



Serving Hoosier Healthwise,
Healthy Indiana Plan and Hoosier Care Connect

Anthem Blue Cross and Blue Shield

HEDIS Benchmarks
and Coding Guidelines
for Quality Care

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Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

This HEDIS® measure looks at members ages 19 to 64 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.

Record your efforts

Identify members with schizophrenia or schizoaffective disorder as those who met at least one of the following criteria during the measurement year:

- At least one acute inpatient encounter with any diagnosis of schizophrenia or schizoaffective disorder
- At least two visits in an outpatient, intensive outpatient, partial hospitalization, emergency department (ED) or nonacute inpatient setting on different dates of service with any diagnosis of schizophrenia or schizoaffective disorder

Exclusions

- A diagnosis of dementia
- Member did not have at least two antipsychotic medication dispensing events

Oral antipsychotic medications:

Description	Prescription		
Miscellaneous antipsychotic agents (oral)	Aripiprazole Asenapine Brexipiprazole Cariprazine Clozapine Haloperidol	Iloperidone Loxapine Lurisdone Molindone Olanzapine Paliperidone	Quetiapine Quetiapine fumarate Risperidone Ziprasidone
Phenothiazine antipsychotics (oral)	Chlorpromazine Fluphenazine	Perphenazine Prochlorperazine	Thioridazine Trifluoperazine
Psychotherapeutic combinations (oral)	Amitriptyline-perphenazine		
Thioxanthenes (oral)	Thiothixene		

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Long acting injections: 14-day supply medications:

Description	Prescription
Long-acting injections: 14-day supply	Risperidone

Long-acting injections: 28-day supply medications:

Description	Prescription
Long-acting injections: 28-day supply	Aripiprazole Fluphenazine decanoate Haloperidol decanoate Olanzapine Paliperidone palmitate

Codes to identify long-acting injections: 14-day supply:

HCPCS
J2794

Codes to identify long-acting injections: 28-day supply:

HCPCS
J0401, J1631, J2358, J2426, J2680

Notes

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Adult BMI Assessment (ABA)

This HEDIS measure looks at members ages 18 to 74 years who had an outpatient visit with documentation of weight and body mass index (BMI) value during the year or year prior. Members younger than age 20 must have a height, weight and a BMI percentile documented and/or plotted on a BMI chart.

Record your efforts

Make sure your medical records reflect all of the following:

- The date of the outpatient visit
- The weight and BMI value of the patient ages 20 to 74 years
- For members younger than age 20, include:
 - BMI percentile documented as a value (for example, 85th percentile)
 - BMI percentile plotted on an age-growth BMI chart
 - Height and weight

Exclusion

- Pregnancy

Codes to identify outpatient visits:

CPT
99201-99205, 99211-99215, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483

Codes to identify BMI:

Description	ICD-10
BMI codes	For those over the age of 20, use age-appropriate codes: Z68.1, Z68.20-Z68.39, Z68.41-Z68.45
BMI percentile	For those younger than age 20: Z68.51-Z68.54

Helpful tips

- Discuss the importance of ideal weight, nutrition and exercise with all members.
- Document all discussions about BMI in the medical record, including documentation of any patient nutritional counseling sessions.
- Encourage your staff to use tools within the office to promote teaching on ideal BMI and chronic disease conditions related to obesity or being overweight, such as handheld cards, charts, electronic medical record (EMR) flags and educational brochures.

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- Provide staff training on BMI documentation — be a health champion to your patient’s health; enhance your services in prevention of obesity.
- Annual well visits are a great time to discuss BMI assessment.
- Place posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about health screenings.
- Review your EMR or assessment forms to check for fields that document BMI. Offices that use EMRs should check whether their systems have the ability to auto calculate BMI once height and weight is entered.
- Talk to your local Provider representative if we can assist.
- The pregnancy optional exclusion should be applied to only female members.
- Remember to include the applicable ICD-10 code above on the claim form to help reduce the burden of HEDIS medical record review.

How can we help?

We help you with BMI screening by:

- Distributing adult BMI charts during office site visits if available.
- Educating members on the importance of BMI screening through our programs.

Contact your local Provider representative for information.

Other available resources

You can find more information and tools online at:

- <https://www.ama-assn.org>.
- <https://www.cdc.gov/healthyweight/assessing/bmi/index.html>.

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Antidepressant Medication Management (AMM)

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

- **Effective Acute Phase Treatment:** the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase Treatment:** The percentage of members who remained on an antidepressant medication for at least 180 days (six months)

Codes to identify Diagnosis codes for major depression:

Description	ICD-10
Major depression	F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
Electroconvulsive therapy	GZB0ZZZ-GZB4ZZZ

Codes to identify visit type:

Description	CPT
Behavioral health	98960-98962, 99078, 99201-99205, 99211-99215, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510
Observation	92217-99220
Electroconvulsive therapy	90870
ED codes	99281-99285

Helpful tips

Educate your patients and their spouses, caregivers, and/or guardians about the importance of:

- Complying with long-term medications.
- Not abruptly stopping medications without consulting you.
- Contacting you immediately if they experience any unwanted/adverse reactions so that their treatment can be re-evaluated.
- Scheduling and attending follow-up appointments to review the effectiveness of their medications.
- Calling your office if they cannot get their medications refilled.
- Discuss the benefits of participating in a behavioral health case management program.
- Ask your members who have a behavioral health diagnosis to provide you access to their behavioral health records if you are their primary care provider.

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How can we help?

We help you with antidepressant medication management by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.

Other available resources

You can find more information and tools online at:

- <https://www.ahrq.gov>.
- <https://www.ncbi.nlm.nih.gov>.

Notes

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Appropriate Testing for Children with Pharyngitis (CWP)

This HEDIS measure evaluates members ages 3 to 18 who had an outpatient visit or ED encounter with only a diagnosis of pharyngitis and were dispensed an antibiotic and also received group A streptococcus (strep) tests three days before or after the prescription.

Since there is considerable evidence that prescribing antibiotics is not the first line of treatment for cold or sore throat caused by viruses, pediatric *Clinical Practice Guidelines* recommend only children with lab-confirmed group A strep be treated with appropriate antibiotics. Record results of strep test.

Codes to identify pharyngitis:

Description	ICD-10
Streptococcal pharyngitis	J02.0
Acute pharyngitis	J02.8, J02.9
Acute tonsillitis	J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

Codes to identify group A streptococcal tests:

CPT	LOINC
87070, 87071, 87081, 87430, 87650-87652, 87880	11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5063-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7,

Note: The Logical Observation Identifier Names and Codes (LOINC) are for reporting clinical observations and laboratory testing.

Codes to identify visit type:

Description	CPT	UB revenue codes
Outpatient	99201-99205, 99211-99215, 99341-99345, 99347-99350, 99382-99385, 99392-99395, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	0510-0523, 0526-0529, 0982, 0983
ED	99281-99285	0450, 0451, 0452, 0456, 0459, 0981

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Inpatient		0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Observation	99218-99220, 99201-99205, 99211-99215, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456	

Exclusions

- Encounters with greater than one diagnosis
- Children with a history of antibiotic Rx within 30 days of encounter

Helpful tips

- If a patient tests negative for group A strep but insists on an antibiotic:
 - Refer to the illness as a sore throat due to a cold; members tend to associate the label with a less-frequent need for antibiotics.
 - Write a prescription for symptom relief, like over-the-counter medicines.
- Educate members on the difference between bacterial and viral infections. (This is a key point in the success of this measure.)
- Document the performance of a rapid strep test or the parent or caregiver's refusal of testing in medical records.
- Discuss with members ways to treat symptoms:
 - Get extra rest.
 - Drink plenty of fluids.
 - Use over-the-counter medications.
 - Use a cool-mist vaporizer and nasal spray for congestion.
 - Eat ice chips or use throat spray or lozenges for sore throats.
- Educate members and their parents or caregivers that they can prevent infection by:
 - Washing hands frequently.
 - Keeping an infected person's eating utensils and drinking glasses separate from other family members.
 - Thoroughly washing an infected toddler's toys in hot water with disinfectant soap.
 - Keeping a child diagnosed with a strep sore throat out of school or day care until he or she has taken antibiotics for at least 24 hours and until symptoms improve.

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Appropriate Treatment for Children with Upper Respiratory Infections (URI)

This HEDIS measure looks at members ages 3 months to 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. Educating members on the difference between bacterial and viral infections is a key factor in the success of this measure; reducing unnecessary use of antibiotics is the goal of this measure.

Diagnosis codes to identify URI:

Description	ICD-10
Acute nasopharyngitis (common cold)	J00
Acute laryngopharyngitis	J06.0
Acute upper respiratory infection, unspecified	J06.9

Helpful tips

- Be equipped to teach members about the real cause of their illness and explain how using antibiotics when they're not needed can be harmful and cause antibiotic resistance.
- Educate members on the effects of frequently using antibiotics for a viral infection by using educational tools that are available.
- Post educational materials in your waiting room and treatment areas for members.
- Focus your discussion on things members can do to treat the symptoms of URI and the common cold, like:
 - Getting extra rest.
 - Drinking plenty of fluids.
 - Treating the symptoms with over-the-counter medications.
 - Using a cool mist vaporizer/nasal spray for congestion.
 - Using ice chips or throat spray/lozenges for sore throats.
- If a parent/caregiver insists on an antibiotic:
 - Refer to the illness as a common cold; parents and caregivers tend to associate the label with a less-frequent need for antibiotics.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.

Other available resources

Go to <https://www.cdc.gov/antibiotic-use/index.html> for these helpful materials and more.

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Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis (AAB)

Since there is considerable evidence that prescribing antibiotics for uncomplicated acute bronchitis is not indicated unless they are associated comorbid diagnosis, this HEDIS measure looks at the percentage of adults ages 18 to 64 years with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Codes to identify acute bronchitis:

Description	ICD-10
Acute bronchitis	J20.3 J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J20.0-J20.9, J40

Description	CPT
Outpatient visit	99201-99205, 99211, 99215, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456
Observation	99217, 99218, 99219, 99220
ED	99281-99285

Exclusions

- Members diagnosed with pharyngitis or a competing diagnosis are excluded if during the period 30 days prior to the episode date through seven days after the episode date (38 days total).
- Members with a diagnosis of the following during the 12 months prior to or on the episode date are excluded:
 - HIV
 - HIV type 2
 - Malignant neoplasms of skin
 - Emphysema
 - Chronic obstructive pulmonary disease (COPD)
 - Cystic fibrosis
 - Comorbid conditions
 - Disorders of the immune system

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Helpful tips

- If prescribing an antibiotic for a bacterial infection (or comorbid condition) in members with acute bronchitis, be sure to use the diagnosis code for the bacterial infection and/or comorbid condition.
- If a patient insists on an antibiotic:
 - Refer to the illness as a chest cold rather than bronchitis; members tend to associate the label with a less-frequent need for antibiotics.
 - Write a prescription for symptom relief, such as an over-the-counter cough medicine.
 - Treat with antibiotics if associated comorbid diagnosis.

How can we help?

We help you with avoidance of antibiotic treatment for adults with acute bronchitis by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.

Other available resources

Go to <https://www.cdc.gov/antibiotic-use/index.html> for these helpful materials and more:

- *Antibiotic Prescribing and Use in Doctors' Offices*
- *Improving Prescribing*

Notes

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Breast Cancer Screening (BCS)

This HEDIS measure looks at women ages 50 to 74 years who had at least one mammogram to screen for breast cancer during the current year or the year prior.

Record your efforts

One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Since this measure evaluates primary breast cancer screening tomosynthesis (3-D mammography), biopsies and breast ultrasounds, MRIs will not count as primary breast cancer screening.

Codes to identify mammography:

CPT	UB revenue cods
77055, 77056, 77057, 77061-77063, 77065-77067	0401, 0403

Helpful tips

- Discuss mammogram screening with all female members between ages 50 to 74 years (younger if the patient has a family history of breast cancer or other risk factors. History of bilateral mastectomy or unilateral mastectomies can be documented on provider chart as member's history.)
- Conduct outreach calls to members to remind them of the importance of annual wellness visits and assist in scheduling mammograms.
- Request and retain copies of mammography results in patient's records or tell members to make sure they ask the mammography centers to send a copy or have patient bring a copy to your office for records.
- Use your EMR to create flags or reminders for members who need a mammogram for a referral during their annual visit.
- Arrange one-on-one patient education by a health professional or trained person to discuss the importance of breast cancer screening and mammogram.
- Partner with us to discuss annual member screening and outreach events to promote preventive health care services.
- Motivate your office staff to use tools within the office to promote awareness of breast cancer screening, such as member handheld reminder cards, chart, or EMR flags and education brochures.
- Put up posters and educational messages in waiting areas; they help motivate members to initiate discussions with physicians regarding screenings.

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Exclusions

Members who have had a bilateral mastectomy or two unilateral mastectomies during any time in the member's history can be excluded:

- Absence of right breast — ICD-10: Z90.11
- Absence of left breast — ICD-10: Z90.12
- History of bilateral mastectomy — ICD-10: Z90.13
- Unilateral mastectomy — CPT:19180, 19200, 19220, 19240, 19303-19307
- Unilateral mastectomy right — ICD-10-PCS: 0HTT0ZZ
- Unilateral mastectomy left — ICD-10-PCS: 0HTU0ZZ
- Bilateral mastectomy — ICD-10-PCS: 0PCS:OHTV0ZZ
- Right/left modifier — RT/LT
- Bilateral modifier — 50, 09950

How can we help?

We help you get members in for breast cancer screenings by:

- Educating members on breast cancer screening through our health education materials if available; contact your Provider representative for additional information.
- Reminding members who have not yet had their mammogram to contact their physician to schedule one. We help you meet this benchmark by:
 - Offering current *Clinical Practice Guidelines* on our provider self-service website.
 - Working with you to schedule member screening events to help promote mammogram screening and other preventive health care services.

Other available resources

You can find more information and tools online at

<https://www.uspreventiveservicestaskforce.org>.

Notes

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Cervical Cancer Screening (CCS)

This HEDIS measure looks at women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women 21 to 64 years of age who had cervical cytology performed every three years
- Women 30 to 64 years of age who had cervical cytology/human papillomavirus (HPV) cotesting performed every five years

Record your efforts

Make sure your medical records reflect:

- The date and type of test that was performed.
- Notes in patient's chart if patient has a history of hysterectomy.
- Complete details if it was a complete, total, or radical abdominal or vaginal hysterectomy with no residual cervix; also, document history of cervical agenesis or acquired absence of cervix. (Include, at a minimum, the year the surgical procedure was performed.)

Cervical cytology codes to identify cervical cancer screening:

CPT	HCPSC	LOINC
88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143, G0147, G0148, Q0091	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

Note: The Logical Observation Identifier Names and Codes (LOINC) are for reporting clinical observations and laboratory testing.

Codes to identify HPV test codes:

CPT	HCPSC	LOINC
87620-87622, 87624-87625	G0476	21440-3, 30167-1, 38372-9 49896-4, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75406-9, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0

Exclusions

Members who have one of the following in their history can be excluded:

- Absence of cervix — ICD-10-CM: Q51.5, Z90.710, Z90.712
- Absence of cervix — ICD-10-PCS; 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ

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- Absence of cervix — CPT: 51925, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135

Helpful tips

- Discuss the importance of well-woman exams, mammograms, Pap tests and HPV testing with all female members between ages 21 to 64 years.
- Be a champion in promoting women's health by reminding them of the importance of annual wellness visits.
- Refer members to another appropriate provider if your office does not perform Pap tests and request copies of Pap test/HPV co-testing results be sent to your office.
- Talk to your Provider representative to determine if a health screening Clinic Day has been scheduled in your community. Our staff may be able to help plan, implement and evaluate events for a particular preventive screening, like a cervical cancer screening or a complete comprehensive women's health screening event (only if this is offered in your practice area).
- Train your staff on the use of educational materials to promote cervical cancer screening.
- Use a tracking mechanism, (for example, EMR flags and/or manual tracking tool) to identify members due for cervical cancer screening.
- Display posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about screening.
- Train your staff on preventive screenings or find out if we provide training.

How can we help?

We help you get our members this critical service by:

- Offering you access to our *Clinical Practice Guidelines* on our provider self-service website.
- Coordinating with you to plan and focus on improving health awareness for our members by providing health screenings, activities, materials and resources if available or as needed.
- Educating members on the importance of cervical cancer screening through various sources, such as phone calls, post cards, newsletters and health education fliers if available.

Contact your Provider representative for any questions during office visits.

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Other available resources

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Notes

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

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Childhood Immunizations Status (CIS)

The percentage of children turning 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Immunization	Dose(s)
DTaP	4
IPV	3
MMR	1
Hib	3
Hep B	3
VZV	1
PCV	4
Hep A	1
Rotavirus	2 to 3
Influenza	2

Record your efforts

Once you give our members their needed immunizations, let us and the state know by:

- Recording the immunizations in your state registry.
- Documenting the immunizations (historic and current) within medical records to include:
 - A note indicating the name of the specific antigen and the date of the immunization.
 - The certificate of immunization prepared by an authorized health care provider or agency.
 - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses or seropositive test result.
 - The date of the first hepatitis B vaccine given at the hospital and name of the hospital if available.
 - A note that the *member is up to date* with all immunizations but which does not list the dates of all immunizations and the names of the immunization agents does not constitute sufficient evidence of immunization for HEDIS reporting.

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Codes to identify immunizations:

Immunization	CPT	CVX
DTaP	90698, 90700, 90721, 90723	20, 50, 106, 107, 110, 120
IPV	90698, 90713, 90723	10, 89, 110, 120
MMR	90707, 90710	03, 94
Measles and rubella	90708	04
Measles, mumps or rubella	Measles: ICD-10: B05.0-4, B05.81, B05.89, B05.9	Mumps: 07
	Mumps: ICD-10: B26.0-3, B26.81-85, B26.89, B26.9	Measles: 05
	Rubella: ICD-10: B06.00-02, B06.09, B06.81-82, B06.89, B06.9	Rubella: 06
Hib	90644-90648, 90698, 90721, 90748	17, 46, 47, 48, 49, 50, 51, 120, 148
Hep B	90723, 90740, 90744, 90747, 90748	08, 44-45, 51, 110
	ICD-10: B16.0-2, B16.9, B17.0, B18.0-1, B19.10-11, Z2251	
VZV	90710, 90716	21, 94
	ICD-10: B01.0, B01.11-12, B01.2, B01.81, B01.89, B01.9, B02.0-1, B02.21-24, B02.29-34, B02.39, B02.7-9	
PCV	90670, 90732	133, 152
Hep A	90633	31, 83, 85
	ICD-10: B15.0, B15.9	
Rotavirus (two- or three-dose)	Two-dose: 90681	Two-dose: 119
	Three-dose: 90680	Three-doses: 116, 122
Influenza	90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688 HCPCS: G0008	88, 135, 140, 141, 150, 153, 155, 158, 161

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Exclusions

- Anaphylactic reaction due to vaccination
- Disorders of the immune system
- Encephalopathy due to the vaccination
- HIV
- HIV type 2
- Intussusception
- Malignant neoplasm of lymphatic tissue
- Severe combined immunodeficiency
- Vaccine causing adverse effect

Helpful tips

- If you use an EMR, create a flag to track members due for immunizations.
- Extend your office hours into the evening, early morning or weekends to accommodate working parents.
- Develop or implement standing orders for nurses and physician assistants in your practice to allow staff to identify opportunities to immunize.
- Enroll in the Vaccines for Children (VFC) program to receive vaccines. For questions about enrollment and vaccine orders, contact your state VFC coordinator. Find your coordinator when you visit <https://www.cdc.gov/vaccines/programs/vfc/contacts-state.html> or call 1-800-CDC-INFO (1-800-232-4636).

How can we help?

We can help you get children in for their immunizations by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing you with individual reports of your members overdue for services if needed.
- Assisting with patient scheduling if needed.

Call your Provider representative for more information.

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Chlamydia Screening in Women (CHL)

This HEDIS measure looks at sexually active women ages 16 to 24 years who received at least one chlamydia test during the current year.

The U.S. Preventive Services Task Force and the CDC recommend screening for chlamydia at least annually for all sexually active women younger than age 25.

Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States. An estimated three million chlamydia infections occur annually among sexually active adolescents and young adults. Chlamydia may cause infertility if left undiagnosed or untreated.

Codes to identify chlamydia screenings:

CPT	LOINC
87110, 87270, 87320, 87490-87492, 87810	14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7

Note: The Logical Observation Identifier Names and Codes (LOINC) are for reporting clinical observations and laboratory testing.

The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips

- Urine screening for chlamydia is acceptable for all female members ages 16 years and older during adolescent well-care visits.
- Screen female members who are sexually active in this age group for chlamydia every year as part of their annual well visit.
- Take a sexual history when you see adolescents. Create an environment conducive to taking a sexual history by:
 - Making sure you have an opportunity to speak with the adolescent without her parent(s) present.
 - Reinforcing confidentiality within limits.
 - Introducing sensitive issues by starting with nonthreatening topics first and moving to more sensitive ones.

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- If your office does not perform chlamydia screenings, refer members to a participating OB/GYN or other appropriate provider and have the results sent to you.

Positive test results

- Manage positive chlamydia tests and provide treatment the same way as any other test result.
- Ensure continuity of care after a positive screening test.
- Set aside time to discuss the test result, treatment plan and the implications of a positive test result with your members.
- Educate members with positive tests on the need to inform their partner(s). Reinfection is common and may cause infertility.

How can we help?

We help you get our members in for chlamydia screenings by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing you with individual reports of your members due for a chlamydia screening if needed.
- Providing resources on health education materials for your practice if available.
- Assisting with patient appointment scheduling if needed.

Contact your Provider representative if you have additional questions.

Notes

[illegible]

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Comprehensive Diabetes Care (CDC)

This HEDIS measure evaluates members ages 18 to 75 years with type 1 or type 2 diabetes. Each year, members with type 1 or type 2 diabetes should have:

- HbA1c testing.*
- Blood pressure monitoring.*
- Medical attention to nephrology (micro/macro urine, ACE/ARB medication therapy) in measurement year.
- Retinal or dilated eye exam performed by an ophthalmologist or optometrist in measurement year or year prior.

* Date and result of last screening in the measurement year

Record your efforts

Though only the most recent result matters, document all diabetes evaluation notes, blood pressure, lab tests, nephrologist visit if indicated, treatment with ACE inhibitors/ARB and eye exam results in the member's medical record. If exams listed above were not done as recommended, document the reasons.

Codes to identify diabetes:

ICD-10
E10.10-11, E10.21-22, E10.29, E10.311, E10.319, E10.321, E10.3211- E10.3213, E10.3219, E10.329, E10.3291, E10.3292, E10.3293, E10.3299, E10.331-E10.3313, E10.3319, E10.339-E10.3393, E10.3399, E10.341-3413, E10.3419, E10.349-E10.3493, E10.3499, E10.351-E10.3513, E10.3519, E10.3521-E10.3523, E10.3529, E10.3531-E10.3533, E10.3539, E10.3541-E10.3543, E10.3549, E10.3551-E10.3553, E10.3559, E10.359-E10.3593, E10.3599, E10.36, E10.37X1-E10.37X3, E10.37X9, E10.39-E10.44, E10.49, E10.51-E10.52, E10.59, E10.610, E10.618, E10.620-E10.22, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00-E11.01, E11.10-E11.11, E11.21-E11.22, E11.29, E11.311, E11.319, E11.321, E11.3211-E11.3213, E11.3219, E11.329, E11.3291-E11.3293, E11.3299, E11.331, E11.3311-E11.3313, E11.3319, E11.339, E11.3391-E11.3393, E11.3399, E11.341, E11.3411-E11.3413, E11.3419, E11.349, E11.3491-E11.3493, E11.3499, E11.351, E11.3511-E11.3513, E11.3519, E11.3521- E11.3523, E11.3529, E11.3531- E11.3533, E11.3539, E11.3541- E11.3543, E11.3549, E11.3551-E.11.3553, E11.3559, E11.359-E11.3593, E11.3599, E11.36, E11.37X1-E11.37X3, E11.37X9, E11.39-44, E11.49, E11.51-52, E11.59, E11.610, E11.618, E11.620-22, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21-22, E13.29, E13.311, E13.319, E13.321, E13.3211-E13.3213, E13.3219, E13.329, E13.3291- E13.3293,

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E13.3299, E13.331, E13.3311-E13.3313, E13.3319, E13.339, E13.3391-E13.3393, E13.3399, E13.341, E13.3411-E13.3413, E13.3419, E13.349, E13.3491-E13.3493, E13.3499, E13.351, E13.3511-E13.3513, E13.3519, E13.3521-E13.3523, E13.3529, E13.3531-E13.3533, E13.3539, E13.3541-E13.3543, E13.3549, E13.3551-E13.3553, E13.3559, E13.359, E13.3591-E13.3593, E13.3599, E13.36, E13.37X1-E13.37X3, E13.37X9, E13.39, E13.40, E13.41-44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620-22, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011-13, O24.019, O24.02, O24.03, O24.111-113, O24.119, O24.12, O24.13, O24.311-313, O24.319, O24.32, O24.33, O24.811-813, O24.819, O24.82, O24.83

Codes to identify comprehensive diabetes care:

Services	CPT
Acute inpatient	99221-99223, 99231-99233, 99238-99239, 99251-99255, 99291
Blood pressure: systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Coronary artery bypass grafting (CABG)	33510-33514, 33516-33519, 33521-33523, 33533-33536 HCPCS: S2201-2209
Diabetic retinal screenings	92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242 HCPCS: 0621, S3000
Diabetic retinal screening negative	CPT-CAT II: 3072F
Diabetic retinal screening with eye care professional	CPT-CAT II: 2022F, 2024F, 2026F
Diastolic 80 to 89	CPT-CAT-11: 3079F
Diastolic greater than/equal to 90	CPT-CAT-11: 3080F
Diastolic less than 80	CPT-CAT-11: 3078F
ED	99281-99285
End-stage renal disease (ESRD)	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512 HCPCS: G0257, S9339

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ESRD obsolete	36145, 90919-90921, 90923-90925 HCPCS: G0308-G0319, G0321-G0323, G0325-G0327, G0392-G0393
Eye exams	92002, 92004, 92012, 92014, 92018-92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215 CPT-CAT II: 2022F, 2024F, 2026F, 3072F HCPCS: S0620, S0621, S3000
HbA1c level 7 to 9	CPT-CAT II: 3045F
HbA1c level greater than 9.0	CPT-CAT II: 3046F
HbA1c level less than 7.0	CPT-CAT II: 3044F
HbA1c tests	83036-83037 CPT-CAT II: 3044F-3046F LOINC: 17856-6, 4548-4, 4549-2
Kidney transplant	CPT: 50360, 50365, 50370, 50380 HCPCS: S2065
Lower extremity amputation	27290, 27295, 27590-592, 27594, 27596, 27598, 27880-882, 27884, 27886, 27888-889, 28800, 28805, 28810, 28820, 28825
Nephropathy treatment	3066F, 4010F
Nonacute inpatient	99304-99310, 99315-99318, 99324-99329, 99334-99337
Observation	99217-99220
Online assessments	98969, 99444
Outpatient	99201-99205, 99211-99215, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483 HCPCS: T1015
Percutaneous coronary intervention PCI	92920, 92924, 92928, 92933, 992937, 92941, 92943, 92980, 92982, 92995 HCPCS: C9600, C9602, C9604, C9606-607
Remote blood pressure monitoring	93784, 93788, 93790, 99091
Telephone visits	98966-98968, 99441-99443
Unilateral eye enucleation	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Urine protein tests	CPT: 81000-81003, 81005, 82042-82044, 84156 CPT-CAT II: 3060F, 3061F, 3062F

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	LOINC: 11218-5, 12842-1, 13705-9, 13801-6, 13986-5, 13992-3, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 17819-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 29946-1, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49002-9, 49023-5, 50209-6, 50561-0, 50949-7, 51190-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 6941-9, 6942-7, 76401-9, 77253-3, 77254-1, 77940-5, 9318-7
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Exclusions

- Advanced illness
- Blindness
- CABG
- Chronic heart failure
- Chronic kidney disease (CKD) stage 4
- Dementia
- Diabetes mellitus without complications
- ESRD
- Frontotemporal dementia
- Ischemic vascular disease (IVD)
- Kidney transplant
- Lower extremity amputation
- Myocardial infarction (MI)
- PCI
- Thoracic aortic aneurysm
- Unilateral eye enucleation: left
- Unilateral eye enucleation: right
- Nephropathy treatment

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Helpful tips

- For the recommended frequency of testing and screening, refer to the *Clinical Practice Guidelines* for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call members to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results, eye exam results or any specialist referral and document on your chart.
- Draw labs in your office if accessible or refer members to a local lab for screenings.
- Refer members to the network of eye providers for their annual diabetic eye exam.
- Educate your members and their families, caregivers, and guardians on diabetes care, including:
 - Taking all prescribed medications as directed.
 - Adding regular exercise to daily activities.
 - Having the above-noted tests and screening at least once a year.
 - Having a diabetic eye exam each year with an eye care provider.
 - Regularly monitoring blood sugar and blood pressure at home.
 - Maintaining healthy weight and ideal body mass index.
 - Eating heart-healthy, low-calorie and low-fat foods.
 - Stopping smoking and avoiding second-hand smoke.
 - Fasting prior to having blood sugar and lipid panels drawn to ensure accurate results.
 - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings and tests to improve compliance.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.

How can we help?

We can help you with comprehensive diabetes care by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Providing programs that may be available to our diabetic members.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Scheduling Clinic Days or providing education at your office if available in your area.

Please contact your local Provider representative for more information.

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Controlling High Blood Pressure (CBP)

This HEDIS measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.

Record your efforts

Document blood pressure and diagnosis of TN. Members whose BP is adequately controlled include:

- Members ages 18 to 85 years — < 140/90 mm Hg

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. If no BP is recorded during the measurement year, assume that the member is *not controlled*.

What does not count?

- If taken on the same day as a diagnostic test or procedure that requires a change in diet or medication regimen
- On or one day before the day of the test or procedure with the exception of fasting blood tests
- Patient-reported BP measurements
- Taken during an acute inpatient stay or an ED visit

Codes to identify Essential HTN:

ICD-10	CPT
I10	3074F: systolic BP < 130 3075F: systolic BP 130-139 3077F: systolic BP >= 140 3078F: diastolic BP < 80 3079F: diastolic BP 80-89 3080F: diastolic BP > = 90

Services	CPT
Acute inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291
Diastolic 80 to 89	CAT II: 3079F
Diastolic greater than/equal to 90	CAT II: 3080F

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Diastolic less than 80	CAT II: 3078F
ED	99281-99285
Observation	99217-99220
Online assessment	98969, 99444
Outpatient	99201-99205, 99211- 99215, 99341- 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015
Outpatient without UBREV	99201-99205, 99211- 99215, 99241 - 99245, 99341- 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS G0402, G0438, G0439, G0463, T1015
Remote BP monitoring	93784, 93788, 93790, 99091
Systolic greater than/equal to 140	CAT II: 3077F
Systolic less than 140	CAT II: 3074F, 3075F
Telephone visits	98966-98968, 99441-99443

Exclusions

- ESRD
- Kidney Transplant
- Pregnancy
- Non acute Inpatient Stay
- Members ages 66-80 with Frailty and Advanced Illness
- Members 81 and above with Frailty

Helpful tips

- Improve the accuracy of BP measurements performed by your clinical staff by:
 - Providing training materials from the American Heart Association.
 - Conducting BP competency tests to validate the education of each clinical staff member.
 - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all members with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in member's medical records.
- Refer high-risk members to our hypertension programs for additional education and support.

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- Educate members and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
 - Heart-healthy eating and a low-salt diet.
 - Smoking cessation and avoiding secondhand smoke.
 - Adding regular exercise to daily activities.
 - Home BP monitoring.
 - Ideal BMI.
 - The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.

How can we help?

We support you in helping members control high blood pressure by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Reaching out to our hypertensive members through our programs.
- Helping identify your hypertensive members.
- Educating our members on high blood pressure through health education materials if available.
- Supplying copies of healthy tips for your office.

Other available resources

You can find more information and tools online at:

- <https://www.nhlbi.nih.gov>.
- <https://www.cdc.gov/bloodpressure/index.htm>.

Notes

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Follow-Up After Hospitalization for Mental Illness (FUH)

This HEDIS measure evaluates members ages 6 years and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and had a follow-up visit with a mental health practitioner. Two rates are reported

- The percentage of discharges for which the member received follow-up within 30 days after discharge
- The percentage of discharges for which the member received follow-up within seven days after discharge

Services	CPT
Transitional care management services	99495, 99496

Description	Codes
Visit setting unspecified	90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255
Behavioral health outpatient	98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99510, G0155, G0176-G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039-H0040, H2000, H210-H2011, H2013-H2020, M0064, T1015, 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982-0983
Partial hospitalization/intensive outpatient program (IOP)	G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485, 0905, 0907, 0912-0913
Electroconvulsive therapy:	90870, GZB0ZZZ-GZB4ZZZ, 0901
Observation:	99217-99220
Transitional care management services	99495-99496
Telehealth modifier	95, GT
POS modes	02, 03, 05, 07, 09, 11-20, 22, 24, 33, 49-50, 52-53, 71-72

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Exclusions

- Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission.

Helpful tips

- Educate your members and their spouses, caregivers, or guardians about the importance of compliance with long-term medications, if prescribed.
- Encourage members to participate in our behavioral health case management program for help getting a follow-up discharge appointment within seven days and other support.
- Teach member's families to review all discharge instructions for members and ask for details of all follow-up discharge instructions, such as the dates and times of appointments. The post discharge follow up should optimally be within seven days of discharge.
- Ask members with a mental health diagnosis to allow you access to their mental health records if you are their primary care provider.
- Telehealth services that are completed by a qualified mental health practitioner can be used for this measure.
- Same day, Transition and Bridge appointments no longer count for this measure.

How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current *Clinical Practice Guidelines* on our provider self-service website.

Other available resources

You can find more information and tools online at:

- <https://www.medicaidplans.org>.
- <https://www.qualityforum.org>.

Notes

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

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- **Initiation Phase:** the percentage of members 6 to 12 years of age as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase
- **Continuation and Maintenance (C&M) Phase:** The percentage of members 6 to 12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the Initiation Phase ended.

Record your efforts

When prescribing a new ADHD medication:

- Be sure to schedule a follow-up visit right away — within 30 days of ADHD medication initially prescribed or restarted after a 120-day break.
- Schedule follow-up visits while members are still in the office.
- Have your office staff call members at least three days before appointments.
- After the initial follow-up visits, schedule at least two more office visits in the next nine months to monitor patient's progress.

Be sure that follow-up visits include the diagnosis of ADHD.

Codes to identify:

Description	CPT
Visit setting unspecified	90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255
Behavioral health outpatient	98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99510, G0155, G0176-G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039-H0040, H2000, H210-H2011, H2013-H2020, M0064, T1015, 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982-0983

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Partial hospitalization/ IOP	G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485, 0905, 0907, 0912-0913
Health and behavior assessment/ intervention	96150-96154
Observation	99217-99220
Telephone*	98966-98968, 99441-99443

* Telehealth and telephone visits only counts for the C&M phase and for one of the two visits.

Exclusions

Exclude members who had an inpatient encounter for mental health or chemical dependency during the 300 days after the IPSD.

Helpful tips

- Educate your patients and their parents, guardians, or caregivers about the use of and compliance with long-term ADHD medications and the condition.
- Collaborate with other organizations to share information; research best practices about ADHD interventions and appropriate standards of practice and their effectiveness and safety.

Contact your Provider representative for copies of our ADHD-related patient materials.

How can we help?

We help you with follow-up care for children who are prescribed ADHD medications by:

- Providing *Clinical Practice Guidelines* on our provider self-service website.
- Providing the *HEDIS Measure Physician Desktop Reference Guide* and other helpful tools on our website.
- Helping you schedule appointments for your members if needed.
- Educating our members on ADHD through newsletters and health education fliers.

Other available resources

You can find more information and tools online at:

- <https://www.healthychildren.org>.
- <https://www.brightfutures.org>.
- <https://chadd.org>.

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Immunizations for Adolescents (IMA)

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Vaccines administered on or before their 13th birthday:

- One MCV/meningococcal vaccine on or between their 11th and 13th birthdays and
- One Tdap or 1 Td vaccine on or between their 10th and 13th birthdays
- Two doses or three doses of HPV vaccine administered on or between ages 9 and 13 years old

Codes to identify:

Description	CPT
Meningococcal	90734
Tdap	90715
HPV	90649, 90650, 90651

Exclusions

- Anaphylactic Reaction to Serum/Vaccination
- Encephalopathy Due to Vaccination
- Vaccine Causing Adverse Effect
- Members in hospice

Record your efforts

Immunization information obtained from the medical record:

- A note indicating the name of the specific antigen and the date of the immunization.
- A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.

Two-dose HPV vaccination series:

- There must be at least 146 days between the first and second dose of the HPV vaccine.

Meningococcal:

- *Do not count* meningococcal recombinant (serogroup B) (MenB) vaccines.

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

This measure monitors members ages 13 years and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- **Initiation of AOD Treatment:** the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis
- **Engagement of AOD Treatment:** the percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit

Some of the barriers to members starting and engaging in substance abuse treatment have been identified as:

- Lack of member knowledge on importance and availability of treatment services.
- Lack of coordination of care between physical and behavioral health practitioners.
- Denial of members in addressing their alcohol or other drug dependence.
- Resistance to seeking drug and alcohol treatment due to social stigma.
- No support from family, friends, peer or other community groups.
- Little emphasis from providers in addressing these issues during a regular wellness visit.

How can we help?

We can help you with monitoring initiation and engagement of alcohol and other drug dependence treatment by:

- Reaching out to providers to be advocates and providing the resources to educate our members.
- Calling our behavioral health Provider Service for additional information.
- Guiding with the above noted services to drive member success in completing alcohol and other drug dependence treatment.

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Codes to IET:

Description	Codes
IET stand-alone visits	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510 HCPCS: G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015
IET visits group 1	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876
IET visits group 2	CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255
AOD medication treatment	HCPCS: H0020, H0033, J0571-J0575, J2315, S0109
Detoxification	HCPCS: H0008-H0014; ICD-10 PCS: HZ2ZZZZ
ED codes	CPT: 99281-99285
Observation	CPT: 99217-99220
Online assessments	CPT: 98969, 99444,
Telephone visits	CPT: 98966-98968, 99441-99443

Medication treatment for alcohol abuse or dependence medications:

Description	Prescription
Aldehyde dehydrogenase inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosate (oral; delayed-release tablet)

Medication treatment for opioid abuse or dependence medications:

Description	Prescription
Antagonist	Naltrexone (oral and injectable)
Partial agonist	Buprenorphine (sublingual tablet and implant) Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

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Lead Screening in Children (LSC)

This HEDIS measure looks at members who turned 2 years old during the year and had one or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday:

- Children must receive a lead screening blood test at 12 to 24 months of age.
- If you obtain the specimen and analyze the test in your office, you should report results to your state's Childhood Lead Poisoning Prevention program.

Anticipatory guidance is required as part of a routine health check visit. You should cover:

- Effects of lead poisoning on children.
- Sources of lead poisoning.
- Pathways of exposure.
- How to prevent child exposure to lead hazards.
- Appropriate testing schedules for children.

Reminder: Completing a lead risk assessment questionnaire does not count as a lead screening. Completing a lead blood screening test meets compliance.

Record your efforts

When documenting lead screening, include:

- Date the test was performed.
- Results or findings.

Codes to identify lead test:

CPT	LOINC
83655	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7

Note: Logical Observation Identifier Names and Codes (LOINC) are for reporting clinical observations and laboratory testing.

The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips

- Draw patient's blood while they are in your office instead of sending them to the lab.
- Consider performing finger stick screenings in your practice.
- Assign one staff member to follow up on results when members are sent to a lab for screening.

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- Develop a process to check medical records for lab results to ensure previously ordered lead screenings have been completed and documented.
- Use sick and well-child visits as opportunities to encourage parents to have their child tested.
- Include a lead test reminder with lab name and address on your appointment confirmation/reminder cards.

How can we help?

We help you with lead screening in children by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.

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Medication Management for People with Asthma (MMA)

This HEDIS measure looks at members who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.

Two rates are reported:

- The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period
- The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period

For members with asthma, you should:

- Prescribe controller medication.
- Educate members in identifying asthma triggers and taking controller medications.
- Create an asthma action plan (document in medical record).
- Remind members to get their controller medication filled regularly.
- Remind member not to stop taking the controller medications even if they are feeling better and are symptom-free.

Codes to identify:

Description	CPT	ICD-10	HCCPS
ED	99281, 99282, 99283, 99284, 99285		
Asthma		J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998	
Acute inpatient	99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291		
Outpatient visit	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401, 99404, 99411, 99412, 99429, 99455, 99456, 99483		G0402, G0438, G0439, G0463, T1015
Observation	99217, 99218, 99219, 99220		

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Telehealth Visits	98966-98968, 99441-99443		
Online assessments	98969, 99444		

Record your efforts

Document in the member's medical record every time you hand out an asthma medication sample by:

- Adding a note to the file.
- Including a copy of the written prescription.

Appropriate controller and reliever medications:

Asthma controller medications		
Description	Prescriptions	
Antiasthmatic combinations	Dyphylline-guaifenesin ¹	Guaifenesin-theophylline
Antibody inhibitors	Omalizumab ¹	
Anti-interleukin-5	Mepolizumab	Reslizumab
Inhaled steroid combinations	Budesonide-formoterol ²	Fluticasone-vilanterol
	Fluticasone-salmeterol ²	Mometasone-formoterol ²
Inhaled corticosteroids	Beclomethasone	Flunisolide
	Budesonide	Fluticasone CFC-free
	Ciclesonide	Mometasone
Leukotriene modifiers	Montelukast ²	Zileuton ¹
	Zafirlukast	
Methylxanthines	Dyphylline ¹	Theophylline

Asthma reliever medications		
Description	Prescriptions	
Short-acting, inhaled beta-2 agonists	Albuterol	Pirbuterol ¹
	Levalbuterol ¹	
Visit the https://www.ncqa.org website for a comprehensive list of medications and NDC codes. Not all medications listed here may be in the formulary. Call the pharmacy to verify required <u>preauthorization of the medications</u> .		

1 Prior authorization may be required.

2 Step therapy may be required.

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Exclusions

- Acute respiratory failure: ICD-10: J96.00-J96.02, J96.20-J96.22
- Chronic respiratory conditions due to fumes/vapors: ICD-10: J68.4
- COPD: ICD-10: J44.0, J44.1, J44.9
- Cystic fibrosis: ICD-10: J43.0-J43.2, J43.8, J43.9
- Emphysema: ICD-10: J43.0-J43.2, J43.8, J43.9
- Other emphysema: ICD-10: J98.2, J98

How can we help?

We can help you keep members on track with their asthma medications by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing you with individualized reporting to help you track your performance.
- Educating members on asthma control and offering your practice educational materials to hand out to members if available.
- Helping you schedule appointments for your members if needed.
- Emphasizing to your members the importance of medication compliance and controller medications.

Notes

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Metabolic Monitoring for Children and Adolescents on Antipsychotic (APM)

This HEDIS measure looks at the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Both a blood glucose/HbA1c and LDL-C/cholesterol tests other than LDL.

Exclusion

- Members in hospice

Antipsychotic medications:

Description	Prescription		
Miscellaneous antipsychotic agents	Aripiprazole Asenapine Brexipiprazole Cariprazine Clozapine Haloperidol	Iloperidone Loxapine Lurisadone Molindone Olanzapine Paliperidone	Pimozide Quetiapine Quetiapine fumarate Risperidone Ziprasidone
Phenothiazine antipsychotics	Chlorpromazine Fluphenazine	Perphenazine Prochlorperazine	Thioridazine Trifluoperazine
Thioxanthenes	Thiothixene		
Long-acting injections	Aripiprazole Fluphenazine decanoate	Haloperidol decanoate Olanzapine	Paliperidone palmitate Risperidone

Antipsychotic combination medications:

Description	Prescription	
Psychotherapeutic combinations	Fluoxetine- olanzapine	Perphenazine- amitriptyline

Codes to identify:

LDL-C
80061, 83700-83701, 83704, 83721, 3048F-3050F, 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2
Cholesterol tests other than LDL
82465, 83718, 84478, 2085-9, 2093-3, 2571-8, 3043-7, 9830-1

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Glucose tests
80047-80048, 80050, 80053, 80069, 82947, 82950-82951, 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c tests
83036-83037, 3044F-3046F, 17856-6, 4548-4, 4549-2

Notes

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Prenatal and Postpartum Care (PPC)

This HEDIS measure looks at women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

Record your efforts

Prenatal visit in the first trimester or within 42 days of enrollment to an OB/GYN practitioner, other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation must include the visit date and evidence of **one** of the following:

- A basic physical obstetrical examination that includes one of the following:
 - Auscultation for fetal heart tone
 - Pelvic exam with obstetric observations
 - Measurement of fundus height (a standardized prenatal flow sheet may be used)
- Prenatal care procedure: This could be one of the following:
 - Screening test/obstetric panel
 - TORCH antibody panel alone
 - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
 - Ultrasound/Echography of a pregnant uterus
- Documentation of LMP or EDD with:
 - Prenatal risk assessment and either:
 - Counseling/education
 - Complete obstetrical history

Postpartum care a visit to an OB/GYN practitioner or midwife, family practitioner or other PCP on or between 21 and 56 days after delivery.

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and **one** of the following.

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen:
 - Notation of *breastfeeding* is acceptable for the **evaluation of breasts** component.
- Notation of postpartum care, including, but not limited to:
 - Notation of *postpartum care, PP care, PP check, 6-week check*.
 - A preprinted *Postpartum Care* form in which information was documented during the visit.

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Exclusions

- Nonlive births

Codes to identify pregnancy diagnosis:

ICD-10
O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209, O00.211, O00.212, O00.219, O09.00-O09.03, O09.10-O09.13, O09.211-O09.213, O09.219, O09.291-O09.293, O09.299, O09.30-O09.33, O09.40-O09.43, O09.511-O09.513, O09.519, O09.521-O09.523, O09.529, O09.611-O09.613, O09.619, O09.621-O09.623, O09.629, O09.70-O09.73, O09.811-O09.813, O09.819, O09.821-O09.823, O09.829, O09.891-O09.893, O09.899, O09.90-O09.93, O09.A0-O09.A3, O10.011-O10.013, O10.019, O10.02, O10.03, O10.111-O10.113, O10.119, O10.12, O10.13, O10.211-O10.213, O10.219, O10.22, O10.23, O10.311-O10.313, O10.319, O10.32, O10.33, O10.411-O10.413, O10.419, O10.42, O10.43, O10.911-O10.913, O10.919, O10.92, O10.93, O11.1-O11.5, O11.9, O12.00-O12.05, O12.10-O12.15, O12.20-O12.25, O13.1-O13.5, O13.9, O14.00, O14.02-O14.05, O14.10, O14.12-O14.15, O14.20, O14.22-O14.25, O14.90, O14.92-O14.95, O15.00, O15.02, O15.03, O15.1, O15.2, O15.9, O16.1-O16.5, O16.9, O20.0, O20.8, O20.9, O21.0-O21.2, O21.8, O21.9, O22.00-O22.03, O22.10-O22.13, O22.20-O22.23, O22.30-O22.33, O22.40-O22.43, O22.50-O22.53, O22.8X1-O22.8X3, O22.8X9, O22.90-O22.93, O23.00-O23.03, O23.10-O23.13, O23.20-O23.23, O23.30-O23.33, O23.40-O23.43, O23.511-O23.513, O23.519, O23.521-O23.523, O23.529, O23.591-O23.593, O23.599, O23.90-O23.93, O24.011-O24.013, O24.019, O24.02, O24.03, O24.111-O24.113, O24.119, O24.12, O24.13, O24.311-O24.313, O24.319, O24.32, O24.33, O24.410, O24.414, O24.415, O24.419, O24.420, O24.424, O24.425, O24.429, O24.430, O24.434, O24.435, O24.439, O24.811-O24.813, O24.819, O24.82, O24.83, O24.911-O24.913, O24.919, O24.92, O24.93, O25.10-O25.13, O25.2, O25.3, O26.00-O26.03, O26.10-O26.13, O26.20-O26.23, O26.30-O26.33, O26.40-O26.43, O26.50-O26.53, O26.611-O26.613, O26.619, O26.62, O26.63, O26.711-O26.713, O26.719, O26.72, O26.73, O26.811-O26.813, O26.819, O26.821-O26.823, O26.829, O26.831-O26.833, O26.839, O26.841-O26.843, O26.849, O26.851-O26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891-O26.893, O26.899, O26.90-O26.93, O28.0-O28.5, O28.8-O28.9, O29.011-O29.013, O29.019, O29.021-O29.023, O29.029, O29.091-O29.093, O29.099, O29.111-O29.113, O29.119, O29.121-O29.123, O29.129, O29.191-O29.193, O29.199, O29.211-O29.213, O29.219, O29.291-O29.293, O29.299, O29.3X1-O29.3X3, O29.3X9, O29.40-O29.43, O29.5X1-O29.5X3, O29.5X9, O29.60-O29.63, O29.8X1-O29.8X3, O29.8X9, O29.90-O29.93, O30.001-O30.003, O30.009, O30.011-O30.013, O30.019, O30.021-O30.023, O30.029, O30.031-O30.033, O30.039, O30.041-O30.043, O30.049, O30.091-O30.093, O30.099, O30.101-O30.103, O30.109, O30.111-O30.113, O30.119, O30.121-O30.123, O30.129, O30.131-O30.133, O30.139,

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O30.191-O30.193, O30.199, O30.201-O30.203, O30.209, O30.211-O30.213, O30.219, O30.221-O30.223, O30.229, O30.291-O30.293, O30.299, O30.231-O30.233, O30.239, O30.801-O30.803, O30.809, O30.811-O30.813, O30.819, O30.821-O30.823, O30.829, O30.831-O30.833, O30.839, O30.891-O30.893, O30.899, O30.90-O30.93, O31.00X0-O31.00X5, O31.00X9, O31.01X0-O31.01X5, O31.01X9, O31.02X0-O31.02X5, O31.02X9, O31.03X0-O31.03X5, O31.03X9, O31.10X0-O31.10X5, O31.10X9, O31.11X0-O31.11X5, O31.11X9, O31.12X0-O31.12X5, O31.12X9, O31.13X0-O31.13X5, O31.13X9, O31.20X0-O31.20X5, O31.20X9, O31.21X0-O31.21X5, O31.21X9, O31.22X0-O31.22X5, O31.22X9, O31.23X0-O31.23X5, O31.23X9, O31.30X0-O31.30X5, O31.30X9, O31.31X0-O31.31X5, O31.31X9, O31.32X0-O31.32X5, O31.32X9, O31.33X0-O31.33X5, O31.33X9, O31.8X10-O31.8X15, O31.8X19, O31.8X20-O31.8X25, O31.8X29, O31.8X30-O31.8X35, O31.8X39, O31.8X90-O31.8X95, O31.8X99, O32.0XX0-O32.0XX5, O32.0XX9, O32.1XX0-O32.1XX5, O32.1XX9, O32.2XX0-O32.2XX5, O32.2XX9, O32.3XX0-O32.3XX5, O32.3XX9, O32.4XX0-O32.4XX5, O32.4XX9, O32.6XX0-O32.6XX5, O32.6XX9, O32.8XX0-O32.8XX5, O32.8XX9, O32.9XX0-O32.9XX5, O32.9XX9, O33.0-O33.2, O33.3XX0-O33.3XX5, O33.3XX9, O33.4XX0-O33.4XX5, O33.4XX9, O33.5XX0-O33.5XX5, O33.5XX9, O33.6XX0-O33.6XX5, O33.6XX9, O33.7-O33.7XX5, O33.7XX9, O33.8-O33.9, O34.00-O34.03, O34.10-O34.13, O34.21, O34.29, O34.30-O34.33, O34.40-O34.43, O34.511-O34.513, O34.519, O34.521-O34.523, O34.529, O34.531-O34.533, O34.539, O34.591-O34.593, O34.599, O34.60-O34.63, O34.70-O34.73, O34.80-O34.83, O34.90-O34.93, O35.0XX0-O35.0XX5, O35.0XX9, O35.1XX0-O35.1XX5, O35.1XX9, O35.2XX0-O35.2XX5, O35.2XX9, O35.3XX0-O35.3XX5, O35.3XX9, O35.4XX0-O35.4XX5, O35.4XX9, O35.5XX0-O35.5XX5, O35.5XX9, O35.6XX0-O35.6XX5, O35.6XX9, O35.7XX0-O35.7XX5, O35.7XX9, O35.8XX0-O35.8XX5, O35.8XX9, O35.9XX0-O35.9XX5, O35.9XX9, O36.0110-O36.0115, O36.0119, O36.0120-O36.0125, O36.0129, O36.0130-O36.0135, O36.0139, O36.0190-O36.0195, O36.0199, O36.0910-O36.0915, O36.0919, O36.0920-O36.0925, O36.0929, O36.0930-O36.0935, O36.0939, O36.0990-O36.0995, O36.0999, O36.1110-O36.1115, O36.1119, O36.1120-O36.1125, O36.1129, O36.1130-O36.1135, O36.1139, O36.1190-O36.1195, O36.1199, O36.1910-O36.1915, O36.1919, O36.1925, O36.1929, O36.1930-O36.1935, O36.1939, O36.1990-O36.1995, O36.1999, O36.20X0-O36.20X5, O36.20X9, O36.21X0-O36.21X5, O36.21X9, O36.22X0-O36.22X5, O36.22X9, O36.23X0-O36.23X5, O36.23X9, O36.4XX0-O36.4XX5, O36.4XX9, O36.5110-O36.5115, O36.5119, O36.5120-O36.5125, O36.5129, O36.5130-O36.5135, O36.5139, O36.5190-O36.5195, O36.5199, O36.5910-O36.5915, O36.5919, O36.5920-O36.5925, O36.5929, O36.5930-O36.5935, O36.5939, O36.5990-O36.5995, O36.5999, O36.60X0-O36.60X5, O36.60X9, O36.61X0-O36.61X5, O36.61X9, O36.62X0-O36.62X5, O36.62X9, O36.63X0-O36.63X5, O36.63X9, O36.70X0-O36.70X5,

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O36.70X9, O36.71X0-O36.71X5, O36.71X9, O36.72X0-O36.72X5, O36.72X9,
O36.73X0-O36.73X5, O36.73X9, O36.80X0-O36.80X5, O36.80X9, O36.8120-O36.8125,
O36.8129, O36.8130, O36.8135, O36.8139, O36.8190-O36.8195, O36.8199,
O36.8210-O36.8215, O36.8219, O36.8220-O36.8225, O36.8229, O36.8230-O36.8235,
O36.8239, O36.8290-O36.8295, O36.8299, O36.8310-O36.8315, O36.8319-O36.8325,
O36.8329-O36.8335, O36.8339, O36.8390-O36.8395, O36.8399, O36.8910-O36.8915,
O36.8919, O36.8920-O36.8925, O36.8929, O36.8930-O36.8935, O36.8939,
O36.8990-O36.8995, O36.8999, O36.90X0-O36.90X5, O36.90X9, O36.91X0-O36.91X5,
O36.91X9, O36.92X0-O36.92X5, O36.92X9, O36.93X0-O36.93X5, O36.93X9,
O40.1XX0-O40.1XX5, O40.1XX9-O40.2XX0-O40.2XX5, O40.2XX9, O40.3XX0,
O40.3XX5, O40.3XX9, O40.9XX0-O40.9XX5, O40.9XX9, O41.00X0-O41.00X5,
O41.00X9, O41.01X0-O41.01X5, O41.01X9, O41.02X0-O41.02X5, O41.02X9,
O41.03X0-O41.03X5, O41.03X9, O41.1010-O41.1015, O41.1019, O41.1020-O41.1025,
O41.1029, O41.1030-O41.1035, O41.1039, O41.1090-O41.1095, O41.1099,
O41.1210-O41.1215, O41.1219, O41.1220-O41.1225, O41.1229, O41.1230-O41.1235,
O41.1239, O41.1290-O41.1295, O41.1299, O41.1410-O41.1415, O41.1419,
O41.1420-O41.1425, O41.1429, O41.1430-O41.1435, O41.1439, O41.1490-O41.1495,
O41.1499, O41.8X10-O41.8X15, O41.8X19, O41.8X20-O41.8X25, O41.8X29,
O41.8X30-O41.8X35, O41.8X39, O41.8X90-O41.8X95, O41.8X99, O41.90X0-O41.90X5,
O41.90X9, O41.91X0-O41.91X5, O41.91X9, O41.92X0-O41.92X5, O41.92X9,
O41.93X0-O41.93X5, O41.93X9, O42.00-O42.013, O42.019, O42.02, O42.10,
O42.111-O42.113, O42.119, O42.12, O42.90, O42.911-O42.913, O42.919, O42.92,
O43.011-O43.013, O43.019, O43.021-O43.023, O43.029, O43.101-O43.103, O43.109,
O43.111-O43.113, O43.119, O43.121-O43.123, O43.129, O43.191-O43.193, O43.199,
O43.211-O43.213, O43.219, O43.221-O43.223, O43.229, O43.231-O43.233, O43.239,
O43.811-O43.813, O43.819, O43.891-O43.893, O43.899, O43.90-O43.93, O44.00-O44.03,
O44.10-O44.13, O44.20-O44.23, O44.30-O44.33, O44.40-O44.43, O44.50-O44.53,
O45.001-O45.003, O45.009, O45.011-O45.013, O45.019, O45.021-O45.023, O45.029,
O45.091-O45.093, O45.099, O45.8X1-O45.8X3, O45.8X9, O45.90-O45.93,
O46.001-O46.003, O46.009, O46.011-O46.013, O46.019, O46.021-O46.023, O46.029,
O46.091-O46.093, O46.099, O46.8X1-O46.8X3, O46.8X9, O46.90-O46.93, O47.00, O47.02,
O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O60.02, O60.03, O60.10X0-O60.10X5,
O60.10X9, O60.12X0-O60.12X5, O60.12X9, O60.13X5, O60.13X9-O60.14X5, O60.14X9,
O60.20X0-O60.20X5, O60.20X9, O60.22X0-O60.22X5, O60.22X9, O60.23X0-O60.23X5,
O60.23X9, O61.0, O61.1, O61.8-O62.4, O62.8, O62.9, O63.0-O63.2, O63.9,
O64.0XX0-O64.0XX5, O64.0XX9, O64.1XX0-O64.1XX5, O64.1XX9,
O64.2XX0-O64.2XX5, O64.2XX9, O64.3XX0-O64.3XX5, O64.3XX9,
O64.4XX0-O64.4XX5, O64.4XX9, O64.5XX0-O64.5XX5, O64.5XX9,
O64.8XX0-O64.8XX5, O64.8XX9, O64.9XX0-O64.9XX5, O64.9XX9, O65.0-O65.5,

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O65.8-O66.3, O66.40, O66.41, O66.5, O66.6, O66.8, O66.9, O67.0, O67.8, O67.9, O68,
O69.0XX0-O69.0XX5, O69.0XX9, O69.1XX0-O69.1XX5, O69.1XX9,
O69.2XX0-O69.2XX5, O69.2XX9, O69.3XX0-O69.3XX5, O69.3XX9,
O69.4XX0-O69.4XX5, O69.4XX9, O69.5XX0-O69.5XX5, O69.5XX9,
O69.81X0-O69.81X5, O69.81X9-O69.82X5, O69.82X9, O69.89X0-O69.89X5, O69.89X9,
O69.9XX0-O69.9XX5, O69.9XX9, O70.0- O70.4, O70.9-O71.00, O71.02-O71.03,
O71.1-O71.7, O71.81-O71.82, O71.89, O71.9, O72.0-O72.3, O73.0, O73.1, O74.0-O74.9,
O75.0-O75.5, O75.81, O75.82, O75.89, O75.9, O76, O77.0, O77.1, O77.8, O77.9, O80, O82,
O85, O86.00-O86.04, O86.09, O86.11-O86.13, O86.19-O86.22, O86.29, O86.4, O86.81,
O86.89, O87.0-O87.4, O87.8, O87.9, O88.011-O88.013, O88.019, O88.02, O88.03,
O88.111-O88.113, O88.119, O88.12, O88.13, O88.211-O88.213, O88.219, O88.22, O88.23,
O88.311-O88.313, O88.319, O88.32, O88.33, O88.811-O88.813, O88.819, O88.82, O88.83,
O88.811-O88.813, O88.819, O88.82, O88.83, O89.01, O89.09, O89.1-O89.6, O89.8, O89.9,
O90.0-O90.6, O90.81, O90.89, O90.9, O91.011-O91.013, O91.019, O91.02, O91.03,
O91.111-O91.113, O91.119, O91.12, O91.13, O91.211-O91.213, O91.219, O91.22, O91.23,
O92.011-O92.013, O92.019, O92.02, O92.03, O92.111-O92.113, O92.119, O92.12, O92.13,
O92.20, O92.29, O92.3-O92.6, O92.70, O92.79, O98.011-O98.013, O98.019, O98.02,
O98.03, O98.111-O98.113, O98.119, O98.12, O98.13, O98.211-O98.213, O98.219, O98.22,
O98.23, O98.311-O98.313, O98.319, O98.32, O98.33, O98.411-O98.413, O98.419, O98.42,
O98.43, O98.511-O98.513, O98.519, O98.52, O98.53, O98.611-O98.613, O98.619, O98.62,
O98.63, O98.711-O98.713, O98.719, O98.72, O98.73, O98.811-O98.813, O98.819, O98.82,
O98.83, O98.911-O98.913, O98.919, O98.92, O98.93, O99.011-O99.013, O99.019, O99.02,
O99.03, O99.111-O99.113, O99.119, O99.12, O99.13, O99.210-O99.215,
O99.280-O99.285, O99.310-O99.315, O99.320-O99.325, O99.330-O99.335,
O99.340-O99.345, O99.350-O99.355, O99.411-O99.413, O99.419, O99.42, O99.43,
O99.511-O99.513, O99.519, O99.52, O99.53, O99.611-O99.613, O99.619, O99.62, O99.63,
O99.711-O99.713, O99.719, O99.72, O99.73, O99.810, O99.814, O99.815, O99.820,
O99.824, O99.825, O99.830, O99.834, O99.835, O99.840-O99.845, O99.89,
O9A.111-O9A.113, O9A.119, O9A.12-O9A.13, O9A.211-O9A.213, O9A.219,
O9A.22-O9A.23, O9A.311-O9A.313, O9A.319, O9A.32, O9A.33, O9A.411-O9A.413,
O9A.419, O9A.42, O9A.43, O9A.511-O9A.513, O9A.519, O9A.52, O9A.53, Z03.71-Z03.75,
Z03.79, Z33.1-Z33.2, Z33.3, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36.0-Z36.5,
Z36.81-Z36.89, Z36.8A, Z36.9

Codes to identify deliveries:

ICD-10

10D00Z0, 10D00Z1, 10D07Z3-10D07Z8, 10E0XZZ

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Services	CPT/CPT CAT II/HCPCS/LOINC
Prenatal bundled services	CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005
Prenatal visits	HCPCS: G0463, T1015
Stand-alone prenatal visits	CPT: 99500 CPT-CAT II: 0500F, 0501F, 0502F HCPCS: H1000-H1004
Prenatal visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99483 <u>with one of the following:</u> OB panel CPT: 80055, 80081 Prenatal ultrasound CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 Prenatal ultrasound ICD-10-PCS: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ
Toxoplasma antibody	CPT: 86777, 86778 LOINC: 11598-0, 12261-4, 12262-2, 13286-0, 17717-0, 21570-7, 22577-1, 22580-5, 22582-1, 22584-7, 23485-6, 23486-4, 23784-2, 24242-0, 25300-5, 25542-2, 33336-9, 34422-6, 35281-5, 35282-3, 40677-7, 40678-5, 40697-5, 40785-8, 40786-6, 42949-8, 47389-2, 47390-0, 5387-6, 5388-4, 5389-2, 5390-0, 5391-8, 56990-5, 56991-3, 8039-0, 8040-8, 83123-0, 87361-2
Rubella antibody CPT	CPT: 86762 LOINC: 13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0, 89040-0
Cytomegalovirus antibody	CPT: 86644 LOINC: 13225-8, 13949-3, 15377-5, 16714-8, 16715-5, 16716-3, 22239-8, 22241-4, 22244-8, 22246-3, 22247-1, 22249-7, 24119-0, 30325-5, 32170-3, 32791-6, 32835-1, 45326-6, 47307-4, 49539-0, 5121-9, 5122-7, 5124-3, 5125-0, 5126-8, 5127-6, 52976-8, 52984-2, 59838-3, 78445-4, 7851-9, 7852-7, 7853-5, 9513-3

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Herpes simplex antibody	CPT: 86694-86696 LOINC: 10350-7, 13323-1, 13324-9, 13501-2, 13505-3, 14213-3, 16942-5, 16944-1, 16949-0, 16950-8, 16954-0, 16955-7, 16957-3, 16958-1, 17850-9, 17851-7, 19106-4, 21326-4, 21327-2, 22339-6, 22341-2, 22343-8, 24014-3, 25435-9, 25837-6, 25839-2, 26927-4, 27948-9, 30355-2, 31411-2, 32687-6, 32688-4, 32790-8, 32831-0, 32834-4, 32846-8, 33291-6, 34152-9, 34613-0, 36921-5, 40466-5, 40728-8, 40729-6, 41149-6, 41399-7, 42337-6, 42338-4, 43028-0, 43030-6, 43031-4, 43111-4, 43180-9, 44008-1, 44480-2, 44494-3, 44507-2, 45210-2, 47230-8, 48784-3, 49848-5, 50758-2, 51915-7, 51916-5, 5202-7, 5203-5, 5204-3, 5205-0, 5206-8, 5207-6, 5208-4, 5209-2, 5210-0, 52977-6, 52981-8, 53377-8, 53560-9, 57321-2, 73559-7, 7907-9, 7908-7, 7909-5, 7910-3, 7911-1, 7912-9, 7913-7, 9422-7
ABO	CPT: 86900 LOINC: 57743-7, 883-9
ABO and Rh	LOINC: 77397-8, 882-1, 884-7
Rh	CPT: 86901 LOINC: 10331-7, 1305-2, 34961-3, 88027-8, 972-0, 978-7
Deliveries	CPT: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

There are additional antibody LOINC codes for toxoplasma, rubella, cytomegalovirus and herpes simplex that are not included due to the volume.

These codes are used to capture encounter data for individual prenatal and postpartum visits.

Category II codes do not generate payment but help with more accurate reporting. The designated CPT Category II codes should be used in conjunction with the date of the prenatal or postpartum visit.

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

This HEDIS measure looks at the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Antipsychotic medications:

Description	Prescription		
Miscellaneous antipsychotic agents	Aripiprazole Asenapine Brexpiprazole Cariprazine Clozapine Haloperidol	Iloperidone Loxapine Lurisadone Molindone Olanzapine Paliperidone	Pimozide Quetiapine Quetiapine fumarate Risperidone Ziprasidone
Phenothiazine antipsychotics	Chlorpromazine Fluphenazine	Perphenazine Prochlorperazine	Thioridazine Trifluoperazine
Thioxanthenes	Thiothixene		
Long-acting injections	Aripiprazole Fluphenazine decanoate	Haloperidol decanoate Olanzapine	Paliperidone palmitate Risperidone

Antipsychotic combination medications:

Description	Prescription	
Psychotherapeutic combinations	Fluoxetine-olanzapine	Perphenazine-amitriptyline

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Codes to identify:

Description	CPT	ICD-10-PCS	HCPCS
Behavioral health outpatient	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, 99510		G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015
Electroconvulsive therapy	90870	GZB0ZZ, GZB1ZZ, GZB2ZZZ, GZB3ZZ, GZB4ZZZ	
Observation	99217, 99218, 99219, 99220		G0410, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Psychosocial care	90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 909849, 90853, 90875, 90876, 90880		G0176, G0177, G0409, G0410, G0411, H0004, H0035, H0037, H0037, H0038, H0039, H0040, H2000, H2001, S9480, S9484, S9485
Visit setting unspecified	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99223, 99231, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255		

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Use of Imaging Studies for Low Back Pain (LBP)

This HEDIS measure looks at the percentage of members 18 years as of January 1 of the measurement year to 50 years as of December 31 of the measurement year with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

The measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain (for example, the proportion for whom imaging studies did not occur).

Exclusions

- Cancer
- Recent trauma
- Intravenous drug abuse
- Neurological impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

Codes to identify uncomplicated low back pain:

ICD-10
M47.26-M47.28, M47.816-M46.818, M47.896-M46.898, M48.06-M48.08, M51.16-M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.5, 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

Codes to identify:

Services	CPT/HCPCS
Outpatient visits	CPT: 99201-99205, 99211- 99215, 99241 - 99245, 99341- 99345, 99347-99350, 99381-99387, 99391 -99397, 99401- 99404, 99411, 99412, 99429, 99455, 99456 HCPCS: G0402, G0438, G0439, G0463, T1015

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Inpatient stays	CPT: 99281-99285
Imaging study	CPT: 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220
Osteopathic and chiropractic manipulative treatment	CPT: 98925-98929, 98940-98942
Physical therapy	CPT: 97110, 97112, 97113, 97124, 97140, 97161-97164
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
Observation	CPT: 99217, 99218, 99219, 99220
Online assessments	CPT: 98969, 99444

Notes

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

This HEDIS measure looks at members ages 3 to 17 years who had one or more outpatient visits with PCPs or OB/GYNs during the year and documented evidence of weight assessment, physical activity and nutritional counseling.

Record your efforts

Three separate rates are reported:

- Height, weight and BMI percentile (not BMI value):
 - May be a BMI growth chart if utilized
- Counseling for nutrition (diet)
- Counseling for physical activity (sports participation/exercise)
 - Services rendered for obesity or eating disorders may be used to meet criteria.

Codes to identify weight assessment, nutritional counseling and physical activity:

Description	CPT	ICD-10	HCPCS
BMI percentile		Z68.51-Z68.54	
Nutrition counseling	97802, 97803, 97804	Z71.3	G0270, G0271, S9449, S9452, S9470
Physical activity counseling		Z02.5, Z71.82	G0447, S9451

Codes to identify outpatient visit:

CPT	HCPCS
99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015

Exclusions

- Pregnancy

Helpful tips

- Measure height and weight at least annually and document the BMI percentile in the medical record.
- Consider incorporating appropriate nutritional and weight management questioning and counseling into your routine clinical practice.
- Document any advice you give the patient.

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- Document face-to-face discussion of current nutritional behavior, like appetite or meal patterns, eating and dieting habits, any counselling or referral to nutrition education, any nutritional educational materials that were provided during the visit, anticipatory guidance for nutrition, eating disorders, nutritional deficiencies, underweight, and obesity or overweight discussion.
- Document face-to-face discussion of current physical activity behaviors, like exercise routines, participation in sports activities or bike riding, referrals to physical activity, educational material that was provided, anticipatory guidance on physical activity, and obesity or overweight discussion.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.

Contact your local Provider representative for more information.

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Well-Child Visits in the First 15 Months of Life (W15)

This HEDIS measure looks at members who have turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life:

- No well-child visits.
- One well-child visit.
- Two well-child visits.
- Three well-child visits.
- Four well-child visits.
- Five well-child visits.
- Six or more well-child visits.

Record your efforts

Documentation from the medical record must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of *all* of the following:

- **A health history:** Health history is an assessment of the member's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **A physical developmental history:** Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- **A mental developmental history:** Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- **A physical exam:** (for example, height, weight, BMI, heart, lungs, abdomen, more than one system assessed)
- **Health education/anticipatory guidance:** Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Codes to identify well-child visits:

CPT	HCPCS	ICD-10
99381-99385, 99391-99395, 99461	G0438, G0439	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0- Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

(If you encounter abnormalities or address a pre-existing problem during a well-child visit and the problem/abnormality is significant enough to require additional work to perform the key components of problem-oriented services, please use codes as applicable.)

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Helpful tips

- Use your member roster to contact members who are due for an exam or are new to your practice.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track members due or past due for a visit. If you do not use EMRs, consider creating a manual tracking method. Sick visits may be a missed opportunity for your patient to get a wellness exam.
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents.
- Remember to include the applicable ICD-10 code above on the claim form to help reduce the burden of HEDIS medical record review.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing individualized reports of your members overdue for services.
- Encouraging members to get preventive care through our programs. Contact your representative for more information.

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Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

This HEDIS measure looks at members ages 3 to 6 who had one or more well-child visits with a PCP during the measurement year.

Record your efforts

Documentation must include a note indicating a visit to a PCP, the date when the well-child visit occurred and evidence of *all* of the following:

- **A health history:** Health history is an assessment of the member's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **A physical developmental history:** Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- **A mental developmental history:** Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- **A physical exam:** (for example, height, weight, BMI, heart, lungs, abdomen, more than one system assessed)
- **Health education/anticipatory guidance:** Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Codes to identify well-child visits:

CPT	ICD-10	HCP
99381-99385, 99391-99395, 99461	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.82, Z76.1, Z76.2	G0438, G0439

(If you encounter abnormalities or address a pre-existing problem during a well-child visit and the problem/abnormality is significant enough to require additional work to perform the key components of problem-oriented services, please use applicable codes.)

This document is intended for use across multiple state Medicaid markets. The codes and tips listed are informational only. They are not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decision regarding the appropriate care of members. Not all procedure codes are covered for all markets. It is the provider's responsibility to ensure they are using only those procedure codes covered by the member's health plan. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS 2019 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Helpful tips

Use your member roster to contact members who are due for an annual exam.

- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track members due or past due for preventive services. If you do not use EMRs, consider creating a manual tracking method for well checks. Sick visits may be missed opportunities for your patient to get health checks.
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents.
- Remember to include the applicable ICD-10 code above on the claim form to help reduce the burden of HEDIS medical record review.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing individualized reports of your members overdue for services.
- Encouraging members to get preventive care through our programs.
- Contacting your Provider representative for more information.

Notes

[illegible]

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