• <i>Pain treatment plan does not meet criteria.</i></li> <li>• <i>Screening for chest pain or documentation alone of chest pain does not meet criteria.</i></li> </ul> <p>* <i>Medical record documentation is <b>only</b> accepted for gap closure during the annual HEDIS Medical Record Review.</i></p> <table border="1" data-bbox="846 1062 1544 1717"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Medication List</td> <td>CPT-CAT-II</td> <td>1159F</td> <td></td> </tr> <tr> <td>Medication List</td> <td>HCPCS</td> <td>G8427</td> <td></td> </tr> <tr> <td>Medication Review</td> <td>CPT</td> <td>90863, 99483, 99605, 99606</td> <td></td> </tr> <tr> <td>Medication Review</td> <td>CPT-CAT-II</td> <td>1160F</td> <td></td> </tr> <tr> <td>Transitional Care Management Services</td> <td>CPT</td> <td>99495, 99496</td> <td></td> </tr> <tr> <td>Functional Status Assessment</td> <td>CPT-CAT-II</td> <td>1170F</td> <td></td> </tr> <tr> <td>Functional Status Assessment</td> <td>HCPCS</td> <td>G0438, G0439</td> <td></td> </tr> <tr> <td>Pain Assessment</td> <td>CPT-CAT-II</td> <td>1125F, 1126F</td> <td></td> </tr> <tr> <td>Functional Assessment</td> <td>CPT</td> <td>99483</td> <td></td> </tr> </tbody> </table>	HEDIS Value Set Name	Code Set	Code	Comments	Medication List	CPT-CAT-II	1159F		Medication List	HCPCS	G8427		Medication Review	CPT	90863, 99483, 99605, 99606		Medication Review	CPT-CAT-II	1160F		Transitional Care Management Services	CPT	99495, 99496		Functional Status Assessment	CPT-CAT-II	1170F		Functional Status Assessment	HCPCS	G0438, G0439		Pain Assessment	CPT-CAT-II	1125F, 1126F		Functional Assessment	CPT	99483	
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<p><b>COL – Colorectal Cancer Screening</b></p> <p><b>Hybrid Measure</b></p> <p>The percentage of members 45 – 75 years of age who had appropriate screening for colorectal cancer.</p> <p>The measurement period – See clinical goal for specifics.</p>	<p>The member will have one of the following screening tests during the indicated period:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT or FIT) between 1/1 and 12/31 of the measurement year.**</li> <li>• Colonoscopy performed between 1/1 nine (9) years prior to the measurement year and 12/31 of the measurement year.</li> <li>• Flexible sigmoidoscopy performed between 1/1 four (4) years prior to the measurement year and 12/31 of the measurement year.</li> <li>• CT colonography performed between 1/1 four (4) years prior to the measurement year and 12/31 of the measurement year.</li> <li>• FIT-DNA test performed between 1/1 two (2) years prior to the measurement year and 12/31 of the measurement year.</li> </ul> <p><b>Note:</b> For FIT-DNA testing, please verify with customer service the patient’s availability of coverage for the test.</p> <p>** FOBT tests performed on a sample collected from a digital rectal exam do not meet the measure requirements.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Submit claims for 3 Fecal Occult Blood (FOBT) or 1 Fecal Immunochemical (FIT) test.</li> <li>• Receipt of a claim for a sigmoidoscopy.</li> <li>• Receipt of a claim for a colonoscopy.</li> <li>• Receipt of a claim for CT colonography.</li> <li>• Receipt of a claim for stool DNA with FIT test.</li> </ul> <p><b>Medical Record Documentation of:</b></p> <ul style="list-style-type: none"> <li>• FOBT (3) done during the measurement year.</li> <li>• FIT (1) done during the measurement year.</li> <li>• Colonoscopy done within 9 years prior to the measurement year and 12/31 of the measurement year.</li> <li>• Flexible sigmoidoscopy done within 4 years prior to the measurement year and 12/31 of the measurement year.</li> <li>• CT colonography done within 4 years prior to the measurement year and 12/31 of the measurement year.</li> <li>• FIT-DNA test done within 2 years prior to the measurement year and 12/31 of the measurement year.</li> <li>• Documentation of exclusion: colorectal cancer or a total colectomy at any time during the member’s history through 12/31 of the measurement year.</li> </ul> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members receiving palliative care or hospice services during the measurement year.</li> <li>• Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.</li> <li>• Members 66 of age and older as of 12/31 of the measurement year with frailty <b>and</b> advanced illness.</li> <li>• Members who had colorectal cancer or a total colectomy any time during the member’s history through December 31 of the measurement year (no longer optional).</li> </ul> <table border="1" data-bbox="808 1287 1544 1885"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Colonoscopy</td> <td>CPT</td> <td>44388, 44389, 44390, 44391, 44392, 44393, 44394, 44397, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45355, 45378, 45379, 45380, 45381, 45382, 45383, 45384, 45385, 45386, 45387, 45388, 45389, 45390, 45391, 45392, 45393, 45398</td> <td></td> </tr> <tr> <td>Colonoscopy</td> <td>HCPCS</td> <td>G0105, G0121</td> <td></td> </tr> <tr> <td>CT Colonography</td> <td>CPT</td> <td>74261, 74262, 74263</td> <td></td> </tr> <tr> <td>Flexible Sigmoidoscopy</td> <td>CPT</td> <td>45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350</td> <td></td> </tr> <tr> <td>Flexible Sigmoidoscopy</td> <td>HCPCS</td> <td>G0104</td> <td></td> </tr> <tr> <td>FOBT Lab Test</td> 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<p><b>COU – Risk of Continued Opioid Use</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:</p> <ol style="list-style-type: none"> <li>The percentage of members with at least 15 days of prescription opioids in a 30-day period.</li> <li>The percentage of members with at least 31 days of prescription opioids in a 62-day period.</li> </ol> <p><b>Note:</b> A lower rate indicates better performance.</p> <p>Intake Period 11/1 of the year prior to the measurement year to 10/31 of the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Identify members who have a risk of continued opioid use.</p>	<p>≥ <b>15 Days Covered:</b> Members who had 15 or more calendar days covered by an opioid medication during the 30-day period beginning on the IPSD through 29 days after the IPSD meet numerator compliance.</p> <p>≥ <b>31 Days Covered:</b> Members who had 31 or more calendar days covered by an opioid medication during the 62-day period beginning on the IPSD through 61 days after the IPSD meet numerator compliance.</p> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <p>Members who met at least one of the following at any time 1 year prior to the IPSD through 61 days after the IPSD:</p> <ul style="list-style-type: none"> <li>Cancer</li> <li>Sickle cell disease</li> <li>Palliative care</li> <li>Members in hospice or using hospice services any time during the measurement year.</li> <li>Members who died any time during the measurement year.</li> </ul>
	<p><b>PRODUCT LINE</b></p> <p>Commercial, Medicare and Medicaid</p>	

CWP

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL						
<p><b>CWP – Appropriate Testing for Pharyngitis</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members 3 years of age and older who were diagnosed with pharyngitis, dispensed an antibiotic and received a Group A streptococcus (strep) test for the episode in the 7 day period from 3 days prior to the episode date through 3 days after the episode date.</p> <p><b>The Intake Period:</b> 7/1 of the prior year to 6/30 of the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Members 3 years of age and older diagnosed with pharyngitis / tonsillitis must receive a strep test prior to receiving a prescription for antibiotics.</p> <p><b>Note:</b> Other family members with strep and parental refusal are not exclusions to this measure.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim for a rapid strep test done in your office or send specimen for culture.</li> <li>Submit a claim for all additional competing diagnoses that would require antibiotic therapy.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services anytime during the measurement year.</li> </ul> <table border="1"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Group A Strep Tests</td> <td>CPT</td> <td>87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880</td> </tr> </tbody> </table>	HEDIS Value Set Name	Code Set	Code	Group A Strep Tests	CPT	87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
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COU – CWP

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's Rules for Allowable Adjustments of HEDIS®. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>DAE – Use of High-Risk Medications in Older Adults</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of Medicare members 67 years of age and older who had at least two dispensing events for the same high-risk medication.</p> <p>Measure includes:</p> <ul style="list-style-type: none"> <li>• The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class.</li> <li>• The percentage of Medicare members 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses.</li> </ul> <p>The measure reflects potentially inappropriate medication use in older adults, both for medications where any use is inappropriate (Rate 1) and for medications where use under all but specific indications is potentially inappropriate (Rate 2).</p> <p><b>Note:</b> <i>A lower rate represents better performance.</i></p> <p>The measurement year is 1/1 to 12/31.</p>	<p>High-risk medications will <b>NOT</b> be prescribed unless absolutely necessary and when appropriate diagnoses are present.</p> <hr/> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>DSNP and Medicare</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Receipt of pharmacy claims for at least 2 dispensing events for high-risk medications.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members receiving palliative care or hospice services during the measurement year.</li> </ul>

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>DDE – Potentially Harmful Drug-Disease Interactions in Older Adults</b></p> <p><b>Administrative Measure</b></p> <p>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.</p> <p><b>Three rates are reported:</b></p> <p><b>Drug-Disease Interactions:</b> A history of falls and a prescription for antiepileptics, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics or antidepressants (SSRIs, tricyclic antidepressants and SNRIs).</p> <p>An accidental fall or hip fracture* on or between January 1 of the year prior to the measurement year and December 1 of the measurement year.</p> <p>* Hip fractures are used as a proxy for identifying accidental falls.</p> <p><b>Drug-Disease Interactions:</b> Dementia and a prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents.</p> <p><b>Drug-Disease Interactions:</b> Chronic kidney disease and prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs.</p> <p>Measurement period 1/1 of the year prior to the measurement year and 12/1 of the measurement year.</p> <p><b>Note:</b> A lower rate indicates better performance for all rates.</p>	<p>Potentially harmful prescriptions will <b>NOT</b> be prescribed unless absolutely necessary and when an appropriate diagnosis is present.</p> <hr/> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>DSNP and Medicare</p>	<p><b>Claims:</b></p> <p>Information for this measure is based on claims data for pharmacy claims.</p> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• <b>For all three rates:</b> Members receiving palliative care or hospice services during the measurement year.</li> <li>• <b>For Rate 1:</b> Diagnosis of psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, or seizure disorder on or between January 1 of the year prior to the measurement year and December 1 of the measurement year.</li> <li>• <b>For Rate 2:</b> Diagnosis of psychosis, schizophrenia, schizoaffective disorder or bipolar disorder, between January 1 of the year prior to the measurement year and December 1 of the measurement year.</li> </ul>

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<p><b>EED – Eye Exam for Patients with Diabetes</b></p> <p><b>Hybrid Measure</b></p> <p>Members 18 – 75 years of age with diabetes (Types 1 and 2) who had a retinal eye exam.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Member will have:</p> <ul style="list-style-type: none"> <li>A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.</li> <li>A <i>negative</i> retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the <b>year prior</b> to the measurement year.</li> <li>Bilateral eye enucleation anytime during the member’s history through December 31 of the measurement year.</li> </ul>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li><b>If you have or reviewed a report form the patient’s ophthalmologist or optometrist submit a claim with appropriate CPT II code.</b></li> </ul> <p><b>Medical record documentation of one of the following:</b></p> <ol style="list-style-type: none"> <li>A note or letter indicating that an ophthalmoscopic exam was completed by an eye care professional, the date when the procedure was performed, and the results.</li> <li>A chart or photograph indicating the date the fundus photography was performed and one of the following:                             <ul style="list-style-type: none"> <li>Evidence that results were read by an eye care professional.</li> <li>Evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.</li> </ul> </li> <li>Evidence results were read by a system that provides an artificial intelligence (AI) interpretation.</li> <li>Bilateral eye enucleation or acquired absence of both eyes.</li> <li>Negative retinal or dilated exam by an eye care professional in the year prior to the measurement year.</li> </ol> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Members who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year <b>and</b> who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or year prior to the measurement year.</li> <li>Members receiving palliative care or hospice services during the measurement year.</li> <li>Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.</li> <li>Members 66 of age and older as of 12/31 of the measurement year with frailty <b>and</b> advanced illness.</li> </ul>																																			
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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL																																				
<p><b>FMC – Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.</p> <p>Measurement period 1/1 to 12/24 of the measurement year.</p>	<p>There will be a follow-up service within 7 days after the ED visit (8 days total). ED visits resulting in an inpatient stay are excluded.</p> <p><b>Eligible chronic conditions:</b> COPD and Asthma, Alzheimer’s disease and related disorders, Chronic kidney disease, Depression, Heart Failure, Acute myocardial infarction, Atrial Fibrillation, Stroke and Transient Ischemic Attack</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Submit a claim for follow-up service.</li> </ul> <p><b>Any of the following meet criteria for follow-up:</b></p> <ul style="list-style-type: none"> <li>• An outpatient visit</li> <li>• A telephone visit</li> <li>• Transitional care management services</li> <li>• Case management visits</li> <li>• Complex Care Management Services</li> <li>• An outpatient or telehealth behavioral health visit</li> <li>• An intensive outpatient encounter or partial hospitalization</li> <li>• A community health center visit</li> <li>• Electroconvulsive therapy</li> <li>• Observation visit</li> <li>• Substance use disorder service</li> <li>• An e-visit or virtual check-in</li> <li>• A domiciliary or rest home visit</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> </ul>																																				
	<b>PRODUCT LINE</b>		<table border="1"> <thead> <tr> <th data-bbox="846 852 1024 909">HEDIS Value Set Name</th> <th data-bbox="1029 852 1146 909">Code Set</th> <th data-bbox="1151 852 1354 909">Code</th> <th data-bbox="1359 852 1546 909">Comments</th> </tr> </thead> <tbody> <tr> <td data-bbox="846 915 1024 1350">Outpatient</td> <td data-bbox="1029 915 1146 1350">CPT</td> <td data-bbox="1151 915 1354 1350">99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483</td> <td data-bbox="1359 915 1546 1350"></td> </tr> <tr> <td data-bbox="846 1356 1024 1413">Outpatient</td> <td data-bbox="1029 1356 1146 1413">HCPCS</td> <td data-bbox="1151 1356 1354 1413">G0402, G0438, G0439, G0463, T1015</td> <td data-bbox="1359 1356 1546 1413"></td> </tr> <tr> <td data-bbox="846 1419 1024 1476">Telephone Visits</td> <td data-bbox="1029 1419 1146 1476">CPT</td> <td data-bbox="1151 1419 1354 1476">98966, 98967, 98968, 99441, 99442, 99443</td> <td data-bbox="1359 1419 1546 1476"></td> </tr> <tr> <td data-bbox="846 1482 1024 1581">Transitional Care Management Services</td> <td data-bbox="1029 1482 1146 1581">CPT</td> <td data-bbox="1151 1482 1354 1581">99495, 99496</td> <td data-bbox="1359 1482 1546 1581"></td> </tr> <tr> <td data-bbox="846 1587 1024 1665">Case Management Encounter</td> <td data-bbox="1029 1587 1146 1665">CPT</td> <td data-bbox="1151 1587 1354 1665">99366</td> <td data-bbox="1359 1587 1546 1665"></td> </tr> <tr> <td data-bbox="846 1671 1024 1749">Case Management Encounter</td> <td data-bbox="1029 1671 1146 1749">HCPCS</td> <td data-bbox="1151 1671 1354 1749">T1016, T1017, T2022, T2023</td> <td data-bbox="1359 1671 1546 1749"></td> </tr> <tr> <td data-bbox="846 1755 1024 1854">Complex Care Management Services</td> <td data-bbox="1029 1755 1146 1854">CPT</td> <td data-bbox="1151 1755 1354 1854">99439, 99487, 99489, 99490, 99491</td> <td data-bbox="1359 1755 1546 1854"></td> </tr> </tbody> </table>				HEDIS Value Set Name	Code Set	Code	Comments	Outpatient	CPT	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483		Outpatient	HCPCS	G0402, G0438, G0439, G0463, T1015		Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443		Transitional Care Management Services	CPT	99495, 99496		Case Management Encounter	CPT	99366		Case Management Encounter	HCPCS	T1016, T1017, T2022, T2023		Complex Care Management Services	CPT	99439, 99487, 99489, 99490, 99491	
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<p><b>FUA – Follow-Up After Emergency Department Visit for Substance Use</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of Substance Use Disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.</p> <p><b>Two rates are reported:</b></p> <p><b>7-Day Follow-Up:</b> The percentage of ED visits where the member received follow-up or a pharmacotherapy dispensing event within 7 days of the ED visit.</p> <p><b>30-Day Follow-Up:</b> The percentage of ED visits where the member received follow-up or a pharmacotherapy dispensing event within 30 days of the ED visit.</p>	<p>The goal is:</p> <ol style="list-style-type: none"> <li>Members who had an ED visit for substance use disorder or drug overdose will be seen by any practitioner or have a pharmacotherapy dispensing event within 7 days of ED visit.</li> <li>Members who had an ED visit for substance use disorder or drug overdose will be seen by any practitioner or have a pharmacotherapy dispensing event within 30 days of ED visit.</li> </ol>	<p><b>Claims:</b></p> <p>For both indicators, any of the following meet criteria for a follow-up visit:</p> <ul style="list-style-type: none"> <li>Any of the following with any diagnosis of SUD, substance use or drug overdose:                             <ul style="list-style-type: none"> <li>An outpatient visit, intensive outpatient encounter or partial hospitalization, a non-residential substance abuse treatment facility visit, a community mental health center visit, an observation visit, a peer support service, an opioid treatment service that bills monthly or weekly, a telehealth visit, a telephone visit, an e-visit or virtual check-in.</li> </ul> </li> <li>Any of the following with a mental health provider:                             <ul style="list-style-type: none"> <li>An outpatient visit, intensive outpatient encounter or hospitalization, a non-residential substance abuse treatment facility visit, a community mental health center visit, an observation visit, a telehealth visit, a telephone visit, an e-visit or virtual check-in.</li> </ul> </li> <li>A substance use disorder service.</li> <li>A behavioral health screening or assessment for SUD or mental health disorders.</li> <li>A substance use service.</li> <li>A pharmacotherapy dispensing event or medication treatment event.</li> </ul>									
	<p><b>PRODUCT LINE</b></p>	<p><b>Medical record documentation not applicable.</b></p>									
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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL																			
<p><b>FUH – Follow-Up After Hospitalization for Mental Illness</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of 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 provider.</p> <p><b>Two rates are reported:</b>  <b>7-Day Follow-Up:</b> A follow-up visit with a mental health provider within 7 days after discharge.  <b>30-Day Follow-Up:</b> A follow-up visit with a mental health provider within 30 days after discharge.</p> <p>The denominator for this measure is based on discharges, not on members. All discharges are included on or between 1/1 to 12/1 of the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>The goal is:</p> <ol style="list-style-type: none"> <li>Members who had an inpatient hospitalization for mental health diagnoses will be seen by a mental health practitioner within <b>7 days of discharge</b>.</li> <li>Members who had an inpatient hospitalization for mental health diagnoses will be seen by a mental health practitioner within <b>30 days of discharge</b>.</li> </ol> <p><b>Note:</b> <i>Follow up with a PCP does not meet the measure. The visit must be with a <b>mental health practitioner</b>.</i></p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim for a follow-up service.</li> </ul> <p><b>Any of the following meet criteria for a follow-up visit:</b>                      An intensive outpatient encounter or partial hospitalization, an outpatient visit with a mental health provider, a community mental health center visit, electroconvulsive therapy, a telehealth visit, an observation visit, transitional care management services, a visit in a behavioral healthcare setting, a telephone visit with a mental health provider or psychiatric collaborative care management within 7 days after discharge and 30 days after discharge.</p> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services anytime during the measurement year.</li> </ul>																			
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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>FUI- Follow-Up After High-Intensity Care for Substance Use Disorder</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among member 13 years of age and older that result in a follow-up visit or service for substance use disorder.</p> <p><b>Two rates are reported:</b></p> <p><b>7-Day Follow-Up:</b> The percentage of visits or discharges where the member received follow-up with any practitioner for substance use disorder within 7 days after the visit or discharge.</p> <p><b>30-Day Follow-Up:</b> The percentage of visits or discharges where the member received follow-up with any practitioner for substance use disorder within 30 days after the visit or discharge.</p> <p>The denominator for this measure is based on episodes, not on members. Include all episodes on or between 1/1 to 12/1 of the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>The goal is:</p> <ol style="list-style-type: none"> <li>Members who had a follow-up visit or event for substance use disorder will be seen by any practitioner within <b>7 days of ED visit</b>.</li> <li>Members who had a follow-up visit or event for substance use disorder will be seen by any practitioner within <b>30 days of ED visit</b>.</li> </ol> <p><b>Note:</b> Do not include visits that occur on the date of the denominator episode.</p> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Commercial, Medicaid and Medicare</p>	<p><b>Claims:</b></p> <p>Submit claims for any of following to meet criteria for a follow-up visit with a principal diagnosis of substance use disorder:</p> <ul style="list-style-type: none"> <li>Acute or nonacute inpatient admission or residential behavioral health stay on the DC claim</li> <li>Outpatient visit</li> <li>Intensive outpatient encounter or partial hospitalization</li> <li>Non-residential substance abuse treatment facility visit</li> <li>Community mental health center visit</li> <li>Telehealth visit</li> <li>Substance use disorder service</li> <li>Opioid treatment service that bills monthly or weekly</li> <li>Observation visit</li> <li>Residential behavioral health treatment</li> <li>Telephone visit</li> <li>E-visit or virtual check-in</li> <li>Pharmacotherapy dispensing event</li> </ul> <p><b>Note:</b> Follow-up does not include withdrawal management.</p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services any time during the measurement year.</li> </ul> <p style="text-align: center; color: red;">HEDIS Value Set codes can be found in Appendix 7.</p>

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>FUM – Follow-Up After Emergency Department Visit for Mental Illness</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.</p> <p><b>Two rates are reported:</b>  <b>7-Day Follow-Up:</b> A follow-up visit with any practitioner within 7 days after the ED visit.  <b>30-Day Follow-Up:</b> A follow-up visit with any practitioner within 30 days after the ED visit.</p> <p>The denominator for this measure is based on ED visits, not on members. All eligible ED visits are included on or between 1/1 – 12/1 of the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>The goal is:</p> <ol style="list-style-type: none"> <li>Members who had an ED visit for mental health or intentional self-harm diagnoses will be seen by any practitioner within <b>7 days of ED visit.</b></li> <li>Members who had an ED visit for mental health or intentional self-harm diagnoses will be seen by any practitioner within <b>30 days of ED visit.</b></li> </ol> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Commercial, Medicare and Medicaid</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim for a follow-up service.</li> </ul> <p>Any of the following meet criteria for a follow-up visit with principal diagnosis of a mental health disorder:</p> <ul style="list-style-type: none"> <li>Outpatient visit</li> <li>Intensive outpatient encounter or partial hospitalization</li> <li>Community mental health center visit</li> <li>Electroconvulsive therapy</li> <li>Telehealth visit</li> <li>Observation visit</li> <li>Telephone visit</li> <li>E-visit or virtual check-in</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services anytime during the measurement year.</li> </ul> <p><b>HEDIS Value Set codes can be found in Appendix 7.</b></p>

HBD

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>HBD – Hemoglobin A1c Control for Patients with Diabetes</b></p> <p><b>Hybrid Measure</b></p> <p>The percentage of members 18 – 75 years of age with diabetes (Types 1 and 2) whose HbA1c was at the following levels during the measurement year:</p> <p>HbA1c control &lt; 8%  HbA1c poor control &gt; 9% (Inverted Measure)</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Members have a HbA1c test and value recorded during the measurement year.</p> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Commercial, Marketplace, Medicare and Medicaid</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim identifying the results of the HbA1c utilizing one of the following four CPT II codes: <ul style="list-style-type: none"> <li>3044F – HbA1c less than 7%</li> <li>3051F – HbA1c ≥ 7% and &lt; 8%</li> <li>3052F – HbA1c ≥ 8% and ≤ 9%</li> <li>3046F – HbA1c greater than 9%</li> </ul> </li> </ul> <p><b>Medical Record documentation of:</b></p> <ul style="list-style-type: none"> <li>Date and value of most recent HbA1c result during the measurement year.</li> </ul> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Members who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year <b>and</b> who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or year prior to the measurement year.</li> <li>Members receiving palliative care or hospice services during the measurement year.</li> <li>Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.</li> <li>Members 66 of age and older as of 12/31 of the measurement year with frailty <b>and</b> advanced illness.</li> </ul>

FUM – HBD

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>HDO – Use of Opioids at High Dosage</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year.</p> <p><b>Note:</b> A lower rate indicates better performance.</p> <p>The measurement year is 1/1 to 12/31.</p>	Assesses potentially high-risk opioid analgesic prescribing practices.	<p>Members whose average MME was ≥ 90 meet the numerator criteria.</p> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Sickle cell disease</li> <li>• Palliative care</li> <li>• Members in hospice or using hospice services.</li> </ul>
	<b>PRODUCT LINE</b>	
	Commercial, Medicare and Medicaid	

IET

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>IET– Initiation and Engagement of Substance Use Disorder Treatment</b></p> <p><b>Administrative Measure</b></p> <p>New Substance Use Disorder (SUD) episodes that result in treatment initiation and engagement.</p> <p>Ages 13 and older as of the SUD episode date.</p> <p><b>Two rates are reported:</b></p> <p><b>Initiation of SUD Treatment:</b> The percentage of new SUD episodes that result in treatment initiation through inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.</p> <p><b>Engagement of SUD Treatment:</b> The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.</p> <p>The start of the Intake period was updated for MY 2022 to 11/15 of the year prior to the measurement year – 11/14 of the measurement year.</p>	<p><b>Initiation phase</b> – Members will schedule a follow-up visit within 14 days of the SUD diagnosis.</p> <p><b>Continuation phase</b> – Members will have at least two of the following on the day after the initiation encounter through 34 days after the initiation event:</p> <ul style="list-style-type: none"> <li>• Engagement visit.</li> <li>• Engagement medication treatment event.</li> </ul> <p><b>Note:</b> If a member is non-compliant with Initiation within 14 days the member is then non-compliant for both Initiation and Engagement.</p>	<p><b>Claims:</b></p> <p>Any of the following with a diagnosis of alcohol abuse and dependence, opioid abuse and dependence or other drug abuse and dependence meet criteria for initiation or an engagement visit:</p> <ul style="list-style-type: none"> <li>• Alcohol abuse and dependence.</li> <li>• Opioid abuse and dependence.</li> <li>• Other drug abuse and dependence (list is not all inclusive, please reach out to your QMC for full list of visits).</li> <li>• An outpatient visit.</li> <li>• Intensive outpatient encounter or partial hospitalization.</li> <li>• A non-residential substance abuse treatment facility visit.</li> <li>• A community mental health center visit.</li> <li>• A telehealth visit.</li> <li>• Substance use disorder service.</li> <li>• An observation visit.</li> <li>• Telephone visit.</li> <li>• E-visit or virtual check-in.</li> <li>• An acute or nonacute inpatient.</li> <li>• Inpatient stay for medically managed withdrawal.</li> <li>• Either of the following meets criteria for a medication treatment event:                             <ul style="list-style-type: none"> <li>– Alcohol use disorder and alcohol use disorder medication treatment dispensing event.</li> <li>– Opioid use disorder medication treatment dispensing event.</li> </ul> </li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> </ul> <p style="text-align: right;"><b>HEDIS Value Set codes can be found in Appendix 7.</b></p>
	<b>PRODUCT LINE</b>	
	Commercial, Marketplace, Medicare and Medicaid	

HDO – IET

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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL																					
<p><b>IMA – Immunizations for Adolescents</b></p> <p><b>Hybrid Measure</b></p> <p>The percentage of adolescents 13 years of age who had the vaccinations listed under the Clinical Goal column.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>By the 13th birthday, members will have received:</p> <ul style="list-style-type: none"> <li>• 1 meningococcal vaccine on or between 11th and 13th birthdays.</li> <li>• 1 Tdap vaccine on or between 10th and 13th birthdays.</li> <li>• 2 or 3 HPV vaccines with different dates of service on or between the member’s 9th and 13th birthdays.</li> </ul> <p>If reporting only 2 vaccines, there must be at least 146 days between the first and second dose of the HPV vaccine.</p> <p><b>Combo 1</b> = Numerator compliant for both meningococcal and Tdap.</p> <p><b>Combo 2</b> = Numerator compliant for all.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Submit a claim for all vaccinations members receive.</li> <li>• Report all Immunizations to the North Carolina Immunization Registry.</li> </ul> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> </ul> <p><b>Medical record documentation of:</b></p> <ul style="list-style-type: none"> <li>• A visit note indicating the name of the specific antigen and the date of the immunization.</li> <li>• A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.</li> </ul> <p><b>Note:</b></p> <p>A member is numerator compliant if:</p> <ul style="list-style-type: none"> <li>• Anaphylaxis due to the meningococcal, tetanus, diphtheria, pertussis or HPV vaccine occurs any time on or before the 13th birthday meets criteria for the measure.</li> <li>• Encephalitis due to the tetanus, diphtheria or pertussis vaccine occurs any time on or before the 13th birthday meets criteria for the measure.</li> </ul> <table border="1" data-bbox="846 997 1544 1375"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Meningococcal Immunization</td> <td>CVX</td> <td>32, 108, 114, 136, 147, 167, 203</td> </tr> <tr> <td>Meningococcal Vaccine Procedure</td> <td>CPT</td> <td>90619, 90733, 90734</td> </tr> <tr> <td>Tdap Immunization</td> <td>CVX</td> <td>115</td> </tr> <tr> <td>Tdap Vaccine Procedure</td> <td>CPT</td> <td>90715</td> </tr> <tr> <td>HPV Immunization</td> <td>CVX</td> <td>62, 118, 137, 165</td> </tr> <tr> <td>HPV Vaccine Procedure</td> <td>CPT</td> <td>90649, 90650, 90651</td> </tr> </tbody> </table>	HEDIS Value Set Name	Code Set	Code	Meningococcal Immunization	CVX	32, 108, 114, 136, 147, 167, 203	Meningococcal Vaccine Procedure	CPT	90619, 90733, 90734	Tdap Immunization	CVX	115	Tdap Vaccine Procedure	CPT	90715	HPV Immunization	CVX	62, 118, 137, 165	HPV Vaccine Procedure	CPT	90649, 90650, 90651
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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL																		
<p><b>KED – Kidney Health Evaluation for Patients with Diabetes</b></p> <p><b>Administrative Measure</b></p> <p>Members 18 – 85 years of age with diabetes (Type 1 and Type 2) who received a kidney health evaluation during the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p><b>Kidney Health Evaluation:</b></p> <p>Member received both an eGFR and a uACR.</p> <ul style="list-style-type: none"> <li>eGFR – Estimated Glomerular Filtration Rate.</li> <li>uACR – at least one defined by either of the following:                             <ul style="list-style-type: none"> <li>Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart.</li> <li>A urine albumin creatinine ratio lab test.</li> </ul> </li> </ul>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim for eGFR.</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>Both a quantitative urine albumin test and a urine creatinine test.</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>Submit a claim for a urine albumin creatinine ratio lab test.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>ESRD</li> <li>Members receiving palliative care or hospice services during the measurement year.</li> <li>Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.</li> <li>Members 66 years of age and older as of 12/31 of the measurement year with frailty <b>and</b> advanced illness.</li> <li>Members 81 years of age and older as of 12/31 of the measurement year with frailty during the measurement year.</li> <li>Members who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or year prior to the measurement year.</li> </ul>																		
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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL															
<p><b>LBP – Use of Imaging Studies for Low Back Pain</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members 18 – 75 years of age with a primary diagnosis of low back pain who did <b>NOT</b> have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</p> <p><b>The Intake Period:</b> 1/1 to 12/3 of the measurement year.</p> <p>This measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain.</p>	<p>Members 18 – 75 years will <b>NOT</b> receive imaging studies within 28 days of the initial diagnosis of low back pain. <b>This includes a plain X-ray.</b></p> <p><b>Note:</b> Consider referral for physical therapy evaluation before X-rays are ordered.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim with a code for low back pain with <b>first symptom</b> of low back pain.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions*:</b></p> <ul style="list-style-type: none"> <li>Cancer or a history of cancer</li> <li>Fragility fracture</li> <li>HIV</li> <li>Hospice</li> <li>IV drug abuse</li> <li>Lumbar surgery</li> <li>Major organ transplant</li> <li>Neurologic impairment</li> <li>Osteoporosis</li> <li>Palliative care</li> <li>Prolonged use of Corticosteroids</li> <li>Recent trauma</li> <li>Spinal infection</li> <li>Spondylopathy</li> </ul> <p>* Please see specification for the time frame for an exclusion.</p>															
	<p align="center"><b>PRODUCT LINE</b></p> <p>Commercial, Marketplace, Medicaid and Medicare</p>	<table border="1"> <thead> <tr> <th data-bbox="846 924 1008 989">HEDIS Value Set Name</th> <th data-bbox="1013 924 1094 989">Code Set</th> <th data-bbox="1099 924 1393 989">Code</th> <th data-bbox="1398 924 1546 989">Comments</th> </tr> </thead> <tbody> <tr> <td data-bbox="846 995 1008 1209">Imaging Study</td> <td data-bbox="1013 995 1094 1209">CPT</td> <td data-bbox="1099 995 1393 1209">72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220, 72040, 72050, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72125, 72126, 72127, 72128, 72129, 72130, 72157</td> <td data-bbox="1398 995 1546 1209">Must be used along with a diagnosis of uncomplicated low back pain</td> </tr> <tr> <td data-bbox="846 1215 1008 1890">Uncomplicated Low Back Pain</td> <td data-bbox="1013 1215 1094 1890">ICD10CM</td> <td data-bbox="1099 1215 1393 1890">M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS</td> <td data-bbox="1398 1215 1546 1890">Must be used along with an imaging study</td> </tr> </tbody> </table>				HEDIS Value Set Name	Code Set	Code	Comments	Imaging Study	CPT	72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220, 72040, 72050, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72125, 72126, 72127, 72128, 72129, 72130, 72157	Must be used along with a diagnosis of uncomplicated low back pain	Uncomplicated Low Back Pain	ICD10CM	M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS	Must be used along with an imaging study
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<p><b>OMW – Osteoporosis Management in Women Who Had a Fracture</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of women 67 – 85 years of age who suffered a fracture and had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.</p> <p><b>The Intake Period:</b> 7/1 of the prior year to 6/30 of the measurement year.</p>	<p>Members 67 – 85 years of age, who had a fracture, will have a BMD test or a prescription for a drug to treat osteoporosis within 6 months of the date of fracture.</p> <p><b>Note:</b> Consider BMD testing every 2 years in this age group.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Receipt of a claim for BMD testing within 6 months of a fracture.</li> <li>• Receipt of a claim for medication to treat osteoporosis within 6 months of the fracture.</li> </ul> <p><b>Medical Record documentation:</b></p> <ul style="list-style-type: none"> <li>• A visit note with evidence of BMD test in the appropriate timeframe.</li> <li>• A visit note with evidence of fill or dispense date of medication given within the appropriate timeframe.</li> </ul> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members who have had a bone density test during the 24 months prior to the fracture.</li> <li>• Members who during the 12 months prior to the fracture received a dispensed prescription or had an active prescription to treat osteoporosis.</li> <li>• Members who had a claim / encounter for osteoporosis therapy in the 12 months prior to the fracture.</li> <li>• Members receiving palliative care or hospice services during the measurement year.</li> <li>• Medicare members 67 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.</li> <li>• Members 67 – 80 years of age and older as of 12/31 of the measurement year with frailty and advanced illness.</li> <li>• Members 81 years of age and older as of 12/31 of the measurement year with frailty.</li> </ul> <table border="1" data-bbox="846 1129 1544 1444"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Bone Mineral Density Tests</td> <td>CPT</td> <td>76977, 77078, 77080, 77081, 77085, 77086</td> </tr> <tr> <td>Long-Acting Osteoporosis Medications</td> <td>HCPCS</td> <td>J0897, J1740, J3489</td> </tr> <tr> <td>Osteoporosis Medication Therapy</td> <td>HCPCS</td> <td>J0897, J1740, J3110, J3111, J3489</td> </tr> </tbody> </table>	HEDIS Value Set Name	Code Set	Code	Bone Mineral Density Tests	CPT	76977, 77078, 77080, 77081, 77085, 77086	Long-Acting Osteoporosis Medications	HCPCS	J0897, J1740, J3489	Osteoporosis Medication Therapy	HCPCS	J0897, J1740, J3110, J3111, J3489
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<b>PRODUCT LINE</b>	<p>DSNP and Medicare</p>													



HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL								
<p><b>OSW – Osteoporosis Screening in Older Women</b></p> <p><b>Administrative Measure</b></p> <p>Women 65 – 75 years of age who received osteoporosis screening.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>One or more osteoporosis screening tests on or between the member’s 65th birthday and 12/31 of the measurement year.</p> <hr/> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Medicare</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim for osteoporosis screening.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Osteoporosis therapy.</li> <li>A prescription to treat osteoporosis any time on or between 1/1 three years prior to the measurement year through 12/31 of the year prior to the measurement year.</li> <li>Members receiving palliative care or hospice services during the measurement year..</li> <li>Members 66 years of age and older as of 12/31 of the measurement year with frailty <b>and</b> advanced illness.</li> </ul> <table border="1" data-bbox="846 625 1546 751"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Osteoporosis Screening Tests</td> <td>CPT</td> <td>76977, 77078, 77080, 77081, 77085</td> </tr> </tbody> </table>			HEDIS Value Set Name	Code Set	Code	Osteoporosis Screening Tests	CPT	76977, 77078, 77080, 77081, 77085
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Osteoporosis Screening Tests	CPT	76977, 77078, 77080, 77081, 77085								

PBH

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL																	
<p><b>PBH – Persistence of Beta-Blocker Treatment After a Heart Attack</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members 18 years of age and older who were hospitalized and discharged with a diagnosis of AMI and who remained on beta-blocker treatment for six months after discharge.</p> <p><b>The Intake Period:</b> 7/1 of the prior year to 6/30 of the measurement year.</p>	<p>Members 18 years of age and older with a new diagnosis of AMI will remain on beta-blocker treatment for six months after the hospital discharge.</p> <p><b>Note:</b> Consider 90 day supply or refills x 6 if appropriate.</p> <hr/> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Commercial, DSNP, Medicare and Medicaid</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Receipt of pharmacy claims for 180-day supply of a beta blocker medication.</li> <li>At least 135 days of treatment with beta-blockers during the 180-day measurement interval.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p>A medication dispensing event indicative of history of asthma.</p> <p><b>Asthma Exclusion Medications:</b></p> <table border="1" data-bbox="683 1213 1541 1438"> <thead> <tr> <th>Description</th> <th colspan="2">Prescription</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Bronchodilator combinations</td> <td>Budesonide-formoterol</td> <td>Fluticasone-salmeterol</td> </tr> <tr> <td>Fluticasone-vilanterol</td> <td>Formoterol-mometasone</td> </tr> <tr> <td rowspan="3">Inhaled corticosteroids</td> <td>Beclomethasone</td> <td>Flunisolide</td> </tr> <tr> <td>Budesonide</td> <td>Fluticasone</td> </tr> <tr> <td>Ciclesonide</td> <td>Mometasone</td> </tr> </tbody> </table> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Asthma</li> <li>Hypotension</li> <li>Heartblock &gt; 1 degree</li> <li>Sinus bradycardia</li> <li>COPD</li> <li>Chronic respiratory due to inhaled fumes / vapors</li> <li>Intolerance or allergy to beta-blocker therapy</li> <li>Members in hospice or using hospice services anytime during the measurement year.</li> <li>Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.</li> <li>Members 66 – 80 years of age and older as of 12/31 of the measurement year with frailty <b>and</b> advanced illness.</li> <li>Members 81 years of age and older as of 12/31 of the measurement year with frailty.</li> </ul>			Description	Prescription		Bronchodilator combinations	Budesonide-formoterol	Fluticasone-salmeterol	Fluticasone-vilanterol	Formoterol-mometasone	Inhaled corticosteroids	Beclomethasone	Flunisolide	Budesonide	Fluticasone	Ciclesonide	Mometasone
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OSW – PBH

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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>PCE – Pharmacotherapy Management of COPD Exacerbation</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit and were dispensed appropriate medications.</p> <p><b>Two rates are reported:</b></p> <ol style="list-style-type: none"> <li>1. Systemic corticosteroid dispensed within 14 days of discharge date.</li> <li>2. Bronchodilator dispensed on or within 30 days of discharge date.</li> </ol> <p><b>The Intake Period:</b> 1/1 to 11/30 of the measurement year.</p>	<p>Assess if member was given appropriate medication prescription at the time of discharge</p> <p style="text-align: center;"><b>AND</b></p> <p>has filled the prescription</p> <p style="text-align: center;"><b>AND</b></p> <p>is taking medications as prescribed.</p> <p>Prescribe appropriate systemic corticosteroid within 14 days of the discharge date and bronchodilator within 30 days of discharge <b>IF</b> member was not given prescription at the time of discharge.</p> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Commercial, DSNP, Medicare and Medicaid</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Receipt of pharmacy claims:                             <ul style="list-style-type: none"> <li>– For a systemic corticosteroid within 14 days of date of discharge and a bronchodilator within 30 days from inpatient stay or ER visit.</li> </ul> </li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>– An adequate supply of either medication for treatment after discharge from ER or Acute Inpatient stay.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> </ul>

PCR

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>PCR – Plan All-Cause Readmissions</b></p> <p>For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.</p> <p><b>Note:</b> For Commercial and Medicaid, report only members 18 – 64 years of age.</p> <p><b>Event / diagnosis date:</b> 1/1 to 12/1 of the measurement year.</p>	<p>Members will not have unnecessary / avoidable readmissions.</p> <p>This is a risk adjusted measure that calculates 30 day readmission rates utilizing the following components:</p> <ul style="list-style-type: none"> <li>• Number of discharges – denominator</li> <li>• Number of 30-day readmissions – numerator</li> <li>• Rate = (numerator / expected number of readmissions)</li> <li>• Global rate</li> <li>• Expected readmission probability is calculated with each discharge</li> </ul> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Commercial, DSNP, Marketplace, Medicare and Medicaid</p>	<p><b>This is a risk-adjusted utilization measure.</b></p> <p><b>Medical record documentation is not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice are excluded from the eligible population.</li> </ul> <p><b>Exclude acute hospitalizations for the following reasons:</b></p> <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• A principle diagnosis for a perinatal condition originating in the perinatal period, on the discharge claim.</li> <li>• Planned admission; chemotherapy, rehabilitation, an organ transplant or a potentially planned procedure without an acute diagnosis.</li> <li>• Outliers:                             <ul style="list-style-type: none"> <li>– MA member with 4 or more readmissions.</li> <li>– Commercial member with 3 or more readmissions.</li> </ul> </li> </ul> <p><b>Tips for success:</b></p> <p><i>Ensure proper HCC coding on all members. Having members coded to the highest specificity will help capture the complexity of a member.</i></p>

PCE – PCR

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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>POD – Pharmacotherapy for Opioid Use Disorder</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of Opioid Use Disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.</p> <p><b>The Intake Period:</b> 7/1 of the prior year to 6/30 of the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Members will have OUD pharmacotherapy for 180 or more days without a gap in treatment of 8 or more consecutive days.</p> <hr/> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Commercial, Medicare and Medicaid</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Receipt of pharmacy claims during the treatment period.</li> </ul> <p><b>Medical record documentation is not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services any time during the measurement year.</li> </ul>

PPC

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>PPC – Prenatal and Postpartum Care</b></p> <p><b>Hybrid Measure</b></p> <p><b>Timeliness of Prenatal Care</b> The percentage of deliveries that received a prenatal visit in the first trimester.</p> <p><b>Postpartum Care</b> The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</p> <p><b>The Intake Period:</b> 10/8 of the prior year to 10/7 of the measurement year.</p>	<p>Members will receive a prenatal visit in the first trimester of pregnancy (or within 42 days of enrollment in Blue Cross NC plan).</p> <p>Members will receive a postpartum visit with their provider between day 7 and day 84 postpartum.</p> <hr/> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>Commercial, Marketplace and Medicaid</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Submit claim for prenatal and postpartum visit with appropriate coding.</li> <li>• <b>For Global Billing</b> – You <b>must</b> submit an additional claim with the dates of the prenatal and postpartum visits. Refer to Corporate Reimbursement Policy.</li> </ul> <p><b>Medical record documentation:</b></p> <ul style="list-style-type: none"> <li>• Date service rendered</li> <li>• Service rendered</li> <li>• EDC or LMP</li> <li>• Date of Delivery</li> </ul> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> </ul> <p style="text-align: right; color: red;">HEDIS Value Set codes can be found in Appendix 7.</p>

POD – PPC

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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL															
<p><b>PRS-E – Prenatal Immunization Status</b></p> <p><b>ECDS Measure</b></p> <p>The percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.</p> <p>The denominator for this measure is based on deliveries, not on members.</p> <p><b>Intake Period:</b> 28 days prior to the delivery date through the delivery date.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Members who have deliveries will receive influenza, tetanus, diphtheria toxoids and acellular vaccinations.</p>	<p><b>Receipt of Claims for the following:</b></p> <p><b>Influenza:</b></p> <ul style="list-style-type: none"> <li>• Deliveries where members received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date, or</li> <li>• Deliveries where members had anaphylaxis due to the influenza vaccine on or before the delivery date.</li> </ul> <p><b>Tdap:</b></p> <ul style="list-style-type: none"> <li>• Deliveries where members received at least one Tdap vaccine during the pregnancy, or</li> <li>• Deliveries where members had any of the following:                             <ul style="list-style-type: none"> <li>– Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date.</li> <li>– Encephalitis due to the diphtheria, tetanus, or pertussis vaccine on or before the delivery date.</li> </ul> </li> </ul> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Deliveries that occurred at less than 37 weeks gestation.</li> <li>• Deliveries in which members were in hospice or using hospice services any time during the measurement year.</li> </ul> <table border="1" data-bbox="846 894 1544 1255"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Adult Influenza Immunization</td> <td>CVX</td> <td>88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205</td> </tr> <tr> <td>Adult Influenza Vaccine Procedure</td> <td>CPT</td> <td>90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756</td> </tr> <tr> <td>Tdap Immunization</td> <td>CVX</td> <td>115</td> </tr> <tr> <td>Tdap Vaccine Procedure</td> <td>CPT</td> <td>90715</td> </tr> </tbody> </table>	HEDIS Value Set Name	Code Set	Code	Adult Influenza Immunization	CVX	88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205	Adult Influenza Vaccine Procedure	CPT	90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756	Tdap Immunization	CVX	115	Tdap Vaccine Procedure	CPT	90715
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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>SAA – Adherence to Antipsychotic Medications for Individuals with Schizophrenia</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</p>	<p>Members will achieve 80% adherence for their antipsychotic medications during the measurement year.</p> <p><b>Adherence defined as:</b> A proportion of days covered (PDC) at 80% or over for antipsychotic medication(s) during the measurement period.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year.</li> </ul> <p><b>Medical record documentation is not applicable.</b></p> <p><b>Required Exclusions:</b> Exclude members who met any of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>A diagnosis of dementia</li> <li><b>Did not</b> have at least two antipsychotic medication dispensing events. There are two ways to identify dispensing events: by claim / encounter data and by pharmacy data. The organization must use both methods to identify dispensing events, but an event need only be identified by one method to be counted.                             <ul style="list-style-type: none"> <li><b>Claim/encounter data.</b> An antipsychotic medication</li> <li><b>Pharmacy data.</b> Dispensed an antipsychotic medication.</li> </ul> </li> <li>Members in hospice or using hospice services any time during the measurement year.</li> <li>Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.</li> <li>Members 66 years of age and older as of 12/31 of the measurement year with frailty and advanced illness.</li> <li>Members 81 years of age and older as of 12/31 of the measurement year with frailty during the measurement year.</li> </ul>
	<b>PRODUCT LINE</b>	
	Commercial, Medicare and Medicaid	

SPC

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>SPC – Statin Therapy for Patients With Cardiovascular Disease</b></p> <p><b>Administrative Measure</b></p> <p>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:</p> <p><b>Two rates are reported:</b> <b>Received Statin Therapy:</b> Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. <b>Statin Adherence 80%*:</b> Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</p> <p>The measurement year is 1/1 to 12/31.</p> <p>*Adherence is not applicable to Medicare</p>	<p>Members identified as having clinical atherosclerotic cardiovascular disease (ASCVD) will be prescribed and then maintain 80% adherence on a statin medication.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Receipt of pharmacy claims for a high intensity or moderate intensity statin medication during the measurement year.</li> <li>Receipt of pharmacy claims for high intensity or moderate intensity statin medication throughout the measurement year that will total 80% compliance.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Pregnancy diagnosis in the measurement year or the year prior.</li> <li>IVF – in the measurement year or the year prior.</li> <li>ESRD in the measurement year or the year prior.</li> <li>Dispensed at least one prescription for clomiphene in the measurement year or the year prior.</li> <li>Cirrhosis in the measurement year or the year prior.</li> <li>Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.</li> <li>Members receiving palliative care or hospice services during the measurement year.</li> <li>Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.</li> <li>Members 66 years of age and older as of 12/31 of the measurement year with frailty and advanced illness.</li> </ul>
	<b>PRODUCT LINE</b>	
	Commercial, Medicare and Medicaid	

SAA – SPC

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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>SPD – Statin Therapy for Patients With Diabetes</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members 40 – 75 years of age during the measurement year with diabetes but do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:</p> <p><b>Two rates are reported:</b>  <b>Received Statin Therapy:</b>                      Members who were dispensed at least one statin medication of any intensity during the measurement year.</p> <p><b>Statin Adherence 80%:</b>                      Members who remained on a statin medication of any intensity for at least 80% of the treatment period.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Members identified as having diabetes who do not have atherosclerotic cardiovascular disease (ASCVD) will be prescribed and then maintain 80% adherence on a statin medication.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Receipt of pharmacy claims for a statin medication during the measurement year.</li> <li>• Receipt of pharmacy claims for a statin medication throughout the measurement year that will total 80% compliance.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members with cardiovascular disease are identified in 2 ways-event or diagnosis:                             <ul style="list-style-type: none"> <li>– <b>Event</b> – Any of the following during the year prior to the measurement year meet the criteria:                                     <ul style="list-style-type: none"> <li>~ MI, CABG, PCI and Other Revascularization.</li> </ul> </li> <li>– <b>Diagnosis</b> – Members who have Ischemic Vascular Disease (IVD) during both the measurement year and the year prior. A diagnosis of IVD and at least one of the following:                                     <ul style="list-style-type: none"> <li>~ Outpatient visit, telephone visit, e-visit or virtual check-in, acute inpatient encounter, acute inpatient discharge.</li> </ul> </li> </ul> </li> <li>• Members with diagnosis of pregnancy during the measurement year or the year prior.</li> <li>• Dispensed at least one prescription for clomiphene during the measurement year or the year prior.</li> <li>• ESRD diagnosis or dialysis during the measurement year or the year prior.</li> <li>• Cirrhosis during the measurement year or the year prior.</li> <li>• Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.</li> <li>• Palliative care.</li> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> <li>• Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.</li> <li>• Members 66 years of age and older as of 12/31 of the measurement year with frailty <b>and</b> advanced illness.</li> <li>• IVF during the measurement year or year prior to the measurement year.</li> <li>• Members who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid induced diabetes during the measurement year or the year prior to the measurement year.</li> </ul>
	<p><b>PRODUCT LINE</b></p> <p>Commercial, Medicare and Medicaid</p>	

SPR

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL						
<p><b>SPR – Use of Spirometry Testing in the Assessment and Diagnosis of COPD</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.</p> <p><b>The Intake Period:</b> 7/1 of the prior year to 6/30 of the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Members 40 years of age and older with a new or newly active diagnosis of COPD will have spirometry testing completed to confirm the diagnosis.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Submit a claim for spirometry testing on the date of service using appropriate CPT code.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> </ul> <table border="1"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Spirometry</td> <td>CPT</td> <td>94010, 94014, 94015, 94016, 94060, 94070, 94375</td> </tr> </tbody> </table>	HEDIS Value Set Name	Code Set	Code	Spirometry	CPT	94010, 94014, 94015, 94016, 94060, 94070, 94375
	HEDIS Value Set Name		Code Set	Code				
Spirometry	CPT	94010, 94014, 94015, 94016, 94060, 94070, 94375						
<p><b>PRODUCT LINE</b></p> <p>Commercial, DSNP, Medicare and Medicaid</p>								

SPD – SPR

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<b>TRC – Transitions of Care</b>
<b>Hybrid Measure</b> – Members 18 years and older as of December 31 of the measurement year who had each of the following:
Medication Reconciliation Post-Discharge, Notification of Inpatient Admission, Receipt of Discharge Information, and Patient Engagement After Inpatient Admission.
<b>Note:</b> The denominator for this measure is based on discharges, not on members.

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL									
<p><b>TRC – Transitions of Care</b></p> <p><b>MRP – Medication Reconciliation Post-Discharge</b></p> <p><b>Hybrid Measure</b></p> <p>The percentage of discharges for members 18 years of age and older who had documentation of medication reconciliation post-discharge.</p> <p><b>Eligible Population Event –</b> An acute or non-acute inpatient discharge on or between 1/1 and 12/1 of the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Medication reconciliation conducted on the date of discharge through 30 days after discharge (31 total days).</p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li><i>This measure assesses whether medication reconciliation occurred. It does not attempt to assess the quality of the medication list documented in the medical record or the process used to document the most recent medication list in the medical record.</i></li> <li><i>Medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist, registered nurse or physician assistant.</i></li> </ul>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Receipt of claims with a medication reconciliation visit code.</li> </ul> <p><b>Medical Record Documentation:</b></p> <ul style="list-style-type: none"> <li>Documentation of any of the following meet criteria:                             <ul style="list-style-type: none"> <li>The current medications with a notation that the provider reconciled the current and discharge medications.</li> <li>The current medications with a notation that references the discharge medications.</li> <li>The member’s current medications with a notation that the discharge medications were reviewed.</li> <li>A current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.</li> <li>The current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. Evidence that the member was seen for post-discharge hospital follow-up requires documentation that indicates the provider was aware of the member’s hospitalization or discharge.</li> <li>Noted in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).</li> <li>That no medications were prescribed or ordered upon discharge.</li> </ul> </li> </ul> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services anytime during the measurement year.</li> </ul>									
	<b>PRODUCT LINE</b>										
	DSNP and Medicare	<table border="1"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Medication Reconciliation Encounter</td> <td>CPT</td> <td>99483, 99495, 99496</td> </tr> <tr> <td>Medication Reconciliation Intervention</td> <td>CPT-CAT-II</td> <td>1111F</td> </tr> </tbody> </table>	HEDIS Value Set Name	Code Set	Code	Medication Reconciliation Encounter	CPT	99483, 99495, 99496	Medication Reconciliation Intervention	CPT-CAT-II	1111F
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**SPR – TRC**

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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>TRC – Notification of Inpatient Admission</b></p> <p><b>Hybrid Measure</b></p> <p>Documentation of receipt of notification of inpatient admission on the day of admission or through 2 days after the admission (3 total days).</p> <p><b>Eligible Population Event</b> – An acute or non-acute inpatient discharge on or between 1/1 and 12/1 of the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Documentation in the outpatient medical record must include evidence of receipt of notification of inpatient admission on the day of admission through 2 days after admission. The documentation must include evidence of the date when the documentation was received.</p> <hr/> <p><b>PRODUCT LINE</b></p> <p>DSNP and Medicare</p>	<p><b>Medical record documentation, any of the following meet criteria:</b></p> <ul style="list-style-type: none"> <li>• Communication between inpatient providers or staff and the member’s PCP or ongoing care provider.</li> <li>• Communication about admission between emergency department and the member’s PCP or ongoing care provider.</li> <li>• Communication about admission to the member’s PCP or ongoing care provider:                             <ul style="list-style-type: none"> <li>– Through a health information exchange; an automated admission, or discharge and transfer (ADT) alert system.</li> <li>– Through a shared electronic medical record (EMR) system.</li> <li>– From the member’s health plan.</li> </ul> </li> <li>• Indication:                             <ul style="list-style-type: none"> <li>– That the member’s PCP or ongoing care provider admitted the member to the hospital.</li> <li>– That a specialist admitted the member to the hospital and notified the member’s PCP or ongoing care provider.</li> <li>– That the PCP or ongoing care provider placed orders for tests and treatments any time during the member’s inpatient stay.</li> </ul> </li> <li>• Documentation that the PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission.</li> </ul> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or hospice services anytime during the measurement year.</li> </ul>

TRC

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>TRC – Receipt of Discharge Information</b></p> <p><b>Hybrid Measure</b></p> <p>Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).</p> <p><b>Eligible Population Event</b> – An acute or non-acute inpatient discharge on or between 1/1 and 12/1 of the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Documentation in the outpatient medical record must include evidence of receipt of discharge information on the day of discharge through 2 days after the discharge with evidence of the date when the documentation was received.</p> <hr/> <p><b>PRODUCT LINE</b></p> <p>DSNP and Medicare</p>	<p><b>Medical record documentation:</b></p> <p>The discharge information must include <b>all</b> of the following:</p> <ul style="list-style-type: none"> <li>• The practitioner responsible for the member’s care during the inpatient stay.</li> <li>• Procedures or treatment provided.</li> <li>• Diagnoses at discharge.</li> <li>• Current medication list.</li> <li>• Testing results, or documentation of pending tests or no tests pending.</li> <li>• Instructions for patient care post-discharge.</li> </ul> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or hospice services anytime during the measurement year.</li> </ul>

TRC – TRC

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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL																					
<p><b>TRC – Patient Engagement After Inpatient Discharge</b></p> <p><b>Hybrid Measure</b></p> <p>Documentation of patient engagement within 30 days after discharge. Do not include patient engagement that occurred on the date of discharge.</p> <p><b>Eligible Population Event</b> – An acute or non-acute inpatient discharge on or between 1/1 and 12/1 of the measurement year.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p>Patient engagement occurs within 30 days after discharge.</p> <hr/> <p style="text-align: center;"><b>PRODUCT LINE</b></p> <p>DSNP and Medicare</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim for patient engagement after discharge.</li> </ul> <p><b>Medical record documentation, any of the following meet criteria:</b></p> <ul style="list-style-type: none"> <li>An outpatient visit, including office visits and home visits.</li> <li>A telephone visit.</li> <li>A synchronous telehealth visit where real-time interaction occurred between the member and provider using audio and video communication.</li> <li>An e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not real-time, occurred between the member and provider).</li> </ul> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or hospice services anytime during the measurement year.</li> </ul> <table border="1" data-bbox="847 777 1546 1423"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Telephone Visits</td> <td>CPT</td> <td>98966, 98967, 98968, 99441, 99442, 99443</td> </tr> <tr> <td>Online Assessments</td> <td>CPT</td> <td>98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458, 98980, 98981</td> </tr> <tr> <td>Outpatient</td> <td>CPT</td> <td>99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483</td> </tr> <tr> <td>Outpatient</td> <td>HCPCS</td> <td>G0402, G0438, G0439, G0463, T1015</td> </tr> <tr> <td>Transitional Care Management Services</td> <td>CPT</td> <td>99495, 99496</td> </tr> <tr> <td>Online Assessments</td> <td>HCPCS</td> <td>G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252</td> </tr> </tbody> </table>	HEDIS Value Set Name	Code Set	Code	Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443	Online Assessments	CPT	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458, 98980, 98981	Outpatient	CPT	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483	Outpatient	HCPCS	G0402, G0438, G0439, G0463, T1015	Transitional Care Management Services	CPT	99495, 99496	Online Assessments	HCPCS	G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252
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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>UOP – Use of Opioids from Multiple Providers</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, who received opioids from multiple providers.</p> <p><b>Three rates are reported:</b></p> <ol style="list-style-type: none"> <li><b>Multiple Prescribers.</b> The percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.</li> <li><b>Multiple Pharmacies.</b> The percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.</li> <li><b>Multiple Prescribers and Multiple Pharmacies.</b> The percentage of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year.</li> </ol> <p><b>Note:</b> A lower rate indicates better performance.</p> <p><b>Eligible Population Event:</b></p> <p>Identify members who met both of the following criteria during the measurement year:</p> <ul style="list-style-type: none"> <li>At least two or more opioid dispensing events on different dates of service.</li> <li>≥ 15 total days covered by opioids.</li> </ul> <p>The measurement year is 1/1 to 12/31.</p>	<p>Assesses potentially high-risk opioid analgesic prescribing practices.</p>	<p>Members who received opioids from four or more different prescribers and four or more different pharmacies during the measurement year meet numerator compliance.</p> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusion:</b></p> <p>The following opioid medications are excluded from this measure:</p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services any time during the measurement year.</li> </ul>
	<p><b>PRODUCT LINE</b></p> <p>Commercial, Medicare and Medicaid</p>	

URI

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>URI – Appropriate Treatment for Upper Respiratory Infection</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did <b>NOT</b> result in an antibiotic dispensing event.</p> <p><b>The Intake Period:</b> 7/1 of the prior year to 6/30 of the measurement year.</p>	<p>Antibiotics will <b>NOT</b> be prescribed to members who are diagnosed with URI only.</p> <p>If there is another diagnosis which requires antibiotic treatment, include the coding information on the claim.</p> <p>This measure is reported as an inverted rate. A higher score indicates appropriate URI treatment.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim for all additional competing diagnoses requiring antibiotic therapy on or within 3 days after the date of claim for URI.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services anytime during the measurement year.</li> </ul>
	<p><b>PRODUCT LINE</b></p> <p>Commercial, Marketplace, Medicare and Medicaid</p>	

UOP – URI

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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL												
<p><b>W30 – Well-Child Visits in the First 30 Months of Life (Revised Measure Name from W15)</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members who had the following number of well-child visits with a PCP during the last 15 months.</p> <p><b>Two rates are reported:</b></p> <p><b>Well-Child Visits in the First 15 Months:</b></p> <p>Children who turned 15 months old during the measurement year:</p> <ul style="list-style-type: none"> <li>Six or more well-child visits.</li> </ul> <p><b>Well-Child Visits for Age 15 Months – 30 Months:</b></p> <p>Children who turned 30 months old during the measurement year:</p> <ul style="list-style-type: none"> <li>Two or more well-child visits.</li> </ul> <p>The measurement year is 1/1 to 12/31.</p> <p><b>Note:</b> All events must be 14 days apart.</p>	<p>Children should have 6 or more well-child visits during the first 15 months of life.</p> <p>Children who turn 30 months old during the measurement year should have 2 or more well-child visits between 15 and 30 months.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim for all member visits with proper coding for the visit service.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services anytime during the measurement year.</li> </ul> <table border="1"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Well-Care</td> <td>CPT</td> <td>99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461</td> </tr> <tr> <td>Well-Care</td> <td>HCPCS</td> <td>G0438, G0439, S0302, S0610, S0612, S0613</td> </tr> <tr> <td>Well-Care</td> <td>ICD10CM</td> <td>Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2</td> </tr> </tbody> </table> <p>Refer to the AAP’s Bright Futures website for more information about well-child visits (<a href="https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/">https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/</a>).</p>	HEDIS Value Set Name	Code Set	Code	Well-Care	CPT	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	Well-Care	HCPCS	G0438, G0439, S0302, S0610, S0612, S0613	Well-Care	ICD10CM	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
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	<p><b>PRODUCT LINE</b></p> <p>Commercial, Marketplace and Medicaid</p>													

WCC

<b>WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</b>
<b>Hybrid Measure</b>
The <b>percentage</b> of members 3 – 17 years of age who had an outpatient visit with a PCP or OB/GYN and had the following during the measurement year (1/1 to 12/31):

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL									
<p><b>WCC – BMI Percentile documentation</b></p>	<p>Members ages 3 – 17 will be assessed for height, weight, and BMI percentile during the measurement year.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim including the appropriate code.</li> </ul> <p><b>Medical record documentation of:</b></p> <ul style="list-style-type: none"> <li>Height, Weight and <b>BMI percentile</b> or <b>BMI percentile plotted on age-growth chart</b> during the measurement year. The height, weight and BMI percentile must be from the same data source.</li> </ul> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services anytime during the measurement year.</li> <li>Members who have a diagnosis of pregnancy.</li> </ul> <p><b>Note:</b></p> <p><i>Member-collected biometric values (height, weight, BMI percentile) are eligible for use in reporting. They must be collected by a PCP or specialist, the information must be recorded, dated and maintained in the member’s legal health record.</i></p> <table border="1"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>BMI Percentile</td> <td>ICD10M</td> <td>Z68.51, Z68.52, Z68.53, Z68.54</td> </tr> <tr> <td>BMI Percentile</td> <td>LOINC</td> <td>59574-4, 59575-1, 59576-9</td> </tr> </tbody> </table>	HEDIS Value Set Name	Code Set	Code	BMI Percentile	ICD10M	Z68.51, Z68.52, Z68.53, Z68.54	BMI Percentile	LOINC	59574-4, 59575-1, 59576-9
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	<p><b>PRODUCT LINE</b></p> <p>Commercial, Marketplace and Medicaid</p>										

W30 – WCC

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HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL												
<p><b>WCC – Counseling for Nutrition</b></p> <p>Documentation of counseling for nutrition or referral for nutrition education during the measurement year.</p>	<p>Members ages 3 – 17 will be counseled on nutrition during the measurement year.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>• Submit a claim with the appropriate code:</li> </ul> <p><b>Medical record documentation of:</b></p> <ul style="list-style-type: none"> <li>• A note indicating the date of service and at least one of the following:                             <ul style="list-style-type: none"> <li>– Discussion of current nutrition behaviors.</li> <li>– Checklist indicating nutrition was address.</li> <li>– Educational materials on nutrition given to the member during face to face visits.</li> <li>– Anticipatory guidance for nutrition.</li> <li>– Counseling or referral for nutrition education.</li> <li>– Weight or obesity counseling.</li> <li>– Referral to WIC.</li> </ul> </li> </ul> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> <li>• Members who have a diagnosis of pregnancy.</li> </ul> <table border="1" data-bbox="722 840 1542 1050"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Nutrition Counseling</td> <td>CPT</td> <td>97802, 97803, 97804</td> </tr> <tr> <td>BMI Percentile</td> <td>HCPCS</td> <td>G0270, G0271, G0447, S9449, S9452, S9470</td> </tr> <tr> <td>BMI Percentile</td> <td>ICD10M</td> <td>Z71.3</td> </tr> </tbody> </table>	HEDIS Value Set Name	Code Set	Code	Nutrition Counseling	CPT	97802, 97803, 97804	BMI Percentile	HCPCS	G0270, G0271, G0447, S9449, S9452, S9470	BMI Percentile	ICD10M	Z71.3
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<p><b>PRODUCT LINE</b></p> <p>Commercial, Marketplace and Medicaid</p>														

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL								
<p><b>WCC – Counseling for Physical Activity</b></p> <p>Documentation of counseling for physical activity or referral for physical activity during the measurement year.</p>	Members ages 3 – 17 will be counseled on physical activity during the measurement year.	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim with the appropriate code if applicable:</li> </ul> <p><b>Medical record documentation of:</b></p> <ul style="list-style-type: none"> <li>A note indicating the date of service and at least one of the following:                             <ul style="list-style-type: none"> <li>Discussion of current physical activity.</li> <li>Checklist indicating physical activity was addressed.</li> <li>Counseling or referral for physical activity.</li> <li>Member received educational materials on physical activity during a face-to-face visit.</li> <li>Anticipatory guidance for physical activity.</li> <li>Weight or obesity counseling.</li> </ul> </li> </ul> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services anytime during the measurement year.</li> <li>Members who have a diagnosis of pregnancy.</li> </ul>								
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WCV

HEDIS® QUALITY MEASURE	CLINICAL GOAL	CRITERIA TO MEET THE GOAL											
<p><b>WCV – Child and Adolescent Well-Care Visits</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of members 3 – 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p> <p>Measure includes 3 age stratifications and total rate:</p> <ul style="list-style-type: none"> <li>3 – 11 years</li> <li>12 – 17 years</li> <li>18 – 21 years</li> </ul> <p>The measurement year is 1/1 to 12/31.</p>	Members 3 – 21 years of age will have at least one well-care visit during the measurement year. The visit must occur with a PCP or and OB/GYN practitioner but the practitioner does not have to be the practitioner assigned to the member.	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Submit a claim for all member visits with proper coding for the visit service.</li> </ul> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusion:</b></p> <ul style="list-style-type: none"> <li>Members in hospice or using hospice services anytime during the measurement year.</li> </ul>											
	<p><b>PRODUCT LINE</b></p> <p>Commercial, Marketplace and Medicaid</p>		<table border="1"> <thead> <tr> <th>HEDIS Value Set Name</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Well-Care</td> <td>CPT</td> <td>99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461</td> </tr> <tr> <td>Well-Care</td> <td>HCPCS</td> <td>G0438, G0439, S0302, S0610, S0612, S0613</td> </tr> <tr> <td>Well-Care</td> <td>ICD10CM</td> <td>Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2</td> </tr> </tbody> </table> <p>Refer to the AAP’s Bright Futures website for more information about well-child visits (<a href="https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/">https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/</a>).</p>	HEDIS Value Set Name	Code Set	Code	Well-Care	CPT	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	Well-Care	HCPCS	G0438, G0439, S0302, S0610, S0612, S0613	Well-Care
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WCC – WCV

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA’s *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

MEDICARE PART D PHARMACY MEASURES	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>Medication Adherence for Cholesterol (Statins)</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy for statin cholesterol medications during the measurement period.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p><b>CONSIDER</b></p> <p>90-day supply of medication. Medication synchronization. Cost savings by using preferred retail or mail order pharmacy.</p> <p><b>EDUCATE</b> member regarding medication compliance and risk factors.</p> <p><b>ASSESS</b> compliance and remove barriers to compliance.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year.</li> </ul> <p><b>There is no reporting required from the provider.</b></p> <p><b>Medical record documentation not applicable.</b></p> <p><b>Adherence defined as:</b> A proportion of days covered (PDC) at <b>80%</b> or over for statin cholesterol medication(s) during the measurement period.</p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Hospice enrollment.</li> <li>ESRD diagnosis.</li> <li>Dialysis coverage dates.</li> </ul>

MEDICARE PART D PHARMACY MEASURES	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>Medication Adherence for Hypertension (RAS antagonists)</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy for Renin Angiotensin System (RAS) antagonists: Angiotensin Converting Enzyme Inhibitor (ACEI), Angiotensin Receptor Blocker (ARB), or direct renin inhibitor medications.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p><b>CONSIDER</b></p> <p>90-day supply of medication. Medication synchronization. Cost savings by using preferred retail or mail order pharmacy.</p> <p><b>EDUCATE</b> member regarding medication compliance and risk factors.</p> <p><b>ASSESS</b> compliance and remove barriers to compliance.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year.</li> </ul> <p><b>There is no reporting required from the provider.</b></p> <p><b>Medical record documentation not applicable.</b></p> <p><b>Adherence defined as:</b> A proportion of days covered (PDC) at <b>80%</b> or higher for RAS antagonist medications during the measurement period.</p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Hospice enrollment.</li> <li>ESRD diagnosis or dialysis coverage dates.</li> <li>One or more prescriptions for sacubitril / valsartan.</li> </ul>

## Medicare Part D Pharmacy



MEDICARE PART D PHARMACY MEASURES	CLINICAL GOAL	CRITERIA TO MEET THE GOAL
<p><b>Medication Adherence for Diabetes Medications</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy across classes of diabetes medications: biguanides, sulfonylureas, thiazolidinediones, DiPeptidyl Peptidase (DDP)-4 inhibitors, GLP-1 receptor agonists, meglitinides, and sodium glucose cotransporter 2 (SGLT2) inhibitors.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p><b>CONSIDER</b></p> <p>90-day supply of medication. Medication synchronization. Cost savings by using preferred retail or mail order pharmacy.</p> <p><b>EDUCATE</b> member regarding medication compliance and risk factors.</p> <p><b>ASSESS</b> compliance and remove barriers to compliance.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year.</li> </ul> <p><b>There is no reporting required from the provider.</b></p> <p><b>Medical record documentation not applicable.</b></p> <p><b>Adherence defined as:</b> A proportion of days covered (PDC) at <b>80%</b> or higher across the classes of diabetes medications.</p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>One or more prescriptions for insulin.</li> <li>Hospice enrollment.</li> <li>ESRD diagnosis or dialysis coverage dates.</li> </ul>

MEDICARE PART D PHARMACY MEASURES	CLINICAL GOAL	CRITERIA TO MEET THE GOAL																					
<p><b>Statin Use in Persons with Diabetes (SUPD)</b></p> <p><b>Administrative Measure</b></p> <p>The percentage of Medicare Part D beneficiaries between 40 and 75 years old who received at least two diabetes medication fills and also received a statin medication during the measurement period.</p> <p>The measurement year is 1/1 to 12/31.</p>	<p><b>CONSIDER</b></p> <p>90-day supply of medication. Medication synchronization. Cost savings by using preferred retail or mail order pharmacy.</p> <p><b>EDUCATE</b> member regarding medication compliance and risk factors.</p> <p><b>ASSESS</b> compliance and remove barriers to compliance.</p>	<p><b>Claims:</b></p> <ul style="list-style-type: none"> <li>Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year.</li> </ul> <p><b>There is no reporting required from the provider.</b></p> <p><b>Medical record documentation not applicable.</b></p> <p><b>Required Exclusions:</b></p> <ul style="list-style-type: none"> <li>Hospice enrollment.</li> </ul> <p><b>SUPD – Statin Therapy for Persons with Diabetes*</b></p> <table border="1" data-bbox="993 1373 1542 1871"> <thead> <tr> <th>Exclusion</th> <th>Code Set</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>Rhabdomyolysis or myopathy</td> <td>ICD10CM</td> <td>G72.0, G72.89, G72.9, M60.80, M60.9, M62.82, etc.</td> </tr> <tr> <td>Pre-diabetes</td> <td>ICD10CM</td> <td>R73.03, R73.09</td> </tr> <tr> <td>Cirrhosis</td> <td>ICD10CM</td> <td>K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69</td> </tr> <tr> <td>Currently pregnant, breast-feeding, or of child-bearing age</td> <td>ICD10CM</td> <td>O91.03, O92.03, Z39.1, O00.111, etc.</td> </tr> <tr> <td>Polycystic ovary syndrome (PCOS)</td> <td>ICD10CM</td> <td>E28.2</td> </tr> <tr> <td>ESRD</td> <td>ICD10CM</td> <td>I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2</td> </tr> </tbody> </table> <p>*Please contact your QMC for a complete list of exclusion codes.</p>	Exclusion	Code Set	Code	Rhabdomyolysis or myopathy	ICD10CM	G72.0, G72.89, G72.9, M60.80, M60.9, M62.82, etc.	Pre-diabetes	ICD10CM	R73.03, R73.09	Cirrhosis	ICD10CM	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69	Currently pregnant, breast-feeding, or of child-bearing age	ICD10CM	O91.03, O92.03, Z39.1, O00.111, etc.	Polycystic ovary syndrome (PCOS)	ICD10CM	E28.2	ESRD	ICD10CM	I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2
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## Medicare Part D Pharmacy

## APPENDIX 1

### BMI CODE CHART

#### ICD-10-CM CODES FOR WCC AGES 3 – 17 PER HEDIS SPECIFICATIONS

<b>Z68.51</b>	Body mass index (BMI) pediatric, less than 5th percentile for age
<b>Z68.52</b>	Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age
<b>Z68.53</b>	Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age
<b>Z68.54</b>	Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age

## APPENDIX 2

### MEASURES THAT CAN ACCEPT MEDICAL RECORDS FOR CARE GAP CLOSURE

MEASURE ABBREVIATION	MEASURE NAME
CCS	Cervical Cancer Screening
CHL	Chlamydia Screening in Women
CIS	Childhood Immunization Status
COL	Colorectal Cancer Screening
EED	Eye Exam for Patients with Diabetes
HBD	Hemoglobin A1c Control for Patients with Diabetes
IMA	Immunizations for Adolescents
TRC	Transitions of Care – MRP
OMW	Osteoporosis Management in Women Who Had a Fracture
PPC – Prenatal	Timeliness of Prenatal Care
PPC – Postpartum	Postpartum Care
WCC – BMI	Weight Assessment and Counseling for Nutrition and Physical Activity in Children and Adolescents – BMI Percentile
WCC – Nutrition	Weight Assessment and Counseling for Nutrition and Physical Activity in Children and Adolescents – Nutrition
WCC – Physical Activity	Weight Assessment and Counseling for Nutrition and Physical Activity in Children and Adolescents – Physical Activity

### APPENDIX 1 and APPENDIX 2

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

## MEASURES USED IN OVERALL MEDICARE STAR RATINGS

The Centers for Medicare and Medicaid Services (CMS) uses a five-star quality rating system to promote improvement in quality. The following weighted measures are utilized when calculating an overall Medicare Star Rating:

MEASURE	WEIGHT
Medication Adherence for Cholesterol (Statins)	3
Medication Adherence for Hypertension (RAS Antagonists)	3
Medication Adherence for Diabetes Medications	3
HBD Poor Control > 9%	3
CBP – Controlling High Blood Pressure	3
PCR – Plan All-Cause Readmissions	3
OMW – Osteoporosis Management	1
COL – Colorectal Cancer Screening	1
FMC – Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	1
EED – Eye Exam	1
TRC – Transitions of Care	1
SPC – Statin Therapy for Patients with Cardiovascular Disease	1
SUPD – Statin Use in Persons with Diabetes	1
BCS-E -Breast Cancer Screening	1

# APPENDIX 4

## CAHPS AND MEDICARE HOS INFORMATION

### CAHPS (Consumer Assessment of Healthcare Providers and Systems) Survey: Evaluating the Patient’s Experience

The CAHPS® survey evaluates the consumer’s perspective of the quality of health services provided by Commercial, Medicare Advantage and Part D programs.

**Below are some tips to addressing the CAHPS-specific patient experience factors:**

- Be familiar with the questions patients are being asked on the member survey.
- Blue Cross and Blue Shield of North Carolina (Blue Cross NC) has changed the benefit for payment of the Medicare Advantage Annual Wellness Visit from once every 12 months to once per benefit year. This reconfiguration took effect January 1, 2021 and will remain in place until further notice.
- Encourage patients to get a flu shot each year.
- Understand patients’ costs for prescribed drugs based on their plan formulary.
- Follow up with patients promptly regarding test results, regardless of whether the results require additional care.
- Prioritize timely appointment scheduling, for both routine and specialty care.

### Medicare Health Outcomes Survey (HOS) 101: For Providers

The HOS member survey assesses the physical and mental health of patients over a two year period. Responses to this survey contribute to the plan’s overall Star Rating. Many of the survey questions ask the patient if they have had conversations with their doctor or nurse about activity level, falls, and bladder control.

**Best Practices for Providers:**

- Be familiar with the questions patients are being asked on the member survey.
- Place reminders in your EMR to speak with patients at each visit regarding these topics:
  - Suggest that they use a cane or walker if needed.
  - Lying or standing blood pressure.
  - Exercise or physical therapy program recommendations.
  - Vision or hearing test (if necessary).
- Advise patients on ways to manage the leaking of urine, including bladder training exercises, medication and surgery.

## APPENDIX 3 and APPENDIX 4

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**MEDICARE MEDICATIONS WITH \$0 COPAY\***

**2023 Formulary Tier 6 Select Care Drugs – GENERIC DRUG NAMES**

\*\$0 copay at Preferred Retail Pharmacies and the following Mail Order Pharmacies:

AllianceRX Walgreens Prime, Express Scripts and Postal Prescription Services, during the deductible, initial coverage and coverage gap phases.  
(List of Preferred Retail Pharmacies available at [BlueCrossNC.com/Find-a-Drug-or-Pharmacy](https://www.bluecrossnc.com/Find-a-Drug-or-Pharmacy).)

DRUG CLASS					
Angiotensin – Converting Enzyme Inhibitors (ACE-I)	Angiotensin – Receptor Blockers (ARB)	Renin Inhibitors	Statins	Meglitinides	Biguanides
Benazepril Benazepril / Amlodipine Benazepril / HCTZ Captopril Enalapril Enalapril / HCTZ Fosinopril Fosinopril / HCTZ Lisinopril Lisinopril / HCTZ Moexipril Perindopril Quinapril Quinapril / HCTZ Ramipril Trandolapril Trandolapril / Verapamil ER	Candesartan Candesartan / HCTZ Irbesartan Irbesartan / HCTZ Losartan Losartan / HCTZ Olmesartan Olmesartan / Amlodipine Olmesartan / Amlodipine / HCTZ Olmesartan / HCTZ Telmisartan Telmisartan / Amlodipine Telmisartan / HCTZ Valsartan Valsartan / Amlodipine Valsartan / Amlodipine / HCTZ Valsartan / HCTZ	Aliskiren	Atorvastatin Atorvastatin / Amlodipine Fluvastatin (20 mg, 40 mg) Lovastatin Pravastatin Rosuvastatin Simvastatin Simvastatin / Ezetimibe	Nateglinide Repaglinide	Metformin tablet Metformin ER tablet* Metformin / Glipizide Metformin / Glyburide Metformin / Pioglitazone  * Metformin ER does not include generic Fortamet (Metformin ER osmotic release tablet) or Glumetza (Metformin ER modified release tablet).
COMMON USE					
BLOOD PRESSURE	BLOOD PRESSURE	BLOOD PRESSURE	CHOLESTEROL	DIABETES	DIABETES

DRUG CLASS					
Sulfonylureas	Thiazolidinediones (TZDs)	Bisphosphonates	Endocrine / Metabolic Agents	Selective Estrogen Receptive Modulators (SERMS)	Disease-Modifying Anti-Rheumatic Drugs
Glimepiride Glimepiride / Pioglitazone Glipizide Glipizide ER Glipizide XL Glipizide / Metformin Glyburide Glyburide Micronized Glyburide / Metformin	Pioglitazone Pioglitazone / Glimepiride Pioglitazone / Metformin	Alendronate tablet (10 mg, 35 mg, 70 mg) Ibandronate	Calcitonin nasal spray	Raloxifene	Azathioprine Methotrexate Sulfasalazine
COMMON USE					
DIABETES	DIABETES	OSTEOPOROSIS	OSTEOPOROSIS	OSTEOPOROSIS	RHEUMATOID ARTHRITIS

APPENDIX 5

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

## ELECTRONIC CLINICAL DATA SYSTEMS (ECDS) MEASURES

### Electronic Clinical Data Systems (ECDS) Measures

- A structured method to collect and report electronic clinical data for HEDIS quality measurement and for quality improvement.
- HEDIS reporting standard for health plans collecting and submitting measures to NCQA. This reporting standard defines the data sources and types of structured data acceptable for use for a measure.
  - Data collection:
    - ≈ Personal Health Record (PHR) / Electronic Health Record (EHR)
    - ≈ Clinical Registry / Health Information Exchange (HIE)
    - ≈ Case management system
    - ≈ Admin / enrollment
  - Data must:
    - ≈ Use standard layouts
    - ≈ Meet the technical specifications
    - ≈ Must be accessible by the care team upon request
    - ≈ Elements reported according to data source

NCQA developed ECDS to encourage health information exchange, the secure sharing of patient medical information electronically.

### Measures:

- Childhood Immunization Status (CIS-E)
- Immunizations for Adolescents (IMA-E)
- Breast Cancer Screening (BCS-E)
- Colorectal Cancer Screening (COL-E)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)
- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
- Adult Immunization Status (AIS-E)
- Prenatal Immunization Status (PRS-E)
- Prenatal Depression Screening and Follow-Up (PND-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)
- Social Need Screening and Intervention (SNS-E)
- CCS-E Cervical Cancer Screening (CCS-E)

## **Appendix 7**

### **Measure Value Set Codes (Continued)**

HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
BH Outpatient	CPT	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510	With an Outpatient POS <b>OR</b> Partial Hospitalization POS <b>OR</b> Telehealth POS <b>OR</b> Community Mental Health Center POS
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	
Observation	CPT	99217, 99218, 99219, 99220	
Health and Behavior Assessment or Intervention	CPT	96150, 96151, 96152, 96153, 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171	
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443	
Online Assessment	CPT	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458, 98980, 98981	Only Numerator Compliance for Rate 2 (C&M Phase), and only one of the two visits may be Online Assessment
Online Assessment	HCPCS	G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252	Only Numerator Compliance for Rate 2 (C&M Phase), and only one of the two visits may be Online Assessment

ADD Measure Value Set Codes (continued)

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HEDIS VALUE SET NAME	CODE SET	CODE
Hepatitis B Immunization	CVX	8, 44, 45, 51, 110, 146
Hepatitis B Vaccine Procedure	CPT	90697, 90723, 90740, 90744, 90747, 90748
Hepatitis B Vaccine Procedure	HCPCS	G0010
Haemophilus Influenzae Type B (HiB) Immunization	CVX	17, 46, 47, 48, 49, 50, 51, 120, 146, 148
Haemophilus Influenzae Type B (HiB) Vaccine Procedure	CPT	90644, 90647, 90648, 90697, 90698, 90748
Inactivated Polio Vaccine (IPV) Immunization	CVX	10, 89, 110, 120, 146
Inactivated Polio Vaccine (IPV) Procedure	CPT	90697, 90698, 90713, 90723
Influenza Immunization	CVX	88, 140, 141, 150, 153, 155, 158, 161, 171, 186
Influenza Vaccine Procedure	CPT	90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756
Influenza Vaccine Procedure	HCPCS	G0008
Influenza Virus LAIV Immunization	CVX	111, 149
Influenza Virus LAIV Vaccine Procedure	CPT	90660, 90672
Measles	ICD10CM	B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9
Measles, Mumps and Rubella (MMR) Immunization	CVX	3, 94
Measles, Mumps and Rubella (MMR) Vaccine Procedure	CPT	90707, 90710
Mumps	ICD10CM	B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9
Rubella	ICD10CM	B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Pneumococcal Conjugate Immunization	CVX	109, 133, 152, 215
Pneumococcal Conjugate Vaccine Procedure	CPT	90670, 90671
Pneumococcal Conjugate Vaccine Procedure	HCPCS	G0009
Rotavirus (2 Dose Schedule) Immunization	CVX	119
Rotavirus (3 Dose Schedule) Immunization	CVX	116, 122
Rotavirus Vaccine (2 Dose Schedule) Procedure	CPT	90681
Rotavirus Vaccine (3 Dose Schedule) Procedure	CPT	90680
Varicella Zoster (VZV) Immunization	CVX	21, 94
Varicella Zoster (VZV) Vaccine Procedure	CPT	90710, 90716
Varicella Zoster	ICD10CM	B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9

CIS Measure Value Set Codes (continued)

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HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
Complex Care Management Services	HCPCS	G0506	
Visit Setting Unspecified	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	With outpatient POS <b>OR</b> partial hospitalization POS <b>OR</b> community mental health center POS <b>OR</b> telehealth POS
BH Outpatient	CPT	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510	
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	
Observation	CPT	99217, 99218, 99219, 99220	
Electroconvulsive Therapy	CPT	90870	
Substance Use Disorder Services	CPT	99408, 99409	
Substance Use Disorder Services	HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012	
Online Assessments	CPT	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458, 98980, 98981	
Online Assessments	HCPCS	G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252	
Domiciliary or Rest Home Visit	CPT	99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337	

FMC Measure Value Set Codes (continued)

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
AOD Abuse and Dependence	ICD10CM	F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29	To be used with appropriate visit codes for numerator compliance
AOD Medication Treatment	HCPCS	G2069, G2070, G2072, G2073, H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109	To be used with appropriate visit codes for numerator compliance
Substance Induced Disorders	ICD10CM	F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.90, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99, F14.90, F14.920, F14.921, F14.922, F14.929, F14.93, F14.94, F14.950, F14.951, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99, F15.90, F15.920, F15.921, F15.922, F15.929, F15.93, F15.94, F15.950, F15.951, F15.959, F15.980, F15.981, F15.982, F15.988, F15.99, F16.90, F16.920, F16.921, F16.929, F16.94, F16.950, F16.951, F16.959, F16.980, F16.983, F16.988, F16.99, F18.90, F18.920, F18.921, F18.929, F18.94, F18.950, F18.951, F18.959, F18.97, F18.980, F18.988, F18.99, F19.90, F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99, F10.90	To be used with appropriate visit codes for numerator compliance
Unintentional Drug Overdose	ICD10CM	T40.0X1A, T40.0X1D, T40.0X1S, T40.0X4A, T40.0X4D, T40.0X4S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X4A, T40.2X4D, T40.2X4S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X4A, T40.3X4D, T40.3X4S, T40.411A, T40.411D, T40.411S, T40.414A, T40.414D, T40.414S, T40.421A, T40.421D, T40.421S, T40.424A, T40.424D, T40.424S, T40.491A, T40.491D, T40.491S, T40.494A, T40.494D, T40.494S, T40.5X1A, T40.5X1D, T40.5X1S, T40.5X4A, T40.5X4D, T40.5X4S, T40.601A, T40.601D, T40.601S, T40.604A, T40.604D, T40.604S, T40.691A, T40.691D, T40.691S, T40.694A, T40.694D, T40.694S, T40.711A, T40.711D, T40.711S, T40.714A, T40.714D, T40.714S, T40.721A, T40.721D, T40.721S, T40.724A, T40.724D, T40.724S, T40.8X1A, T40.8X1D, T40.8X1S, T40.8X4A, T40.8X4D, T40.8X4S, T40.901A, T40.901D, T40.901S, T40.904A, T40.904D, T40.904S, T40.991A, T40.991D, T40.991S, T40.994A, T40.994D, T40.994S, T41.0X1A, T41.0X1D, T41.0X1S, T41.0X4A, T41.0X4D, T41.0X4S, T41.1X1A, T41.1X1D	To be used with appropriate visit codes for numerator compliance

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FUA Measure Value Set Codes (continued)

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
Unintentional Drug Overdose	ICD10CM	T41.1X1S, T41.1X4A, T41.1X4D, T41.1X4S, T41.201A, T41.201D, T41.201S, T41.204A, T41.204D, T41.204S, T41.291A, T41.291D, T41.291S, T41.294A, T41.294D, T41.294S, T41.3X1A, T41.3X1D, T41.3X1S, T41.3X4A, T41.3X4D, T41.3X4S, T41.41XA, T41.41XD, T41.41XS, T41.44XA, T41.44XD, T41.44XS, T41.5X1A, T41.5X1D, T41.5X1S, T41.5X4A, T41.5X4D, T41.5X4S, T42.3X1A, T42.3X1D, T42.3X1S, T42.3X4A, T42.3X4D, T42.3X4S, T42.4X1A, T42.4X1D, T42.4X1S, T42.4X4A, T42.4X4D, T42.4X4S, T43.601A, T43.601D, T43.601S, T43.604A, T43.604D, T43.604S, T43.621A, T43.621D, T43.621S, T43.624A, T43.624D, T43.624S, T43.631A, T43.631D, T43.631S, T43.634A, T43.634D, T43.634S, T43.641A, T43.641D, T43.641S, T43.644A, T43.644D, T43.644S, T43.691A, T43.691D, T43.691S, T43.694A, T43.694D, T43.694S, T51.0X1A, T51.0X1D, T51.0X1S, T51.0X4A, T51.0X4D, T51.0X4S, T43.651A, T43.651D, T43.651S, T43.654A, T43.654D, T43.654S	To be used with appropriate visit codes for numerator compliance
BH Outpatient	CPT	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510	With diagnosis of SUD, substance use, or drug overdose <b>OR</b> with a mental health provider
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	With diagnosis of SUD, substance use, or drug overdose <b>OR</b> with a mental health provider
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	With diagnosis of SUD, substance use, or drug overdose <b>OR</b> with a mental health provider
Observation	CPT	99217, 99218, 99219, 99220	With diagnosis of SUD, substance use, or drug overdose <b>OR</b> with a mental health provider
Peer Support Services	HCPCS	G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016	With diagnosis of SUD, substance use, or drug overdose
ODU Monthly Office Based Treatment	HCPCS	G2086, G2087	With diagnosis of SUD, substance use, or drug overdose
ODU Weekly Non-Drug Service	HCPCS	G2071, G2074, G2075, G2076, G2077, G2080	With diagnosis of SUD, substance use, or drug overdose
ODU Weekly Non-Drug Service	HCPCS	G2071, G2074, G2075, G2076, G2077, G2080	With diagnosis of SUD, substance use, or drug overdose
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443	With diagnosis of SUD, substance use, or drug overdose <b>OR</b> with a mental health provider
Online Assessments	CPT	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458, 98980, 98981	With diagnosis of SUD, substance use, or drug overdose <b>OR</b> with a mental health provider
Online Assessments	HCPCS	G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252	With diagnosis of SUD, substance use, or drug overdose <b>OR</b> with a mental health provider

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FUA Measure Value Set Codes (continued)

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HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
Substance Use Disorder Services	CPT	99408, 99409	
Substance Use Disorder Services	HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012	
Behavioral Health Assessment	CPT	99408, 99409	
Behavioral Health Assessment	HCPCS	G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049	
AOD Medication Treatment	HCPCS	G2069, G2070, G2072, G2073, H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109	
ODU Weekly Drug Treatment Service	HCPCS	G2067, G2068, G2069, G2070, G2072, G2073	
Substance Use Services	HCPCS	H0006, H0028	

FUA Measure Value Set Codes (continued)

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	With a mental health provider <b>OR</b> with a Community Mental Health Center POS
Observation	CPT	99217, 99218, 99219, 99220	With a mental health provider <b>OR</b> with a Community Mental Health Center POS
Transitional Care Management Services	CPT	99495, 99496	With a mental health provider <b>OR</b> with a Community Mental Health Center POS
Electroconvulsive Therapy	CPT	90870	With Ambulatory Surgical Center POS <b>OR</b> Community Mental Health Center POS <b>OR</b> Outpatient POS <b>OR</b> Partial Hospitalization POS
Psychiatric Collaborative Care Management	CPT	99492, 99493, 99494	
Psychiatric Collaborative Care Management	HCPCS	G0512	
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443	With a mental health provider

FUH Measure Value Set Codes (continued)

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
AOD Abuse and Dependence	ICD10CM	F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29	To be used with appropriate visit codes for numerator compliance
Visit Setting Unspecified	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	With a principle diagnosis of substance use disorder <b>AND</b> either an Outpatient POS <b>OR</b> Partial Hospitalization POS <b>OR</b> non-residential substance abuse treatment facility POS <b>OR</b> Community Mental Health Center POS <b>OR</b> Telehealth POS <b>OR</b> a substance use disorder service
BH Outpatient	CPT	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510	With a principal diagnosis of substance use disorder
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	With a principal diagnosis of substance use disorder
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	With a principal diagnosis of substance use disorder
Substance Use Disorder Services	CPT	99408, 99409	With a principal diagnosis of substance use disorder
Substance Use Disorder Services	HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012	With a principal diagnosis of substance use disorder

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FUI Measure Value Set Codes (continued)

The NCOA HEDIS® measure specification has been adjusted pursuant to NCOA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.



HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
ODU Monthly Office Based Treatment	HCPCS	G2086, G2087	With a principal diagnosis of substance use disorder
ODU Weekly Non Drug Service	HCPCS	G2071, G2074, G2075, G2076, G2077, G2080	With a principal diagnosis of substance use disorder
Online Assessments	CPT	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458, 98980, 98981	With a principal diagnosis of substance use disorder
Online Assessments	HCPCS	G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252	With a principal diagnosis of substance use disorder
Residential Behavioral Health Treatment	HCPCS	H0017, H0018, H0019, T2048	With a principal diagnosis of substance use disorder
Observation	CPT	99217, 99218, 99219, 99220	With a principal diagnosis of substance use disorder
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443	With a principal diagnosis of substance use disorder
AOD Medication Treatment	HCPCS	G2069, G2070, G2072, G2073, H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109	
ODU Weekly Drug Treatment Service	HCPCS	G2067, G2068, G2069, G2070, G2072, G2073	

FUI Measure Value Set Codes (continued)

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
Mental Health Diagnosis	ICD10CM	F03.90, F03.91, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00, F50.01, F50.02, F50.2, F50.81, F50.82, F50.89, F50.9, F51.01, F51.02, F51.03, F51.04, F51.05, F51.09, F51.11, F51.12, F51.13, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F64.0, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F69, F80.0, F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, F95.0, F95.1, F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3, F98.4, F98.5, F98.8, F98.9, F99, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F43.81, F43.89	To be used with appropriate visit codes for numerator compliance
Visit Setting Unspecified	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	With Outpatient POS with principal diagnosis of a mental health disorder <b>OR</b> Partial Hospitalization POS with principal diagnosis of a mental health disorder <b>OR</b> Community Mental Health Center POS with principal diagnosis of a mental health disorder <b>OR</b> Telehealth POS with principal diagnosis of a mental health disorder <b>OR</b> Outpatient POS with a principle diagnosis of intention self-harm with any diagnosis of a mental health disorder <b>OR</b> Partial Hospitalization with a principle diagnosis of intentional self-harm with any diagnosis of a mental health disorder <b>OR</b> Community Mental Health Center POS with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder <b>OR</b> Telehealth POS with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder.

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FUM Measure Value Set Codes (continued)

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
Intentional Self-Harm	ICD10CM	T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2A, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.412A, T40.412D, T40.412S, T40.422A, T40.422D, T40.422S, T40.492A, T40.492D, T40.492S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.712A, T40.712D, T40.712S, T40.722A, T40.722D, T40.722S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.72XA, T42.72XD, T42.72XS, T42.8X2A, T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S, T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.92XA, T43.92XD, T43.92XS, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D, T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T44.6X2A, T44.6X2D, T44.6X2S, T44.7X2A, T44.7X2D, T44.7X2S, T44.8X2A, T44.8X2D, T44.8X2S, T44.902A, T44.902D, T44.902S, T44.992A, T44.992D, T44.992S, T45.0X2A, T45.0X2D, T45.0X2S, T45.1X2A, T45.1X2D, T45.1X2S, T45.2X2A, T45.2X2D, T45.2X2S, T45.3X2A, T45.3X2D, T45.3X2S, T45.4X2A, T45.4X2D, T45.4X2S, T45.512A, T45.512D, T45.512S, T45.522A, T45.522D, T45.522S, T45.602A, T45.602D, T45.602S, T45.612A, T45.612D, T45.612S, T45.622A, T45.622D, T45.622S, T45.692A, T45.692D, T45.692S, T45.7X2A, T45.7X2D, T45.7X2S, T45.8X2A, T45.8X2D, T45.8X2S, T45.92XA, T45.92XD, T45.92XS, T46.0X2A, T46.0X2D, T46.0X2S, T46.1X2A, T46.1X2D, T46.1X2S, T46.2X2A, T46.2X2D, T46.2X2S, T46.3X2A, T46.3X2D, T46.3X2S, T46.4X2A, T46.4X2D, T46.4X2S, T46.5X2A, T46.5X2D, T46.5X2S, T46.6X2A, T46.6X2D, T46.6X2S, T46.7X2A, T46.7X2D, T46.7X2S, T46.8X2A, T46.8X2D, T46.8X2S, T46.902A, T46.902D, T46.902S, T46.992A, T46.992D, T46.992S, T47.0X2A, T47.0X2D, T47.0X2S, T47.1X2A, T47.1X2D, T47.1X2S, T47.2X2A, T47.2X2D, T47.2X2S, T47.3X2A, T47.3X2D, T47.3X2S, T47.4X2A, T47.4X2D, T47.4X2S, T47.5X2A, T47.5X2D, T47.5X2S, T47.6X2A, T47.6X2D, T47.6X2S, T47.7X2A, T47.7X2D, T47.7X2S, T47.8X2A, T47.8X2D, T47.8X2S, T47.92XA, T47.92XD, T47.92XS, T48.0X2A, T48.0X2D, T48.0X2S, T48.1X2A, T48.1X2D, T48.1X2S, T48.202A, T48.202D, T48.202S, T48.292A, T48.292D, T48.292S, T48.3X2A, T48.3X2D, T48.3X2S, T48.4X2A, T48.4X2D, T48.4X2S, T48.5X2A, T48.5X2D, T48.5X2S, T48.6X2A, T48.6X2D, T48.6X2S, T48.902A, T48.902D, T48.902S, T48.992A, T48.992D, T48.992S, T49.0X2A, T49.0X2D, T49.0X2S, T49.1X2A, T49.1X2D, T49.1X2S, T49.2X2A, T49.2X2D, T49.2X2S, T49.3X2A, T49.3X2D, T49.3X2S, T49.4X2A, T49.4X2D, T49.4X2S, T49.5X2A, T49.5X2D, T49.5X2S, T49.6X2A, T49.6X2D, T49.6X2S, T49.7X2A, T49.7X2D, T49.7X2S, T49.8X2A, T49.8X2D, T49.8X2S, T49.9X2A, T49.9X2D, T49.9X2S, T49.92XA, T49.92XD, T49.92XS, T49.992A, T49.992D, T49.992S	To be used with appropriate visit codes for numerator compliance

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FUM Measure Value Set Codes (continued)

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
Intentional Self-Harm (continued)	ICD10CM	T49.4X2D, T49.4X2S, T49.5X2A, T49.5X2D, T49.5X2S, T49.6X2A, T49.6X2D, T49.6X2S, T49.7X2A, T49.7X2D, T49.7X2S, T49.8X2A, T49.8X2D, T49.8X2S, T49.9X2A, T49.9X2D, T49.9X2S, T50.0X2A, T50.0X2D, T50.0X2S, T50.1X2A, T50.1X2D, T50.1X2S, T50.2X2A, T50.2X2D, T50.2X2S, T50.3X2A, T50.3X2D, T50.3X2S, T50.4X2A, T50.4X2D, T50.4X2S, T50.5X2A, T50.5X2D, T50.5X2S, T50.6X2A, T50.6X2D, T50.6X2S, T50.7X2A, T50.7X2D, T50.7X2S, T50.8X2A, T50.8X2D, T50.8X2S, T50.902A, T50.902D, T50.902S, T50.912A, T50.912D, T50.912S, T50.992A, T50.992D, T50.992S, T50.A12A, T50.A12D, T50.A12S, T50.A22A, T50.A22D, T50.A22S, T50.A92A, T50.A92D, T50.A92S, T50.B12A, T50.B12D, T50.B12S, T50.B92A, T50.B92D, T50.B92S, T50.Z12A, T50.Z12D, T50.Z12S, T50.Z92A, T50.Z92D, T50.Z92S, T51.0X2A, T51.0X2D, T51.0X2S, T51.1X2A, T51.1X2D, T51.1X2S, T51.2X2A, T51.2X2D, T51.2X2S, T51.3X2A, T51.3X2D, T51.3X2S, T51.8X2A, T51.8X2D, T51.8X2S, T51.92XA, T51.92XD, T51.92XS, T52.0X2A, T52.0X2D, T52.0X2S, T52.1X2A, T52.1X2D, T52.1X2S, T52.2X2A, T52.2X2D, T52.2X2S, T52.3X2A, T52.3X2D, T52.3X2S, T52.4X2A, T52.4X2D, T52.4X2S, T52.8X2A, T52.8X2D, T52.8X2S, T52.92XA, T52.92XD, T52.92XS, T53.0X2A, T53.0X2D, T53.0X2S, T53.1X2A, T53.1X2D, T53.1X2S, T53.2X2A, T53.2X2D, T53.2X2S, T53.3X2A, T53.3X2D, T53.3X2S, T53.4X2A, T53.4X2D, T53.4X2S, T53.5X2A, T53.5X2D, T53.5X2S, T53.6X2A, T53.6X2D, T53.6X2S, T53.7X2A, T53.7X2D, T53.7X2S, T53.92XA, T53.92XD, T53.92XS, T54.0X2A, T54.0X2D, T54.0X2S, T54.1X2A, T54.1X2D, T54.1X2S, T54.2X2A, T54.2X2D, T54.2X2S, T54.3X2A, T54.3X2D, T54.3X2S, T54.92XA, T54.92XD, T54.92XS, T55.0X2A, T55.0X2D, T55.0X2S, T55.1X2A, T55.1X2D, T55.1X2S, T55.2X2A, T55.2X2D, T55.2X2S, T55.3X2A, T55.3X2D, T55.3X2S, T55.4X2A, T55.4X2D, T55.4X2S, T55.5X2A, T55.5X2D, T55.5X2S, T55.6X2A, T55.6X2D, T55.6X2S, T55.7X2A, T55.7X2D, T55.7X2S, T55.812A, T55.812D, T55.812S, T55.892A, T55.892D, T55.892S, T55.92XA, T55.92XD, T55.92XS, T57.0X2A, T57.0X2D, T57.0X2S, T57.1X2A, T57.1X2D, T57.1X2S, T57.2X2A, T57.2X2D, T57.2X2S, T57.3X2A, T57.3X2D, T57.3X2S, T57.8X2A, T57.8X2D, T57.8X2S, T57.92XA, T57.92XD, T57.92XS, T58.0X2A, T58.0X2D, T58.0X2S, T58.12XA, T58.12XD, T58.12XS, T58.2X2A, T58.2X2D, T58.2X2S, T58.8X2A, T58.8X2D, T58.8X2S, T58.92XA, T58.92XD, T58.92XS, T59.0X2A, T59.0X2D, T59.0X2S, T59.1X2A, T59.1X2D, T59.1X2S, T59.2X2A, T59.2X2D, T59.2X2S, T59.3X2A, T59.3X2D, T59.3X2S, T59.4X2A, T59.4X2D, T59.4X2S, T59.5X2A, T59.5X2D, T59.5X2S, T59.6X2A, T59.6X2D, T59.6X2S, T59.7X2A, T59.7X2D, T59.7X2S, T59.812A, T59.812D, T59.812S, T59.892A, T59.892D, T59.892S, T59.92XA, T59.92XD, T59.92XS, T60.0X2A, T60.0X2D, T60.0X2S, T60.1X2A, T60.1X2D, T60.1X2S, T60.2X2A, T60.2X2D, T60.2X2S, T60.3X2A, T60.3X2D, T60.3X2S, T60.4X2A, T60.4X2D, T60.4X2S, T60.8X2A, T60.8X2D, T60.8X2S, T60.92XA, T60.92XD, T60.92XS, T61.02XA, T61.02XD, T61.02XS, T61.12XA, T61.12XD, T61.12XS, T61.772A, T61.772D, T61.772S, T61.782A, T61.782D, T61.782S, T61.8X2A, T61.8X2D, T61.8X2S, T61.92XA, T61.92XD, T61.92XS, T62.0X2A, T62.0X2D, T62.0X2S, T62.1X2A, T62.1X2D, T62.1X2S, T62.2X2A, T62.2X2D, T62.2X2S, T62.8X2A, T62.8X2D, T62.8X2S, T62.92XA, T62.92XD, T62.92XS, T63.002A, T63.002D, T63.002S, T63.012A, T63.012D, T63.012S, T63.022A, T63.022D, T63.022S, T63.032A, T63.032D, T63.032S, T63.042A, T63.042D, T63.042S, T63.062A, T63.062D, T63.062S, T63.072A, T63.072D, T63.072S, T63.082A, T63.082D, T63.082S, T63.092A, T63.092D, T63.092S, T63.112A, T63.112D, T63.112S, T63.122A, T63.122D, T63.122S, T63.192A, T63.192D, T63.192S, T63.2X2A, T63.2X2D, T63.2X2S, T63.302A, T63.302D, T63.302S, T63.312A, T63.312D, T63.312S, T63.322A, T63.322D, T63.322S, T63.332A, T63.332D, T63.332S, T63.392A, T63.392D, T63.392S, T63.412A, T63.412D, T63.412S, T63.422A, T63.422D, T63.422S, T63.432A, T63.432D, T63.432S, T63.442A, T63.442D, T63.442S, T63.452A, T63.452D, T63.452S, T63.462A, T63.462D, T63.462S, T63.482A, T63.482D, T63.482S, T63.512A, T63.512D, T63.512S, T63.592A, T63.592D, T63.592S, T63.612A, T63.612D, T63.612S, T63.622A, T63.622D, T63.622S, T63.632A, T63.632D, T63.632S, T63.692A, T63.692D, T63.692S, T63.712A, T63.712D, T63.712S, T63.792A, T63.792D, T63.792S, T63.812A, T63.812D, T63.812S, T63.822A, T63.822D, T63.822S, T63.832A, T63.832D, T63.832S, T63.892A, T63.892D, T63.892S, T63.92XA, T63.92XD, T63.92XS, T64.0X2A, T64.0X2D, T64.0X2S, T64.82XA, T64.82XD, T64.82XS, T65.0X2A, T65.0X2D, T65.0X2S, T65.1X2A, T65.1X2D, T65.1X2S, T65.212A, T65.212D, T65.212S, T65.222A, T65.222D, T65.222S, T65.292A, T65.292D, T65.292S, T65.3X2A, T65.3X2D, T65.3X2S, T65.4X2A, T65.4X2D, T65.4X2S, T65.5X2A, T65.5X2D, T65.5X2S, T65.6X2A, T65.6X2D, T65.6X2S, T65.812A, T65.812D, T65.812S, T65.822A, T65.822D, T65.822S, T65.832A, T65.832D, T65.832S, T65.892A, T65.892D, T65.892S, T65.92XA, T65.92XD, T65.92XS, T71.112A, T71.112D, T71.112S, T71.122A, T71.122D, T71.122S, T71.132A, T71.132D, T71.132S, T71.152A, T71.152D, T71.152S, T71.162A, T71.162D, T71.162S, T71.192A, T71.192D, T71.192S, T71.222A, T71.222D, T71.222S, T71.232A, T71.232D, T71.232S, T43.652A, T43.652D, T43.652S	To be used with appropriate visit codes for numerator compliance

FUM Measure Value Set Codes (continued)

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HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
BH Outpatient	CPT	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510	With a principal diagnosis of a mental health disorder
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	With a principal diagnosis of a mental health disorder
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	With a principal diagnosis of a mental health disorder <b>OR</b> with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder
Observation	CPT	99217, 99218, 99219, 99220	With a principal diagnosis of a mental health disorder <b>OR</b> with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443	With a principal diagnosis of a mental health disorder <b>OR</b> with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder
Online Assessments	CPT	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458, 98980, 98981	With a principal diagnosis of a mental health disorder <b>OR</b> with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder
Online Assessments	HCPCS	G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252	With a principal diagnosis of a mental health disorder <b>OR</b> with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder
Electroconvulsive Therapy	CPT	90870	With a principal diagnosis of a mental health disorder <b>OR</b> with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder
Electroconvulsive Therapy	ICD10PCS	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ	With a principal diagnosis of a mental health disorder <b>OR</b> with a principal diagnosis of intentional self-harm with any diagnosis of a mental health disorder

FUM Measure Value Set Codes (continued)

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
ODU Monthly Office Based Treatment	HCPCS	G2086, G2087	
Alcohol Abuse and Dependence	ICD10CM	F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29	To be used with appropriate visit codes for numerator compliance
Opioid Abuse and Dependence	ICD10CM	F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29	To be used with appropriate visit codes for numerator compliance
Other Drug Abuse and Dependence	ICD10CM	F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29	To be used with appropriate visit codes for numerator compliance
Visit Setting Unspecified	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	With a diagnosis of Alcohol Abuse / Dependence <b>OR</b> Opioid Abuse / Dependence <b>OR</b> Other Drug Abuse / Dependence and one of the following visit codes: Outpatient POS <b>OR</b> Partial <b>OR</b> Non-Residential Substance Abuse Treatment Facility POS <b>OR</b> Community Mental Health Center POS <b>OR</b> Telehealth POS
BH Outpatient	CPT	98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510	With a diagnosis of Alcohol Abuse / Dependence <b>OR</b> Opioid Abuse / Dependence <b>OR</b> Other Drug Abuse / Dependence
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015	With a diagnosis of Alcohol Abuse / Dependence <b>OR</b> Opioid Abuse / Dependence <b>OR</b> Other Drug Abuse / Dependence

IET continued on the following page

IET Measure Value Set Codes (continued)

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	With a diagnosis of Alcohol Abuse / Dependence <b>OR</b> Opioid Abuse / Dependence <b>OR</b> Other Drug Abuse / Dependence
Observation	CPT	99217, 99218, 99219, 99220	With a diagnosis of Alcohol Abuse / Dependence <b>OR</b> Opioid Abuse / Dependence <b>OR</b> Other Drug Abuse / Dependence
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443	With a diagnosis of Alcohol Abuse / Dependence <b>OR</b> Opioid Abuse / Dependence <b>OR</b> Other Drug Abuse / Dependence
Online Assessments	CPT	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458, 98980, 98981	With a diagnosis of Alcohol Abuse / Dependence <b>OR</b> Opioid Abuse / Dependence <b>OR</b> Other Drug Abuse / Dependence
Online Assessments	HCPCS	G0071, G2010, G2012, G2061, G2062, G2063, G2250, G2251, G2252	With a diagnosis of Alcohol Abuse / Dependence <b>OR</b> Opioid Abuse / Dependence <b>OR</b> Other Drug Abuse / Dependence
Substance Use Disorder Services	CPT	99408, 99409	With a diagnosis of Alcohol Abuse / Dependence <b>OR</b> Opioid Abuse / Dependence <b>OR</b> Other Drug Abuse / Dependence
Substance Use Disorder Services	HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012	With a diagnosis of Alcohol Abuse / Dependence <b>OR</b> Opioid Abuse / Dependence <b>OR</b> Other Drug Abuse / Dependence
ODU Weekly Non-Drug Service	HCPCS	G2071, G2074, G2075, G2076, G2077, G2080	With a diagnosis of Alcohol Abuse / Dependence <b>OR</b> Opioid Abuse / Dependence <b>OR</b> Other Drug Abuse / Dependence
ODU Monthly Office Based Treatment	HCPCS	G2086, G2087	Numerator Compliance for Engagement Only

## IET Measure Value Set Codes (continued)

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HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
Prenatal Bundled Services	CPT	59400, 59425, 59426, 59510, 59610, 59618	
Prenatal Bundled Services	HCPCS	H1005	
Stand Alone Prenatal Visits	CPT	99500	
Stand Alone Prenatal Visits	CPT-CAT-II	0500F, 0501F, 0502F	
Stand Alone Prenatal Visits	HCPCS	H1000, H1001, H1002, H1003, H1004	
Prenatal Visits	CPT	99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483	With a pregnancy-related diagnosis code
Prenatal Visits	HCPCS	G0463, T1015	With a pregnancy-related diagnosis code
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443	With a pregnancy-related diagnosis code
Online Assessments	CPT	98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458, 98980, 98981	With a pregnancy-related diagnosis code
Pregnancy Diagnosis	ICD10CM	009.00, 009.01, 009.02, 009.03, 009.10, 009.11, 009.12, 009.13, 009.211, 009.212, 009.213, 009.219, 009.291, 009.292, 009.293, 009.299, 009.30, 009.31, 009.32, 009.33, 009.40, 009.41, 009.42, 009.43, 009.511, 009.512, 009.513, 009.519, 009.521, 009.522, 009.523, 009.529, 009.611, 009.612, 009.613, 009.619, 009.621, 009.622, 009.623, 009.629, 009.70, 009.71, 009.72, 009.73, 009.811, 009.812, 009.813, 009.819, 009.821, 009.822, 009.823, 009.829, 009.891, 009.892, 009.893, 009.899, 009.90, 009.91, 009.92, 009.93, 009.A0, 009.A1, 009.A2, 009.A3, 010.011, 010.012, 010.013, 010.019, 010.111, 010.112, 010.113, 010.119, 010.211, 010.212, 010.213, 010.219, 010.311, 010.312, 010.313, 010.319, 010.411, 010.412, 010.413, 010.419, 010.911, 010.912, 010.913, 010.919, 011.1, 011.2, 011.3, 011.9, 012.00, 012.01, 012.02, 012.03, 012.10, 012.11, 012.12, 012.13, 012.20, 012.21, 012.22, 012.23, 013.1, 013.2, 013.3, 013.9, 014.00, 014.02, 014.03, 014.10, 014.12, 014.13, 014.20, 014.22, 014.23, 014.90, 014.92, 014.93, 015.00, 015.02, 015.03, 015.1, 015.9, 016.1, 016.2, 016.3, 016.9, 020.0, 020.8, 020.9, 021.0, 021.1, 021.2, 021.8, 021.9, 022.00, 022.01, 022.02, 022.03, 022.10, 022.11, 022.12, 022.13, 022.20, 022.21, 022.22, 022.23, 022.30, 022.31, 022.32, 022.33, 022.40, 022.41, 022.42, 022.43, 022.50, 022.51, 022.52, 022.53, 022.8X1, 022.8X2, 022.8X3, 022.8X9, 022.90, 022.91, 022.92, 022.93, 023.00, 023.01, 023.02, 023.03, 023.10, 023.11, 023.12, 023.13, 023.20, 023.21, 023.22, 023.23, 023.30, 023.31, 023.32, 023.33, 023.40, 023.41, 023.42, 023.43, 023.511, 023.512, 023.513, 023.519, 023.521, 023.522, 023.523, 023.529, 023.591, 023.592, 023.593, 023.599, 023.90, 023.91, 023.92, 023.93, 024.011, 024.012, 024.013, 024.019, 024.111, 024.112, 024.113, 024.119, 024.311, 024.312, 024.313, 024.319, 024.410, 024.414, 024.415, 024.419, 024.811, 024.812, 024.813, 024.819, 024.911, 024.912, 024.913, 024.919, 025.10, 025.11, 025.12, 025.13, 026.00, 026.01, 026.02, 026.03, 026.10, 026.11, 026.12, 026.13, 026.20, 026.21, 026.22, 026.23, 026.30, 026.31, 026.32, 026.33, 026.40, 026.41, 026.42, 026.43, 026.50, 026.51, 026.52, 026.53, 026.611, 026.612, 026.613, 026.619, 026.711, 026.712, 026.713, 026.719, 026.811, 026.812, 026.813, 026.819, 026.821, 026.822, 026.823, 026.829, 026.831, 026.832, 026.833, 026.839, 026.841, 026.842, 026.843, 026.849, 026.851, 026.852, 026.853, 026.859, 026.86, 026.872, 026.873, 026.879, 026.891, 026.892, 026.893, 026.899, 026.90, 026.91, 026.92, 026.93, 028.0, 028.1, 028.2, 028.3, 028.4, 028.5, 028.8, 028.9, 029.011, 029.012, 029.013, 029.019, 029.021, 029.022, 029.023, 029.029, 029.091, 029.092, 029.093, 029.099, 029.111, 029.112, 029.113, 029.119, 029.121, 029.122, 029.123, 029.129, 029.191, 029.192, 029.193, 029.199, 029.211, 029.212, 029.213, 029.219, 029.291, 029.292, 029.293, 029.299, 029.3X1, 029.3X2, 029.3X3, 029.3X9, 029.40, 029.41, 029.42, 029.43, 029.5X1, 029.5X2, 029.5X3, 029.5X9, 029.60, 029.61, 029.62, 029.63, 029.8X1, 029.8X2,	With a prenatal visit <b>OR</b> Telephone Visit <b>OR</b> Online Assessment

PPC continued on the following page

PPC Measure Value Set Codes (continued)

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
Pregnancy Diagnosis (continued)	ICD10CM	029.8X3, 029.8X9, 029.90, 029.91, 029.92, 029.93, 030.001, 030.002, 030.003, 030.009, 030.011, 030.012, 030.013, 030.019, 030.021, 030.022, 030.023, 030.029, 030.031, 030.032, 030.033, 030.039, 030.041, 030.042, 030.043, 030.049, 030.091, 030.092, 030.093, 030.099, 030.101, 030.102, 030.103, 030.109, 030.111, 030.112, 030.113, 030.119, 030.121, 030.122, 030.123, 030.129, 030.131, 030.132, 030.133, 030.139, 030.191, 030.192, 030.193, 030.199, 030.201, 030.202, 030.203, 030.209, 030.211, 030.212, 030.213, 030.219, 030.221, 030.222, 030.223, 030.229, 030.231, 030.232, 030.233, 030.239, 030.291, 030.292, 030.293, 030.299, 030.801, 030.802, 030.803, 030.809, 030.811, 030.812, 030.813, 030.819, 030.821, 030.822, 030.823, 030.829, 030.831, 030.832, 030.833, 030.839, 030.891, 030.892, 030.893, 030.899, 030.90, 030.91, 030.92, 030.93, 031.00X0, 031.00X1, 031.00X2, 031.00X3, 031.00X4, 031.00X5, 031.00X9, 031.01X0, 031.01X1, 031.01X2, 031.01X3, 031.01X4, 031.01X5, 031.01X9, 031.02X0, 031.02X1, 031.02X2, 031.02X3, 031.02X4, 031.02X5, 031.02X9, 031.03X0, 031.03X1, 031.03X2, 031.03X3, 031.03X4, 031.03X5, 031.03X9, 031.10X0, 031.10X1, 031.10X2, 031.10X3, 031.10X4, 031.10X5, 031.10X9, 031.11X0, 031.11X1, 031.11X2, 031.11X3, 031.11X4, 031.11X5, 031.11X9, 031.12X0, 031.12X1, 031.12X2, 031.12X3, 031.12X4, 031.12X5, 031.12X9, 031.13X0, 031.13X1, 031.13X2, 031.13X3, 031.13X4, 031.13X5, 031.13X9, 031.20X0, 031.20X1, 031.20X2, 031.20X3, 031.20X4, 031.20X5, 031.20X9, 031.21X0, 031.21X1, 031.21X2, 031.21X3, 031.21X4, 031.21X5, 031.21X9, 031.22X0, 031.22X1, 031.22X2, 031.22X3, 031.22X4, 031.22X5, 031.22X9, 031.23X0, 031.23X1, 031.23X2, 031.23X3, 031.23X4, 031.23X5, 031.23X9, 031.30X0, 031.30X1, 031.30X2, 031.30X3, 031.30X4, 031.30X5, 031.30X9, 031.31X0, 031.31X1, 031.31X2, 031.31X3, 031.31X4, 031.31X5, 031.31X9, 031.32X0, 031.32X1, 031.32X2, 031.32X3, 031.32X4, 031.32X5, 031.32X9, 031.33X0, 031.33X1, 031.33X2, 031.33X3, 031.33X4, 031.33X5, 031.33X9, 031.8X10, 031.8X11, 031.8X12, 031.8X13, 031.8X14, 031.8X15, 031.8X19, 031.8X20, 031.8X21, 031.8X22, 031.8X23, 031.8X24, 031.8X25, 031.8X29, 031.8X30, 031.8X31, 031.8X32, 031.8X33, 031.8X34, 031.8X35, 031.8X39, 031.8X90, 031.8X91, 031.8X92, 031.8X93, 031.8X94, 031.8X95, 031.8X99, 032.0XX0, 032.0XX1, 032.0XX2, 032.0XX3, 032.0XX4, 032.0XX5, 032.0XX9, 032.1XX0, 032.1XX1, 032.1XX2, 032.1XX3, 032.1XX4, 032.1XX5, 032.1XX9, 032.2XX0, 032.2XX1, 032.2XX2, 032.2XX3, 032.2XX4, 032.2XX5, 032.2XX9, 032.3XX0, 032.3XX1, 032.3XX2, 032.3XX3, 032.3XX4, 032.3XX5, 032.3XX9, 032.4XX0, 032.4XX1, 032.4XX2, 032.4XX3, 032.4XX4, 032.4XX5, 032.4XX9, 032.6XX0, 032.6XX1, 032.6XX2, 032.6XX3, 032.6XX4, 032.6XX5, 032.6XX9, 032.8XX0, 032.8XX1, 032.8XX2, 032.8XX3, 032.8XX4, 032.8XX5, 032.8XX9, 032.9XX0, 032.9XX1, 032.9XX2, 032.9XX3, 032.9XX4, 032.9XX5, 032.9XX9, 033.0, 033.1, 033.2, 033.3XX0, 033.3XX1, 033.3XX2, 033.3XX3, 033.3XX4, 033.3XX5, 033.3XX9, 033.4XX0, 033.4XX1, 033.4XX2, 033.4XX3, 033.4XX4, 033.4XX5, 033.4XX9, 033.5XX0, 033.5XX1, 033.5XX2, 033.5XX3, 033.5XX4, 033.5XX5, 033.5XX9, 033.6XX0, 033.6XX1, 033.6XX2, 033.6XX3, 033.6XX4, 033.6XX5, 033.6XX9, 033.7XX0, 033.7XX1, 033.7XX2, 033.7XX3, 033.7XX4, 033.7XX5, 033.7XX9, 033.8, 033.9, 034.00, 034.01, 034.02, 034.03, 034.10, 034.11, 034.12, 034.13, 034.211, 034.212, 034.218, 034.219, 034.22, 034.29, 034.30, 034.31, 034.32, 034.33, 034.40, 034.41, 034.42, 034.43, 034.511, 034.512, 034.513, 034.519, 034.521, 034.522, 034.523, 034.529, 034.531, 034.532, 034.533, 034.539, 034.591, 034.592, 034.593, 034.599, 034.60, 034.61, 034.62, 034.63, 034.70, 034.71, 034.72, 034.73, 034.80, 034.81, 034.82, 034.83, 034.90, 034.91, 034.92, 034.93, 035.0XX0, 035.0XX1, 035.0XX2, 035.0XX3, 035.0XX4, 035.0XX5, 035.0XX9, 035.1XX0, 035.1XX1, 035.1XX2, 035.1XX3, 035.1XX4, 035.1XX5, 035.1XX9, 035.2XX0, 035.2XX1, 035.2XX2, 035.2XX3, 035.2XX4, 035.2XX5, 035.2XX9, 035.3XX0, 035.3XX1, 035.3XX2, 035.3XX3, 035.3XX4, 035.3XX5, 035.3XX9, 035.4XX0, 035.4XX1, 035.4XX2, 035.4XX3, 035.4XX4, 035.4XX5, 035.4XX9, 035.5XX0, 035.5XX1, 035.5XX2, 035.5XX3, 035.5XX4, 035.5XX5, 035.5XX9, 035.6XX0, 035.6XX1, 035.6XX2, 035.6XX3, 035.6XX4, 035.6XX5, 035.6XX9, 035.7XX0, 035.7XX1, 035.7XX2, 035.7XX3, 035.7XX4, 035.7XX5, 035.7XX9, 035.8XX0, 035.8XX1, 035.8XX2, 035.8XX3, 035.8XX4, 035.8XX5, 035.8XX9, 035.9XX0, 035.9XX1, 035.9XX2, 035.9XX3, 035.9XX4, 035.9XX5, 035.9XX9, 036.0110, 036.0111, 036.0112, 036.0113, 036.0114, 036.0115, 036.0119, 036.0120, 036.0121, 036.0122, 036.0123, 036.0124, 036.0125, 036.0129, 036.0130, 036.0131, 036.0132, 036.0133, 036.0134, 036.0135, 036.0139, 036.0190, 036.0191, 036.0192, 036.0193, 036.0194, 036.0195, 036.0199, 036.0910, 036.0911, 036.0912, 036.0913, 036.0914, 036.0915, 036.0919, 036.0920, 036.0921, 036.0922, 036.0923, 036.0924, 036.0925, 036.0929, 036.0930, 036.0931, 036.0932, 036.0933, 036.0934, 036.0935, 036.0939, 036.0990, 036.0991, 036.0992, 036.0993, 036.0994, 036.0995, 036.0999, 036.1110, 036.1111, 036.1112, 036.1113, 036.1114, 036.1115, 036.1119, 036.1120, 036.1121, 036.1122, 036.1123, 036.1124, 036.1125, 036.1129, 036.1130, 036.1131, 036.1132, 036.1133, 036.1134, 036.1135, 036.1139, 036.1190, 036.1191, 036.1192, 036.1193, 036.1194, 036.1195, 036.1199, 036.1910,	With a prenatal visit <b>OR</b> Telephone Visit <b>OR</b> Online Assessment

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PPC Measure Value Set Codes (continued)

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HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
Pregnancy Diagnosis (continued)	ICD10CM	036.1911, 036.1912, 036.1913, 036.1914, 036.1915, 036.1919, 036.1920, 036.1921, 036.1922, 036.1923, 036.1924, 036.1925, 036.1929, 036.1930, 036.1931, 036.1932, 036.1933, 036.1934, 036.1935, 036.1939, 036.1990, 036.1991, 036.1992, 036.1993, 036.1994, 036.1995, 036.1999, 036.20X0, 036.20X1, 036.20X2, 036.20X3, 036.20X4, 036.20X5, 036.20X9, 036.21X0, 036.21X1, 036.21X2, 036.21X3, 036.21X4, 036.21X5, 036.21X9, 036.22X0, 036.22X1, 036.22X2, 036.22X3, 036.22X4, 036.22X5, 036.22X9, 036.23X0, 036.23X1, 036.23X2, 036.23X3, 036.23X4, 036.23X5, 036.23X9, 036.4XX0, 036.4XX1, 036.4XX2, 036.4XX3, 036.4XX4, 036.4XX5, 036.4XX9, 036.5110, 036.5111, 036.5112, 036.5113, 036.5114, 036.5115, 036.5119, 036.5120, 036.5121, 036.5122, 036.5123, 036.5124, 036.5125, 036.5129, 036.5130, 036.5131, 036.5132, 036.5133, 036.5134, 036.5135, 036.5139, 036.5190, 036.5191, 036.5192, 036.5193, 036.5194, 036.5195, 036.5199, 036.5910, 036.5911, 036.5912, 036.5913, 036.5914, 036.5915, 036.5919, 036.5920, 036.5921, 036.5922, 036.5923, 036.5924, 036.5925, 036.5929, 036.5930, 036.5931, 036.5932, 036.5933, 036.5934, 036.5935, 036.5939, 036.5990, 036.5991, 036.5992, 036.5993, 036.5994, 036.5995, 036.5999, 036.60X0, 036.60X1, 036.60X2, 036.60X3, 036.60X4, 036.60X5, 036.60X9, 036.61X0, 036.61X1, 036.61X2, 036.61X3, 036.61X4, 036.61X5, 036.61X9, 036.62X0, 036.62X1, 036.62X2, 036.62X3, 036.62X4, 036.62X5, 036.62X9, 036.63X0, 036.63X1, 036.63X2, 036.63X3, 036.63X4, 036.63X5, 036.63X9, 036.70X0, 036.70X1, 036.70X2, 036.70X3, 036.70X4, 036.70X5, 036.70X9, 036.71X0, 036.71X1, 036.71X2, 036.71X3, 036.71X4, 036.71X5, 036.71X9, 036.72X0, 036.72X1, 036.72X2, 036.72X3, 036.72X4, 036.72X5, 036.72X9, 036.73X0, 036.73X1, 036.73X2, 036.73X3, 036.73X4, 036.73X5, 036.73X9, 036.80X0, 036.80X1, 036.80X2, 036.80X3, 036.80X4, 036.80X5, 036.80X9, 036.8120, 036.8121, 036.8122, 036.8123, 036.8124, 036.8125, 036.8129, 036.8130, 036.8131, 036.8132, 036.8133, 036.8134, 036.8135, 036.8139, 036.8190, 036.8191, 036.8192, 036.8193, 036.8194, 036.8195, 036.8199, 036.8210, 036.8211, 036.8212, 036.8213, 036.8214, 036.8215, 036.8219, 036.8220, 036.8221, 036.8222, 036.8223, 036.8224, 036.8225, 036.8229, 036.8230, 036.8231, 036.8232, 036.8233, 036.8234, 036.8235, 036.8239, 036.8290, 036.8291, 036.8292, 036.8293, 036.8294, 036.8295, 036.8299, 036.8310, 036.8311, 036.8312, 036.8313, 036.8314, 036.8315, 036.8319, 036.8320, 036.8321, 036.8322, 036.8323, 036.8324, 036.8325, 036.8329, 036.8330, 036.8331, 036.8332, 036.8333, 036.8334, 036.8335, 036.8339, 036.8390, 036.8391, 036.8392, 036.8393, 036.8394, 036.8395, 036.8399, 036.8910, 036.8911, 036.8912, 036.8913, 036.8914, 036.8915, 036.8919, 036.8920, 036.8921, 036.8922, 036.8923, 036.8924, 036.8925, 036.8929, 036.8930, 036.8931, 036.8932, 036.8933, 036.8934, 036.8935, 036.8939, 036.8990, 036.8991, 036.8992, 036.8993, 036.8994, 036.8995, 036.8999, 036.90X0, 036.90X1, 036.90X2, 036.90X3, 036.90X4, 036.90X5, 036.90X9, 036.91X0, 036.91X1, 036.91X2, 036.91X3, 036.91X4, 036.91X5, 036.91X9, 036.92X0, 036.92X1, 036.92X2, 036.92X3, 036.92X4, 036.92X5, 036.92X9, 036.93X0, 036.93X1, 036.93X2, 036.93X3, 036.93X4, 036.93X5, 036.93X9, 040.1XX0, 040.1XX1, 040.1XX2, 040.1XX3, 040.1XX4, 040.1XX5, 040.1XX9, 040.2XX0, 040.2XX1, 040.2XX2, 040.2XX3, 040.2XX4, 040.2XX5, 040.2XX9, 040.3XX0, 040.3XX1, 040.3XX2, 040.3XX3, 040.3XX4, 040.3XX5, 040.3XX9, 040.9XX0, 040.9XX1, 040.9XX2, 040.9XX3, 040.9XX4, 040.9XX5, 040.9XX9, 041.00X0, 041.00X1, 041.00X2, 041.00X3, 041.00X4, 041.00X5, 041.00X9, 041.01X0, 041.01X1, 041.01X2, 041.01X3, 041.01X4, 041.01X5, 041.01X9, 041.02X0, 041.02X1, 041.02X2, 041.02X3, 041.02X4, 041.02X5, 041.02X9, 041.03X0, 041.03X1, 041.03X2, 041.03X3, 041.03X4, 041.03X5, 041.03X9, 041.1010, 041.1011, 041.1012, 041.1013, 041.1014, 041.1015, 041.1019, 041.1020, 041.1021, 041.1022, 041.1023, 041.1024, 041.1025, 041.1029, 041.1030, 041.1031, 041.1032, 041.1033, 041.1034, 041.1035, 041.1039, 041.1090, 041.1091, 041.1092, 041.1093, 041.1094, 041.1095, 041.1099, 041.1210, 041.1211, 041.1212, 041.1213, 041.1214, 041.1215, 041.1219, 041.1220, 041.1221, 041.1222, 041.1223, 041.1224, 041.1225, 041.1229, 041.1230, 041.1231, 041.1232, 041.1233, 041.1234, 041.1235, 041.1239, 041.1290, 041.1291, 041.1292, 041.1293, 041.1294, 041.1295, 041.1299, 041.1410, 041.1411, 041.1412, 041.1413, 041.1414, 041.1415, 041.1419, 041.1420, 041.1421, 041.1422, 041.1423, 041.1424, 041.1425, 041.1429, 041.1430, 041.1431, 041.1432, 041.1433, 041.1434, 041.1435, 041.1439, 041.1490, 041.1491, 041.1492, 041.1493, 041.1494, 041.1495, 041.1499, 041.8X10, 041.8X11, 041.8X12, 041.8X13, 041.8X14, 041.8X15, 041.8X19, 041.8X20, 041.8X21, 041.8X22, 041.8X23, 041.8X24, 041.8X25, 041.8X29, 041.8X30, 041.8X31, 041.8X32, 041.8X33, 041.8X34, 041.8X35, 041.8X39, 041.8X90, 041.8X91, 041.8X92, 041.8X93, 041.8X94, 041.8X95, 041.8X99, 041.90X0, 041.90X1, 041.90X2, 041.90X3, 041.90X4, 041.90X5, 041.90X9, 041.91X0, 041.91X1, 041.91X2, 041.91X3, 041.91X4, 041.91X5, 041.91X9, 041.92X0, 041.92X1, 041.92X2, 041.92X3, 041.92X4, 041.92X5, 041.92X9, 041.93X0, 041.93X1, 041.93X2, 041.93X3, 041.93X4, 041.93X5, 041.93X9, 042.00, 042.011, 042.012, 042.013, 042.019, 042.02, 042.10, 042.111, 042.112, 042.113, 042.119, 042.12, 042.90, 042.911, 042.912, 042.913, 042.919, 042.92,	With a prenatal visit <b>OR</b> Telephone Visit <b>OR</b> Online Assessment

PPC continued on the following page

PPC Measure Value Set Codes (continued)

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.

HEDIS VALUE SET NAME	CODE SET	CODE	COMMENTS
Pregnancy Diagnosis (continued)	ICD10CM	043.011, 043.012, 043.013, 043.019, 043.021, 043.022, 043.023, 043.029, 043.101, 043.102, 043.103, 043.109, 043.111, 043.112, 043.113, 043.119, 043.121, 043.122, 043.123, 043.129, 043.191, 043.192, 043.193, 043.199, 043.211, 043.212, 043.213, 043.219, 043.221, 043.222, 043.223, 043.229, 043.231, 043.232, 043.233, 043.239, 043.811, 043.812, 043.813, 043.819, 043.891, 043.892, 043.893, 043.899, 043.90, 043.91, 043.92, 043.93, 044.00, 044.01, 044.02, 044.03, 044.10, 044.11, 044.12, 044.13, 044.20, 044.21, 044.22, 044.23, 044.30, 044.31, 044.32, 044.33, 044.40, 044.41, 044.42, 044.43, 044.50, 044.51, 044.52, 044.53, 045.001, 045.002, 045.003, 045.009, 045.011, 045.012, 045.013, 045.019, 045.021, 045.022, 045.023, 045.029, 045.091, 045.092, 045.093, 045.099, 045.8X1, 045.8X2, 045.8X3, 045.8X9, 045.90, 045.91, 045.92, 045.93, 046.001, 046.002, 046.003, 046.009, 046.011, 046.012, 046.013, 046.019, 046.021, 046.022, 046.023, 046.029, 046.091, 046.092, 046.093, 046.099, 046.8X1, 046.8X2, 046.8X3, 046.8X9, 046.90, 046.91, 046.92, 046.93, 047.00, 047.02, 047.03, 047.1, 047.9, 048.0, 048.1, 060.00, 060.02, 060.03, 071.00, 071.02, 071.03, 071.1, 071.2, 071.3, 071.4, 071.5, 071.6, 071.7, 071.81, 071.82, 071.89, 071.9, 088.011, 088.012, 088.013, 088.019, 088.111, 088.112, 088.113, 088.119, 088.211, 088.212, 088.213, 088.219, 088.311, 088.312, 088.313, 088.319, 088.811, 088.812, 088.813, 088.819, 091.011, 091.012, 091.013, 091.019, 091.03, 091.111, 091.112, 091.113, 091.119, 091.13, 091.211, 091.212, 091.213, 091.219, 091.23, 092.011, 092.012, 092.013, 092.019, 092.03, 092.111, 092.112, 092.113, 092.119, 092.13, 092.3, 092.4, 092.5, 092.6, 092.70, 092.79, 098.011, 098.012, 098.013, 098.019, 098.111, 098.112, 098.113, 098.119, 098.211, 098.212, 098.213, 098.219, 098.311, 098.312, 098.313, 098.319, 098.411, 098.412, 098.413, 098.419, 098.511, 098.512, 098.513, 098.519, 098.611, 098.612, 098.613, 098.619, 098.711, 098.712, 098.713, 098.719, 098.811, 098.812, 098.813, 098.819, 098.911, 098.912, 098.913, 098.919, 099.011, 099.012, 099.013, 099.019, 099.111, 099.112, 099.113, 099.119, 099.210, 099.211, 099.212, 099.213, 099.280, 099.281, 099.282, 099.283, 099.310, 099.311, 099.312, 099.313, 099.320, 099.321, 099.322, 099.323, 099.330, 099.331, 099.332, 099.333, 099.340, 099.341, 099.342, 099.343, 099.350, 099.351, 099.352, 099.353, 099.411, 099.412, 099.413, 099.419, 099.511, 099.512, 099.513, 099.519, 099.611, 099.612, 099.613, 099.619, 099.711, 099.712, 099.713, 099.719, 099.810, 099.820, 099.830, 099.840, 099.841, 099.842, 099.843, 099.891, 09A.111, 09A.112, 09A.113, 09A.119, 09A.211, 09A.212, 09A.213, 09A.219, 09A.311, 09A.312, 09A.313, 09A.319, 09A.411, 09A.412, 09A.413, 09A.419, 09A.511, 09A.512, 09A.513, 09A.519, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z32.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9, 035.00X0, 035.00X1, 035.00X2, 035.00X3, 035.00X4, 035.00X5, 035.00X9, 035.01X0, 035.01X1, 035.01X2, 035.01X3, 035.01X4, 035.01X5, 035.01X9, 035.02X0, 035.02X1, 035.02X2, 035.02X3, 035.02X4, 035.02X5, 035.02X9, 035.03X0, 035.03X1, 035.03X2, 035.03X3, 035.03X4, 035.03X5, 035.03X9, 035.04X0, 035.04X1, 035.04X2, 035.04X3, 035.04X4, 035.04X5, 035.04X9, 035.05X0, 035.05X1, 035.05X2, 035.05X3, 035.05X4, 035.05X5, 035.05X9, 035.06X0, 035.06X1, 035.06X2, 035.06X3, 035.06X4, 035.06X5, 035.06X9, 035.07X0, 035.07X1, 035.07X2, 035.07X3, 035.07X4, 035.07X5, 035.07X9, 035.08X0, 035.08X1, 035.08X2, 035.08X3, 035.08X4, 035.08X5, 035.08X9, 035.09X0, 035.09X1, 035.09X2, 035.09X3, 035.09X4, 035.09X5, 035.09X9,, 035.10X0, 035.10X1, 035.10X2, 035.10X3, 035.10X4, 035.10X5, 035.10X9, 035.11X0, 035.11X1, 035.11X2, 035.11X3, 035.11X4, 035.11X5, 035.11X9, 035.12X0, 035.12X1, 035.12X2, 035.12X3, 035.12X4, 035.12X5, 035.12X9, 035.13X0, 035.13X1, 035.13X2, 035.13X3, 035.13X4, 035.13X5, 035.13X9, 035.14X0, 035.14X1, 035.14X2, 035.14X3, , 035.14X4, 035.14X5, 035.14X9, 035.15X0, 035.15X1, 035.15X2, 035.15X3, 035.15X4, 035.15X5, 035.15X9, 035.19X0, 035.19X1, 035.19X2, 035.19X3, 035.19X4, 035.19X5, 035.19X9, 035.AXX0, 035.AXX1, 035.AXX2, 035.AXX3, 035.AXX4, 035.AXX5, 035.AXX9, 035.BXX0, 035.BXX1, 035.BXX2, 035.BXX3, 035.BXX4, 035.BXX5, 035.BXX9, 035.CXX0, 035.CXX1, 035.CXX2, 035.CXX3, 035.CXX4, 035.CXX5, 035.CXX9, 035.DXX0, 035.DXX1, 035.DXX2, 035.DXX3, 035.DXX4, 035.DXX5, 035.DXX9, 035.EXX0, 035.EXX1, 035.EXX2, 035.EXX3, 035.EXX4, 035.EXX5, 035.EXX9, 035.FXX0, 035.FXX1, 035.FXX2, 035.FXX3, 035.FXX4, 035.FXX5, 035.FXX9, 035.GXX0, 035.GXX1, 035.GXX2, 035.GXX3, 035.GXX4, 035.GXX5, 035.GXX9, 035.HXX0, 035.HXX1, 035.HXX2, 035.HXX3, 035.HXX4, 035.HXX5, 035.HXX9	With a prenatal visit <b>OR</b> Telephone Visit <b>OR</b> Online Assessment
Cervical Cytology Lab Test	CPT	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175	
Cervical Cytology Lab Test	HCPCS	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	
Postpartum Bundled Services	CPT	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	
Postpartum Visits	CPT	57170, 58300, 59430, 99501	
Postpartum Visits	HCPCS	G0101	
Postpartum Visits	ICD10CM	Z01.411, Z01.419, Z01.42, Z30.430, z39.1, z39.2	
Postpartum Visits	CPT-CAT-II	0503F	

PPC Measure Value Set Codes (continued)

The NCQA HEDIS® measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS®*. The adjusted measure specification may be used only for internal quality improvement purposes.



**BlueCross BlueShield  
of North Carolina**

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