

# HEDIS®

## Toolkit for Providers

### Measurement Year 2024



Understanding Medicaid measure compliance  
and coding references



[www.AetnaBetterHealth.com/WestVirginia](http://www.AetnaBetterHealth.com/WestVirginia)

Aetna Better Health® of West Virginia

# Aetna Better Health<sup>®</sup> of West Virginia

## HEDIS<sup>®1</sup> Measurement Year 2024 Toolkit for provider offices

### Table of Contents

- What is HEDIS<sup>®</sup>?..... 2
- Annual HEDIS<sup>®</sup> timeline..... 3
- Tips and best practices ..... 3
- Regarding HIPAA..... 4
- The importance of documentation ..... 4
- Member Incentive Programs 2024..... 6
- Provider Incentive Programs 2024..... 8
- Children and Adolescent measures ..... 9
- Adult measures .....17
- Acute Illness Measures..... 19
- Women’s measures .....20
- Chronic condition measures ..... 25
- Behavioral health measures ..... 34
- CAHPS..... 43
- Helpful Website Links.....44
- Physician documentation guidelines and administrative codes .....46

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

# What is HEDIS®?

## **Hhealthcare Effectiveness Data and Information Set (HEDIS®)**

NCQA is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans, managed behavioral healthcare organizations, preferred provider organizations, new health plans, physician organizations, credentials verification organizations, disease management programs and other health-related programs.

NCQA accredits and certifies a wide range of health care organizations and manages the evolution of HEDIS®, the performance measurement tool used by more than 90 percent of the nation's health plans.

- HEDIS is the measurement tool used by the nation's health plans to evaluate their performance in terms of clinical quality and customer service.
- HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the health care quality.
- HEDIS® consists of 88 measures across six domains of care that address important health issues.
- All managed care companies that are NCQA-accredited perform HEDIS® reviews at the same time each year.
- HEDIS® medical record review is a retrospective review of services and performance of care from the prior calendar year.
- There are two types of HEDIS® data collected:
  - Administrative data – comes from submitted claims and encounters.
  - Hybrid data – comes from chart collection/review.
  - Electronic Clinical Data System (ECDS) Reporting- network of data containing member's personal health information and records of their experiences within the health-care system.

# Annual HEDIS® timeline

January to May	June	September/October
Quality department staff work with provider offices to collect and review HEDIS® data.	HEDIS® results are certified and reported to NCQA and West Virginia's Bureau for Medical Services (BMS)	NCQA releases health plan ratings and Quality Compass results nationwide for Medicaid

**HEDIS® medical record review is a retrospective process. HEDIS® MY 2023 = Calendar Year 2023 Data**

## **HEDIS® Medical Record Request Process:**

- Data collection methods traditionally include fax and remote electronic medical record (EMR) system access if available. Due to the limited data collection timeframe, a turnaround time of 3-5 days is appreciated.
- Medical record fax requests will include a member list identifying their assigned measure(s) and the minimum necessary information needed by the health plan.

## Tips and best practices

### **General tips and information that can be applied to most HEDIS® measures:**

- Use member rosters to contact patients due for an exam or who are new to your practice.
- Take advantage of this guide, coding information, and our online resources to help your practice understand HEDIS® measures, compliance, and requirements.
  - **Most measures can be collected through claims when complete and accurate coding is used!**
- Consider setting up an Electronic Data File Transfer with ABHWV to allow capture of services and data throughout the year. Contact Tosha Morris at [ABHWVHEDIS@aetna.com](mailto:ABHWVHEDIS@aetna.com).
- FQHCs/RHCs – When billing a T1015 encounter code, it is essential to also list on the claim the actual CPT/HCPCS procedure codes to identify the services included in the encounter. **If not, we do not know about the service and it is not counted by claims!**
- Obtain Gaps in Care reports from the Availity provider portal. Contact your provider relations representative for more information on how to access Availity.
- Schedule the next well/preventive care visit at the end of the current appointment.
- Provide outreach to members to remind of appointments and preventative screenings.
- Assign a Quality or HEDIS® nurse or coordinator to perform internal reviews and serve as point of contact.
- Most Electronic Health Records (EHRs) have the ability to create alerts and flags for

required HEDIS® services. Be sure to have all these prompts turned on or check with your software vendor to have these alerts added.

- Consider extending your office hours into the evening, early morning or weekend to accommodate member work schedules.
- Take advantage of telehealth opportunities when appropriate.
- If you have HEDIS® related questions, contact us. We'd be happy to help! You can reach Alana Hoover, Quality Practice Liaison at HooverA2@aetna.com.

## HIPAA

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS® is permitted, and the release of this information requires no special patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. Data is reported collectively without individual identifiers. All ABHWV contracted providers' records are protected by these laws. HEDIS® data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities.

## The importance of documentation

### **Principles of the medical record and proper documentation:**

- Enables physicians and other healthcare professionals to evaluate a patient's healthcare needs and assess the efficacy of the treatment plan.
- Serves as the legal document to verify the care rendered and date of service.
- Ensures date of care rendered is present and all documents are legible.
- Serves as a communication tool among providers and other healthcare professionals involved in the patient's care for improved continuity of care.
- Facilitates timely claim adjudication and payment.
- Appropriately documented clinical information can reduce many of the challenges associated with claims processing and HEDIS® chart requests.
- Supports the ICD-10 and CPT codes reported on billing statements.

### **Common reasons why members with PCP visits remain 'non-compliant' are:**

- Missing or incomplete required documentation components.
- Service provided without claim/encounter data submitted.
- Lack of referral to obtain the recommended service (i.e., diabetic member eye exam to check for retinopathy, mammogram or other diagnostic testing).

- Service provided but outside of the required time frame or anchor date (i.e., lead screening performed after age 2, postpartum visit occurring before or after 7-84 days of delivery).
- Incomplete services (i.e., Tdap given but no Meningococcal vaccine or HPV for adolescent immunization measure).
- Failure to document or code exclusion criteria for a measure.
- Slow copy vendor turn-around time for HEDIS medical record submission can impede the provider office HEDIS reviews, final rates and applicable Value Based payments.

# Current Member Incentive Programs

**Provider Note:** Please contact [ABHVVHEDIS@aetna.com](mailto:ABHVVHEDIS@aetna.com) for more details and the most up-to-date information.

**\*Effective 1/1/2024**

Aetna Better Health of West Virginia members can earn rewards for healthy choices!		
WHO'S ELIGIBLE	REWARD	ACTION
Members 12-21 (WCV- Well Care Visit)	\$25 Gift Card	Have a well care exam completed during the calendar year.
Members who attend Aetna sponsored wellness event *Wellness events can be designed in the areas of: well woman, diabetes, and well child.	\$25 Gift Card	Attend scheduled Aetna Better Health of West Virginia sponsored wellness event.
Members 13 years of age (IMA Combo 2)	\$50 Gift Card	Complete HPV series, Tdap, and Meningococcal by the 13 <sup>th</sup> birthday.
Members 2 years of age (CIS Combo 10)	\$50 Gift Card	Complete DTaP, IPV, MMR, Hib, Hep B, VZV, PCV, Hep A, Rotavirus, and Influenza vaccines by the 2nd birthday.
Members 2 years of age (LSC)	\$25 Gift Card	Complete a blood lead test by the 2nd birthday.
Members with Diabetes (EED)	\$50 Gift Card	Complete diabetic eye exam during the calendar year.
Members with Diabetes <b>**Select counties only</b>	\$25 Gift Card	Enroll in an approved diabetic education program and complete classes/HbA1c testing.
Pregnant members (PPC-Prenatal Care)	Pack-N-Play	Attend 6 or more prenatal visits.
Pregnant members (PPC-Postpartum Care)	\$50 Gift Card	Postpartum visit completed within 7-84 days after delivery.
Pregnant members with substance use disorder during pregnancy	Baby Carrier or Pack-N-Play  Child's Push Toy	Mother and baby must successfully complete the Neonatal Abstinence Syndrome (NAS) Program through Case Management.
Women ages 50-74 (BCS)	\$50 Gift Card	Complete a mammogram during the calendar year.
Women ages 21-64 (CCS)	\$50 Gift Card	Complete a cervical cancer screening/pap test during the calendar year.
Members 6 and older (FUM)	\$25 Gift Card	Complete visit within 7 days after behavioral health ED visit.

Members 6 and older (FUM)	\$25 Gift Card	Complete visit within 30 days after behavioral health ED visit.
Members 13 and under	Various prizes Unique to each activity/challenge	Join the Ted E. Bear, M.D. Cub Club to complete quarterly challenges with a focus on wellness and building healthy behaviors. (Examples – Immunizations, healthy eating, physical activity, dental care)
Adult members 18 and older	State Park Gift Card	Receive a flu shot.
Adult members 18 and older	\$25 Gift Card	Adult 8-Week Walking Program-Members receive a pedometer and log for tracking steps, and receive a gift card upon completion.
Members with Congestive Heart Failure	Weight Scales	Enroll and participate in Case Management.
*To partner with ABHWV for a wellness event, please contact <a href="mailto:ABHWVHEDIS@aetna.com">ABHWVHEDIS@aetna.com</a>		

# Current Provider Incentive Programs

**Provider Note:** Please contact [ABHWVHEDIS@aetna.com](mailto:ABHWVHEDIS@aetna.com) for more details and the most up-to-date information

**\*Effective 1/1/2024**

Aetna Better Health of West Virginia providers can earn rewards for quality care!		
Provider Incentive	REWARD	ACTION
PRSI Form Incentive	\$20 per eligible form	<ul style="list-style-type: none"> <li>Completed PRSI form must be faxed to <b>1-844-330-1001</b></li> <li>Eligible forms must be or have the following criteria:               <ul style="list-style-type: none"> <li>Aetna Better Health of WV members only / not have another primary insurance</li> <li>W-9 form on file (if not already submitted)</li> <li>Must list all the member's available contact information</li> <li>Entire form must be completed</li> <li>Must be received within 60 days of first prenatal visit</li> </ul> </li> </ul>
Pregnant Members Postpartum Care (PPC)	\$75 per eligible claim	<ul style="list-style-type: none"> <li>Claim must be billed with a valid CPT code by the provider/group.</li> </ul>
Diabetic Eye Exam Incentive	\$50 per eligible claim	<ul style="list-style-type: none"> <li>Claim must be billed with a valid CPT code by the provider/group.</li> </ul>
Breast Cancer Screening Incentive	\$25 per eligible claim	<ul style="list-style-type: none"> <li>Claim must be billed with a valid CPT code by the provider/group.</li> </ul>
*To partner with ABHWV for a wellness event, please contact <a href="mailto:ABHWVHEDIS@aetna.com">ABHWVHEDIS@aetna.com</a>		

# Children and Adolescent Measures

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

Members who had the following number of well-child visits with a PCP:

1. **Well-Child Visits in the First 15 Months** – Children who turned 15 months old during the measurement year and had *six or more* well-child visits with a Primary Care Provider (PCP). The well-child visits must be received on or before the child turning 15 months old.
2. **Well-Child Visits for Age 15 Months – 30 Months** – Children who turned 30 months old during the measurement year and had *two or more* well-child visits with a Primary Care Provider (PCP) between 15 months and 30 months of age. The well-child visits must be received on or before the child turning 30 months old.

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

Members who are 3 to 21 years of age in the measurement year and received at least one comprehensive well-care visit with a Primary Care Provider (PCP) or an OB/GYN provider in the measurement year. Four rates are reported:

- 3-11 years
- 12-17 years
- 18-21 years
- Total rate: 3-21 years

### Best Practice Tips:

- Telehealth well-care visits are eligible for compliance.
- Aetna Better Health® of West Virginia will pay for a well visit outside of the 12-month cycle.
- Services rendered during an inpatient or ED visit do NOT meet measure criteria.
- Schedule next well visit at end of each appointment.
- Consider provider outreach via phone call, text or email with appointment reminders.
- Sick visits may present an opportunity to complete a well-visit if clinically appropriate.
- Newborn and well weight check visits are also opportunities to capture well-child visits.
- Well-child visits that are performed at school-based clinics with any PCP may be counted if billed accordingly.
- Consider extending office hours into the evening, early morning or weekends. If alternative hours already exist, explore/evaluate methods to ensure parents/guardians are aware of available hours.

These HEDIS measures are based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health). Visit Bright Futures for more information:

<https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/>

West Virginia Health Check website:

<https://dhhr.wv.gov/HealthCheck/providerinfo/Pages/default.aspx>

and

[https://dhhr.wv.gov/HealthCheck/providerinfo/Documents/2021\\_HC\\_PeriodicitySchedule.pdf](https://dhhr.wv.gov/HealthCheck/providerinfo/Documents/2021_HC_PeriodicitySchedule.pdf)

## Lead Screening in Children (LSC)

Children who turn 2 years of age in the measurement year and receive one or more capillary or venous lead blood tests on or before their second birthday.

### Common Chart Deficiencies and Best Practice Tips:

- Fail to order blood lead test on Medicaid member.
- Test performed after 2nd birthday is late.
- If a claim is not received and medical record review is necessary, the **date** of the blood lead test **AND results** are required – an order alone does not meet compliance.
- A lead risk assessment tool does not satisfy the Medicaid venous blood lead requirement regardless of the risk score.
- Obtain results of blood lead tests that are performed at an outside lab, health department and/or WIC office and place in medical record.
- Options exist for in-office testing, including blood lead analyzer testing.
- Be aware of WV Medicaid Blood Lead Testing guidelines that may require *more frequent* lead testing than the HEDIS measure.
- If blood lead testing results (in-house or from lab) are documented separately in the medical record from the office notes, be sure to fax blood lead testing results with HEDIS medical record requests.

West Virginia Department of Health and Human Services guidelines for Health Check/EPSTD screenings and Lead Testing can be found at:

<http://www.dhhr.wv.gov/HealthCheck/healthcheckservices/Pages/default.aspx>.

Lead poisoning information and the complete testing guidelines for children are available from the CDC at [www.cdc.gov](http://www.cdc.gov). and <https://www.cdc.gov/nceh/lead>.

## **Weight Assessment and Counseling for Nutrition and Physical Activity for Children (WCC)**

Members who turn 3-17 years of age in the measurement year who had an outpatient visit with a PCP or OB/GYN.

**Ages 3-17 years** who had evidence of the following in the measurement year:

- BMI percentile documented or BMI percentile plotted on growth chart (A BMI value alone is not acceptable for this age range).
- Counseling for nutrition.
- Counseling for physical activity.

### **Common Chart Deficiencies and Best Practice Tips:**

#### **General:**

- Chart review can be minimized for all measure components by submitting complete coding on the claim when performed – see coding table page 86.
- Notation of “Health Education” or “Anticipatory guidance given” without specific mention of nutrition and physical activity does not meet criteria.
- Documentation specific to the assessment or treatment of an acute or chronic condition does not meet compliance for Nutrition or Physical Activity.
- Reminder: Services rendered during a telephone visit, e-visit or virtual check-in meet compliance for all indicators - Nutrition, Physical Activity and BMI percentile.

#### **BMI Percentile:**

- A BMI value only does NOT meet compliance – MUST be a BMI Percentile, along with height and weight.
- For paper charting, plot BMI percentile on the BMI growth chart (not only height and weight growth charts) or document the BMI percentile in the note.
- For EMR charting, be sure system is configured to automatically plot the BMI percentile and/or automatically populate a BMI percentile field in the note. Also, be sure the EMR system will print the BMI percentile.
- If the EMR does not automatically document the BMI percentile in the office note, be sure the EMR automatically plots the BMI percentile on the BMI growth chart. Send BMI percentile charts and office notes with HEDIS medical record requests.
- Ranges and thresholds do NOT meet criteria for BMI percentile. For example, documentation stating BMI 85<sup>th</sup> – 95<sup>th</sup> percentile does not meet criteria. A distinct BMI percentile is required.
- Member-collected/member-reported biometric values (height, weight, BMI percentile) are eligible for use. However, they are acceptable only if the information is collected by a primary care practitioner while taking a patient’s history. The information must be recorded, dated and maintained in the member’s legal health record.

**Counseling for Nutrition:**

- Weight or Obesity counseling meets criteria for BOTH nutrition and physical activity. However, this must be clearly documented as weight and/or obesity counseling.
- Referral to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) may be used to meet criteria Nutrition.
- A physical exam finding or observation alone (e.g., well-nourished) is not compliant because it does not indicate counseling for Nutrition.
- Nutrition status related to an acute illness does not meet criteria (i.e., BRAT diet).
- Notation related to appetite only does not meet criteria for nutrition.
- Documentation regarding diet related medication side effects do NOT meet counseling for nutrition criteria (i.e., discussion of ADHD medication side effects on appetite).

**Counseling for Physical Activity:**

- Weight or Obesity counseling meets criteria for BOTH nutrition and physical activity. However, this must be clearly documented as weight and/or obesity counseling.
- Anticipatory guidance related solely to safety does not meet criteria for physical activity.
- Screen time documentation without specific mention of physical activity does not meet.
- Physical activity is most missed for younger children in this measure, particularly 3–4-year-olds. Be sure to document physical activity assessment and counseling for all ages 3-17!
- Notation of “cleared for gym class” alone without documentation of a discussion does not meet.
- Documentation related only to assessment of a developmental milestone does not meet compliance (i.e., “patient able to ride a bicycle,” “patient able to hop on one foot”).

## Childhood Immunization Status (CIS)

Children who turn 2 years of age in the measurement year and receive the following vaccinations on or by their second birthday:

Vaccine	Dose(s)	HEDIS® Timeline
DTaP	4	Not before 42 days old, and by 2 <sup>nd</sup> birthday
IPV	3	Not before 42 days old, and by 2 <sup>nd</sup> birthday
MMR	1	On or between 1 <sup>st</sup> and 2 <sup>nd</sup> birthday
Hib	3	Not before 42 days old, and by 2 <sup>nd</sup> birthday
Hep B	3	By 2 <sup>nd</sup> birthday
VZV	1	On or between 1 <sup>st</sup> and 2 <sup>nd</sup> birthday
PCV	4	Not before 42 days old, and by 2 <sup>nd</sup> birthday
Hep A	1	On or between 1 <sup>st</sup> and 2 <sup>nd</sup> birthday
Rotavirus	*2 or 3	Full series completed by 8 months (per CDC)
Influenza	*2	By 2 <sup>nd</sup> birthday

\* Give the correct number of doses based on manufacturer and code Rotavirus correctly.

- Rotarix® from GlaxoSmithKline is a two-dose formula and the CPT code is 90681.
- RotaTeq® from Merck is a three dose formula and the CPT code is 90680.

One of the two Influenza vaccinations can be an LAIV vaccine. However, the LAIV vaccine MUST be administered ON the second birthday.

### Common Chart Deficiencies and Best Practice Tips:

- **Record all immunizations in the state registry!**
- Be sure to code/bill all immunizations given.
- During HEDIS medical record requests, provide all sources of immunizations from medical record– administration/vaccine log, school certificate and state registry documentation.
- Schedule the 2 year well-child visit on or before the 2<sup>nd</sup> birthday – vaccines given after the second birthday will NOT be compliant for HEDIS®.
- Vaccines for DTaP, IPV, HiB, or PCV given within 42 days of birth do NOT count as compliant for HEDIS®.
- MMR, VZV and Hep A must be given on or between the child’s first and second birthdays to count as compliant for HEDIS®.
- Document the date of the first Hepatitis B vaccine given at the hospital and name of the hospital, if available.
- Rotavirus documentation should differentiate between a 2-dose or 3-dose vaccine

(i.e., GlaxoSmithKline/Merck, Rotarix/Rotateq, 2-dose or 3-dose). If documentation is not clear which series was administered, a 3-dose series must be assumed. In instances where a 2-dose series was actually administered and documentation is not specific, this will NOT be HEDIS® compliant.

- Use each visit to review vaccine schedule and catch-up on missing immunizations.
- Document parent refusal and place a signed copy in the medical record (NOTE: this does not count towards compliance in HEDIS®, but it does prevent additional outreach to the office attempting to capture the immunization).
- Record date(s) and immunization(s) provided at other practices (including out-of-state) and at health department in the patient’s medical record.

Billed or documented history of disease will also be compliant for MMR, Hep B, Hep A, and VZV. However, Aetna Better Health highly recommends vaccinations for children.

### **Immunizations for Adolescents (IMA)**

Adolescents who turn 13 years of age in the measurement year and receive the following vaccinations by their 13th birthday:

- Meningococcal vaccine given between 11th and 13th birthdays.
- Tdap/Td vaccine given between 10th and 13th birthdays.
- At least two HPV vaccines between the 9th and 13th birthday with at least 146 days between the doses (2-dose vaccination series) with different dates of service between the 9<sup>th</sup> and 13<sup>th</sup> birthdays (male and female), or at least three HPV vaccines with different dates of service between the 9<sup>th</sup> and 13<sup>th</sup> birthdays (male and female).
- For more information to share with your patients regarding the importance of the HPV vaccine go to: <https://www.cdc.gov/hpv/hcp/index.html>

### **Common Chart Deficiencies and Best Practice Tips:**

- **Record all immunizations in the state registry!**
- Be sure to code/bill all immunizations given.
- Consider starting the HPV series at age 9. The HPV series can be administered between 9-13 years of age, with at least 146 days between dose 1 and dose 2.
- Member will NOT be compliant for HEDIS® if final HPV does is given after 13<sup>th</sup> birthday.
- During HEDIS medical record requests, provide all sources of immunizations from medical record– administration/vaccine log, school certificate and state registry documentation.
- Schedule 13 year well-visits on or before the 13<sup>th</sup> birthday.
- Use each visit to review vaccine schedule and catch-up on missing immunizations.
- Record date(s) and immunization(s) provided at other practices (including out-of-state) and the health department in the patient’s medical record.
- Educate parents, teens and guardians about the importance of vaccines.

- Recommend the HPV vaccine the same way (and possibly same day) you recommend other adolescent vaccines.
- Discuss HPV in terms of cancer prevention.
- Contact members due for immunizations and schedule appointment.
- Document parent refusal and place a signed copy in the medical record (NOTE: this does not count towards compliance in HEDIS®, but it does prevent additional outreach to the office attempting to capture the immunization).

## **Oral Evaluation, Dental Services (OED)**

Members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

### **Best Practice Tips:**

- **The PCP has a vital role in the ability to impact the OED measure.** Parents/caregivers may not be aware of dental benefits, and/or the need for children to start dental visits by age one or when the first tooth erupts, especially for children at risk for dental problems.
- Older adolescents (19-20 years of age) also may not be aware of dental benefits
- Addressing dental care and benefits during well-care visits can be the catalyst for members having a dentist visit.
- Assess for dental home and last dental appointment at each well-care visit and refer members to see dentist twice a year.
- Fluoride can be applied at the PCP office, but referral to a dentist for appropriate care must occur to be compliant for the OED measure.
- Dental benefits are covered under Skygen for all Aetna Better Health members ages 0 through age 20. Contact Skygen Customer Service at 1-888-983-4693 for more information.

Additional oral health guideline information can be found on the West Virginia Department of Health and Human Services website at:

<http://www.dhhr.wv.gov/HealthCheck/providerinfo/oralhealthtoolkit/Pages/default.aspx>

[https://dhhr.wv.gov/HealthCheck/providerinfo/Documents/2021\\_HC\\_PeriodicitySchedule.pdf](https://dhhr.wv.gov/HealthCheck/providerinfo/Documents/2021_HC_PeriodicitySchedule.pdf)

## **Topical Fluoride for Children (TFC)**

Members 1-4 years of age who received at least two fluoride varnish applications during the measurement year.

### **Best Practice Tips:**

- Certified primary care practitioners may receive a reimbursement for fluoride varnish application if they have completed a certified training course with WVU School of Dentistry prior to performing and billing ABHWV for this service.
- Assess for dental home and last dental appointment at each well-child visit and refer members to see dentist twice a year.

# Adult measures

## Colorectal Screening (COL)

The percentage of members 45-75 who had appropriate screening for colorectal cancer. *Any of the following* meet criteria:

- Fecal occult blood test during the measurement year
- Flexible Sigmoidoscopy during the measurement year or four years prior to the measurement year
- Colonoscopy during the measurement year or the nine years prior to the measurement year
- CT colonography during the measurement year or the four years prior to the measurement year
- Stool DNA (sDNA) with FIT test during the measurement year or the two years prior to the measurement year

### Optional Exclusions:

Either of the following any time during the member's history through December 31 of the measurement year:

- Colorectal cancer
- Total colectomy

### Required Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members receiving palliative care during the measurement year
- Members 66 years of age and older (as of December 31 of measurement year) with a diagnosis of Frailty (in measurement year) *and* Advanced Illness (in measurement year or year prior to the measurement year)

### Best Practice Tips:

- Accurate coding and timely submission of claims (including history of colorectal cancer).
- Assess existing barriers to colorectal cancer screening (i.e. access, fear/anxiety, etc).
- Educate members about the importance of early detection and encourage screening.
- Engage patients to discuss their fears.
- Request to have colorectal cancer screening results sent to you if done at a facility or specialty office.
- Set care gap "alerts" in your electronic medical record.
- Emphasize various colorectal cancer screening options, especially for those who may fear having a colonoscopy or decline a colonoscopy.
- Prior to each visit for members 45 years and older, review chart to determine if colorectal screening has been completed; if not, discuss options with member.
- Provide FOBT colorectal cancer screening kits to members who need to be screened.
- Document the month, year and type of screening of most recent colorectal cancer screening in the medical record.

- *Note:* Digital rectal exams, FOBT tests performed in an in-office setting or FOBT tests performed on a sample collected via a digital rectal exam, do not meet measure criteria.

### **Use of Imaging Studies for Low Back Pain (LBP)**

Members 18-75 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 diagnosis.

- Higher rate indicates appropriate treatment (the proportion for whom imaging studies did NOT occur).
- Avoid imaging studies within 28 days of new diagnosis of uncomplicated low back pain.
- Educate members on comfort measures, non-opioid pain relief and when to contact the PCP for symptoms.
- Urgent care, observation and ED visits where the new diagnosis occurred **do apply** to the eligible population for this measure – consider discussing with members when to call your office versus seeking urgent/emergent care.
- There are diagnosis exclusions for this measure (i.e., cancer, recent trauma, HIV); see page 83 for a complete list of exclusions.

### **Adult Immunization Status (AIS-E)**

Members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

## Acute Illness measures

### Appropriate Testing for Pharyngitis (CWP)

Members 3 years of age and older in the measurement period who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A Strep Test for the episode. A higher rate represents better performance (i.e., appropriate testing).

- Perform a group A Strep Test on all individuals treated with an antibiotic for pharyngitis.
- Be sure to code for the test when you submit your claim.
- Be sure to code for ALL appropriate diagnoses relevant to the visit.
- If there is a competing diagnosis requiring antibiotics, be sure documentation and coding accurately reflect diagnosis/diagnoses.
- FQHCs/ RHCs – When billing a T1015 encounter code, it is essential to also list on the claim the actual CPT/HCPCS procedures code for the strep test.

### Appropriate Treatment for Upper Respiratory Infection (URI)

Members 3 months of age and older in the measurement period who were diagnosed with upper respiratory infection, and were NOT dispensed an antibiotic prescription.

- Higher rate indicates appropriate treatment (i.e., the proportion for whom antibiotics were NOT prescribed.)
- If there is a competing diagnosis requiring antibiotics, be sure documentation and coding accurately reflect diagnosis/diagnoses.
- Use appropriate testing/symptom documentation to correlate with antibiotic prescription.
- Educate members and caregivers regarding symptomatic treatment and when to contact the PCP.
- Educate regarding bacterial versus viral infections, and that an antibiotic is not necessary for viral infections.

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

Members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did NOT result in an antibiotic dispensing event.

- Higher rate indicates appropriate treatment of members with Acute Bronchitis (i.e., the proportion for whom antibiotics were NOT prescribed).
- If there is a competing diagnosis requiring antibiotics, be sure documentation and coding accurately reflect diagnosis/diagnoses.
- Use appropriate testing and symptom documentation to correlate with antibiotic prescription.
- Educate members and caregivers regarding symptomatic treatment and when to contact the PCP.
- Educate regarding bacterial versus viral infections, and that an antibiotic is not necessary for viral infections.

## Women's measures

### Breast Cancer Screening (BCS-E)

Women ages 50-74 years of age who were recommend for routine breast cancer screening and had a mammogram to screen for breast cancer.

Women who have claims history of bilateral mastectomy or two unilateral mastectomies are excluded from the measure.

**Note:** This measure is administrative (claims based) only. **No chart review permitted!**

#### Best Practice Tips:

- Review mammography history every visit and provide written order/schedule mammogram if needed.
- Assess need for PCP versus GYN to provide mammogram order - member may not have a gynecologist to order mammogram.
- Document history of mastectomy in the medical record, including date, facility/provider and unilateral or bilateral.
- Code for Acquired Absence of Breast during annual visits and visits relevant to care to identify circumstances that could influence health care needs. See page 52 for Acquired Absence coding.
- Encourage members to call Bonnie's Bus if unable to get to a facility. Bonnie's Bus is a mobile mammography unit that travels across West Virginia, offering breast cancer screening in a comfortable, convenient environment. For locations/dates go to: [https://cal.wvu.edu/Bonnies\\_Bus](https://cal.wvu.edu/Bonnies_Bus)
- Assess transportation circumstances and promote/provide Bonnie's Bus schedule for a more accessible mammogram option.
- Consider partnering with ABHWV to hold well-woman events. Members will receive a \$25 gift card for participating.
- Consider proactive mammogram outreach and scheduling, before a gap in care exists.
- Remind members they cannot care for others without taking care of self!

## Cervical Cancer Screenings (CCS)

Women 21-64 years of age that were screened for cervical cancer using either of the following criteria:

- Age 21-64 - Cervical cytology performed within the last 3 years
- Age 30-64 – Cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years
- Age 30-64 - Cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed within the last five years

Women who have chart documentation or claims history of evidence of hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix ANY TIME in the member's history through December 31 of the measurement year are excluded. Documentation in the medical record MUST be specific:

- Documentation of **Complete, total, or radical hysterectomy.**
- Documentation of “vaginal pap smear” in conjunction with documentation of “Hysterectomy.”
- Documentation of “vaginal hysterectomy.”

### Common Chart Deficiencies:

- Missing or unspecific hysterectomy documentation – Documentation of hysterectomy **alone** does NOT meet the NCQA CCS measure exclusion guidelines because it does not indicate the cervix was removed.
- Missing/incomplete documentation of pap test history in the medical record.
- Pap test results from other practices, OB/GYN or health departments not in the PCP medical record.

### Best Practice Tips:

- Review and Document Gynecological history at every visit:
  - Pap Test – Document pap test and HPV date (the year at minimum), results, and provider. Also document any pap test refusals/deferrals.
  - Hysterectomy –**Critical!** Document *specific* type of hysterectomy – total, complete, radical, partial (abdominal or vaginal). If documentation is not specific, the member will remain non-compliant. Also, document the date (the year at minimum), provider and hospital if known.
  - If the member sees an OB/GYN, document the name of the provider.
- Maximize opportunities to complete cervical cancer screening during regular well woman visits, contraception visits, and other service visits where screening is appropriate to incorporate. Be sure to bill/code pap and HPV screenings.
- Code for Acquired Absence of Cervix during annual visits and visits relevant to care to identify circumstances that could influence health care needs. See page 53 for Acquired

Absence of Cervix coding.

- Request results of screenings performed by OB/GYN, other practices or health departments for medical home record.
- If an OB/GYN, send pap results or Hysterectomy operative report to PCP.
- Utilize Gaps in Care reports to reach out to members due a cervical cancer screening.
- Partner with ABHWV to hold well-woman events – Members receive a \$25 gift card.
- Consider proactive pap screening outreach and scheduling, before a gap in care exists.
- Appointment reminder calls – follow-up to reschedule if no-show.
- Remind members they cannot care for others without taking care of self!

## **Chlamydia Screening in Women (CHL)**

Members 16-24 years of age in the measurement year identified as sexually active that had at least one chlamydia test during the measurement year. Members are identified as sexually active through administrative claim data either by pregnancy diagnosis codes or pharmacy data for contraceptives.

- Best Practice - Make chlamydia screening via urine test as part of the annual physical exam. Parental consent is not required.
- Test is still required even if the member reports being in a monogamous relationship.
- Members taking contraceptives solely for menstrual or dermatological conditions are not permitted to be excluded per NCQA guidelines.

## **Prenatal and Postpartum Care (PPC)**

Women who delivered a live birth on or between October 8<sup>th</sup> of the year prior to the measurement year and October 7<sup>th</sup> of the measurement year.

**There are two components to this measure:**

### **Timeliness of Prenatal Care**

Women who complete a Prenatal visit during the first trimester, on or before the enrollment start date or within 42 days of enrollment into the health plan.

Prenatal care documentation must include the visit date and evidence of **one** of the following:

- Documentation indicating the woman is pregnant or reference to the pregnancy, such as:
  - Documentation in a standardized prenatal flow sheet, *or*
  - Documentation of LMP, EDD or gestational age, *or*
  - A positive pregnancy test result, *or*
  - Documentation of gravidity and parity, *or*
  - Documentation of complete obstetrical history, *or*
  - Documentation of prenatal risk assessment and counseling/education
- A basic physical obstetrical examination that includes:
  - Auscultation for fetal heart tone, *or*
  - Pelvic exam with obstetric observations, *or*

- Measurement of fundus height (a standardized prenatal flow sheet may be used)
- Prenatal Care Procedure, such as:
  - obstetric panel, *or*
  - TORCH antibody panel alone, *or*
  - rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, *or*
  - ultrasound/echography of a pregnant uterus

### **Postpartum Care**

Women who complete a Postpartum visit between **7 and 84** days after delivery.

Documentation in the medical record that meets criteria for Postpartum Care includes **the date when a postpartum visit occurred** and **one** of the following:

- Pelvic exam, *or*
- Evaluation of weight **and** BP **and** breasts **and** abdomen – **ALL** four must be documented, *or*
- Notation of postpartum care, including “postpartum care,” “PP care,” “PP check,” “6-week check,” *or*
- A preprinted “Postpartum Care” form in which information was documented during the visit, *or*
- Perineal or cesarean incision/wound check, *or*
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders, *or*
- Glucose screening for women with gestational diabetes, *or*
- Documentation of any of the following topics
  - Infant care or breastfeeding
  - Resumption of intercourse, birth spacing or family planning
  - Sleep/fatigue
  - Resumption of physical activity
  - Attainment of healthy weight

### **Common Chart Deficiencies and Best Practice Tips:**

- Services provided during telephone visits, e-visits or virtual check-in can count for prenatal and postpartum compliance.
- Consider a practice workflow that includes scheduling member postpartum appointments before discharge from the hospital.
- Consider reminder phone calls prior to postpartum visit date.

- Educate members throughout pregnancy and prior to delivery regarding the importance of a postpartum visit and assess understanding.
- Refer to and use the ACOG flowsheets to help ensure PPC measure compliance.
- Participate in Aetna Better Health of West Virginia provider postpartum incentive program.
- Encourage members to participate in Aetna Better Health of West Virginia prenatal and postpartum member incentive programs.

### **Prenatal Immunization Status (PRS-E)**

The percentage of deliveries in the measurement period (January 1 – December 31) in which women had received influenza and Tdap vaccinations.

#### **Best Practice Tips:**

- Educate members regarding the importance of influenza and Tdap immunizations during pregnancy.
- Address member concerns of anxiety and fear regarding immunization during pregnancy.
- Document all immunizations in the state registry, EMR if applicable, and capture via claim.

# Chronic condition measures

## Glycemic Status Assessment for Patients with Diabetes (GSD)

Members **18-75 years of age** in the measurement year with a diagnosis of diabetes (Type 1 and Type 2) whose most recent glycemic status or glucose management indicator (GMI) was at the following during the measurement year:

- Glycemic Status <8.0%
- Glycemic Status >9.0%

**The result of the most recent glycemic status assessment (HbA1c or GMI) performed during the measurement year through laboratory data or medical record review is required.**

**Documentation in the medical record must include a note indicating the date when the glycemic status assessment (HbA1c or GMI) was performed, and the result.**

### Common Chart Deficiencies and Best Practice Tips:

- General
  - Incomplete or missing information from specialty or consulting providers – request office visit notes and results of tests performed by specialists.
  - Consider using a flag to review potential need for diabetes services at each visit.
  - Be sure members are coming in for regular office visits for diabetes care versus only getting medication refills.
  - As part of HEDIS medical record requests, send **results** of A1c tests – documentation of only the order or statement that test was performed is not sufficient. Results are required.
  - Educate members regarding importance of all aspects of diabetes care and testing (A1c, BP, eye exam, kidneys, etc.), including healthy nutrition, exercise and lifestyle.
  - Remind members ABHWV Diabetes Case Management program is available by calling **1-888-348-2922**.
  - Consider partnering with ABHWV to hold a Diabetes wellness event to close A1c, blood pressure and eye exam gaps in care. Members will receive a \$25 gift card.
  - Be sure diabetes diagnosis and medication coding that is carried over in the EMR is always accurate and current:
    - Members who are identified as being diabetic through medical or pharmacy claims data may be brought into the measure for 2 years.
    - For provider offices and hospitals that share an EMR system inaccurate diagnoses may be carried through all charting and erroneously cause a member to be included in this measure.

- Hemoglobin A1c
  - Be sure to code for lab tests **and results** performed in your office. There are CPT II codes that are acceptable to meet measure compliance administratively. **When utilized, this step can potentially reduce the volume of medical record requests and on-site visits to the provider office during HEDIS season.**
  - Missing A1c - No evidence of A1c in chart and no A1c claim in measurement year – member stays non-compliant.
  - A1c test results not documented in chart (sometimes will only see an order).
  - Documentation of A1c results in the medical record as a range do not meet criteria – a distinct numeric result is required for compliance.
  - A1c results show poor control – member stays non-compliant for A1c control.
  - Consider offering ability to perform in-office A1c testing.
  - Ensure that both outside labs and in-office/point of care test results are documented in the medical record. Be sure it is a printable field (to be able to send for HEDIS medical record requests.)
  - Educate members regarding the difference between glucose checks and A1c tests.

### **Blood Pressure Control for Patients with Diabetes (BPD)**

Members **18-75 years of age** in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) whose blood pressure was:

- Adequately controlled (<140/<90 mm Hg) during the measurement year
- There are CPT II codes that are acceptable to meet measure compliance administratively. **When utilized, this step can potentially reduce the volume of medical record requests and on-site visits to the provider office during HEDIS season.**

### **Common Chart Deficiencies and Best Practice Tips:**

- General
  - Incomplete or missing information from managing specialty or consulting providers – request office visit notes and results of tests performed by specialists.
  - Consider using a flag to review potential need for diabetes services at each visit.
  - Be sure members are coming in for regular office visits for diabetes care versus only getting medication refills.
  - Educate members regarding importance of all aspects of diabetes care and testing (A1c, BP, eye exam, kidneys, etc), including healthy nutrition, exercise and lifestyle.
  - Remind members ABHWV Diabetes Case Management program is available by calling **1-888-348-2922**.
  - Consider partnering with ABHWV to hold a Diabetes wellness event to close A1c, blood pressure and eye exam gaps in care. Members will receive a \$25 gift card.
  - Be sure diabetes diagnosis and medication coding that is carried over in the EMR is

always accurate and current:

- Members who are identified as being diabetic through medical or pharmacy claims data may be brought into the measure for 2 years.
- For provider offices and hospitals that share an EMR system inaccurate diagnoses may be carried through all charting and erroneously cause a member to be included in this measure.

- Blood Pressure

- Blood Pressure CPT II codes underutilized - bill blood pressure CPT II codes to increase compliance administratively and potentially decrease chart review!
- Member-reported blood pressures can meet compliance! Encourage members to take their blood pressure at home, keep a log, and give and/or report back to the provider at their next in-person or telehealth visit, to be documented in the medical record. Documented blood pressures must be an exact reading, NOT ranges (i.e., “130s over 80s” or “130-150/80-90)
- Retake BP during visit if initially elevated – To be considered controlled, both Systolic BP must be **below 140** AND Diastolic BP must be **below 90** (not equal to).
- Be sure to record ALL blood pressures taken.
- Often times the patient’s BP is taken first thing from walking to the exam room – and just after being weighed, so:
  - Retake the BP if above 140/90 – be sure to record all blood pressures taken.
  - The systolic and diastolic BP must be lower than the thresholds to be considered compliant – systolic <140 (not equal to) **and** diastolic < 90 (not equal to).
  - Check BP in both arms – HEDIS® allows lowest reading; consider having patient lie down and retake.
  - Ensure the BP cuff is the correct size for the patient’s arm.

## Eye Exam for Patients with Diabetes (EED)

Members **18-75 years of age** in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) who had:

- A retinal eye exam

### Common Chart Deficiencies and Best Practice Tips:

- General
  - Consider using a flag to review potential need for diabetes services at each visit.
  - Be sure members are coming in for regular office visits for diabetes care versus only getting medication refills.
  - As a part of HEDIS medical record requests, send **results** of eye exams – documentation of only the order or statement that test was performed is not sufficient. Results are required.
  - Educate members regarding importance of all aspects of diabetes care and testing (A1c, BP, eye exam, kidneys, etc.), including healthy nutrition, exercise and lifestyle.
  - Remind members ABHWV Diabetes Case Management program is available by calling **1-888-348-2922**.
  - Consider partnering with ABHWV to hold a Diabetes wellness event to close A1c, blood pressure and eye exam gaps in care. Members will receive a \$25 gift card.
  - Be sure diabetes diagnosis and medication coding that is carried over in the EMR is always accurate and current:
    - Members who are identified as being diabetic through medical or pharmacy claims data may be brought into the measure for 2 years.
    - For provider offices and hospitals that share an EMR system inaccurate diagnoses may be carried through all charting and erroneously cause a member to be included in this measure.
- Retinal eye exam
  - No referral for retinal eye exam.
  - Retinal eye exam results must be reviewed by an eye care professional (optometrist or ophthalmologist).
  - Incomplete or missing information from specialty or consulting providers – request office visit notes and results of retinal eye exams performed by the eye provider.
  - Maintain copies in the medical record of letters received from the eye care professional with retinal eye exam results.
  - As a part of medical record requests, submit copy of letters from eye care provider with diabetic eye exam results!
  - If the member's eye care provider and date the member last had a retinal eye exam/result is known, document the provider, date and result in the chart.

- Remember provider Diabetic Eye Exam incentive - \$50 for dilated or retinal eye exam in the measurement year for assigned members.
- Educate members regarding ABHWV benefits – diabetic eye exams are covered!
- Educate members regarding \$50 gift card from ABHWV for a completed diabetic eye exam.
- Documentation must be clear that the member had a dilated or retinal eye exam by an eye care professional, and that retinopathy was not present. Eye exam letters or results documentation that solely states, “Diabetes without complications”, does not meet criteria for Retinal Eye exam.

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

Members 18-85 years of age with diabetes (Type 1 or Type 2) who received a kidney health evaluation during the measurement year:

1. Estimated Glomerular Filtration Rate (eGFR), AND
2. Urine albumin-creatinine ratio (uACR) – identified by **both** a quantitative urine albumin test and a urine creatinine test

**Note:** This measure is administrative (claims based) only. **No chart review permitted!**

### **Best Practice Tips:**

- BOTH eGFR and uACR must be performed in the measurement year to be compliant.
- Bill/code labs performed in-house, as this measure is administrative only.
- Be sure diabetes diagnosis and medication coding that is carried over in the EMR is always accurate and current:
  - Members who are identified as being diabetic through medical or pharmacy claims data may be brought into the measure for 2 years.
  - For provider offices and hospitals that share an EMR system inaccurate diagnoses may be carried through all charting and erroneously cause a member to be included in this measure.

## **Statin Therapy for Patients With Diabetes (SPD)**

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

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

### **Best Practice Tips:**

- Review and reconcile medications at every visit.
- Educate members regarding the importance of statin therapy and taking medication as prescribed (time, dose, etc.).
- Educate members regarding side effects and importance of reporting of any side effects to their PCP so medication can be adjusted if necessary.
- Advise members not to stop taking without consulting their PCP.
- Be sure diabetes diagnosis and medication coding that is carried over in EMR for outpatient visits is always still accurate:
  - Members who are identified as being diabetic through claims/encounter OR pharmacy data will bring the member into the measure for 2 years.
  - For provider offices that share EMR with a hospital system, this could impact ER visit and inpatient stay coding.

## Controlling High Blood Pressure (CBP)

Members 18-85 years of age in the measurement year with a diagnosis of hypertension whose blood pressure is adequately controlled. The HEDIS® requirement is to review the last blood pressure reading in the measurement year.

- Members 18-85 years of age whose Blood Pressure is **<140/<90**
- There are CPT II codes that are acceptable to meet measure compliance administratively. **When utilized, this step can potentially reduce the volume of medical record requests and on-site visits to the provider office during HEDIS season.**

Please bill these CPT II codes as applicable:

### Systolic Blood Pressure

- **3074F** – Most recent Systolic BP less than 130 mm Hg
- **3075F** – Most recent Systolic BP 130-139 mm Hg
- **3077F** – Most recent Systolic BP greater than or equal to 140 mm hg

### Diastolic Blood Pressure

- **3078F** – Most recent Diastolic BP less than 80 mm Hg
- **3079F** – Most recent Diastolic BP 80-89 mm Hg
- **3080F** – Most recent Diastolic BP greater than or equal to 90 mm hg

### Common Chart Deficiencies and Best Practice Tips:

- CPT II codes underutilized - bill blood pressure CPT II codes as noted above to increase compliance administratively and potentially decrease chart review!
- Often times the patient's BP is taken first thing from walking to the exam room – and just after being weighed, so:
  - Retake the BP if above 140/90 – be sure to record all blood pressures taken.
  - The systolic and diastolic BP must be lower than the thresholds to be considered compliant – systolic <140 (not equal to) **and** diastolic < 90 (not equal to).
  - Member-reported blood pressures can meet compliance! Encourage members to take their blood pressure at home, keep a log, and give and/or report back to the provider at their next in-person or telehealth visit, to be documented in the medical record. Documented blood pressures must be an exact reading, NOT ranges (i.e., “130s over 80s” or “130-150/80-90)
  - Check BP in both arms – HEDIS® allows lowest reading; consider having patient lie down and retake.
  - Ensure the BP cuff is the correct size for the patient's arm.
- If blood pressures are above goal, re-assess member compliance and medication regimen while stressing the importance of healthy diet, exercise and compliance with medications.
- Educate members to not stop taking medications with consulting their doctor.

## **Statin Therapy for Patients With Cardiovascular Disease (SPC)**

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

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

### **Best Practice Tips:**

- Review and reconcile medications at every visit.
- Educate members regarding the importance of statin therapy in patients with cardiovascular disease, and taking medication as prescribed (time, dose, etc.).
- Educate members regarding side effects and importance of reporting of any side effects to their PCP so medication can be adjusted if necessary.
- Advise members not to stop taking without consulting their PCP.

## **Pharmacotherapy Management of COPD Exacerbation (PCE)**

Adults age 40 and older who had an acute inpatient discharge or emergency department visit for COPD exacerbation between January 1 – November 30 of the measurement year and the following appropriate medications were dispensed:

1. A systemic corticosteroid within 14 days of the event.
2. A bronchodilator within 30 days of the event.

**Note:** The PCE measure is based on acute inpatient discharges and ED visits, so it is possible for the measure to include multiple events for the same member.

### **Best Practice Tips:**

- Always follow-up with the member after an inpatient or emergency room event – examine practice policy/process to ensure systems and workflows are in place for timely follow-up.
- Confirm diagnosis of COPD for members with spirometry testing.
- If medically appropriate, consider modifying treatment to include systemic corticosteroid and bronchodilator.
- Assess for environmental home and community risk factors that may contribute to exacerbations.
- Assess understanding of medication regimen and proper medication use.
- Bill medications given in-office.

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

The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of Acute Myocardial Infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.

### **Best Practice Tips:**

- Schedule timely follow-up appointments after inpatient discharge.
- Stress the importance of taking prescribed medications for managing heart disease.
- Advise member not to stop taking medication without talking to the doctor.
- Assess if there are any barriers the member may have to filling and/or taking prescriptions.
- Schedule follow-up calls or appointments to ensure that the member filled their medication and taking as prescribed.
- Consider a 90-day supply to encourage adherence.
- Integrate beta-blocker therapy evaluation into every encounter with a member who has had a recent AMI.
- Review member medication list to ensure current beta-blocker therapy and determine beta-blocker use history.
- Exclusions – members with Asthma, COPD, Obstructive Chronic Bronchitis, Hypotension, Heart Block > 1 degree, Sinus Bradycardia, chronic respiratory conditions due to fumes and vapors, or allergy to beta-blocker therapy; Members in hospice; Members with Advanced Illness or Frailty. Contact QM for comprehensive exclusion diagnoses and codes.

# Behavioral health measures

## Antidepressant Medication Management (AMM)

Members 18 years of age and older with a diagnosis of major depression and were treated with antidepressant medication, and that remained on an antidepressant medication treatment. This measure runs between May 1 of the year prior to the measurement year and ends on April 30 of the measurement year.

Antidepressants can be prescribed by a PCP or mental health practitioner.

Two components are reported:

1. Effective Acute Phase Treatment: Members who remained on an antidepressant medication for at least 84 days (12 weeks).
2. Effective Continuation Phase Treatment: Members who remained on an antidepressant medication for at least 180 days (6 months).

Common antidepressants for West Virginia Medicaid include: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline.

### Best Practice Tips:

- This measure includes medication prescribed by a PCP or mental health practitioner.
- Educate members regarding side effects, expected time for side effects to resolve and importance of staying on medication.
- Be aware that outpatient visits/encounters, inpatient stays/encounters, observation/ED visits, intensive outpatient encounters, partial hospitalizations, community mental health center visits, telehealth visits, e-visits and virtual check-ins where the Major Depression diagnosis occurred **do apply** to the eligible population for this measure.

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

Members 6-12 years of age in the measurement period, newly prescribed ADHD medication and 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.

The measurement period for this measure is March 1 of the year prior to measurement year through February 28 of the measurement year.

Two components reported:

1. Initiation Phase – one follow-up visit by a practitioner with prescribing authority within 30 days of initial dispensed prescription.

Note: For Initiation Phase, telehealth visits and telephone visits also count.

2. Continuation Phase – members who remained on ADHD medication for at least 210 days who in addition to the Initiation Phase visit, had at least two more follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Note: For Continuation Phase, telehealth visits, telephone visits, e-visits and virtual check-ins also count. However, only one of these two visits may be an e-visit or virtual check-in.

### **Best Practice Tips:**

- No refills until the initial follow-up visit is complete.
- Conduct initial follow-up visit 2-3 weeks after member starts medication therapy.
- Member needs 2 additional visits within 9 months of starting medication, schedule these appointments at initial visit.
- If member cancels, reschedule appointment right away.
- Educate members/parents regarding time it takes to reach therapeutic levels.
- This measure includes medication prescribed by a PCP or mental health practitioner.

### **Follow-Up after Hospitalization for Mental Illness (FUH)**

Members 6 years of age and older in the measurement year discharged after hospitalization for treatment of selected mental illness or intentional self-harm diagnoses who had a follow-up visit with a **mental health provider**.

The measurement period for this measure is January 1 of the measurement year through December 1 of the measurement year.

Two components are reported:

1. Members who received a follow-up visit within 7 days of discharge.
2. Members who received a follow-up visit within 30 days of discharge.

Note: The denominator is based on discharges, not members. Thus, if members have more than one discharge in the measurement period, they will fall into the measure multiple times.

For both indicators, any of the following meet criteria for a follow-up visit (7-Day or 30-Day):

- An outpatient visit with a mental health provider.
- A telehealth visit with a mental health provider.
- An observation visit with a mental health provider.
- Transitional care management services with a mental health provider.
- A telephone visit with a mental health provider.
- A visit in a behavioral healthcare setting.
- A community mental health center visit.
- An intensive outpatient encounter or partial hospitalization.
- Electroconvulsive therapy.
- Psychiatric collaborative care management

**Best Practice Tips:**

- Ideally looking for a follow-up visit within 7 days – weekends are included in follow-up timeframes.
- Follow-up visits that occur *on the day of discharge* do NOT count towards compliance.
- Follow up timely with members after hospitalization and make appropriate referrals and/or assist member with scheduling mental health appointment – ideally schedule **BEFORE** discharge from hospital. Also consider looking at office workflows regarding inpatient notifications to allow prompt action and follow-up.

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

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

\*\*Follow-up visits may be with **any** practitioner, with a principal diagnosis of a mental health disorder **OR** with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 7 and 30 days after the ED visit.

Note: ED visits that result in an inpatient stay are not included in the measure.

**Best Practice Tips:**

- Telephone visits and e-visits or virtual check-ins are included in follow-up visit types.
- Follow-up visits that occur *on the date of the ED visit* do count as numerator compliant.
- 7 and 30 day time frames include weekends!
- Follow-up visits can be with any practitioner type – Ensure there is an efficient office workflow for reviewing ED reports timely and reach out to members/parents promptly to schedule follow-up visits.
- Refer member to an appropriate behavioral health provider as indicated. Please call provider services if assistance is needed at **1-888-348-2922**.
- Refer member to Aetna Better Health of West Virginia Case Management by fax to **844-330-1001**.

## **Follow-Up After Emergency Department Visit for Substance Use (FUA)**

The percentage of emergency department visits for members 13 years of age and older with a principal diagnosis of Substance Use Disorder (SUD) or any diagnosis of drug overdose, who had a follow-up visit:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

The diagnosis for SUD can be a principal or secondary diagnosis on the follow-up visit.

Note: ED visits that result in an inpatient stay are not included in the measure.

### **Best Practice Tips:**

- Follow-up visits that occur *on the date of the ED visit* do count as numerator compliant.
- 7- and 30-day time frames include weekends!
- Ensure there is an efficient office workflow for reviewing ED reports timely and reach out to members/parents promptly to schedule follow-up visits.
- Screen patients for a personal or family history of dependence disorders.
- When substance abuse is identified, it's very important to schedule appropriate follow-up treatment.
- Refer member to an appropriate behavioral health provider as indicated. Please call provider services if assistance is needed at **1-888-348-2922**.
- Refer member to Aetna Better Health of West Virginia Case Management by fax to **844-330-1001**.

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

The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.

1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.
2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.

Note: Follow-up visits that occur on the date of the episode do NOT count.

**\*\*Follow-up visits may be with any practitioner, with a principal diagnosis of substance use disorder within 7 and 30 days after an episode for substance use disorder.**

For both indicators, any of the following meet criteria for a follow-up visit (7-Day or 30-Day):

- An acute or nonacute inpatient admission or residential behavioral health stay.
- An outpatient visit.
- Intensive outpatient encounter or partial hospitalization.
- A non-residential substance abuse treatment facility visit.
- A community mental health center visit.
- A telehealth visit.
- A substance use disorder service.
- An opioid treatment services that bills monthly or weekly.
- An observation visit.
- Residential behavioral health treatment.
- A telephone visit.
- An e-visit or virtual check-in (an online assessment).
- A pharmacotherapy dispensing event or medication treatment event.

### Best Practice Tips:

- 7- and 30-day time frames include weekends!
- Follow-up visits can be with any practitioner type – Ensure there is an efficient office workflow for reviewing inpatient notifications timely and reach out to members/parents promptly to schedule follow-up visits.
- Screen patients for a personal or family history of dependence disorders.
- When substance abuse is identified, it's very important to schedule appropriate follow-up treatment.
- Refer member to an appropriate behavioral health provider as indicated. Please call provider services if assistance is needed at **1-888-348-2922**.
- Refer member to Aetna Better Health of West Virginia Case Management by fax to **844-330-1001**.

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

The percentage of members 18 years of age and older during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least **80%** of their treatment period.

The treatment period is the period of time beginning with the earliest prescription dispensing date through the last day of the measurement year.

### **Best Practice Tips:**

- Educate members about the importance of adhering to their medication therapy regimen.
- Complete a medication review and reconciliation when the member is in the office.
- Encourage follow-up visits with all providers/specialists.
- Members in hospice or diagnosed with Dementia during the measurement year are excluded from the measure.

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

Members age 18-64 with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had an annual diabetes screening.

- Glucose test, *or*
- HbA1c test

### **Best Practice Tips:**

- Glucose test *or* HbA1c should be done yearly on members meeting criteria.
- If A1c testing is performed in-office, be sure to include on claim the appropriate CPT-II code.
- Communication between PCP and Behavioral Health providers is key.
- Refer member to Aetna Better Health of WV Case Management by fax to **844-330-1001**.

## **Initiation and Engagement of Substance Use Disorder Treatment (IET)**

The percentage of new Substance Use Disorder episodes, among members 13 years of age and older, that result in treatment and initiation and engagement. Two rates are reported:

1. Initiation of SUD Treatment: the percentage of new SUD episodes that result in treatment initiation through a SUD inpatient admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth visit, or medication assisted treatment (MAT) within 14 days of diagnosis.
2. Engagement of SUD Treatment: the percentage of new SUD episodes that have evidence of treatment engagement through two or more additional SUD services via a SUD inpatient

admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication assisted treatment (MAT) within 34 days of the initiation visit.

This measure is reported by diagnosis cohorts: Alcohol Use Disorder, Opioid Use Disorder, and Other Substance Use Disorder.

**Best Practice Tips:**

- When substance abuse is identified, it's very important to schedule appropriate follow-up treatment.
- Refer member to an appropriate behavioral health provider as indicated. Please call provider services if assistance is needed at **1-888-348-2922**.
- Refer member to Aetna Better Health of WV Case Management by fax to **844-330-1001**.

**Use of Opioids at High Dosage (HDO)**

The proportion of members 18 years and older, receiving prescription opioids for greater than or equal to 15 days during the measurement year at a high dosage (average milligram morphine dose [MME] > or = 90mg). A lower rate indicates better performance.

**Best Practice Tips:**

- Screen patients for a personal or family history of dependence disorders.
- Use alternative therapies if indicated.
- Follow CDC, State and Federal Guidelines for Prescribing Opioids for Chronic Pain.
- Members with malignant neoplasms, sickle-cell disease or in hospice are excluded

**Use of Opioids from Multiple Providers (UOP)**

The proportion of members 18 years and older, receiving prescription opioids for greater than or equal to 15 days during the measurement year who received opioids from multiple providers. A lower rate indicates better performance. Three rates are reported:

1. Multiple prescribers – the proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. Multiple pharmacies – the proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
3. Multiple prescribers and multiple pharmacies - the proportion of members receiving prescriptions for opioids from four or more different prescribers *and* four or more different pharmacies during the measurement year.

**Best Practice Tips:**

- Set expectations with member regarding receiving opioids from one prescriber and one pharmacy.
- Members in hospice are excluded from the measure.

**Risk of Continued Opioid Use (COU)**

The Percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. A lower rate indicates better performance. Two rates are reported:

1. The percentage of members whose new episode of prescription opioid use lasts at least 15 days in a 30-day period.
2. The percentage of members whose new episode of prescription opioid use lasts at least 31 days in a 62-day period.

**Best Practice Tips:**

- Screen patients for a personal or family history of dependence disorders.
- Use alternative therapies if indicated.
- Follow CDC, State and Federal Guidelines for Prescribing Opioids for Chronic Pain.
- Members with malignant neoplasms, sickle-cell disease, hospice and palliative care are excluded.

**Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)**

The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

This measure is looking for **both** of the following during the measurement year on the same or different dates of service:

- At least one blood glucose **or** HbA1c, **and**
- At least one test for LDL-C **or** cholesterol test

**Best Practice Tips:**

- Prescriber of medication should be responsible for ordering the appropriate lab screening needed with atypical antipsychotics; however, this should be coordinated with child's primary provider to avoid duplication of services.
- Lab results should be made available to child's primary provider if they are not able to access the records electronically. If received, the primary care provider should ensure that any lab results received from the Behavioral Health provider are maintained in the medical record.
- Lab screening should ideally be done every 6 months along with regular monitoring of

child's BMI while taking the medication.

- The state of West Virginia requires testing for continuation of therapy that is completed within the last 6 months. Consider obtaining a baseline set of labs when these types of medications are initiated.

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

The percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

### **Best Practice Tips:**

- Non-pharmacologic interventions should be considered for first line care.
- Contact Aetna Better Health of West Virginia for assistance with behavioral health referrals if needed.
- Exclusions – Members with at least one acute inpatient or at least two visits in an outpatient, intensive outpatient or partial hospitalization setting, on different dates of service, with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder during the measurement year.

## **Pharmacotherapy for Opioid Use Disorder (POD)**

The percentage of new Opioid Use Disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.

- If the Treatment Period does not contain any gaps in treatment of 8 or more consecutive calendar days, the event is numerator compliant.
- If the Treatment Period contains at least one gap in treatment of 8 or more consecutive days, the event is NOT numerator compliant.

### **Best Practice Tips:**

- Follow CDC, State and Federal Guidelines for Prescribing Opioids for Chronic Pain.

**Refer member to [Aetna Better Health of West Virginia Case Management](#) by fax to 844-330-1001.**

## CAHPS Survey

The CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey is required annually by NCQA to capture members' experience with health care. The survey evaluates key areas of care and service with the health plan, providers and member experience. This survey is sent to members via mail every year in the spring. Health plans report survey results as part of HEDIS® data collection.

The majority of CAHPS survey questions surround member experience and satisfaction with their doctor and health plan. Every encounter the provider office has with a member is an invaluable opportunity to elevate the member's health care experience. These interactions have the potential to impact the way members respond to ALL questions on the CAHPS survey.

There is one HEDIS® measure that is incorporated into the CAHPS survey:

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

Members 18 and older who are current smokers or tobacco users and received smoking/tobacco cessation education and counseling between July 1 of the measurement year and when the CAHPS survey was completed. The CAHPS survey questions inquire if the member experienced the following:

- Received advice to quit.
- Discussed or were recommended cessation medications.
- Discussed or were provided cessation methods or strategies.

### **Best Practice Tips**

- Assess all members for smoking and tobacco use at each and every opportunity.
- Provide education/counseling to members advising to quit at each and every opportunity.
- Discuss/recommend cessation medication when appropriate at every opportunity.
- Discuss/provide education regarding smoking cessations strategies at every opportunity.
- Provide West Virginia Tobacco Quit Line number **1-800-784-8669** to member.
- Refer members to Aetna Better Health of West Virginia for Case Management by fax **844-330-1001**.

**(End of HEDIS® measures – the following pages provide helpful website links, guidelines and billing code references.)**

# Helpful Website Links

## Lead Screening for Children

West Virginia Department of Health and Human Services

<http://www.dhhr.wv.gov/HealthCheck/healthcheckservices/Pages/default.aspx>.

CDC

<https://www.cdc.gov/nceh/lead>.

## Childhood and Adolescent Immunizations

CDC

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.

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

<https://wvruralhealth.org/event/2023-west-virginia-immunization-summit/>

<https://www.cdc.gov/vaccines/>

<https://oepps.wv.gov/immunizations/Pages/default.aspx>

<https://statecancerprofiles.cancer.gov/>

<https://wvruralhealth.org/programs/win/members-health-care-providers/materials->

[order-form/](https://wvruralhealth.org/programs/win/members-health-care-providers/materials-order-form/)

<https://www.aecf.org/resources/2023-kids-count-data-book>

## Oral Evaluation, Dental Services

West Virginia Department of Health and Human Services.

<http://www.dhhr.wv.gov/HealthCheck/providerinfo/oralhealthtoolkit/Pages/default.aspx>.

[https://dhhr.wv.gov/HealthCheck/providerinfo/Documents/2021\\_HC\\_PeriodicitySchedule.pdf](https://dhhr.wv.gov/HealthCheck/providerinfo/Documents/2021_HC_PeriodicitySchedule.pdf)

## **Well-Care Visits**

American Academy of Pediatrics

[www.aap.org](http://www.aap.org)

American Academy of Pediatrics-Bright Futures

[www.Brightfutures.org](http://www.Brightfutures.org)

<https://brightfutures.aap.org/Pages/default.aspx>

## **Breast Cancer Screening**

[https://cal.wvu.edu/Bonnies\\_Bus](https://cal.wvu.edu/Bonnies_Bus)

# Physician documentation guidelines and administrative codes

The use of correct billing codes is critical to ensuring your office receives credit for performing the exam, screening, or test performed. The following useful tips refer to HEDIS® requirements, member ages in the measurement period and corresponding codes per NCQA guidelines. These guidelines apply to all Medicaid members and are not managed care organization specific.

**Measures are listed alphabetically.** *\*\*If you have questions about whether or not specific codes are covered by West Virginia Medicaid, please call 1 (888) 348-2922.*

If you have HEDIS® related questions, contact us. We'd be happy to help! You can reach us at **ABHWVHEDIS@aetna.com**.

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)</b></p>	<p>The percentage of members <b>18 years of age and older</b> during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.</p>	<p><b><u>Antipsychotic Medications</u></b></p> <p><b>Oral Antipsychotic Medications</b></p> <ul style="list-style-type: none"> <li>• Miscellaneous antipsychotic agents (oral)</li> <li>• Phenothiazine antipsychotics (oral)</li> <li>• Psychotherapeutic combinations (oral)</li> <li>• Thioxanthenes (oral)</li> </ul> <p><b>Long-Acting Injections 14-Days Supply Medications</b></p> <ul style="list-style-type: none"> <li>• <b>HCPCS:</b> J2794</li> </ul> <p><b>Long-Acting Injections 28-Days Supply Medications</b></p> <ul style="list-style-type: none"> <li>• <b>HCPCS:</b> J0401, J1631, J1943, J1944, J2358, J2426, J2680</li> </ul> <p><b>Long-Acting Injections 30-Days Supply Medications</b></p> <ul style="list-style-type: none"> <li>• <b>HCPCS:</b> J2798</li> </ul> <p><b>Comprehensive drug lists are available by contacting QM.</b></p>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Adult Immunization Status (AIS-E)</b></p>	<p>Members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.</p>	<p><b>Influenza</b>  <b>CPT:</b> 90756, 90630, 90653, 90654, 90656, 90658, 90660-90662, 90672-90674, 90682, 90686, 90688, 90689, 90694</p> <p><b>Td/Tdap</b>  <b>CPT:</b> 90714, 90715</p> <p><b>Zoster</b>  <b>CPT:</b> 90736, 90750</p> <p><b>Pneumococcal</b>  <b>CPT:</b> 90670, 90671, 90677, 90732  <b>HCPCS:</b> G0009</p>
<p><b>Antidepressant Medication Management (AMM)</b></p>	<p>The percentage of members <b>18 years of age and older</b> who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> <li>• <b>Effective Acute Phase Treatment:</b> Those who remained on antidepressant medication for at least 84 days (12 weeks).</li> <li>• <b>Effective Continuation Phase Treatment:</b> Those who remained on antidepressant medication for at</li> </ul>	<p><b>Antidepressant Medications:</b></p> <p><b>Miscellaneous antidepressants:</b>  Bupropion,  Vilazodone, Vortioxetine</p> <p><b>Monoamine oxidase inhibitors:</b>  Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine</p> <p><b>Phenylpiperazine antidepressants:</b>  Nefazodone, Trazadone</p> <p><b>Psychotherapeutic combinations:</b>  Amitriptyline-chlordiazepoxide,  Amitriptyline-perphenazine, Fluoxetine-olanzapine</p> <p><b>SNRI antidepressants:</b> Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine</p> <p><b>SSRI antidepressants:</b> Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline</p> <p><b>Tetracyclic antidepressants:</b> Maprotiline, Mirtazapine</p>

HEDIS® Measure	Numerator Requirements	Codes
	<p>least 180 days (6 months).</p>	<p><b>Tricyclic antidepressants:</b> Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepine (&gt;6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine</p>
<p><b>Appropriate Testing for Pharyngitis (CWP)</b></p>	<p>Percentage of episodes for members <b>3 years of age and older</b> who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (Strep) test for the episode.</p>	<p><b>Group A Strep Test CPT:</b> 87070, 87071, 87081, 87430, 87650-87652, 87880</p> <p>LOINCs available by contacting QM.</p> <p>Be sure documentation and coding accurately reflects all diagnoses for this visit.</p>
<p><b>Appropriate Treatment for Upper Respiratory Infection (URI)</b></p>	<p>Percentage of episodes for members <b>3 months of age and older</b> who were given a diagnosis of upper respiratory infection and were <b>not</b> dispensed an antibiotic prescription.</p>	<p>Dispensed prescription for an antibiotic medication from the AAB Antibiotic Medications List on or 3 days after the episode date.</p> <p><b>AAB Antibiotic Medications:</b> <b>Aminoglycosides:</b> Amikacin, Streptomycin, Gentamicin, Tobramycin <b>Aminopenicillins:</b> Amoxicillin, Ampicillin</p>

HEDIS® Measure	Numerator Requirements	Codes
		<p><b>Beta-lactamase inhibitors:</b> Amoxicillin-clavulanate, Piperacillin-tazobactam, Ampicillin-sulbactam</p> <p><b>First-generation cephalosporins:</b> Cefadroxil, Cephalexin, Cefazolin</p> <p><b>Fourth-generation cephalosporins:</b> Cefepime</p> <p><b>Lincomycin derivatives:</b> Clindamycin, Lincomycin</p> <p><b>Macrolides:</b> Azithromycin, Erythromycin, Clarithromycin</p> <p><b>Miscellaneous antibiotics:</b> Aztreonam, Daptomycin, Vancomycin, Chloramphenicol, Linezolid, Dalfopristin-quinupristin, Matronidazole</p> <p><b>Natural penicillins:</b> Penicillin G benzathine-procaine, Penicillin G procaine, Penicillin V potassium, Penicillin G potassium, Penicillin G sodium, Penicillin G benzathine</p> <p><b>Penicillinase resistant penicillins:</b> Dicloxacillin, Oxacillin, Nafcillin</p> <p><b>Quinolones:</b> Ciprofloxacin, Levofloxacin, Ofloxacin, Gemifloxacin, Moxifloxacin</p> <p><b>Rifamycin derivatives:</b> Rifampin</p> <p><b>Second-generation cephalosporin:</b> Cefaclor, Cefoxitin, Cefuroxime, Cefotetan, Cefprozil</p> <p><b>Sulfonamides:</b> Sulfadiazine, Sulfamethoxazole-trimethoprim</p> <p><b>Tetracyclines:</b> Doxycycline, Tetracycline, Minocycline</p> <p><b>Third-generation cephalosporins:</b> Cefdinir, Cefpodoxime, Cefixime, Ceftazidime, Cefotaxime, Ceftriaxone</p> <p><b>Urinary anti-infectives:</b> Fosfomycin, Nitrofurantoin macrocrystals-monohydrate, Nitrofurantoin, Trimethoprim</p>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Asthma Medication Ratio (AMR)</b></p>	<p>Members <b>5 – 64 years of age</b> who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.</p>	<p><b><u>Asthma Controller Medications:</u></b></p> <p><b>Antibody inhibitors:</b> Omalizumab</p> <p><b>Anti-interleukin-4:</b> Dupilumab</p> <p><b>Anti-interleukin-5:</b> Benralizumab, Mepolizumab, Reslizumab</p> <p><b>Inhaled steroid combinations:</b> Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone</p> <p><b>Inhaled corticosteroids:</b> Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone</p> <p><b>Leukotriene modifiers:</b> Montelukast, Zafirlukast, Zileuton</p> <p><b>Methylxanthines:</b> Theophylline</p> <p><b><u>Asthma Reliever Medications:</u></b></p> <p><b>Short-acting, inhaled beta-2 agonists:</b> Albuterol, Levalbuterol</p> <p><b>Exclusions:</b> Emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes or</p>
<p><b>Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis (AAB)</b></p>	<p>Percentage of episodes for members <b>3 months of age and older</b> with a diagnosis of acute bronchitis/bronchiolitis who were <b>not</b> dispensed an antibiotic prescription.</p>	<p>Dispensed prescription for an antibiotic medication from the AAB Antibiotic Medications List on or 3 days after the episode date.</p> <p><b><u>AAB Antibiotic Medications:</u></b></p> <p><b>Aminoglycosides:</b> Amikacin, Streptomycin, Gentamicin, Tobramycin</p> <p><b>Aminopenicillins:</b> Amoxicillin, Ampicillin</p>

HEDIS® Measure	Numerator Requirements	Codes
		<p><b>Beta-lactamase inhibitors:</b> Amoxicillin-clavulanate, Piperacillin-tazobactam, Ampicillin-sulbactam</p> <p><b>First-generation cephalosporins:</b> Cefadroxil, Cephalexin, Cefazolin</p> <p><b>Fourth-generation cephalosporins:</b> Cefepime</p> <p><b>Lincomycin derivatives:</b> Clindamycin, Lincomycin</p> <p><b>Macrolides:</b> Azithromycin, Erythromycin, Clarithromycin</p> <p><b>Miscellaneous antibiotics:</b> Aztreonam, Daptomycin, Vancomycin, Chloramphenicol, Linezolid, Dalfopristin-quinupristin, Matronidazole</p> <p><b>Natural penicillins:</b> Penicillin G benzathine-procaine, Penicillin G procaine, Penicillin V potassium, Penicillin G potassium, Penicillin G sodium, Penicillin G benzathine</p> <p><b>Penicillinase resistant penicillins:</b> Dicloxacillin, Oxacillin, Nafcillin</p> <p><b>Quinolones:</b> Ciprofloxacin, Levofloxacin, Ofloxacin, Gemifloxacin, Moxifloxacin</p> <p><b>Rifamycin derivatives:</b> Rifampin</p> <p><b>Second-generation cephalosporin:</b> Cefaclor, Cefoxitin, Cefuroxime, Cefotetan, Cefprozil</p> <p><b>Sulfonamides:</b> Sulfadiazine, Sulfamethoxazole-trimethoprim</p> <p><b>Tetracyclines:</b> Doxycycline, Tetracycline, Minocycline</p> <p><b>Third-generation cephalosporins:</b> Cefdinir, Cefpodoxime, Cefixime, Ceftazidime, Cefotaxime, Ceftriaxone</p> <p><b>Urinary anti-infectives:</b> Fosfomycin, Nitrofurantoin macrocrystals-monohydrate, Nitrofurantoin, Trimethoprim</p>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Blood Pressure Control for Patients with Diabetes (BPD)</b></p>	<p>Members <b>18-75 years of age</b> in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) whose blood pressure was adequately controlled (&lt;140/&lt;90 mm Hg) during the measurement year.</p> <p>**Date and result of last screening in the measurement year.</p>	<p><b>Blood Pressure Reading</b></p> <p><b>CPT-CAT-II Codes:</b></p> <p><b>Systolic Blood Pressure:</b></p> <p>3074F- Most recent Systolic BP less than 130 mm Hg</p> <p>3075F- Most recent Systolic BP 130-139 mm Hg</p> <p>3077F- Most recent Systolic BP greater than or equal to 140 mm Hg</p> <p><b>Diastolic Blood Pressure:</b></p> <p>3078F- Most recent Diastolic BP less than 80 mm Hg</p> <p>3079F- Most recent Diastolic BP 80-89 mm Hg</p> <p>3080F- Most recent Diastolic BP greater than or equal to 90 mm Hg</p> <p>(Please bill one code each for systolic and diastolic.)</p> <p><b>Billing these CPT-CAT-II codes could potentially decrease the volume of chart review at your office for the BPD measure during HEDIS season.</b></p>
<p><b>Breast Cancer Screening (BCS-E)</b></p>	<p>Women ages 50-74 years of age who were recommend for routine breast cancer screening and had a mammogram to screen for breast cancer.</p> <p>Exclusions must be clearly documented in the medical record:</p> <ul style="list-style-type: none"> <li>• Bilateral mastectomy</li> <li><i>Or</i></li> <li>• Two unilateral mastectomies</li> </ul>	<p><b>Mammogram Codes</b></p> <p><b>CPT:</b></p> <p>77061-77063, 77065-77067</p> <p><b>Mastectomy Codes</b></p> <p><b>CPT:</b></p> <p>19180, 19200, 19220, 19240, 19303- 19307</p> <p><b>ICD-10 PCS:</b></p> <p>OHTVOZZ, OHTUOZZ, OHTTOZZ</p> <p><b>ICD-10 CM:</b></p> <p>Z90.12, Z90.11(Acquired Absence of the Breast)</p>

HEDIS® Measure	Numerator Requirements	Codes
<b>Cardiac Rehabilitation (CRE)</b>	<p>The percentage of members <b>18 years and older</b> who attended cardiac rehabilitation following a cardiac event. Four rates are reported:</p> <ol style="list-style-type: none"> <li><b>Initiation</b> – members attended <i>2 or more</i> sessions within 30 days after event</li> <li><b>Engagement 1</b> - members attended <i>12 or more</i> sessions within 90 days after event</li> <li><b>Engagement 2</b> – members attended <i>24 or more</i> sessions within 180 days after event</li> </ol> <p><b>Achievement</b> - members attended <i>36 or more</i> sessions within 180 days after event</p>	<p><b>CPT:</b> 93797, 93798</p> <p><b>HCPCS:</b> G0422, G0423, S9472</p>
<b>Cervical Cancer Screening (CCS)</b>	<p>The percentage of <b>women 21-64 years of age</b> who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> <li>Women age 21 - 64 who had cervical cytology performed within the last 3 years</li> <li>Women age 30-64 who had cervical high-risk human papillomavirus</li> </ul>	<p><b>Cervical Cytology Codes</b></p> <p><b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175</p> <p><b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>LOINCs available by contacting QM.</p> <p><b>hrHPV Test</b></p> <p><b>CPT:</b> 87624, 87625</p>

HEDIS® Measure	Numerator Requirements	Codes
	<p>(hrHPV) testing performed within the last 5 years</p> <ul style="list-style-type: none"> <li>Women age 30-64 who had cervical cytology/ high-risk human papillomavirus (hrHPV) co-testing performed within the last five years</li> </ul> <p>Exclusions must be clearly documented in the medical record:</p> <ul style="list-style-type: none"> <li>Complete, total, or radical hysterectomy</li> <li>Documentation of Hysterectomy with vaginal pap smear</li> <li>Documentation of Hysterectomy with documentation that member no longer needs cervical cancer screening</li> <li>Documentation of “vaginal hysterectomy”</li> </ul>	<p><b>HCPCS:</b> G0476</p> <p>LOINCs available by contacting QM.</p> <p><b>Hysterectomy/Cervical Agenesis codes CPT:</b> 57530, 57531, 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, 58575, 58951, 58953, 58954, 58956, 59135,</p> <p><b>ICD-10 CM:</b> Q51.5, Z90.710, Z90.712 (Acquired Absence of Cervix)</p> <p><b>ICD-10 PCS:</b> OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ (hysterectomy with no residual cervix)</p> <p><b>ICD9 PCS:</b> 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8(hysterectomy with no residual cervix)</p>
<p><b>Childhood Immunization Status (CIS)</b></p>	<p>The percentage of children <b>2 years of age</b> who had the following vaccines by their second birthday:</p>	<p><b>DTaP Vaccine</b> <b>CPT:</b> 90697, 90698, 90700, 90723</p> <p><b>IPV Vaccine</b> <b>CPT:</b> 90697, 90698, 90713, 90723</p>

HEDIS® Measure	Numerator Requirements	Codes																						
	<table border="1" data-bbox="464 191 846 730"> <thead> <tr> <th>Vaccine</th> <th>Dose(s)</th> </tr> </thead> <tbody> <tr> <td>DTaP</td> <td>4</td> </tr> <tr> <td>IPV</td> <td>3</td> </tr> <tr> <td>MMR* #</td> <td>1</td> </tr> <tr> <td>Hib</td> <td>3</td> </tr> <tr> <td>Hep B*</td> <td>3</td> </tr> <tr> <td>VZV* #</td> <td>1</td> </tr> <tr> <td>PCV</td> <td>4</td> </tr> <tr> <td>Hep A* #</td> <td>1</td> </tr> <tr> <td>Rotavirus +</td> <td>2 or 3</td> </tr> <tr> <td>Influenza</td> <td>2</td> </tr> </tbody> </table> <p data-bbox="440 806 870 1125">* Billed or documented history of disease will also mark compliance for vaccinations designated with an asterisk. However, Aetna Better Health highly recommends vaccinations for children.</p> <p data-bbox="440 1209 870 1409"># MMR, VZV and Hep A must be given on or between the child's first and second birthdays to count as compliant for HEDIS®.</p> <p data-bbox="440 1499 870 1776">+ Rotavirus documentation should differentiate between a 2-dose or 3-dose vaccine (i.e., GlaxoSmithKline/Merck, Rotarix/ Rotateq, 2-dose or 3-dose.</p>	Vaccine	Dose(s)	DTaP	4	IPV	3	MMR* #	1	Hib	3	Hep B*	3	VZV* #	1	PCV	4	Hep A* #	1	Rotavirus +	2 or 3	Influenza	2	<p data-bbox="899 191 1182 264"><b>MMR Vaccine</b> <b>CPT:</b> 90707, 90710</p> <p data-bbox="899 291 1487 407"><b>Measles Vaccine</b> <b>ICD-10 CM:</b> B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9</p> <p data-bbox="899 455 1487 611"><b>Mumps Vaccine</b> <b>ICD-10 CM:</b> B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9</p> <p data-bbox="899 638 1471 756"><b>Rubella Vaccine</b> <b>ICD-10 CM:</b> B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9</p> <p data-bbox="899 795 1536 911"><b>Hib Vaccine</b> <b>CPT:</b> 90644, 90647, 90648, 90697, 90698, 90748</p> <p data-bbox="899 972 1544 1251"><b>Hep B Vaccine</b> <b>CPT:</b> 90697, 90723, 90740, 90744, 90747, 90748 <b>ICD-10 CM:</b> B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 <b>ICD-10 PCS:</b> 3E0234Z (newborns only) <b>HCPCS:</b> G0010</p> <p data-bbox="899 1293 1533 1535"><b>VZV Vaccine</b> <b>CPT:</b> 90710, 90716 <b>ICD-10 CM:</b> B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21- B02.24, B02.29- B02.34, B02.39, B02.7, B02.8, B02.9</p> <p data-bbox="899 1581 1182 1696"><b>PCV Vaccine</b> <b>CPT:</b> 90670, 70671 <b>HCPCS:</b> G0009</p> <p data-bbox="899 1734 1273 1850"><b>Hep A Vaccine</b> <b>CPT:</b> 90633 <b>ICD-10 CM:</b> B15.0, B15.9</p>
Vaccine	Dose(s)																							
DTaP	4																							
IPV	3																							
MMR* #	1																							
Hib	3																							
Hep B*	3																							
VZV* #	1																							
PCV	4																							
Hep A* #	1																							
Rotavirus +	2 or 3																							
Influenza	2																							

HEDIS® Measure	Numerator Requirements	Codes
		<p><b>RV Vaccine</b>  <b>CPT:</b> 90681 (2 dose), 90680 (3 dose)</p> <hr/> <p><b>Flu Vaccine</b>  <b>CPT:</b> 90655, 90657, 90660, 90661, 90672, 90673, 90674, 90685-90689, 90756  <b>HCPCS:</b> G0008</p>
<p><b>Child &amp; Adolescent Well- Care Visits (WCV)</b></p>	<p>The percentage of members <b>3-21 years of age</b> who had one or more well-child visits with a PCP or an OB/GYN practitioner during the measurement year.</p>	<p><b>CPT:</b>  99381-99385, 99391-99395, 99461  <b>ICD-10 CM:</b>  Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2  <b>HCPCS:</b>  G0438, G0439, S0302, S0610, S0612, S0613</p> <p>Aetna Better Health® of West Virginia will pay for a well visit outside of the 12-month cycle!</p>
<p><b>Chlamydia Screening in Women (CHL)</b></p>	<p>The percentage of women <b>16-24 years of age</b> who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p>	<p><b>CPT:</b>  87110, 87270, 87320, 87490-87492, 87810, 0353U</p> <p>LOINC's available by contacting QM.</p>

HEDIS® Measure	Numerator Requirements	Codes
<b>Colorectal Screening (COL-E)</b>	<p>The percentage of members <b>45-75 years of age</b> who had appropriate screening for colorectal cancer. <i>Any of the following</i> meet criteria:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test during the measurement year</li> <li>• Flexible Sigmoidoscopy during the measurement year or four years prior to the measurement year</li> <li>• Colonoscopy during the measurement year or the nine years prior to the measurement year</li> <li>• CT colonography during the measurement year or the four years prior to the measurement year</li> <li>• Stool DNA (sDNA) with FIT test during the measurement year or the two years prior to the measurement year</li> </ul>	<p><b>FOBT Lab Test</b>  <b>CPT:</b>  82270, 82274  <b>HCPCS:</b>  G0328</p> <p><b>Flexible Sigmoidoscopy</b>  <b>CPT:</b>  45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350  <b>HCPCS:</b>  G0104  <b>ICD9PCS:</b>  45.24</p> <p><b>Colonoscopy</b>  <b>CPT:</b>  44388- 44394, 44401- 44408, , 45378-45382, 45384-45386, 45388-45393, 45398  <b>HCPCS:</b>  G0105, G0121  <b>ICD9PCS:</b>  45.22, 45.23, 45.25, 45.42, 45.43</p> <p><b>CT Colonography</b>  <b>CPT:</b>  74261- 74263</p> <p><b>FIT DNA Lab Test</b>  <b>CPT:</b>  81528</p>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Controlling High Blood Pressure (CBP)</b></p>	<p>The percentage of members <b>18 - 85 years of age</b> who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<b>&lt; 140/ &lt;90 mm Hg</b>) during the measurement year.</p> <p>**Date and result of last screening in the measurement year.</p>	<p><b>Hypertension diagnosis ICD-10 CM:</b> I10</p> <p><b>CPT-CAT-II Codes:</b></p> <p><b>Systolic Blood Pressure:</b> 3074F- Most recent Systolic BP less than 130 mm Hg 3075F- Most recent Systolic BP 130-139 mm Hg 3077F- Most recent Systolic BP greater than or equal to 140 mm Hg</p> <p><b>Diastolic Blood Pressure:</b> 3078F- Most recent Diastolic BP less than 80 mm Hg 3079F- Most recent Diastolic BP 80-89 mm Hg 3080F- Most recent Diastolic BP greater than or equal to 90 mm Hg</p> <p>(Please bill one code each for systolic and diastolic.)</p> <p><b>Billing these CPT-CAT-II codes could potentially decrease the volume of chart review at your office for the CBP measure during HEDIS season.</b></p>

HEDIS® Measure	Numerator Requirements	Codes
<b>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>	<p>The percentage of members <b>18-64 years of age</b> with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year:</p> <ul style="list-style-type: none"> <li>• Glucose test</li> <li style="text-align: center;"><i>or</i></li> <li>• HbA1c test</li> </ul>	<p><b>Glucose Tests</b>  <b>CPT:</b>  80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p><b>HbA1c Test</b>  <b>CPT:</b>  83036, 83037</p> <p><b>HbA1c Results</b>  <b>CPT-CAT-II:</b>  3044F, 3046F, 3051F, 3052F</p>
<b>Eye Exam for Patients with Diabetes (EED)</b>	<p>Members <b>18-75 years of age</b> in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) who had a retinal eye exam.</p>	<p><b>Eye Exam with Eye Care Professional</b>  <b>CPT:</b>  67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 99228. 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245</p> <p><b>HCPCS:</b>  S0620, S0621, S3000</p> <p><b>Eye Exam billed by ANY Provider</b>  <b>CPT-CAT-II:</b>  2022F-2026F, 2033F</p>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Follow-Up After Emergency Department Visit for Substance Use –(FUA)</b></p>	<p>The percentage of emergency department visits for members <b>13 years of age and older</b> with a principal diagnosis of Substance Use Disorder, or any diagnosis of drug overdose, who had a follow-up visit for Substance Use Disorder.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)</li> <li>2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days)</li> </ol> <p>** Follow-up visits that occur <u>on the date of the ED visit</u> do count as numerator compliant for this measure.</p>	<p><b>Follow-Up Visit with any Practitioner</b>  <b>*Any one of these combinations meet*</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b>  98960-98962, 98966-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, , 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99408, 99409, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, 99492-99494, 99510</li> <li>• <b>HCPCS:</b>  G0071, G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0442, G0443, G0463, G0512, G2010-G2012, , G2067-G2077, G2071-G2077, G2080, G2086, G2087, G2250-G2252 H0001, H0002, H0004, H0005, H0006, H0007, H0015, H0016, H0020, H0022, H0024, H0025, H0028, H0031, H0033-H0040, H0046, H0047, H0049, H0050, H2000, H2001, H2010-H2020, H2023, H2035, H2036, S0201, S9445, S9480, S9484, S9485, T1006, T1012, T1015, T1016</li> <li>• <b>UBREV:</b>  0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983</li> <li>• <b>CPT:</b>  90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255  <b>WITH Place of Service:</b> 02, 03, 05, 07, 09-20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72</li> </ul> <p><b>Comprehensive Diagnosis codes for Substance Use Disorder (SUD) or Dependence are available by contacting QM.</b></p>

<p><b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b></p>	<p>The percentage of emergency department (ED) visits for members <b>6 years of age and older</b> with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)</li> <li>2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days)</li> </ol> <p>** Follow-up visits may be with <b>any</b> practitioner, with a principal diagnosis of a mental health disorder <b>OR</b> with a principal diagnosis of intentional self-harm <u>and</u> any diagnosis of a mental health disorder within 7 and 30 days after the ED visit.</p> <p>**Follow-up visits that occur <u>on the day of the ED visit</u> <b>do</b> count in this measure.</p>	<p><b>Follow-Up Visit with any Practitioner</b>  <b>*Any one of these combinations meet*</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b>  98960-98962, 98966-98972, 99078, 99202-99205, 99211- 99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443 , 99457, 99458, 99492-99494, 99483, 99510</li> <li>• <b>HCPCS:</b>  G0071, G0155, G0176, G0177, G0409-G0411, G0463, G0512, G2010, G2012, , G2250-G2252, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485, T1015</li> <li>• <b>UBREV:</b>  0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983</li> <li>• <b>CPT:</b>  90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255  <b>WITH Place of Service:</b> 02, 03, 05, 07, 09-20, 22, 33, 49, 50, 52, 53, 71, 72</li> <li>• <b>CPT:</b>  90870 <b>WITH Place of Service:</b> 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</li> <li>• <b>ICD-10 PCS:</b>  GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ <b>WITH Place of Service:</b> 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</li> </ul>
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HEDIS® Measure	Numerator Requirements	Codes
<p><b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)</b></p>	<p>The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members <b>13 years of age and older</b> <u>that result in a follow-up visit or service for substance use disorder.</u></p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge</li> <li>2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge</li> </ol> <p>** Follow-up visits may be with <b>any</b> practitioner, <u>with a principal diagnosis of substance use disorder</u> within 7 and 30 days after an episode for substance use disorder.</p> <p>** Follow-up visits that occur <u>on the date of the episode</u> do <b>NOT</b> count for compliance in this measure.</p>	<p><b>Follow-up Visit or Service with any Practitioner</b>  <b>*Any one of these combinations meet*</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b>  98960-98962, 98966-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, , 99424-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99408, 99409, 99411, 99412, 99421-99423, 99441-99443 , 99457, 99458, 99483, 99492-99494, 99510</li> <li>• <b>HCPCS:</b>  G0071, G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, G0512, G2010, G2067-G2077GG2080, G2086, G2087, G2250, G2251. G2252, H0001, H0002, H0004, H0005, H0007, H0015-H0019, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H0050, H2000, H2001, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015, T2048</li> <li>• <b>UBREV:</b>  0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983</li> <li>• <b>CPT:</b>  90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255  <b>WITH Place of Service:</b> 02, 03, 05, 07, 09-20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72</li> </ul>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Follow-Up After High-Intensity Care for Substance Use Disorder (FUI cont.)</b></p>		<p><b>Pharmacotherapy Medication</b></p> <p><b><u>Opioid Use Disorder Treatment Medications:</u></b>  <b>Antagonist:</b>  Naltrexone (oral and injectable)  <b>Partial agonist:</b>  Buprenorphine (sublingual tablet, injection, implant)*;  Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p> <p><b><u>Alcohol Use Disorder Treatment Medications:</u></b>  <b>Aldehyde dehydrogenase inhibitor:</b>  Disulfiram (oral)  <b>Antagonist:</b>  Naltrexone (oral and injectable)  <b>Other:</b>  Acamprosate (oral and delayed-release tablet)</p> <p>*Buprenorphine administered via transdermal patch or buccal film not included because they are not FDA approved for OUD.</p> <p><b>Comprehensive Diagnosis codes for Substance Use Disorder available by contacting QM.</b></p>
<p><b>Follow-up After Hospitalization for Mental Illness (FUH)</b></p>	<p>The percentage of discharges for members <b>6 years of age and older</b> who were hospitalized for treatment of <b>selected mental illness or intentional self-harm diagnoses</b> and who had a follow up visit with a mental health provider:</p>	<p><b><u>Visit with Mental Health Provider</u></b>  <b>*Any one of these combinations meet*</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b>  98960-98962, 98966-98968, 99078, -99202-99205, 99211-99215, , -99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99441-99443, 99483, 99492-99495, 99496, 99510</li> </ul>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Follow-up After Hospitalization for Mental Illness (FUH cont.)</b></p>	<p>Two rates are reported:</p> <ul style="list-style-type: none"> <li>The percentage of discharges for which the member received follow-up within <b>7 days</b> after discharge</li> <li>The percentage of discharges for which the member received follow-up within <b>30 days</b> after discharge</li> </ul>	<ul style="list-style-type: none"> <li><b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015</li> <li><b>UBREV:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983</li> <li><b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 <u>WITH Place of Service:</u> 02, 03, 05, 07, 09-20, 22, 33, 49, 50, 71, 72</li> </ul> <p><b><u>VISIT with ANY PROVIDER</u></b> <b>*Any one of these combinations meet*</b></p> <ul style="list-style-type: none"> <li><b>HCPCS:</b> G0410, G0411, G0512 H0035, H2001, H2012, S0201, S9480, S9484, S9485</li> <li><b>UBREV:</b> 0513, 0900-0905, 0907, 0911-0917, 0919</li> <li><b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, -99252-99255 <u>WITH Place of Service:</u> 52</li> <li><b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960-98962, 99078, 99202-99205, 99211-99215, 99221--99223, 99231-99233, 99238, 99239, -99242-99245, -99252-99255, 99341-99345, 99347-99350, 99381-99387,</li> </ul>

HEDIS® Measure	Numerator Requirements	Codes
<b>Follow-up After Hospitalization for Mental Illness (FUH cont.)</b>		<p>99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99496, 99510 <u>WITH Place of Service:</u> 53</p> <ul style="list-style-type: none"> <li>• <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036-H0040, H2000, H2010, H2011, H2013-H2020, T1015 <u>WITH Place of Service:</u> 53</li> <li>• <b>UBREV:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983 <u>WITH Place of Service:</u> 53</li> <li>• <b>CPT:</b> 90870 <u>WITH Place of Service:</u> 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</li> <li>• <b>ICD-10 PCS:</b> GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ <u>WITH Place of Service:</u> 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72</li> </ul>
<b>Follow-up Care for Children Prescribed ADHD Medication (ADD-E)</b>	<p>The percentage of children newly prescribed attention-deficit (ADHD) medication who had at least <b>three</b> follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• <b>Initiation Phase</b> - The percentage of members <b>6-12 years of age</b> with an ambulatory prescription</li> </ul>	<p><b>Visit with a Practitioner</b> <b>*Any one of these combinations meet*</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> , 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, 98960-98962, 98966-98968, 99078, 99201-99205, 99211-99215, , 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99441, 99442, 99443, 99483, 99492-99494, 99510</li> <li>• <b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0463, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485, T1015</li> </ul>

HEDIS® Measure	Numerator Requirements	Codes
	<p>dispensed for ADHD medication, who had one follow-up visit with a practitioner <b>with prescribing authority</b> during the 30-day Initiation Phase</p> <ul style="list-style-type: none"> <li> <p><b>Continuation and Maintenance Phase -</b> The percentage of members <b>6-12 years of age</b> with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p> </li> </ul>	<ul style="list-style-type: none"> <li> <p><b>UBREV:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983</p> </li> <li> <p><b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 <b>WITH Place of Service:</b> 02, 03, 05, 07, 09-20, 22, 33, 49, 50, 52, 53, 71, 72</p> </li> </ul> <p><b>Additional CPT/HCPCS codes for Continuation and Maintenance phase only:</b> 98970-98972, 98980, 98981, 99421-99423, 99457, 99458, G0071, G2010, G2012, G2250-G2252</p>

HEDIS® Measure	Numerator Requirements	Codes
<b>Glycemic Status Assessment for Patients With Diabetes (GSD)</b>	<p>Members <b>18-75 years of age</b> in the measurement year with a diagnosis of diabetes (Type 1 and Type 2) whose most recent glycemic status or glucose management indicator (GMI) was at the following during the measurement year:</p> <ul style="list-style-type: none"> <li>• Glycemic Status &lt;8.0%</li> <li>• Glycemic Status &gt;9.0%</li> </ul>	<p><b>HbA1c Test</b> <b>CPT:</b> 83036, 83037</p> <p><b>HbA1c Results</b> <b>CPT-CAT- II:</b></p> <p>3044F: &lt;7.0 3051F: 7.0-7.9 3052F: 8.0-9.0 3046F: &gt;9.0</p>
<b>Immunizations for Adolescents (IMA)</b>	<p>The percentage of adolescents <b>13 years of age</b> who had the following vaccines administered by their 13th birthday:</p> <ul style="list-style-type: none"> <li>• 1 meningococcal vaccine on or between 11<sup>th</sup> and 13<sup>th</sup> birthdays</li> <li>• 1 Tdap vaccine on or between 10<sup>th</sup> and 13<sup>th</sup> birthdays</li> <li>• 3 HPV vaccines on or between 9<sup>th</sup> and 13<sup>th</sup> birthdays*</li> </ul> <p><b>OR</b></p> <p>2 HPV vaccines if administering the 2-dose series, at least 146 days apart*</p> <p>*HPV includes both males <b>and</b> females</p>	<p><b>Meningococcal</b> <b>CPT:</b> 90619, 90733, 90734</p> <p><b>Tdap</b> <b>CPT:</b> 90715</p> <p><b>HPV</b> <b>CPT:</b> 90649-90651</p>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Initiation and Engagement of Substance Use Disorder Treatment (IET)</b></p>	<p>The percentage of new Substance Use Disorder episodes, among members <b>13 years of age and older</b>, that result in treatment initiation and engagement:</p> <ul style="list-style-type: none"> <li>• <b>Initiation</b> - The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient, partial hospitalization, telehealth visit or medication treatment <b>within 14 days</b> of the diagnosis</li> <li>• <b>Engagement</b> - The percentage of new SUD episodes that have evidence of treatment engagement <b>within 34 days</b> of the initiation visit (two or more additional SUD services or medication treatment <b>within 34 days</b> of the initiation visit)</li> </ul>	<p><b>SUD Services/Treatment Codes</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 98960-98962, 98966-98972, 98980, 98981, 99078, -99202-99205, 99211-99215, , 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, , 99411, 99412, 99421-99423, 99441-99443, 99457,99458, 99483, 99492-99494, 99510</li> <li>• <b>HCPCS:</b> G0071, G0155, G0176, G0177, , G0409-G0411, G0463, G0512, G2010, G2012, , G2067-G2077, G2080, G2086, G2087. G2250-G2052, , H0002, H0004, , H0006, ,H0028, H0031, H0034- H0037, H0039, H0040, H2000, H2001, H2010- H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1012, T1015</li> <li>• <b>UBREV:</b> 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, , 0982, 0983</li> <li>• <b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 <u>WITH Place of Service:</u> 02, 03, 05, 07, 09-20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72</li> </ul>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Initiation and Engagement of Substance Use Disorder Treatment (IET cont.)</b></p>		<p><b>Pharmacotherapy Medication</b></p> <p><b><u>Opioid Use Disorder Treatment Medications:</u></b>  <b>Antagonist:</b>  Naltrexone (oral and injectable)  <b>Partial agonist:</b>  Buprenorphine (sublingual tablet, injection, implant);  Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p> <p><b><u>Alcohol Use Disorder Treatment Medications:</u></b>  <b>Aldehyde dehydrogenase inhibitor:</b>  Disulfiram (oral)  <b>Antagonist:</b>  Naltrexone (oral and injectable)  <b>Other:</b>  Acamprosate (oral and delayed-release tablet)</p> <p><b>Note:</b> The follow-up visits for the initiation and engagement phases must be billed with a diagnosis code in the same cohort as the diagnosis on the original claim identifying a new episode of SUD abuse or dependence.</p> <p><b>Comprehensive diagnostic cohort lists available by contacting QM.</b></p>

HEDIS® Measure	Numerator Requirements	Codes
<b>Kidney Health Evaluation for Patients with Diabetes (KED)</b>	<p>The percentage of members <b>18-85 years of age</b> with diabetes (Type 1 or Type 2) who received a kidney health evaluation during the measurement year:</p> <ol style="list-style-type: none"> <li>1. Estimated Glomerular Filtration Rate (eGFR)</li> </ol> <p><b>AND</b></p> <ol style="list-style-type: none"> <li>2. Urine albumin-creatinine ratio (uACR) <ol style="list-style-type: none"> <li>a. Quantitative albumin test, <b>AND</b></li> <li>b. Urine creatinine test</li> </ol> </li> </ol>	<p><b>eGFR</b>  <b>CPT:</b>  80047, 80048, 80050, 80053, 80069, 82565</p> <p><b>Urine Albumin</b>  <b>CPT:</b>  82043</p> <p><b>Urine Creatinine</b>  <b>CPT:</b>  82570</p>
<b>Lead Screening in Children (LSC)</b>	<p>The percentage of children <b>2 years of age</b> who had one or capillary or venous blood lead test for lead poisoning <b>by</b> their second birthday.</p>	<p><b>CPT:</b>  83655</p> <p>LOINCs available by contacting QM.</p>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Medical Assistance With Smoking and Tobacco Use Cessation (MSC)</b></p>	<p>Three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation.</p> <p>The percentage of members <b>18 and older</b> who are current smokers or tobacco users who received the following during the measurement year:</p> <ul style="list-style-type: none"> <li>• <b>Advise Smokers and Tobacco Users to Quit</b> – Received advice to quit</li> <li>• <b>Discuss Cessation Medications</b> – Discussed or were recommended cessation medications</li> <li>• <b>Discuss Cessation Strategies</b> – Discussed or were provided cessation methods or strategies</li> </ul>	<p>HEDIS measure is met via CAHPS Member Survey</p>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)</b></p>	<p>The percentage of children and adolescents <b>1-17 years of age</b> who had two or more antipsychotic prescriptions and had <b>both</b> the following metabolic testing during the measurement year on the same or different dates of service:</p> <ul style="list-style-type: none"> <li>• At least one blood glucose <b>or</b> HbA1c</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• At least one test for LDL-C <b>or</b> cholesterol test</li> </ul>	<p><b>Blood Glucose:</b>  <b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>OR</p> <p><b>HbA1c Tests:</b>  <b>CPT:</b> 83036, 83037  <b>CPT-CAT-II:</b> 3044F, 3046F, 3051F, 3052F</p> <p><b><u>AND</u></b></p> <p><b>LDL-C Tests:</b>  <b>CPT:</b> 80061, 83700, 83701, 83704, 83721  <b>CPT-CAT-II:</b> 3048F, 3049F, 3050F</p> <p>OR</p> <p><b>Cholesterol Tests Other Than LDL:</b>  <b>CPT:</b> 82465, 83718, 83722, 84478</p>

HEDIS® Measure	Numerator Requirements	Codes
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E cont.)</b>		<p><b>Antipsychotic Medications:</b></p> <p><b>Miscellaneous antipsychotic agents:</b>  Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Risperidone, Ziprasidone</p> <p><b>Phenothiazine antipsychotics:</b>  Chlorpromazine, Fluphenazine, Perphenazine, Thioridazine, Trifluoperazine</p> <p><b>Thioxanthenes:</b> Thiothixene</p> <p><b>Long-acting injections:</b> Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone</p> <p><b>Antipsychotic Combination Medications:</b>  <b>Psychotherapeutic Combinations:</b>  Fluoxetine  olanzapine, Perphenazine-amitriptyline</p> <p><b>Prochlorperazine Medications:</b>  <b>Phenothiazine antipsychotics:</b>  Prochlorperazine</p> <p><b>Comprehensive drug lists are available by contacting QM.</b></p>
<b>Oral Evaluation, Dental Services (OED)</b>	The percentage of members <b>under 21 years of age</b> who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.	<b>CDT:</b> D0120, D0145, D0150

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b></p>	<p>The percentage of members <b>18 years of age and older</b> during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.</p>	<p><b>Beta-Blocker Medications:</b>  Noncardioselective beta-blockers  Cardioselective beta-blockers  Antihypertensive combinations</p> <p><b>Comprehensive drug lists are available by contacting QM.</b></p>
<p><b>Pharmacotherapy For Opioid Use Disorder (POD)</b></p>	<p>The percentage of <u>new</u> Opioid Use Disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for <b>180 or more days</b> among members <b>16 years of age and older</b> with a diagnosis of OUD:</p> <ul style="list-style-type: none"> <li>• If the Treatment Period does not contain any gaps in treatment of 8 or more consecutive calendar days, the event is numerator compliant.</li> <li>• If the Treatment Period contains at least one gap in treatment of 8 or more consecutive days, the event is not numerator compliant.</li> </ul>	<p><b>Opioid Use Disorder Treatment Medications:</b></p> <p><b>Antagonist:</b>  Naltrexone (oral), Naltrexone (injectable)</p> <p><b>Partial Agonist:</b>  Buprenorphine (sublingual tablet), Buprenorphine (injection); Buprenorphine (implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p> <p><b>Agonist:</b>  Methadone (oral)</p>

HEDIS® Measure	Numerator Requirements	Codes
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>	<p>The percentage of COPD exacerbations for members <b>40 years of age and older</b> who had an acute inpatient discharge or emergency department visit on or between January 1 – November 30 of the measurement year and who were dispensed appropriate medications:</p> <ul style="list-style-type: none"> <li>• Dispensed a systemic corticosteroid (or there was evidence of an active prescription) <b>within 14 days</b> of the event</li> <li>• Dispensed a bronchodilator (or there was evidence of an active prescription) <b>within 30 days</b> of the event</li> </ul>	<p><b>Medication List</b></p> <p><b>Systemic Corticosteroid Medications:</b></p> <ul style="list-style-type: none"> <li>• Glucocorticoids</li> </ul> <p><b>Bronchodilator Medications:</b></p> <ul style="list-style-type: none"> <li>• Anticholinergic agents</li> <li>• Beta 2-agonists</li> <li>• Bronchodilator Combinations</li> </ul> <p><b>Comprehensive drug lists are available by contacting QM.</b></p>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Prenatal and Postpartum Care (PPC)</b></p> <p><b>Timeliness of Prenatal Care Rate</b></p>	<p>The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses:</p> <p><b>Timeliness of Prenatal Care</b> – the percentage of deliveries that received a prenatal care visit (with an OB/GYN or PCP) in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.</p> <p>Documentation must include the visit date and evidence of <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>➤ Documentation indicating the woman is pregnant or reference to the pregnancy, such as: <ul style="list-style-type: none"> <li>• Documentation in a standardized prenatal flow sheet, <i>or</i></li> <li>• Documentation of LMP, EDD or gestational age, <i>or</i></li> <li>• A positive pregnancy test result, <i>or</i></li> <li>• Documentation of gravidity and parity, <i>or</i></li> <li>• Documentation of complete obstetrical history, <i>or</i></li> </ul> </li> </ul>	<p><b>Stand Alone Codes</b></p> <p><b>CPT:</b> 59400, 59425, 59426, 59510, 59610, 59618, 99500</p> <p><b>CPT-CAT-II:</b> 0500F-0502F</p> <p><b>HCPCS:</b> H1000-H1005</p> <p><b>Routine Office Visit with a diagnosis of pregnancy</b></p> <p><b>CPT:</b> 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241- 99245, 99421-99423, 99441-99443, 99457, 99458 99483</p> <p><b>HCPCS:</b> G0071, G0463, G2010, G0212, , G2250- G2252, T1015</p> <p><b>Note:</b> For visits to a PCP, a diagnosis of pregnancy must be billed and included in the medical record documentation.</p>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Prenatal and Postpartum Care (PPC)</b></p> <p><b><i>Timeliness of Prenatal Care Rate (cont.)</i></b></p>	<ul style="list-style-type: none"> <li>• Documentation of prenatal risk assessment and counseling/education</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>➤ A basic physical obstetrical examination that includes: <ul style="list-style-type: none"> <li>• Auscultation for fetal heart tone, <i>or</i></li> <li>• Pelvic exam with obstetric observations</li> <li>• <i>or</i></li> <li>• Measurement of fundus height (a standardized prenatal flow sheet may be used)</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>➤ Prenatal Care Procedure, such as: <ul style="list-style-type: none"> <li>• Obstetric panel</li> <li>• <i>or</i></li> <li>• TORCH antibody panel alone</li> <li>• <i>or</i></li> <li>• Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing</li> <li>• <i>or</i></li> <li>• Ultrasound/ echography</li> </ul> </li> </ul>	

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Prenatal and Postpartum Care (PPC)</b></p> <p><b>Postpartum</b></p>	<p>The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses:</p> <p><b>Postpartum Care</b> – the percentage of deliveries that had a postpartum visit <b>on or between 7 and 84 days</b> after delivery (with an OB/GYN or PCP)</p> <p>Documentation must indicate visit date and evidence of <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>• Pelvic exam, <i>or</i></li> <li>• Examination of breasts (or notation of breastfeeding), abdomen, weight <b>and</b> blood pressure, <i>or</i></li> <li>• Notation of “postpartum care”, “PP care”, “PP check”, “6 week check”, or a preprinted form which information was documented during the visit, <i>or</i></li> <li>• Perineal or cesarean incision/wound check,</li> </ul>	<p><b>Postpartum Visits</b></p> <p><b>CPT:</b> 57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175, 99501</p> <p><b>ICD10 CM:</b> Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p><b>CPT-CAT-II:</b> 0503F</p> <p><b>HCPCS:</b> G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p><b>Note:</b> Providers will need to bill the delivery code and the postpartum visit code separately to be reimbursed. Use code 59430 to indicate that a postpartum visit occurred.</p>

HEDIS® Measure	Numerator Requirements	Codes
	<p><i>or</i></p> <ul style="list-style-type: none"> <li>• Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders, </li></ul> <p><i>or</i></p> <ul style="list-style-type: none"> <li>• Glucose screening for women with gestational diabetes, </li></ul> <p><i>or</i></p> <ul style="list-style-type: none"> <li>• Documentation of any of the following topics: <ul style="list-style-type: none"> <li>Infant care or breastfeeding</li> <li>Resumption of intercourse, birth spacing or family planning</li> <li>Sleep/fatigue</li> <li>Resumption of physical activity and attainment of healthy weight</li> </ul> </li> </ul>	

HEDIS® Measure	Numerator Requirements	Codes
<b>Risk of Continued Opioid Use (COU)</b>	<p>The percentage of members <b>18 years of age and older</b> who have a new episode of opioid use that puts them at risk for continued opioid use. A lower rate indicates better performance. Two rates are reported.</p> <ul style="list-style-type: none"> <li>The percentage of members whose new episode of opioid use lasts at least 15 days in a 30 day period</li> <li>The percentage of members whose new episode lasts at least 31 days in a 62 day period</li> </ul>	<p><b>Opioid Medications:</b> Benzhydrocodone, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol</p> <p><b>Exclusions:</b> Malignant Neoplasms, Sickle Cell Disease, Hospice, Palliative Care</p> <p><b>Comprehensive drug lists are available by contacting QM.</b></p>
<b>Statin Therapy for Patients With Cardiovascular Disease (SPC)</b>	<p>The percentage of males 21–75 and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:</p> <ul style="list-style-type: none"> <li><b>Received Statin Therapy.</b> Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year</li> </ul>	<p><b>High-intensity statin therapy</b> Atorvastatin 40-80mg, Amlodipine-atorvastatin 40-80mg, Rosuvastatin 20-40mg, Simvastatin 80mg, Ezetimibe-simvastatin 80mg</p> <p><b>Moderate-intensity statin therapy</b> Atorvastatin 10–20 mg, Amlodipine-atorvastatin 10–20 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg, Ezetimibe-simvastatin 20–40 mg, Pravastatin 40–80 mg, Lovastatin 40 mg, Fluvastatin 40-80 mg, Pitavastatin 2-4 mg</p> <p><b>Exclusions:</b> Pregnancy, IVF, ESRD, Cirrhosis, Myalgia, myositis, myopathy, rhabdomyolysis, at least one prescription for Clomiphene, Dialysis, Palliative Care, Hospice, members who died during the measurement year</p>

HEDIS® Measure	Numerator Requirements	Codes
	<ul style="list-style-type: none"> <li>• <i>Statin Adherence 80%.</i> Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.</li> </ul>	
<b>Statin Therapy for Patients With Diabetes (SPD)</b>	<p>The percentage of members <b>40–75 years of age</b> during the measurement year with diabetes (who do not have atherosclerotic cardiovascular disease) who met the following criteria. Two rates are reported:</p> <ul style="list-style-type: none"> <li>• <i>Received Statin Therapy.</i> Members who were dispensed at least one statin medication of any intensity during the measurement year.</li> <li>• <i>Statin Adherence 80%.</i> Members who remained on a statin medication of any intensity for at least 80% of the treatment period.</li> </ul>	<p><b>High-intensity statin therapy</b> Atorvastatin 40-80mg, Amlodipine-atorvastatin 40-80mg, Rosuvastatin 20-40mg, Simvastatin 80mg, Ezetimibe-simvastatin 80mg</p> <p><b>Moderate-intensity statin therapy</b> Atorvastatin 10–20 mg, Amlodipine-atorvastatin 10–20 mg, Rosuvastatin 5-10 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Pravastatin 40–80 mg, Lovastatin 40 mg, Fluvastatin 40-80 mg, Pitavastatin 1-4mg</p> <p><b>Low-intensity statin therapy</b> Ezetimibe-simvastatin 10 mg, Fluvastatin 20 mg, Lovastatin 10-20 mg, Pravastatin 10–20 mg, Simvastatin 5-10 mg</p>
<b>Topical Fluoride for Children (TFC)</b>	<p>The percentage of members <b>1-4 years of age</b> who received at least two fluoride varnish applications during the measurement year.</p>	<p><b>CPT:</b> 99188 <b>CDT:</b> D1206</p>
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</b>	<p>The percentage of children and adolescents <b>1-17 years of age</b> who had a new prescription for an antipsychotic medication and had documentation of</p>	<p><b>Psychosocial Care</b> <b>CPT:</b> 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880</p>

HEDIS® Measure	Numerator Requirements	Codes
	<p>psychosocial care as first-line treatment.</p> <p><b>Exclusions:</b> At least one acute inpatient encounter <b>or</b> at least two visits in an outpatient, intensive outpatient or partial hospitalization setting on different dates of service, with a diagnosis of schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other development disorder</p>	<p><b>HCPCS:</b> G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485, H0017-H0019, T2048</p> <p><b>Antipsychotic Medications:</b> <b>Miscellaneous antipsychotic agents:</b> Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurisdone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Risperidone, Ziprasidone</p> <p><b>Phenothiazine antipsychotics:</b> Chlorpromazine, Fluphenazine, Perphenazine, Thioridazine, Trifluoperazine</p> <p><b>Thioxanthenes:</b> Thiothixene</p> <p><b>Long-acting injections:</b> Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone</p> <p><b>Antipsychotic Combination Medications:</b> <b>Psychotherapeutic Combinations:</b> Fluoxetine olanzapine, Perphenazine-amitriptyline</p> <p><b>Comprehensive drug lists are available by contacting QM.</b></p>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Use of Imaging Studies for Low Back Pain (LBP)</b></p>	<p>The percentage members <b>18-75 years of age</b> with a primary diagnosis of uncomplicated low back pain who did <b>not</b> have an imaging study (plain X-ray, MRI, CT scan), within 28 days of the diagnosis.</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Recent trauma</li> <li>• Intravenous drug abuse</li> <li>• Neurologic impairment</li> <li>• HIV</li> <li>• Spinal infection</li> <li>• Major organ transplant</li> <li>• Prolonged use of corticosteroids</li> <li>• Hospice</li> <li>• Osteoporosis</li> <li>• Fragility Fracture</li> <li>• Lumbar surgery</li> <li>• Spondylopathy</li> <li>• Palliative Care</li> </ul>	<p>For a diagnosis of uncomplicated low back pain, <b>avoid</b> these procedures unless clinically necessary.</p> <p><b>CPT:</b>  72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080-72084, 72100, 72110, 72114, 72120, 72125- 72133, , 72141, 72142, 72146-72149, 72156-72158, 72200, 72202, 72220</p>
<p><b>Use of Opioids at High Dosages (HDO)</b></p>	<p>The proportion of members <b>18 years of age and older</b>, receiving a prescription for opioids for greater than or equal to 15 days during the measurement year at a high dosage (average milligram morphine dose [MME] &gt; or equal to 90mg).</p> <p>A lower rate indicates better performance.</p>	<p><b>Opioid Medications</b>  Benzhydrocodone, Butorphanol, Codeine, Dihydrocodeine, Fentanyl buccal or sublingual tablet transmucosal lozenge, Fentanyl oral spray, Fentanyl nasal spray, Fentanyl transdermal film/patch, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol</p> <p><b>Exclusions:</b>  Malignant Neoplasms, Sickle Cell Disease, Hospice, Palliative Care</p>

HEDIS® Measure	Numerator Requirements	Codes
<p><b>Use of Opioids from Multiple Providers (UOP)</b></p>	<p>The proportion of members <b>18 years of age and older</b>, receiving a prescription for opioids for greater than or equal to 15 days during the measurement year who received opioids from multiple providers.</p> <p>A lower rate indicates better performance.</p> <p>Three rates are reported:</p> <ol style="list-style-type: none"> <li>1. <b>Multiple Prescribers</b> – the proportion of members receiving prescriptions for opioids from four or more different prescribers in the measurement year</li> <li>2. <b>Multiple Pharmacies</b> – the proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year</li> <li>3. <b>Multiple Prescribers and Multiple Pharmacies</b> – the proportion of members Prescriptions for opioids from four or more different prescribers <b>and</b> four</li> </ol>	<p><b>Opioid Medications:</b>  Benzhydrocodone, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone Levorphanol, Meperidine, Methadone Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol</p>

<b>HEDIS® Measure</b>	<b>Numerator Requirements</b>	<b>Codes</b>
	or more different pharmacies during the measurement year	

HEDIS® Measure	Numerator Requirements	Codes
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>	<p>The percentage of members <b>3-17 years of age</b> who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>• BMI <b>percentile</b> documentation</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul>	<p><b>BMI Percentile</b>  <b>ICD-10 CM:</b>  Z68.51-Z68.54</p> <p><b>Nutrition Counseling</b>  <b>CPT:</b>  97802-97804  <b>HCPCS:</b>  G0270, G0271, G0447, S9449, S9452, S9470</p> <p><b>Physical Activity Counseling</b>  <b>HCPCS:</b>  G0447, S9451</p>
<b>Well-Child Visits in the First 30 months of life (W30)</b>	<p>The percentage of members who had the following number of well-child visits with a PCP <i>during the last 15 months</i>. The following rates are reported:</p> <ol style="list-style-type: none"> <li>1. <u>Well-Child Visits in the First 15 Months:</u>  Children who turned <b>15 months old</b> during the measurement year and <b>had six or more</b> well-child visits.</li> <li>2. <u>Well-Child Visits Age 15 Months – 30 Months:</u> Children who turned <b>30 months old</b> during the measurement year and <b>had two or more</b> well-child visits between 15 months and 30 months of age.</li> </ol>	<p><b>CPT:</b>  99381-99385, 99391-99395, 99461</p> <p><b>ICD-10 CM:</b>  Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2</p> <p><b>HCPCS:</b>  G0438, G0439, S0302, S0610, S0612, S0613</p> <p>Aetna Better Health® of West Virginia will pay for a well visit outside of the 12-month cycle!</p>