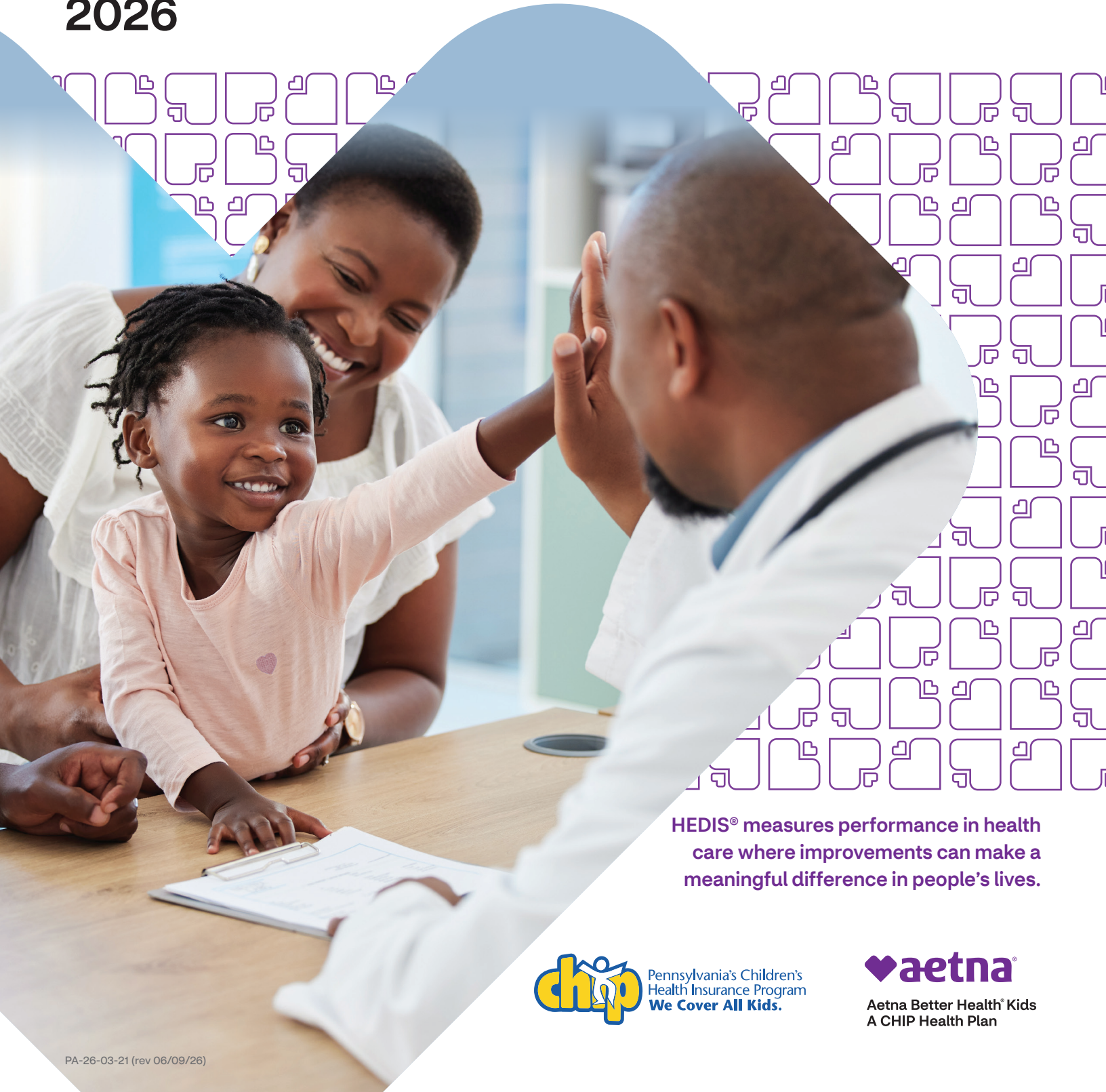


# HEDIS<sup>®</sup> Provider Toolkit

Measurement Period  
2026



HEDIS<sup>®</sup> measures performance in health care where improvements can make a meaningful difference in people's lives.



Pennsylvania's Children's  
Health Insurance Program  
We Cover All Kids.



Aetna Better Health<sup>®</sup> Kids  
A CHIP Health Plan

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# What is HEDIS®?

## Healthcare Effectiveness Data and Information Set

We use HEDIS scores to measure our performance, determine quality initiatives and provide educational programs for you and for our Enrollees. You can use HEDIS scores to monitor your patients' health, identify developing issues and prevent further complications. For best practice and easiest way to close gaps in care, please use NCQA approved claims coding found in your HEDIS toolkit measure sheets.

## What is HEDIS® used for?

The National Committee for Quality Assurance (NCQA) coordinates HEDIS testing and score keeping. HEDIS® includes more than 90 measures across 6 domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Health Plan Descriptive Information
- Measures Reported Using Electronic Clinical Data Systems

## HEDIS® supplemental data submission process

Options for Submitting Supplemental Data, call **207-791-0798**

Email: Send securely to [AetnaBetterHealthpaqm@Aetna.com](mailto:AetnaBetterHealthpaqm@Aetna.com)

## Points of contact for supplemental data

- |  |  |
|--|--|
| • <b>Keledy Hidalgo</b><br>Manager, HC Quality Project Management<br><a href="mailto:hidalgok1@Aetna.com">hidalgok1@Aetna.com</a><br><b>207-791-0798</b> | • <b>Catherine Evans</b><br>Practice Transformation Advisor<br><a href="mailto:evansc3@Aetna.com">evansc3@Aetna.com</a><br><b>267-640-9471</b> |
|--|--|

### Disclaimer

The pages of this toolkit are a list of HEDIS measurements in which data will be collected and reported; Therefore, it is not a complete guide. For a complete guide of all HEDIS measures, please reference the HEDIS MY2026 Volume II publication provided by NCQA. Please also note that this toolkit does not contain an exhaustive list of exclusions or codes for the measures, if you have questions reach out to your Practice Transformation Advisor for assistance.

# CWP HEDIS Measure

## Appropriate Testing for Pharyngitis



The percentage of enrollees 3 years of age and older who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus strep test for the episode.

A higher rate represents better performance i.e., appropriate testing. Enrollee can either be seen in an outpatient setting, telephone, online assessment, observation, or ED visit. Observation or ED visits that result in inpatient stays are not included in the measure.

### Initial population

Enrollees 3 years of age and older by December 31st of the measurement period

### Allowable gap

None

### Denominator exclusions

- Enrollees in hospice or using hospice services
- Enrollees who die any time during the measurement period
- 12 months prior to or on the episode date diagnosis of comorbid conditions
- Episode dates where a new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode date or was active on the episode date
- Enrollees who had a claim/encounter with a competing diagnosis on or 3 days after the episode date

### Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	87070-87071, 87081, 87430, 87650-87652, 87880	Group A Strep Test
ICD-10	J02.0	Streptococcal pharyngitis
	J02.8	Acute pharyngitis due to other specified organisms
	J02.9	Acute pharyngitis, unspecified
	J03.00	Acute streptococcal tonsillitis, unspecified
	J03.80	Acute tonsillitis due to other specified organisms
	J03.90	Acute tonsillitis, unspecified

## CWP Appropriate Testing for Pharyngitis

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### Important tips for closing the care gap

- Utilize NCQA coding tips to actively reflect care rendered.
- Instruct parents on difference between viral and bacterial infections.
- Educate parents on how antibiotics are not effective for viral infections.
- Provide tips for managing viral infections and their symptoms such as OTC medications, aromatherapy and steam baths, etc.
- Test for group A streptococcus strep prior to prescribing antibiotics.
- Educate parent on the importance of finishing the entire course of the antibiotic as prescribed, even if the patient starts to feel better.
- Educate parents on “super bugs” and antibiotic resistance from overuse of antibiotics.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## URI HEDIS Measure

# Appropriate Treatment for Upper Respiratory Infection



The percentage of episodes for enrollees 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event

### Initial population

Enrollees 3 months and older by December 31st of the measurement period

### Allowable gap

None

### Denominator exclusions

- Enrollees in hospice or using hospice services
- Enrollees who die any time during the measurement period
- Exclude visits that result in an inpatient stay
- Episode dates where the enrollee had a claim/encounter with any diagnosis for a comorbid condition during the 365 days prior to or on the episode date
- Episode dates where a new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode date or was active on the episode date
- Episode dates where the enrollee had a claim/encounter with a competing diagnosis on or three days after the episode date

### Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
ICD-10-CM	Pharyngitis	J02.0; J02.8; J02.9; J03.00; J03.01

## URI Appropriate Treatment for Upper Respiratory Infection

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### Important tips for closing the care gap

- Utilize NCQA coding tips to actively reflect care rendered.
- Document competing diagnosis. If you are prescribing an antibiotic for a child who has been diagnosed with an URI and also has a competing diagnosis, be sure to document the proper diagnosis code on the claim to ensure that you do not get inappropriately counted as prescribing an antibiotic for an URI.
- Instruct parents on difference between viral and bacterial infections.
- Share prevention tips with caregivers, such as: washing hands frequently, disinfecting toys, keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.
- Provide tips for managing viral infections and their symptoms such as OTC medications, aromatherapy and steam baths, etc.
- Educate parents on “super bugs” and antibiotic resistance from overuse of antibiotics.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## AAB HEDIS Measure

# Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis



The percentage of episodes for enrollees 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event

Enrollee can either be seen in an outpatient setting, telephone, online assessment, observation or ED visit not resulting in an inpatient stay during the intake period with any diagnosis of acute bronchitis.

### Initial population

Enrollees 3 months and older by December 31st of the measurement period

### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the measurement period. No gaps on the last day of the measurement period.

### Denominator exclusions

- Enrollees in hospice or using hospice services
- Enrollees who die any time during the measurement period
- Visits that result in an inpatient stay
- Episode dates where the enrollee had a claim/encounter with a competing diagnosis on or three days after the episode date



## **AAB Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis**

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### **Important tips for closing the care gap**

- Utilize NCQA coding tips to actively reflect care rendered.
- Document competing diagnosis. If you are prescribing an antibiotic for a child who has been diagnosed with an URI and also has a competing diagnosis, be sure to document the proper diagnosis code on the claim to ensure that you do not get inappropriately counted as prescribing an antibiotic for an URI.
- Instruct parents on difference between viral and bacterial infections.
- Share prevention tips with caregivers, such as: washing hands frequently, disinfecting toys, keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.
- Provide tips for managing viral infections and their symptoms such as OTC medications, aromatherapy and steam baths, etc.
- Educate parents on “super bugs” and antibiotic resistance from overuse of antibiotics.

### **Learn more**

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## AAF-E HEDIS Measure

# Follow-Up After Acute and Urgent Care Visits for Asthma



The percentage of enrollees ages 5–64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days

### Initial population

Enrollees 5-64 years of age as of the last day of the measurement period

### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during each year in the continuous enrollment period. Must be enrolled on the last day of the measurement period.

### Denominator exclusions

- Enrollees in hospice or using hospice services
- Enrollees who die any time during the measurement period
- Exclude visits that result in an inpatient stay
- Enrollees with a diagnosis of cystic fibrosis
- Multiple episodes within a 31-day period

### Medications

#### Asthma controllers

- **Antiasthmatic combinations (oral)**
  - Dyphylline-guaifenesin
- **Leukotriene modifiers (oral)**
  - Montelukast
  - Zileuton
  - Zafirlukast
- **Methylxanthines (oral)**
  - Theophylline
- **Anti-interleukin-4 (injection)**
  - Dupilumab
- **Anti-interleukin-5 (injection)**
  - Benralizumab
  - Reslizumab
  - Mepolizumab
- **Antibody inhibitors (injection)**
  - Omalizumab
- **Inhaled corticosteroids (inhalation)**
  - Beclomethasone
  - Budesonide
  - Ciclesonide
  - Flunisolide
  - Fluticasone
  - Mometasone
- **Inhaled steroid combinations (inhalation)**
  - Budesonide-formoterol
  - Fluticasone-salmeterol
  - Fluticasone-vilanterol
  - Formoterol-mometasone

#### Asthma relievers

- **Short-acting, inhaled beta-2 agonists (inhalation)**
  - Albuterol
  - Levalbuterol

## AAF-E - Follow-Up After Acute and Urgent Care Visits for Asthma

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### Important tips for closing the care gap

- Develop asthma action plans with patients and education on reduction of asthma triggers.
- Ask the patient about their health goals and preferences. Collaborate with the patient and customize the treatment to meet these goals.
- Provide simple and clear instructions as low health literacy can impact a patient's health.
- Simplify treatment regimen.
- Involve family in treatment planning if patient needs additional support.
- Advise patients to incorporate inhalers into daily routine – i.e. keep inhalers in the bathroom and utilize medication during morning routine.
- Offer assistance with utilizing inhalers when first prescribed.
- Educate on potential side effects of controller medications and how to manage side effects.
- An outpatient visit, telephone visit, e-visit or virtual check in with a diagnosis of asthma within 30 days of the episode will close this care gap.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
[evansc3@Aetna.com](mailto:evansc3@Aetna.com) • 267-640-9471



# WCV HEDIS Measure

## Child and Adolescent Well Care Visits



The percentage of enrollees 3-21 years of age who had at least one comprehensive well care visit with a PCP or OB-GYN practitioner during the measurement period

### Initial population

Enrollees 3–21 years of age as of December 31st of the measurement period

### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the measurement period. No gaps on the last day of the measurement period.

### Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die at any time during the measurement period

### Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	99381-99385, 99461, 99391-99395	Well care visit
ICD-10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129	Encounter for well care visit

## WCV Child and Adolescent Well Care Visits

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### Important tips for closing the care gap

- Take advantage of every office visit (including sick visits) to provide a well-care visit, immunizations, and BMI percentile calculations.
- Turn physicals for day care, camp, and sports into well care visits by performing the required services and submitting appropriate codes.
- Educate parent(s)/guardian(s) and person on the importance of preventive care visits.
- Schedule visits within the recommended time frames. Telehealth visits are NOT included in the gap closure of well care visits.
- This visit MUST occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the enrollee.
- Use NCQA approved claims coding for services rendered to close the gap in care.
- Use well child visits as opportunities to discuss other vital health screenings such as nutrition counseling, and immunizations.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
[evansc3@Aetna.com](mailto:evansc3@Aetna.com) • 267-640-9471



# CIS-E HEDIS Measure

## Childhood Immunization Status



The percentage of enrollees who turned 2 years of age during the measurement period and had the required vaccinations, with different dates of service, on or by their second birthday

### Initial population

Enrollees turning age 2 as of December 31st of the measurement period and have had the following Combo 10 vaccinations as required in description

- **Measles, Mumps, Rubella (MMR):** One measles, mumps, rubella vaccine on or between the child's first and second birthday, or history of measles, mumps, or rubella
- **Hepatitis B (HepB):** Three hepatitis B vaccines or history of hepatitis illness
- **Varicella/Chicken Pox (VZV):** One varicella zoster vaccine on or between the child's first and second birthday or history of varicella zoster illness
- **Hepatitis A (HepA):** One hepatitis A vaccine on or between the child's first and second birthday or history of hepatitis A illness
- **Influenza (flu):** At least two influenza vaccines. Vaccines administered prior to 6 months does not count. One of the two vaccinations can be an LAIV vaccine administered on the child's second birthday. LAIV administered before the second birthday will not count.
- **Diphtheria, Tetanus, Acellular Pertussis (DTaP):** Four diphtheria, tetanus and acellular pertussis vaccines on different dates of service not administered prior to 42 days after birth
- **Polio (IPV):** Three polio vaccines on different dates of service not administered prior to 42 days after birth
- **Haemophilus Influenzae Type B (HiB):** Three haemophilus influenzae type B vaccines on different dates of service not administered prior to 42 days after birth
- **Pneumococcal Pneumonia (PCV):** Four pneumococcal conjugate vaccines on different dates of service not administered prior to 42 days after birth
- **Rotavirus (RV):** Two or three dose rotavirus or at least one dose of the two-dose rotavirus vaccine and at least two doses of the three-dose rotavirus vaccine on different dates of service not administered prior to 42 days after birth

### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the measurement period. No gap on the second birthday.

### Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die any time during the measurement period
- Contraindication to childhood vaccines- refer to NCQA website at NCQA.org

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PA-26-03-12 (rev 03/26)



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## CIS-E Childhood Immunization Status

- Organ and Bone Marrow transplants CPT: 48552, 47143-47147, 32850-32856

### Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Cat.	Code	Description	Cat.	Code	Description
CPT CVX	90697, 90698, 90700, 90723 146, 198, 20, 106, 107, 120, 50, 110	DTaP Procedure DTaP Immunization	ICD-10	B06.00-B06.02, B06.9	Rubella
CPT CVX	90713, 90697, 90723, 90698 146, 120, 110, 10, 89	IPV Procedure IPV Immunization	ICD-10 CPT CVX	B02.9 90710, 90716 94, 21	Varicella Zoster Varicella Procedure Varicella Immunization
CPT CVX	90740, 90744, 90747, 90748, 90723 146, 198, 110, 51, 44, 08, 45	HepB Procedure HepB Immunization	CPT CVX	90670, 90671, 90677 215, 216, 133, 152, 109	Pneumococcal Procedure Pneumococcal Immunization
CPT CVX	90644, 90647, 90648, 90748, 90698 146, 198, 120, 50, 51, 17, 47, 46, 49, 148	HiB Procedure HiB Immunization	CPT CPT CVX	90681 90680 122, 116	Rotavirus 20 dose Procedure Rotavirus 3 dose Procedure Rotavirus 3 dose Immunization
ICD-10 CPT CVX	B15.0, B15.9 90633 31, 83, 85	Hepatitis A HepA Procedure HepA Immunization	CPT CVX	90655, 90657, 90685-90689 88, 161, 186, 171, 153, 155, 158, 150, 141, 140	Influenza Procedure Influenza Immunization
CPT CVX	90707, 90710 03, 94	MMR Procedure MMR Immunization	CPT CVX	90660, 90672 149, 111	Influenza Live Attenuated Vaccine Procedure Influenza Live Attenuated Vaccine Immunization
ICD-10	B05.0-B05.4, B05.9	Measles			
ICD-10	B26.0-B26.3, B26.9	Mumps			

\*Vaccine Administered Code (CVX)

### Important tips for closing the care gap

- Start vaccine administration at birth.
- Proactively outreach parent(s)/guardian(s) to ensure appointments are scheduled. If needed, help schedule vaccine administration at health departments or local pharmacies.
- For missing dosages, monitor vaccine administration closely to ensure adherence to the CDC's approved catch-up schedule.
- Whenever vaccine-eligible children are scheduled for any appointment type, encourage vaccination adherence.
- Recommend immunizations to parent(s)/guardian(s) as they are more likely to agree with vaccinations when supported by their provider.
- Address common misconceptions about vaccinations and focus on how vaccines protect children and their families.
- Document any contraindications the child may experience due to administered vaccines.
- Ensure child vaccination records are complete and accurate even if your office did not provide the vaccine.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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# DEV-CH HEDIS Measure

## Developmental Screening in the First 3 Years of Life



For enrollees 1-3 years of age, percentage of children screened for risk of developmental, behavioral, and social delays using a validated screening tool in the 12 months preceding or on their first, second or third birthday

### Initial population

Enrollees ages 1-3 years in the measurement period

### Allowable gap

No more than one gap in enrollment of up to 45 days ( $\leq 45$  days) during the 365 days prior to the child's first, second, or third birthday

### Denominator exclusions

- Enrollees in hospice or using hospice services
- Enrollees who die any time during the measurement period

### Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	96110	Developmental screening (eg, PEDS, Ages and Stages, M-CHAT)
CPT	96110 with U1 modifier	Autism screening

## DEV Developmental Screening in the First 3 Years of Life

---

### Important tips for closing the care gap

- Educate parents to monitor for developmental milestones such as: taking a first step, smiling for the first time, and waving “bye bye,” crawling, walking, etc.
- Educate on risk factors for developmental delays that include:
  - Preterm birth
  - Low birth weight
  - Lead exposure
  - Long lasting health problems or conditions
- Advise parents that developmental screening tools will not provide a diagnosis but can assist in determining if a child is developing according to standard developmental milestones. Any suspected developmental delay should be addressed early for the best possible outcomes for their child.
- Establish a “screening champion” in your office to advocate for developmental screening with parents and caregivers of young children.
  - Offer options for caregivers to complete validated questionnaires prior to scheduled well child visits.
  - Provide space in the reception area 15 minutes prior to scheduled appointments to complete forms.
  - Be sure a nurse or other healthcare provider is available to assist with answering questions.
  - Mail the questionnaire or make it available online so it can be completed prior to the visit.
  - When screening in your office be sure to use a validated developmental delay and autism spectrum disorder screening tool.
- Refer the child for follow up and a more formal evaluation to an appropriate specialist, if needed:
  - Developmental pediatrician
  - Child psychologist
  - Speech-language pathologist
  - Occupational therapist
- Refer parents or caregivers who have questions about their child’s development to the PA CONNECT helpline at **1-800-692-7288 (TTY: 711)** or email [help@connectpa.net](mailto:help@connectpa.net).  
PA CONNECT assists families in:
  - Locating resources and information regarding child development for children ages birth to age five.
  - Making a direct link to their county early intervention program or local preschool early intervention program.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
[evansc3@Aetna.com](mailto:evansc3@Aetna.com) • 267-640-9471



# IMA-E HEDIS Measure

## Immunizations

### for Adolescents



The percentage of enrollees 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday

The measure calculates a rate for each vaccine and two combination rates.

### Initial population

Enrollees aged 13 as of December 31st of the measurement period who had the following Combo 2 vaccines as required in description

- **HPV**
  - At least two HPV vaccines: The minimum interval between the first and second doses is 5 months
  - At least three HPV vaccines: Recommended dosing schedule (0, 1-2, 6 months) to be considered adequately vaccinated
- **Meningococcal Serogroups A, C, W, Y**
  - At least one meningococcal vaccine
- **Tdap**
  - At least one tetanus, diphtheria toxoids and acellular pertussis vaccine

### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the measurement period. No gap on 13th birthday.

### Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die any time during the measurement period

## IMA-E Immunizations for Adolescents

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### Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CVX	137, 118, 62, 165	HPV Immunization
CPT	90651, 90650, 90649	HPV Procedure
CVX	108, 136, 114, 316, 203, 32, 167, 147	Meningococcal Immunization
CPT	90734, 90619, 90623, 90733	Meningococcal Procedure
CPT	90715	Tdap Procedure
SNOMED	428301000124106	Anaphylaxis due to the meningococcal vaccine
SNOMED	428281000124107, 428291000124105	Anaphylaxis Due to Diptheria, Tetanus or Pertussis Vaccine
SNOMED	192710009, 172711008, 192712001	Encephalitis Due to Diptheria, Tetanus or Pertussis Vaccine
SNOMED	428241000124101	Anaphylaxis due to the HPV vaccine

### Important tips for closing the care gap

- The Advisory Committee on Immunization Practices (ACIP) recommends routine HPV vaccination for enrollees at age 11 or 12 years; vaccination may be given starting at age 9 years.
- The ACIP recommends Tdap be administered at age 11 or 12 years.
- The ACIP recommends a quadrivalent meningococcal conjugate vaccine for enrollees age 11 or 12 years, with a booster dose at age 16, or a pentavalent vaccine for enrollees aged 10 years and older when both meningococcal B and meningococcal A, C, W and Y are indicated.
- Use cancer prevention wording when educating about the HPV vaccination.
- Be sure to document any anaphylaxis or encephalitis to any adolescent immunization in the medical record.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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# LSC HEDIS Measure

## Lead Screening in Children



The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

### Initial population

Enrollees 2 years of age as of December 31st of the measurement period.

### Allowable Gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the continuous period. No gaps on the second birthday.

### Denominator exclusions

- Enrollees in hospice or using hospice services
- Enrollees who die any time during the measurement period

### Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	83655	Lead Tests
LOINC	10368-9	Lead [Mass/volume] in Capillary blood
LOINC	10912-4	Lead [Mass/volume] in Serum or Plasma
LOINC	14807-2	Lead [Moles/volume] in Blood
LOINC	17052-2	Lead [Presence] in Blood
LOINC	25459-9	Lead [Moles/volume] in Serum or Plasma
LOINC	27129-6	Lead [Mass/mass] in Red Blood Cells
LOINC	32325-3	Lead [Moles/volume] in Red Blood Cells
LOINC	5671-3	Lead [Mass/volume] in Blood
LOINC	5674-7	Lead [Mass/volume] in Red Blood Cells
LOINC	77307-7	Lead [Mass/volume] in Venous blood

## Lead Screening in Children

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### Important tips for closing the care gap

- Utilize NCQA coding tips to actively reflect care rendered.
- Educate parents about the major sources of lead and poisoning prevention. Some examples include:
  - Interventions to reduce exposure to dust, because household dust is a major source of lead.
  - Attention to nutrition: plenty of iron, calcium and regular meals. Lead is absorbed more on an empty stomach.
  - Children and pregnant women should not be present in housing built before 1978 that is undergoing renovation.
  - Children should not have access to peeling paint or chewable surfaces that have been painted with lead based paint. Create barriers between living/play areas and lead sources.
- Identify children at greatest risk and screen beginning at 6 months old. Be sure to utilize standardized lead screening questionnaires to determine if a child is at risk.
- Children at lower risk for lead exposure may be tested at 12–15 months of age.
- Conduct necessary follow-up and explain to parents why follow-up is or isn't needed.
- More information on lead can be obtained from the Pennsylvania Department of Health Lead Information Line: **1-800-440-LEAD (5323)**. Parents may also refer to the website at [health.pa.gov](https://health.pa.gov)

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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# SNS-E HEDIS Measure

## Social Needs Screening



The percentage of persons who were screened using prespecified instruments for unmet food, housing and transportation needs at least once during the measurement period, and the percentage of persons with a positive screen for food, housing or transportation need who received an intervention corresponding to the positive screen within 30 days.

### Initial population

Enrollees who screened at least once during the measurement period.

They must have a corresponding intervention, if screened positive, in one of the areas listed:

- **Food Screening:** The percentage of enrollees screened for food insecurity
  - Food Insecurity: Uncertain, limited, or unstable access to food that is adequate in quantity and in nutritional quality; culturally acceptable; safe; and acquired in socially acceptable ways
- **Food Intervention:** The percentage of enrollees who received corresponding intervention within 30 days of screening positive for food insecurity
- **Housing Screening:** The percentage of enrollees screened for housing instability, homelessness, or housing inadequacy
  - Housing Instability: Currently, consistently housed, but experiencing any of the following circumstances in the past 365 days; being behind on rent or mortgage, multiple moves, cost burden or risk of eviction
  - Homelessness: Currently living in an environment that is not meant for permanent human habitation (e.g., car, park, sidewalk, abandoned building, on the street), not having a consistent place to sleep at night, or because of economic difficulties, currently living in a shelter, motel, temporary or transitional living situation
  - Housing Inadequacy: Housing does not meet habitability standards
- **Housing Intervention:** The percentage of enrollees who received a corresponding intervention within 30 days of screening positive for housing instability, homelessness, or housing inadequacy
- **Transportation Screening:** The percentage of enrollees who were screened for transportation insecurity
  - Transportation Insecurity: Uncertain, limited or no access to safe, reliable, accessible, affordable and socially acceptable transportation infrastructure and modalities necessary for maintaining one's health, well-being, or livelihood
- **Transportation Intervention:** The percentage of enrollees who received a corresponding intervention within 30 days of screening positive for transportation insecurity

## SNS-E Social Needs Screening

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### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the measurement period. No gaps on the last day of the measurement period.

### Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
SNOMED	308440001, 710824005, 711069006, 1148446004, 1148447008, 1162436000, 1268727008, 461481000124109	Housing Instability Procedures
SNOMED	308440001, 710824005, 711069006, 1268727008	Homelessness Procedures
SNOMED	49919000, 308440001, 711069006, 1230338004	Inadequate Housing Procedures
SNOMED	228615008, 308440001, 710824005, 711069006, 464001000124109, 1268662008	Transportation Insecurity Procedures
CPT HCPCS	97804, 97802, 97803, S5170, S9470	Food Insecurity Procedures

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## SNS-E Social Needs Screening

### Eligible Screening Instruments with thresholds for positive findings include

Housing Instability and Homelessness Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3 96778-6	LA31994-9, LA31995-6 LA31996-4, LA28580-1 LA31997-2, LA31998-0 LA31999-8, LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA32691-0, LA28580-1 LA32693-6, LA32694-4 LA32695-1, LA32696-9 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool-short form	71802-3	LA31994-9, LA31995-6
Children's Health Watch Housing Stability Vital Signs™1	98976-4 98977-2 98978-0	LA33-6 ≥2 LA33-6
Health Leads Screening Panel®1	99550-6	LA33-6
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93033-9 71802-3	LA33-6 LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool-Short form	96778-6	LA31996-4, LA28580-1 LA31997-2, LA31998-0 LA31999-8, LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool (NCHC)	99134-9	LA33-6
Norwalk Community Health Center Screening Tool (NCHC)	99135-6	LA31996-4, LA28580-1 LA31997-2, LA31998-0 LA31999-8, LA32000-4 LA32001-2

Category	Code	Description
SNOMED	308440001, 710824005, 711069006, 1148446004, 1148447008, 1162436000, 1268727008, 461481000124109	Housing Instability Procedures
SNOMED	308440001, 710824005, 711069006, 1268727008	Homelessness Procedures
SNOMED	49919000, 308440001, 711069006, 1230338004	Inadequate Housing Procedures
SNOMED	228615008, 308440001, 710824005, 711069006, 464001000124109, 1268662008	Transportation Insecurity Procedures
CPT HCPCS	97804, 97802, 97803, S5170, S9470	Food Insecurity Procedures



## SNS-E Social Needs Screening

Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool-short form	99594-4	LA33093-8, LA30134-3
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8, LA29233-6 LA29234-4
Health Leads Screening Panel®1	99553-0	LA33-6
Inpatient Rehabilitation Facility- Patient Assessment Instrument (IRF-PAI)- version 4.0 [CMS Assessment]	101351-5	LA30133-5, LA30134-3
Outcome and assessment information set (OASIS) form- version E- Discharge from Agency [CMS Assessment]	101351-5	LA30133-5, LA30134-3
Outcome and assessment information set (OASIS) form- version E- Resumption of Care [CMS assessment]	101351-5	LA30133-5, LA30134-3
Outcome and assessment information set (OASIS) form- version E- Start of Care [CMS Assessment]	101351-5	LA30133-5, LA30134-3
Protocol for Responding to and Assessing Patient's Assets, Risks and Experiences [PRAPARE]®	93030-5	LA30133-5, LA30134-3

### Eligible Screening Instruments with thresholds for positive findings include

Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7 88123-5	LA28397-0, LA6729-3 LA28397-0, LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7 88123-5	LA28397-0, LA6729-3 LA28397-0, LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool-short form	88122-7 88123-5	LA28397-0, LA6729-3 LA28397-0, LA6729-3
Health Leads Screening Panel®1	95251-5	LA33-6
Hunger Vital Sign™1 (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93031-3	LA30125-1
Safe Environment for Every Kid (SEEK)®1	95400-8 95399-2	LA33-6 LA33-6
U.S. Household Food Security Survey (U.S. FSS)	95264-8	LA30985-8, LA30986-6
U.S. Adult Food Security Survey (U.S. FSS)	95264-8	LA30985-8, LA30986-6
U.S. Child Food Security Survey (U.S. FSS)	95264-8	LA30985-8, LA30986-6
U.S. Household Food Security Survey- Six Item Short Form (U.S. FSS)	95264-8	LA30985-8, LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6



# LBP HEDIS Measure

## Use of Imaging Studies for Low Back Pain



The percentage of enrollees with a primary diagnosis of low back pain that did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis

### Initial population

Enrollees 18–75 years of age as of December 31st of the measurement period

### Allowable gap

None

### Denominator exclusions

- Enrollees in hospice or using hospice services
- Enrollees who die any time during the measurement period
- Enrollees receiving palliative care
- Enrollees with the following diagnoses or procedures that may warrant imaging: cancer, HIV, organ transplant, osteoporosis, spondylopathy, advanced illness, neurologic impairment, spinal infection, IV drug abuse, recent trauma
- Enrollees with prolonged use of corticosteroids



## LBP Use of Imaging Studies for Low Back Pain

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### Important tips for closing the care gap

- Hold off on ordering imaging studies in the first 4 weeks of care for low back pain unless some of the following examples are present: recent trauma, history of cancer, or loss of feeling/ weakness/numbness in the lower limbs, IV drug use, fever, weight loss, or incontinence.
- Educate patients that imaging studies can increase exposure to radiation. Offer alternative treatments such as:
  - NSAIDS and muscle relaxers
  - Exercise to strengthen the core and low back
  - Massage or physical therapy
  - Be active to limit muscle stiffening
  - Place a pillow between legs when sleeping on side or under knees when sleeping on their back to reduce back discomfort

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## WCC HEDIS Measure

# Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents



The percentage of enrollees 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement period: BMI Percentile, Counseling for Nutrition, Counseling for Physical Activity

### Initial population

Enrollees aged 3-17 as of December 31st of the measurement period.

### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the measurement period. No gaps on the last day of the measurement period.

### Denominator exclusions

Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378

- Enrollees who die at any time during the measurement period
- Enrollees who have a diagnosis of pregnancy any time during the measurement period ICD-10: 00.00, 00.01

### Documentation

#### BMI

- Include height, weight and BMI percentile during measurement period. The height and weight and BMI percentile must be from the same data source.
- Either of the following meets criteria for BMI percentile: BMI percentile documented as a value, or BMI percentile plotted on an age-growth chart.
- Ranges and thresholds do not meet criteria for this indicator.

#### Counseling for Nutrition

- Documentation must include a note indicating the date and at least one of the following:
  - Discussion of current nutrition behaviors such as eating habits, dieting behaviors
  - Checklist indicating nutrition was addressed
  - Counseling or referral for nutrition education
  - Enrollee received educational materials on nutrition during a face-to-face visit
  - Anticipatory guidance for nutrition
  - Weight or obesity counseling

#### Counseling for Physical Activity

- Documentation must include a note indicating the date and at least one of the following:

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

- Discussion of current physical activity behaviors such as exercise routine, participation in sports activities, or exam for sports participation
- Checklist indicating physical activity was addressed
- Counseling or referral for physical activity
- Enrollee received educational materials on physical activity during a face-to-face visit
- Anticipatory guidance specific to the enrollee’s physical activity
- Weight or obesity counseling

### Numerator codes

The following are a few examples of what would not meet documentation criteria

BMI Percentile	Counseling for Nutrition	Counseling for Physical Activity
No BMI percentile documented in medical record or plotted on age-growth	No counseling/education on nutrition and diet	No counseling/education on physical activity
Notation of BMI value only	Counseling/education before or	Counseling/education before or after
Notation of height and weight only	Notation of “health education” or “anticipatory guidance” without specific mention of nutrition	Notation of “health education” or “anticipatory guidance without specific mention of physical activity
	A physical exam finding or observation alone (e.g., well-nourished) is not compliant because it does not indicate counseling for nutrition	Notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations
	Documentation related to a enrollee’s “appetite” does not meet criteria	Notation solely related to screen time (computer or television) without specific mention of physical activity

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	99483, 99345, 99342, 99344, 99341, 99350, 99348	Outpatient Visit
ICD-10	Z68.51-Z58.56	BMI Percentile
CPT HCPCS	97802-97804 G0447, G0271, G0270	Nutrition Counseling
HCPCS	S9451, G0447	Physical Activity Counseling
ICD-10	Z02.5, Z71.82	Encounter for Physical Activity Counseling

### Important tips for closing the care gap

- WCC is closed with claims. Use the correct NCQA approved claims coding for gap closure.
- WCC is also closed with medical record review, use required documentation for gap closure.
- Use your EMR system to auto calculate and document BMI percentile.
- Services may be rendered during a visit other than a well child visit if the documentation is present, regardless of the primary intent of the visit, if it does not relate to the acute or chronic condition.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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# W30 HEDIS Measure

## Well Child Visits in the First 30 Months of Life



The percentage of enrollees who had the following number of well child visits with a PCP during the first 30 months of life

The following rates are reported:

- **Well child visits in the first 15 months:** Enrollees who turned 15 months old during the measurement period: six or more well child visits
- **Well child visits for age 15 months–30 months:** Enrollees who turned 30 months old during the measurement period: two or more well child visits

### Initial population

- Enrollees who turn 15 months old during the measurement period: Calculate the 15-month birthday as the enrollee’s first birthday plus 90 days
- Enrollees who turn 30 months old during the measurement period: Calculate the 30-month birthday as the second birthday plus 180 days

### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the measurement period. No gaps on the last day of the measurement period.

- Initial population 1: No more than one gap of up to 45 days ( $\leq 45$  days) during the continuous enrollment period. No gaps on the 15-month birthday.
- Initial population 2: No more than one gap of up to 45 days ( $\leq 45$  days) during the continuous enrollment period. No gaps on the 30-month birthday.

### Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die at any time during the measurement period

### Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	99381-99385, 99461, 99391-99395	Well care visit
ICD-10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129	Encounter for well care visit



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

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### Important tips for closing the care gap

- Telehealth visits are NOT included in the gap closure of well child visits.
- Well child visit must occur with a PCP, but it does not have to be that enrollee's assigned PCP.
- Be sure the documentation includes all the components of a well child visit.
- Use a catch-up schedule for enrollees that miss or get behind on childhood immunizations.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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# CADV HEDIS Measure

## Child Annual Dental Visit



This performance measure assesses two indicators:

- The percentage of enrollees who were continuously enrolled during the calendar year and had at least one dental visit during the measurement period
- The percentage of enrollees with a live birth as defined by the Adult and Children's Core Set Contraceptive Care for Postpartum Women measure that had at least one dental visit during the measurement period

### Initial population

Enrollees 2–20 years of age as of December 31st of the measurement period

### Allowable gap

No more than one gap in enrollment of up to 45 days ( $\leq 45$  days). If continuous enrollment is verified monthly, the enrollee may not have more than a one-month gap in coverage.

### Denominator exclusions

- Enrollees in hospice or using hospice services
- Enrollees who die any time during the measurement period

### Important tips for closing the care gap

- Advise child/parents that child may be eligible to receive a gift card for going to the dentist for a cleaning. This can encourage enrollees to keep appointments once they are referred and scheduled with a dentist.
- Provide local primary care practitioners with your practice's contact information for easy patient referral.
- Encourage new patients to establish a dental home with your practice to ensure good routine oral healthcare and follow ups.
- Remind expectant mothers to make dental appointments for the baby either at the eruption of first tooth or by the age of one.
- Send parents reminders every six months to schedule for periodic exams, prophylaxis (cleanings), and fluoride treatments.
- Apply sealants on the first molars to prevent tooth decay.
- Refer to the American Academy of Pediatric Dentistry at [aapd.org](http://aapd.org) for general recommendations on pediatric dental care.

## CADV Child Annual Dental Visit

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### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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# OED HEDIS Measure

## Oral Evaluation, Dental Services



The percentage of enrollees under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement period

### Initial population

Enrollees 1-20 years of age as of December 31st of the measurement period

### Allowable gap

Continuous enrollment 180 days during the measurement period, no allowable gap

### Denominator exclusions

- Enrollees in hospice or using hospice services
- Enrollees who die any time during the measurement period

### Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CDT	D0120	Periodic oral evaluation – established patient
CDT	D0145	Oral evaluation for a patient under 3 years of age and counseling with primary caregiver (this is used in place of a comprehensive exam)
CDT	D0150	Comprehensive oral evaluation – new or established patient



### Important tips for closing the care gap

- Provide local primary care providers with your practice's contact information for easy enrollee referral.
- Encourage new enrollees to establish a dental home with your practice to ensure good routine oral healthcare and follow ups, when the first tooth appears, and no later than their first birthday.
- Remind parents/guardians to brush child's teeth for two minutes, two times a day, and floss as soon as the teeth start touching.
- Supervise young child's toothbrushing.
- Remind expectant mothers to make dental appointments for the baby either at the eruption of the first tooth or by the age of one.
- Send parents reminders every six months to schedule for periodic exams, prophylaxis (cleanings), and fluoride treatments.
- Apply sealants on the first molars to prevent tooth decay.

### Learn more

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# SFM HEDIS Measure

## Sealant Receipt on Permanent First Molars



The percentage of enrolled children who have ever received sealants on permanent first molar teeth: (1) at least one sealant and (2) all four molars sealed by the 10th birthday

### Initial population

Enrollees 6-9 years of age as of the last day of the measurement period

- At least one sealant in the 48 months prior to their 10th birthday
- All four molars sealed in the 48 months prior to their 10th birthday

### Allowable gap

No more than one gap in enrollment of up to 45 days ( $\leq 45$  days) during the 12 months prior to the child's 10th birthday. To determine continuous enrollment for a Medicaid enrollee for whom enrollment is verified monthly, the enrollee may not have more than a 1-month gap in coverage (i.e., an enrollee whose coverage lapses for 2 months or 60 days is not considered continuously enrolled).

### Denominator exclusions

Children that have any of the following services on all four of their permanent first molars in the 48 months prior to their 10th birthday will not be included in the measure.

- Enrollees who receive preventive resin restoration
- Enrollees who have any restorative service (including occlusal tooth surface restoration)
- Enrollees who have any endodontic service
- Enrollees that have any extractions
- Enrollees that have any prosthodontic service

# SFM Sealant Receipt on Permanent First Molars

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## Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

D Code	Tooth Number
D1351	3, 14, 19, 30

## Important tips for closing the care gap

- If transportation is an issue for keeping appointments, offer some of the following resources in the state of Pennsylvania:
  - Non-emergent medical transportation: Enrollees or parents can call Modivcare at **1-866-824-1567** for assistance with rides to dental appointments.
  - Refer parents to school based dental programs in their area so their child can be seen during the school day.
- Begin educating parents on the importance of sealant application on their child’s first permanent molars from the time they initiate care in your office.
  - Typically, children should get sealants on their permanent molars and premolars as soon as these teeth come in. In this way, the sealants can protect the teeth through the cavity-prone years of ages 6 to 14.
- Partner with the health plan on enrollee outreach and education regarding sealants:
  - Why sealants are important
  - How sealants are applied
  - Share that this service is covered by the health plan
- Set up events where education on oral health and sealants are offered, as well as scheduling with patients who get sealants applied.
- Partner with local pediatric offices and educate families on the linkage between good oral health and physical health.

## Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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# TFC HEDIS Measure

## Topical Fluoride for Children



The percentage of children 1–4 years of age who had at least two fluoride varnish applications during the measurement period

### Initial population

Enrollees 1–4 years of age as of the last day of the measurement period

### Allowable gap

No more than one gap in enrollment of up to 45 days ( $\leq 45$  days) during the measurement period. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the enrollee may not have more than a 1-month gap in coverage (e.g., an enrollee whose coverage lapses for 2 months [60 days] is not considered continuously enrolled). No gap on the last day of the measurement period (December 31st).

### Denominator exclusions

- Enrollees in hospice or using hospice services
- Enrollees who die any time during the measurement period

### Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CDT	D1206	Topical application of fluoride varnish
CPT	99188	Topical application of fluoride varnish
SNOMED CT	313042009	Topical application of fluoride varnish

## TFC Topical Fluoride for Children

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### Important tips for closing the care gap

- Coordinate care between the primary care physician or pediatrician, and the dental provider for the enrollee to ensure the fluoride varnish is being applied during dental evaluations.
- Initiate oral health risk assessments at 6 months of age.
- Ensure all fluoride applications are documented in the medical or dental record.
- Send parents reminders every six months to schedule for periodic exams, prophylaxis (cleanings), and fluoride treatments.
- Apply sealants on the first molars to prevent tooth decay.
- For some general recommendations on pediatric dental care you can refer to the American Academy of Pediatric Dentistry at [aapd.org](http://aapd.org).

### Learn more

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## SAA HEDIS Measure

# Adherence to Antipsychotic Medications for Individuals With Schizophrenia



The percentage of enrollees 18 years of age and older during the measurement period with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period

### Initial population

Enrollees 18 years and older as of January 1st of the measurement period

### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the measurement period. No gaps on the last day of the measurement period.

### Denominator exclusions

- Diagnosis of dementia ICD-10: F01.50, F01.51, F01.511, F01.A11, F01.A3
- Did not have at least two antipsychotic medication dispensing events identified by claim/encounter data and by pharmacy data
- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die at any time during the measurement period

### Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
HCPCS	J2794, J2801	Long-acting injections 14 Days' Supply
HCPCS	J1943, J1944, J0401, J2680, J1631, J2358	Long-acting injections 28 Days' Supply



## Important tips for closing the care gap

- Schedule appropriate follow-up with the person to assess if medication is taken as prescribed.
- Telephone, telehealth and online appointments count towards persons being included in the measure.
- Routinely arrange the next appointment when the person is in the office. If the person misses a scheduled appointment, office staff should contact them to:
  - Assess why the appointment was missed or
  - Reschedule the appointment and assess the possibility of a relapse.
- Encourage collaboration of caregiver/support system. Discuss with the person importance of monitoring their emotional well-being and following up with their BH provider.
- Medication adherence is essential for enrollee's treatment.
- Adherence for the SAA measure is determined by the enrollee remaining on their prescribed antipsychotic for 80% of their treatment period. This is determined by pharmacy claims data.

## Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## Medications

### Antipsychotic medications

- **Miscellaneous antipsychotic agents (oral)**
  - Aripiprazole
  - Asenapine
  - Brexpiprazole
  - Cariprazine
  - Clozapine
  - Haloperidol
  - Iloperidone
  - Loxapine
  - Lumateperone
  - Lurasidone
  - Molindone
  - Olanzapine
  - Paliperidone
  - Quetiapine
  - Risperdone
  - Ziprasidone
- **Phenothiazine antipsychotics (oral)**
  - Chlorpromazine
  - Fluphenazine
  - Perphenazine
  - Prochlorperazine
  - Thioridazine
  - Trifluoperazine
- **Psychotherapeutic combinations (oral)**
  - Amitriptyline-perphenazine
- **Thioxanthenes (oral)**
  - Thiothixene

### Long-acting injections

- **14 days supply**
  - Risperidone
- **28 days supply**
  - Aripiprazole
  - Aripiprazole lauroxil
  - Fluphenazine decanoate
  - Haloperidol decanoate
  - Olanzapine
- **30 days supply**
  - Risperidone
- **35 days supply**
  - Paliperidone palmitate (Invega Sustenna)
- **104 days supply**
  - Paliperidone palmitate (Invega Trinza)
- **201 days supply**
  - Paliperidone palmitate (Invega Hafyera)



# ADD-E HEDIS Measure

## Follow-Up Care for Children Prescribed ADHD Medication



The percentage of persons newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was 30 days of when the first ADHD medication was dispensed

Two rates reported for initiation phase and continuation and maintenance phase.

### Eligible population

Enrollees 6-12 years of age as of December 31st of the measurement period. Two rates reported:

- **Initiation Phase:** percentage of enrollees with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase
- **Continuation and Maintenance Phase:** percentage of enrollees with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended

### Exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008,S9126, 99377, 99378
- Enrollees who die at any time during the measurement year
- Enrollees with a diagnosis of narcolepsy any time during the member's history through the end of the measurement period. ICD10: G47.411,G47.419, G47.421, G47.429

## ADD-E Follow-Up Care for Children Prescribed ADHD Medication

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	90791, 90792, 90832-90834, 90836-90840, 90845	Visit Setting Unspecified
Place of Service (POS)	13, 33, 50, 14, 12, 49, 05, 15, 19, 11, 22, 18, 03	Outpatient POS
CPT	99483, 98960-98962, 99341, 99342, 99344, 99345	(Behavioral Health) BH Outpatient
CPT	96156, 96168, 96167, 96171, 96170, 96164, 96165, 96159, 96158	Health and Behavior Assessment or Intervention
POS	10, 02	Telehealth POS
Healthcare Common Procedure Coding System (HCPCS)	H2012, S9485, S9484, G0410, S9480, G0411, H0035, S0201	Partial Hospitalization or Intensive Outpatient
CPT	98967, 98968, 98966, 99442, 99443, 99441	Telephone Visits
CPT	99421-99423, 98970-98972, 99458, 99457, 98980	Online Assessments

### Important tips for closing the care gap

- Schedule the initial visit prior to refilling the medication to ensure the enrollee is seen within the 30-day time frame from initial dispense.
- Remove enrollees with acute inpatient encounter for a mental, behavioral, or neurodevelopmental disorder during the initiation phase.
- Be mindful of 31-day months and weekends to ensure follow-up is within 30 days.

### The following is a list of ADHD medications

- Dexmethylphenidate
- Methylphenidate
- Guanfacine
- Dextroamphetamine
- Methamphetamine
- Atomoxetine
- Lisdexamfetamine
- Clonidine
- Viloxazine

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## DMH HEDIS Measure

# Diagnosed Mental Health Disorders



The percentage of enrollees 1 year of age and older who were diagnosed with a mental health disorder during the measurement period

### Initial population

1 year of age and older as of December 31st of the measurement period

### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the measurement period

### Denominator exclusions

- Enrollees in hospice or using hospice services
- Enrollees who die any time during the measurement period

## DMH Diagnosed Mental Health Disorders

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### Important tips for closing the care gap

- Educate patients on the significance of follow-up appointments and adherence to treatment plans.
- Highlight the importance of timely, recommended follow-up visits.
- Promptly schedule follow-up appointments, especially for recently discharged patients.
- Coordinate care with behavioral health practitioners by sharing progress notes and updates.
- Reach out to patients who cancel appointments and assist them with rescheduling promptly.
- Consider telemedicine consultations when in-person visits are not feasible.
- Emphasize the importance of seeking follow-up care with a mental health provider.
- Establish an outreach team or assign care managers to ensure enrollees keep or reschedule follow-up appointments.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## FUM HEDIS Measure

# Follow-Up After Emergency Department Visit for Mental Illness



The percentage of emergency department visits for enrollees 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service.

Two rates reported:

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

## Initial population

Enrollees 6 years and older as of the date of ED visit

## Allowable gap

None

## Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die at any time during the measurement period
- ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of the principal diagnosis for the admission

## Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

To capture follow-up care treatment within 7 and 30 days of the ED visit, a code from Table 1 accompanying a code from Table 2 can be used.

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

Table 1

Category	Code	Description
CPT	99281, 99285, 99283, 99284, 99282	ED Visit
ICD-10	F20.0, F20.1, F20.2, F23, F25.9, F30.9	Mental Illness
ICD-10	R45.851, T14.91XA, T14.91XS, T14.91XD	Intentional Self Harm
POS	10, 02	Telehealth POS
POS	13, 33, 50, 14, 12, 49, 05, 15, 19, 11, 22, 18, 09, 71, 72	Outpatient POS
ICD-10	F03.90, F20.1, F24, F22, F33.42, F34.1	Mental Health Diagnosis

Table 2

Category	Code	Description
CPT	90847, 90853, 99238, 99239, 90875, 90876, 99223	Visit Setting Unspecified
HCPCS	H2012, S9485, S9484, G0410, S9480, G0411	Partial Hospitalization or Intensive Outpatient
CPT	99494, 99492, 99493	Psychiatric Collaborative Care Management
CPT	90870	Electroconvulsive Therapy
HCPCS	T1012, H0040, H0039, H0025, H0024, T1016	Peer Support Services
UBREV	0904, 0917, 0907, 0901, 0916, 0900, 0915, 0914	Behavioral Healthcare Setting
CPT	99422, 99423, 99421, 98971, 98972, 98970, 99458	Online Assessments
CPT	98967, 98968, 98966, 99442, 99443, 99441	Telephone Visits
CPT	99483, 98961, 98962, 98960, 99345, 99342, 99341	BH Outpatient
HCPCS	T2048, H0019, H0017, H0018	Residential Behavioral Health Treatment

### Important tips for closing the care gap

- Coordinate care between the ED physicians, behavioral health providers, and primary care providers.
- Schedule follow-up appointments within 7 days of ED discharge with a healthcare practitioner before the person leaves the hospital to reduce the likelihood of a preventable ED visit or hospital admission. A telehealth, telephone, e-visit, or virtual check-in appointment within the required timeframe meets compliance.
- Review medications with persons (and/or parent(s)/guardian(s) as appropriate). Educate your person on the importance of taking their medication(s) and appropriate frequency.
- Provide information about the importance of monitoring their emotional well-being and following up with their mental health practitioner.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## FUA HEDIS Measure

# Follow-Up After Emergency Department Visit for Substance Abuse



The percentage of emergency department (ED) visits among enrollees age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was a follow up

Two rates reported:

- The percentage of ED visits for which the enrollee received follow-up or pharmacotherapy dispensing event within 30 days of the ED visit (31 total days)
- The percentage of ED visits for which the enrollee received follow-up or pharmacotherapy dispensing event within 7 days of the ED visit (8 total days)

## Initial population

Enrollees 13 years and older as of the ED visit

## Allowable gap

None

## Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die at any time during the measurement period
- ED Visits followed by inpatient admission and residential treatment
- Buprenorphine (sublingual tablet, injection, implant)
- Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

## Medications

### Pharmacotherapy dispensing event medications

- **Alcohol use disorder treatment medications**
  - Disulfiram (oral)
  - Naltrexone (oral and injectable)
  - Acamprosate (oral; delayed-release tablet)
- **Opioid use disorder treatment medications**
  - Naltrexone (oral and injectable)

# FUA Follow-Up After Emergency Department Visit for Substance Abuse

## Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

To capture follow-up care treatment within 7 and 30 days of the ED visit, a code from Table 1 accompanying a code from Table 2 can be used.

Table 1

Category	Code	Description
ICD-10	F10.10, F10.120, F10.121, F10.129, F10.129-F10.132	Abuse and Dependence (AOD)
ICD-10	F10.90, F10.920, F10.921, F10.929, F10.930	Substance Induced Disorders
ICD-10	T40.0X1A, T40.0X1D, T40.0X1S, T40.0X4A, T40.0x4D	Unintentional Drug Overdose

Table 2

Category	Code	Description
CPT	90847, 90853, 99238, 99239, 90875, 90876, 99223	Visit Setting Unspecified
POS	13, 33, 50, 14, 12, 49, 05, 15, 19, 11, 22, 18, 09, 71, 72, 03	Outpatient POS
CPT	99483, 98960-98962, 99345, 99342, 99344, 99341	BH Outpatient
HCPCS	H2012, S9485, S9484, G0410, S9480, G0411, H0035	Partial Hospitalization or Intensive Outpatient
POS	58, 57	Nonresidential Substance Abuse Treatment Facility POS
HCPCS	T1012, H0040, H0039, H0025, H0024, T1016, H0046	Peer Support Services
HCPCS	G2080, G2076, G2075, G2074, G2077	Opioid Use Disorder (OUD) Weekly Non-Drug Service
HCPCS	G2087, G2086	OUD Monthly Office Based Treatment
POS	10, 02	Telehealth POS
CPT	98967, 98968, 98966, 99442, 99443, 99441	Telephone Visits
CPT	99421-99423, 98970-98972, 99458, 99457, 98980	Online Assessments
CPT	99408, 99409	Substance Use Disorder Services
ICD-10	Z71.41, Z71.51	Substance Abuse Counseling and Surveillance
CPT	99408, 99409	Behavioral Health Assessment
	See medication list above	Alcohol Use Disorder Treatment
	See medication list above	Opioid Use Disorder Treatment
HCPCS	G0533, G2068, G2067, G2073	OUD Weekly Drug Treatment Service

## Important tips for closing the care gap

- The denominator for this measure is based on ED visits, not on enrollees.
- Coordinate care between behavioral health and primary care providers.

## Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## FUH HEDIS Measure

# Follow-Up After Hospitalization for Mental Illness



The percentage of discharges for enrollees 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or a diagnosis of intentional self-harm, and had a mental health follow-up service

Two rates reported:

- The percentage of discharges for which the enrollee received within 30 days after discharge
- The percentage of discharges for which the enrollee received follow-up within 7 days after discharge

## Initial population

Enrollees 6 years and older as of the date of discharge

## Allowable gap

None

## Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die at any time during the measurement period

## Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

To capture follow-up care treatment within 7 and 30 days of the ED visit, a code from Table 1 accompanying a code from Table 2 can be used.

Table 1

Category	Code	Description
ICD-10	F20.0, F20.1, F21-F25.0, F25.1, F28, F30.10, F30.8, F31.0, F32.0, F33.9, F40.01, F40.11, F40.240	Mental Illness
ICD-10	R45.851, T14.91XA, T36.0X2A, T51.0X2D, T71.152A	Intentional Self-Harm

## FUH Follow-Up After Hospitalization for Mental Illness

Category	Code	Description
Revenue Codes for Hospital (UBREV)	0101, 0100, 0207, 0116, 0126, 0136, 0146, 0156, 0110	Inpatient Stay
UBREV	0101, 0100, 0207, 0116, 0126, 0136, 0146, 0156, 0110	Inpatient Stay Except Psychiatric Residential
POS	10, 02	Telehealth POS
POS	13, 33, 50, 14, 12, 49, 05, 15, 19, 11, 22, 18, 09, 71, 72,	
O3	Outpatient POS*	
ICD-10	F03.90, F09.911, F03.92, F20.0, F20.1, F29, F30.12	Mental health Diagnosis*

Table 2

Category	Code	Description
CPT	90847, 90853, 99238, 99239, 90875, 90876, 99223	Visit Setting Unspecified
HCPCS	H2012, S9485, S9484, G0410, S9480, G0411, H0035	Partial Hospitalization or Intensive Outpatient
CPT	99483, 98961, 98962, 98960, 99345, 99342, 99344	BH Outpatient
CPT	99495, 99496	Transitional care management Services
CPT	90870	Electroconvulsive Therapy
UBREV	0904, 0917, 0907, 0901, 0916, 0900, 0915, 0914, 0905	Behavioral Healthcare Setting
CPT	98967, 98968, 98966, 99442, 99443, 99441	Telephone Visits
CPT	99494, 99492, 99493	Psychiatric Collaborative Care Management
HCPCS	T1012, H0040, H0039, H0025, H0024, T1016, H0046	Peer Support Services
HCPCS	T2048, H0019, H0017, H0018	Residential Behavioral Health

### Important tips for closing the care gap

- Services that occur on the date of discharge do not count toward FUH.
- The denominator for FUH is based on discharges, not on enrollees. If the enrollees has more than one discharge, include all discharges on or between January 1st and December 1st of the measurement period.
- Coordinate care to ensure inpatient and outpatient providers are educated on follow up after hospitalization.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## FUI HEDIS Measure

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



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

Two rates reported:

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

## Initial population

Enrollees 13 years and older as of the date of discharge, stay or event.

## Allowable gap

None

## Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die at any time during the measurement period

## Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

To capture follow-up care treatment within 7 and 30 days of the ED visit, a code from Table 1 accompanying a code from Table 2 can be used.

## Medications

### Opioid use disorder treatment medications

- **Antagonist**
  - Naltrexone (oral and injectable)
- **Partial Antagonist**
  - Buprenorphine (sublingual tablet, injection, implant)
  - Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

### Alcohol use disorder treatment medications

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

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

Table 1

Category	Code	Description
ICD-10	F10.10, F10.120, F10.20, F10.129, F10.19	AOD Abuse and Dependence
UBREV	0101, 0100, 0207, 0116, 0126, 0136, 0146, 0156	Inpatient Stay
POS	10, 02	Telehealth POS
POS	13, 33, 50, 14, 12, 49, 05, 15, 19, 11, 22, 18, 09, 71, 72	Outpatient POS*
POS	58, 57	Nonresidential Substance Abuse Treatment Facility POS

Table 2

Category	Code	Description
CPT	90847, 90853, 99238, 99239, 90875, 90876, 99223	Visit Setting Unspecified
HCPCS	H2012, S9485, S9484, G0410, S9480, G0411	Partial Hospitalization or Intensive Outpatient
CPT	99483, 98961, 98962, 98960, 99345, 99342, 99344	BH Outpatient
CPT	99408, 99409	Substance Use Disorder services
ICD-10	Z71.41, Z71.51	Substance Abuse Counseling and Surveillance
HCPCS	G2080, G2076, G2071, G2075, G2074, G2077	ODU Weekly Non Drug Service
HCPCS	G2087, G2086	ODU Monthly Office Based Treatment
CPT	99422, 99423, 99421, 98971, 98972, 98970, 99458	Online Assessments
CPT	98967, 98968, 98966, 99442, 99443, 99441	Telephone Visits
HCPCS	T2048, H0019, H0017, H0018	Residential Behavioral Health Treatment
HCPCS	G0140, G0177, H0024, H0025, H0038-H0040, H0046	Peer Support Services

### Important tips for closing the care gap

- The denominator for FUI is based on episodes, not on enrollees. If enrollees have more than one episode, include all that fall on or between January 1st and December 31st of the measurement period.
- Coordinate care between behavioral health and primary care providers.

### Learn more

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## IET HEDIS Measure

# Initiation and Engagement of Substance Use Disorder Treatment



The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement

Two rates are reported:

- **Initiation of SUD Treatment:** The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days
- **Engagement of SUD Treatment:** The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation

## Initial population

Enrollees 13 years and older as of the SUD episode date, that have an encounter during the intake period with a diagnosis of SUD. Intake period is November 15th of the year prior to the measurement period through November 14th of the measurement period.

## Allowable gap

No more than one gap in continuous enrollment of up to 45 days ( $\leq 45$  days) during the 12 months prior to the index episode and the 30 days after. The member must be enrolled on the last day of the measurement period.

## Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die at any time during the measurement period

## Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

To capture Initiation of SUD Treatment within 14 days, and the engagement of SUD Treatment within 34 days of initiation, a code from Table 1 accompanying a code from Table 2 can be used.

## Medications

### Opioid use disorder treatment medications

- **Antagonist**
  - Naltrexone (oral and injectable)
- **Partial Antagonist**
  - Buprenorphine (sublingual tablet, injection, implant)
  - Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

### Alcohol use disorder treatment medications

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

## IET Initiation and Engagement of Substance Use Disorder Treatment

Table 1

Category	Code	Description
ICD-10	F10.10, F10.19, F10.20, F10.24, F10.27, F10.221	Alcohol Abuse and Dependence
ICD-10	F11.10, F11.13, F11.20, F11.220, F11.29	Opioid Abuse and Dependence
ICD-10	F12.10, F12.120, F12.121, F12.122, F12.13, F12.150	Other Drug Abuse and Dependence
POS	58, 57	Nonresidential Substance Abuse Treatment Facility POS
POS	10, 02	Telehealth POS
POS	13, 33, 50, 14, 12, 49, 05, 15, 19, 11, 22, 18, 09, 71, 72	Outpatient POS
UBREV	0101, 0100, 0207, 0116, 0126, 01336, 0146, 0156	Inpatient Stay

Table 2

Category	Code	Description
CPT	90847, 90853, 99238, 99239, 90875, 90876, 99223	Visit Setting Unspecified
HCPCS	H2012, S9485, S9484, G0410, S9480, G0411	Partial Hospitalization or Intensive Outpatient
HCPCS	G2087, G2086	ODD Monthly Office Based Treatment
HCPCS	G2072, G2070, G2069, G2068, G2067, G2073	ODD Weekly Drug Treatment Service
CPT	99408, 99409	Substance Use Disorder Services
ICD-10	Z71.41, Z71.51	Substance Abuse Counseling and Surveillance
HCPCS	G2080, G2076, G2071, G2075, G2074	ODD Weekly Non Drug Service <b>Table 1</b>
HCPCS	J2315, G2073	Naltrexone Injection
CPT	99422, 99423, 99421, 98971, 98972, 98970, 99458	Online Assessments
CPT	98967, 98968, 98966, 99442, 99443, 99441	Telephone Visits
CPT	99483, 98961, 98962, 98960, 99345, 99342, 99341	BH Outpatient

### Important tips for closing the care gap

- IET is closed through claims data only. Be sure to use the NCQA approved coding for gap closure.
- Provide educational materials and resources that include information on the treatment process and options, including 12-step or mutual support meetings, encourage a sponsor, and other community based programs.
- Utilize peer supports with lived experience to engage persons and encourage continuation of treatment.
- Educate about the importance of timely follow-up visits after new diagnoses.
- Consider using a validated screening tool (i.e., CAGE-AID, NIDA) or adding questions to your standard evaluation to identify substance use issues.
- Identify substance abuse in the person's chart and submit a claim with the correct billing codes.
- Schedule follow-up visits within 14 days and at least two additional visits within 30 days or refer immediately to a behavioral health provider when giving a diagnosis of alcohol or other drug dependence. Send appointment reminder 72 hours prior to follow-up appointment. A telephone and/or telehealth appointment within the required timeframe meets compliance.
- Refer the person to an Aetna Better Health Case Management to help increase person's access and motivation for treatment.
- Utilize telehealth and home-based therapy where appropriate.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## APM-E HEDIS Measure

# Metabolic Monitoring for Children and Adolescents on Antipsychotics



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

### Initial population

Enrollees 1-17 years of age as of December 31st of the measurement period with at least two antipsychotic medication dispensing events of the same or different medications on different dates of service during the measurement period. Three rates reported:

- The percentage of enrollees on antipsychotics who received blood glucose testing
- The percentage of enrollees on antipsychotics who received cholesterol testing
- The percentage of enrollees on antipsychotics who received blood glucose and cholesterol testing

### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the measurement period. No gaps on the last day of the measurement period.

### Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die at any time during the measurement period

### Medications

#### APM antipsychotic medications

- Fluoxetine
- Olanzapine
- Ziprasidone
- Quetiapine
- Clozapine
- Haloperidol
- Fluphenazine
- Prochlorperazine
- Thioridazine
- Iloperidone
- Thiothixene
- Trifluoperazine
- Risperidone
- Loxapine
- Ziprasidone

# APM-E Metabolic Monitoring for Children and Adolescents on Antipsychotics

## Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	80047, 80048, 80053, 80050, 82950, 82947, 82951	Glucose Lab Test
SNOMED	1179458001, 1259140002, 166922008, 166921001	Glucose Test Result or Finding
CPT	83036, 83037	Hemoglobin A1c (HbA1c) Lab Test
SNOMED	451061000124104,165679005	HbA1c Test Result or Finding
CPT	82465, 83718, 83722, 84478	Cholesterol Lab Test
SNOMED	1162800007, 439953004, 365793008, 365794002	Cholesterol Test Result or Finding
CPT	80061, 83700, 83701, 83704, 83721	Low density lipoprotein cholesterol (LDL-C) Lab Test

## Important tips for closing the care gap

- Use NCQA approved claims coding for gap closure.
- Schedule for both glucose and cholesterol testing when medication is prescribed.
- Monitor children on antipsychotic medications to avoid metabolic health complications such as weight gain and diabetes.
- Educate parent(s)/guardian(s) about the signs of metabolic disturbances, including long-term consequences of pediatric and adolescent obesity and poor cardiometabolic outcomes in adulthood.
- Establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side-effects of antipsychotic medication therapy.
- Schedule follow-up appointments and metabolic lab tests.

## Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## POD HEDIS Measure

# Pharmacotherapy for Opioid Use Disorder



The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among enrollees 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event

## Initial population

Enrollees 16 years and older as of the treatment period start date

## Allowable gap

None

## Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die at any time during the measurement period

## Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

## Medications

### Opioid use disorder treatment medications

- **Antagonist**
  - Naltrexone (oral and injectable)
- **Partial Antagonist**
  - Buprenorphine (sublingual tablet, injection, implant)
  - Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
- **Agonist**
  - Methadone (oral)

Category	Code	Description
HCPCS	G2068, G2079	Buprenorphine Oral Weekly
HCPCS	G2067, G2078	Methadone Oral Weekly

# POD Pharmacotherapy for Opioid Use Disorder

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## Important tips for closing the care gap

- Medication adherence is essential for enrollee's treatment.
- Adherence for the POD measure is determined by the enrollee remaining on their prescribed opioid use disorder treatment medication for at least 180 days after their medication was prescribed. This is determined by pharmacy claims data.
- Provide tools to help manage stressors and identify triggers for relapses.
- Only prescribe opioids when medically necessary, in the lowest effective dose, for the shortest duration necessary.
- Identify alternatives to opioids for pain management.
- Consider Medication Assisted Treatment (MAT) for opioid abuse or dependence.
- Refer to Aetna Better Health® Kids Care Management for targeted SUD case management and support. Click on the link for our referral form: <https://www.aetnabetterhealth.com/content/dam/aetna/medicaid/pennsylvania/provider/pdf/Blank%20CM%20referral%20form%202020.pdf>

## Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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# CDF-CH HEDIS Measure

## Screening for Depression and Follow-Up



The percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the qualifying encounter.

### Initial population

Enrollees 12 years and older as of December 31st of the measurement period

### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the measurement period

### Denominator exclusions

- Enrollees who have been diagnosed with depression or bipolar disorder

### Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
HCPCS	G8431	Positive depression screening with follow-up plan documented
HCPCS	G8510	Negative depression screening documented, follow-up plan not required
HCPCS	G8433	Screening for depression not completed, documented patient or medical reason

## CDF-CH Screening for Depression and Follow-Up

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### Important tips for closing the care gap

When paired with timely follow-up and treatment, early depression screening improves clinical outcomes, decreases symptom severity, and reduces psychiatric hospitalizations. Screening also increases the identification of depression and raises therapy and antidepressant treatment rates within primary care.

- Screening must occur during an outpatient visit.
- Even if the score is negative, document the score and tool name to show the screening was completed.
- Documented follow-up for a positive screening include one or more of the following:
  - Referral to a provider for additional evaluation and assessment to formulate a follow-up plan
  - Pharmacological interventions
  - Other interventions or follow-up for the diagnosis or treatment of depression, such as psychotherapy and depression management program

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## APP HEDIS Measure

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



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

Index prescription start date: The earliest prescription dispensing date for an antipsychotic medication where the date is in the intake period and there is no negative medication history.

Negative medication history: Period of 120 days prior to the IPSD when the enrollee had no antipsychotic medications dispensed for either new or refill prescriptions.

## Initial population

Enrollees 1-17 years of age as of December 31st of the measurement period

## Allowable gap

None

## Denominator exclusions

- Enrollees whose first-line antipsychotic medications may be clinically appropriate: enrollees with diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder on at least two different dates of service during the measurement period
- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die at any time during the measurement period

## Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	90847,90846,90853, 90880,90875, 90876, 90849, 90845, 90840, 90839, 90832-90834, 90836, 90837	Psychosocial Care
HCPCS	T2048, H0019, H0017, H0018	Residential Behavioral Health Treatment



## Important tips for closing the care gap

- Educate providers that psychosocial care includes behavioral interventions, psychological therapies and skills training, and is the first-line recommended treatment for attention deficit disorder and disruptive behaviors.
- Antipsychotic medications need to be part of a comprehensive and coordinated treatment plan that includes psychosocial care (the recommended first-line treatment option).
- Complete a thorough evaluation and coordination for new child/adolescent persons taking antipsychotic medications with a mental health professional.
- Educate and inform parent(s)/guardian(s) of the increased side effect burden of multiple concurrent antipsychotics on children's health and the implications for future physical health concerns including obesity and diabetes.
- Ensure the parents understand the local community support resources and what to do in the event of a crisis.
- Schedule telehealth appointments for persons who had a new prescription for an antipsychotic medication.
- Use NCQA approved claims codes when services rendered for gap closure.

## Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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## Medications

### Antipsychotic medications

#### • Miscellaneous antipsychotic agents

- Aripiprazole
- Asenapine
- Brexpiprazole
- Cariprazine
- Clozapine
- Haloperidol
- Iloperidone
- Loxapine
- Lurasidone
- Molindone
- Olanzapine
- Paliperidone
- Pimozide
- Quetiapine
- Risperidone
- Ziprasidone

#### • Phenothiazine antipsychotics

- Chlorpromazine
- Fluphenazine
- Perphenazine
- Thioridazine
- Trifluoperazine

#### • Long-acting injections

- Aripiprazole
- Risperidone
- Olanzapine
- Risperidone
- Aripiprazole lauroxil
- Fluphenazine decanoate
- Haloperidol decanoate
- Paliperidone palmitate

### Antipsychotic combination medications

#### • Psychotherapeutic combinations

- Fluoxetine-olanzapine
- Amitriptyline-perphenazine



# CHL HEDIS Measure

## Chlamydia Screening



The percentage of enrollees 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period

### Initial population

Enrollees 16-24 years of age as of December 31st of the measurement period and are identified as being sexually active by a pregnancy test or diagnosis, sexual activity, or contraceptive prescriptions captured by pharmacy data

### Allowable gap

No more than one gap of up to 45 days ( $\leq 45$  days) during the measurement period. No gaps on the last day of the measurement period.

### Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008,S9126, 99377, 99378
- Sex assigned at birth as male any time in the enrollees history
- Enrollees who die any time during the measurement period

### Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	87110, 87270, 87320, 87490-87492, 87810	Chlamydia Tests

## CHL Chlamydia Screening

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### Important tips for closing the care gap

- Use appropriate coding and documentation for the chlamydia screening as well as results.
- Use patient portals and text reminders for routine screening reminders.
- Perform chlamydia screening every year on every woman 16-24 years of age regardless of reported sexual activity (use any visit opportunity).
- Add chlamydia screening as a standard lab for women 16-24 years old. Use well-child exams and well women exams for this purpose.
- Offer at-home chlamydia testing for persons who request it.
- Ensure that you have an opportunity to speak with your adolescent female persons without their parent(s)/guardian(s).
- A urine specimen is the least invasive way to screen for chlamydia. It can be provided to the person on any office visit.
- Set EMR alerts to flag persons due for screening.

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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# CCW HEDIS Measure

## Contraceptive Care for All Women Ages 15-44



The percentage of women ages 15 through 44 at risk of unintended pregnancy and those who were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC)

- Most effective LARC sterilization, IUD/IUS, implant
- Moderately effective LARC – injectables, oral pills, patch, ring, or diaphragm

### Initial population

Women ages 15 to 44

- A rate will be reported for those who had most effective LARC prescribed
- A rate will be reported for those who had moderately effective LARC prescribed

### Allowable gap

No more than one gap in enrollment of up to 45 days ( $\leq 45$  days) during the continuous enrollment period

### Denominator exclusions

- Women infecund or infertile due to non-contraceptive reasons such as natural menopause or oophorectomy
- Had a live birth in the last 2 months of the measurement period
- Were still pregnant at the end of the year and did not have a pregnancy outcome indicator

### Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	58300, 11981	Insertion of IUD or non-biodegradable drug delivery implant
CPT	11983	Removal with reinsertion, non-biodegradable drug delivery implant
ICD10CM	Z30.014	Encounter for initial prescription of intrauterine contraceptive device
ICD10CM	Z30.430	Encounter for insertion of intrauterine contraceptive device
ICD10CM	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
ICD10CM	Z30.017	Encounter for initial prescription of implantable subdermal contraceptive
ICD10PCS	0UH97HZ, 0UH98HZ, 0UH90HZ	Insertion of Contraceptive Device into Uterus
ICD10PCS	0UHC7HZ, 0UHC8HZ	Insertion of Contraceptive Device into Cervix
HCPCS	S4981, J7301, J7297, J7298, J7296	Levonorgestrel-releasing intrauterine system
HCPCS	J7300	Intrauterine copper contraceptive
HCPCS	S4989	Contraceptive intrauterine device, including implants and supplies
HCPCS	J7306, J7307	Contraceptive implant system, including implants and supplies

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PA-20-09-28 (rev 03/26)



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## CCW Contraceptive Care for All Women Ages 15-44

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### Important tips for closing the care gap

LARCs in the most effective category (ex. IUD) are preferred because they are best at preventing unplanned pregnancies.

- Offer educational materials on LARC to patients
  - Offer English and Spanish versions
  - Ensure materials are at a 5th grade reading level to increase health literacy on LARC
  - Offer interpretation services at your office
- Utilize credible resources when researching LARC. The American College of Obstetricians and Gynecologists (ACOG) has the most current information on LARC methods and how to access LARC [acog.org/community/districts-and-sections/district-ii/programs-and-resources/medical-education/long-acting-reversible-contraception-larc](https://www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/medical-education/long-acting-reversible-contraception-larc)
- If your practice is not trained on LARC insertion, refer interested patients to an Ob/Gyn for an annual well woman exam and contraceptive counseling.
- Advise women seeking birth control methods that there are misconceptions regarding LARC and its linkage to pelvic inflammatory disease. (There is no link between the two.)
- Advise women that LARC is safe for all ages; fertility is rapid after removal, and they are a covered benefit from Aetna Better Health® Kids

### Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
[evansc3@Aetna.com](mailto:evansc3@Aetna.com) • 267-640-9471



## CCP HEDIS Measure

# Contraceptive Care for Postpartum Women Ages 15-44



The percentage of women ages 15 through 44 at risk of unintended pregnancy and those who were provided a most effective/moderately effective contraception method or a long-acting reversible method of contraception (LARC)

- Most effective LARC sterilization, IUD/IUS, implant
- Moderately effective LARC – injectables, oral pills, patch, ring, or diaphragm

## Initial population

Women ages 15 to 44

- A rate will be reported for those who had most effective LARC prescribed
- A rate will be reported for those who had moderately effective LARC prescribed

## Allowable gap

No allowable gaps in the continuous enrollment period

## Denominator exclusions

- Women infecund or infertile due to non-contraceptive reasons such as natural menopause or oophorectomy
- Had a live birth in the last 2 months of the measurement period
- Were still pregnant at the end of the year and did not have a pregnancy outcome indicator

## Numerator codes

The following are a few approved codes that close the care gap.

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	58300, 11981	Insertion of IUD or non-biodegradable drug delivery implant
CPT	11983	Removal with reinsertion, non-biodegradable drug delivery implant
ICD10CM	Z30.014	Encounter for initial prescription of intrauterine contraceptive device
ICD10CM	Z30.430	Encounter for insertion of intrauterine contraceptive device
ICD10CM	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device
ICD10CM	Z30.017	Encounter for initial prescription of implantable subdermal contraceptive
ICD10PCS	0UH97HZ, 0UH98HZ, 0UH90HZ	Insertion of Contraceptive Device into Uterus
ICD10PCS	0UHC7HZ, 0UHC8HZ	Insertion of Contraceptive Device into Cervix
HCPCS	S4981, J7301, J7297, J7298, J7296	Levonorgestrel-releasing intrauterine system
HCPCS	J7300	Intrauterine copper contraceptive
HCPCS	S4989	Contraceptive intrauterine device, including implants and supplies
HCPCS	J7306, J7307	Contraceptive implant system, including implants and supplies

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## CCP Contraceptive Care for Postpartum Women Age 15-44

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### Important tips for closing the care gap

LARCs in the most effective category (ex. IUD) are preferred because they are best at preventing unplanned pregnancies.

- Offer educational materials on LARC to patients
  - Offer English and Spanish versions
  - Ensure materials are at a 5th grade reading level to increase health literacy on LARC
  - Offer interpretation services at your office
- Utilize credible resources when researching LARC. The American College of Obstetricians and Gynecologists (ACOG) has the most current information on LARC methods and how to access LARC [acog.org/community/districts-and-sections/district-ii/programs-and-resources/medical-education/long-acting-reversible-contraception-larc](https://www.acog.org/community/districts-and-sections/district-ii/programs-and-resources/medical-education/long-acting-reversible-contraception-larc)
- If your practice is not trained on LARC insertion, refer interested patients to an Ob/Gyn for an annual well woman exam and contraceptive counseling.
- Advise women seeking birth control methods that there are misconceptions regarding LARC and its linkage to pelvic inflammatory disease. (There is no link between the two.)
- Advise women that LARC is safe for all ages; fertility is rapid after removal, and they are a covered benefit from Aetna Better Health® Kids

### Learn more

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# PPC HEDIS Measure

## Prenatal and Postpartum Care



The percentage of deliveries of live births on or between October 8th of the year prior to the measurement period and October 7th of the measurement period, with two facets of prenatal and postpartum care

### Initial population

Enrollees who delivered a live birth on or between October 8th of year prior and October 7th of the measurement period. Remove any non-live births.

- Timeliness of Prenatal Care (TOPC): percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization  
\*First trimester 280-176 days prior to delivery or estimated delivery date
- Postpartum Care (PPC): percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery  
\*Exclude services provided in an inpatient setting

### Allowable gap

None

### Denominator exclusions

- Enrollees in hospice or using hospice services HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Enrollees who die any time during the measurement period

### Important tips for closing the care gap

- A prenatal visit can be scheduled with an Obstetrics and Gynecology (OB/GYN), primary care provider (PCP), or other prenatal practitioner. For visit to PCP, a diagnosis of pregnancy must be present.
- A postpartum visit can be scheduled with an OB/GYN, primary care provider (PCP), or other prenatal care practitioner.
- A cesarean incision check or post operative visit six days or less after the birth does not count toward a postpartum visit. It must be between 7 and 84 days after the delivery.

### Numerator codes

**The following are a few approved codes that close the care gap.**

For a complete list, please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

## PPC Prenatal and Postpartum Care

Category	Code	Description
CPT	59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622	Deliveries
CPT	99500, 0500F, 0501F, 0502F	Stand Alone Prenatal Visits
CPT	57170, 99501, 58300, 59430	Postpartum Care
ICD-10	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	Encounter for Postpartum Care
CPT	88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175	Cervical Cytology Lab Test
SNOMED	439888000, 441667007, 309081009	Cervical Cytology Lab Result or Finding
CPT	99221-99223, 99231-99236, 99238, 99239, 99252-99255	Acute Inpatient

## Documentation

### Prenatal

- Documentation indicating the enrollee is pregnant
  - Documentation in a standardized prenatal flow sheet
  - Documentation of last menstrual period, EDD, or gestational age
  - A positive pregnancy test result
  - Documentation of gravidity and parity
  - Documentation of complete obstetrical history
  - Documentation of prenatal risk assessment and counseling/education
- A basic physical obstetrical examination to include auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height
- Evidence that a prenatal care procedure was preformed

### Postpartum

- Pelvic Exam
- Evaluation of weight, BP, breasts and abdomen
- Notation of postpartum care
- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders
- Glucose screening for enrollees with gestational diabetes
- 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

## Learn more

For further assistance, please contact Catherine Evans, Practice Transformation Advisor  
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