

## Provider Gaps in Care Technical Specifications and Billing Guide



Working with our Providers to enhance the Quality of Care provided to our Members

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## Disclaimer

This material serves as a tool to assist providers, their clinical team, and billing staff with information to improve HEDIS performance.

HEDIS 2016 Volume 2 Technical Specifications for Health Plans was used to generate this Provider Billing Guide. The Technical Specifications were current at the time of publication.

HEDIS indicators have been designed by NCQA to standardize performance measurement and do not necessarily represent the ideal standard of care.

Information contained in this report is based on claims data only.

## What is HEDIS?

HEDIS is a registered trademark of the National Quality Committee for Quality Assurance (NCOA)



### Healthcare Effectiveness Data and Information Set (HEDIS)

NCQA defines HEDIS as *“a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of health care plans.”*

HEDIS is a registered trademark of the National Committee for Quality Assurance.

HEDIS is a performance measurement tool that is coordinated and administered by NCQA and used by the Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations.

Results from HEDIS data collection serve as measurements for quality improvement processes, educational initiatives, and preventive care programs.

All managed care companies who are NCQA accredited perform HEDIS reviews the same time each year.

HEDIS consists of 88 measures across seven domains of care that address important health issues.

HEDIS is a retrospective review of services and performance of care from the prior calendar year.

There are two types of HEDIS data collected:

Administrative data – comes from submitted claims and encounters

Hybrid data – comes from chart collection/review and submitted claims and encounters

## Annual HEDIS Timeline

### Feb - Early May

Quality Department staff collects and reviews HEDIS data (on-site provider office visits and faxing chart collection occurs)



### June

HEDIS results are audited and reported to NCQA



### October

NCQA releases Quality Compass (national benchmarks) for Medicaid



**\*\*HEDIS is a retrospective process  
HEDIS 2017 = Calendar  
Year 2016 Data\*\***

### HEDIS Medical Record Review Process:

Data collection methods include: fax, mail, on-site visits for larger requests, and remote electronic medical record (EMR) system access, if available.

Medical record fax requests include a list showing each member's respective measure(s) and the description of the information needed from the medical record.

A turnaround time of 3-5 days is appreciated.

If selected for on-site chart review, the office will be contacted to schedule a mutually agreeable time for the review. The list charts needing review will be provided ahead of time.

## Tips and Best Practices

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

1. Use your Gaps in Care member roster to outreach to patients who need of services/procedures or are new to your practice.
2. Take advantage of this guide, coding information, and the on-line resources that can assist the practice with HEDIS measure understanding, compliance, and requirements.
3. You can provide evidence of completed HEDIS services by faxing the supporting chart documentation to the **Quality Management Department at 1-860-607-7860**.
4. Assign a staff member to serve as a point of contact with Aetna Better Health and the Quality Management staff.

## HIPAA

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

1. HEDIS data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities.
2. The records you provide us during this process helps us to validate the quality of care our members receive.

## Importance of Documentation

### Common reasons members may still appear on a Gaps in Care report:

1. Missing information or incomplete services (i.e. Tdap shot administered but no Meningococcal vaccine for adolescent immunization measure).
2. Service provided without claim/encounter data submitted.
3. Lack of follow through by patient to obtain the recommended service (i.e. diabetic eye exam to check for retinopathy).
4. Service provided but outside of the required HEDIS time frame or anchor date (i.e. Lead screening performed after age 2).
5. Failure to document or code exclusion criteria for a measure.

### Minimal Documentation Requirements:

All records **must** include:

1. The patient's name on **every** page.
2. The patient's date of birth on at least **1 page**.
3. The required information for each applicable measure listed on the following pages.

## CIS - Childhood Immunization Status

### Measure Definition:

The percentage of children turning 2 years of age in 2016 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.

#### Common Chart Deficiencies and Tips:

1. Vaccinations for DTaP, IPV, HiB, or PCV given before 42 days after birthday do not count towards vaccine compliance
2. Participate in State Immunization registries, where available
3. Devote time during each visit to review immunization record and look for opportunities to catch-up on missing immunizations
4. Document date of first hepatitis B vaccination if given at hospital and note the hospital
5. If available, record date and immunization(s) provided at the health department

Billing Reference					
Description	# in Series	CPT	HCPCS	ICD-9 CM	ICD-10 CM
DTaP	4	90698, 90700, 90721, 90723			
IPV	3	90698, 90713, 90723			
MMR	1	90707, 90710			
Any Combination of the following to satisfy recommendation of 1 MMR					
Measles Only	1	90705		055.0-055.2, 055.71, 055.79, 055.8, 055.9	B05.0-B05.4, B05.81-B05.9
Mumps Only	1	90704		072.0-072.3, 072.71, 072.72, 072.79, 072.8, 072.9	B26.0-B26.3, B26.81-B26.9
Rubella Only	1	90706		056.00, 056.01, 056.09, 056.71, 056.79, 056.8, 056.9	B06.00-B06.02, B06.81-B06.9
Measles and Rubella	1	90708			

## CIS - Childhood Immunization Status

Description	# in Series	CPT	HCPCS	ICD-9 CM	ICD-10 CM
Hib	3	90645-90648, 90698, 90721, 90748			
Hepatitis B	3	90723, 90740, 90744, 90747, 90748	G0010	070.20-070.23, 070.30-070.33, V02.61	B16.0-B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
VZV	1	90710, 90716		052, 053	B01.0, B01.11-B01.2, B01.81-B01.9, B02.0, B02.1, B02.21-B02.29, B02.30-
Pneumococcal Conjugate	4	90669, 90670	G0009		
Hepatitis A	1	90633		070.0, 070.1	B15.0, B15.9
Rotavirus 2-dose or 3-dose vaccinations satisfy Rotavirus recommendations.					
Rotavirus 2-dose	2	90681			
Rotavirus 3-dose	3	90680			
Influenza	2	90655, 90657, 90661, 90662, 90673, 90685	G0008		

Measure Exclusion Criteria:			
Exclusion: Exclude children who had a contraindication for a specific vaccine.			
Exclusion Description	HCPCS	ICD-9 CM	ICD-10 CM
Any particular vaccine - Anaphylactic Reaction		999.42	T80.52XA, T80.52XD, T80.52XS
DTaP - Encephalopathy with Adverse-Effect		323.51	G04.32
		WITH	
MRR, VZV and Influenza		E948.4, E948.5, E948.6	T50.A15A, T50.A15D, T50.A15S
		200-208, 279, V08, 042	D81.0-D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0-D82.9, D83.0-D83.9, D84.0-D84.9, D89.3, D89.810-D89.9, B20, Z21, C81.00-C86.6, C86.2-C94.32, C94.80-C96.Z
Exclusion Description	General Exclusion Criteria		
MRR, VZV and Influenza	Anaphylactic reaction to neomycin		
IPV	Anaphylactic reaction to streptomycin, polymyxin B, or neomycin		
Hepatitis B	Anaphylactic reaction to common baker's yeast		



## CIS - Childhood Immunization Status

Medical Record Documentation	
Progress/Office Notes	Logs/Procedure Results
<ul style="list-style-type: none"><li>• Immunization records/logs</li><li>• State immunization registry printout</li></ul>	Documentation of history or seropositive test for MMR, hepatitis A, hepatitis B and/or chicken pox

## IMA - Immunizations for Adolescents

### Measure Definition:

The percentage of adolescents turning 13 years of age in 2016 who had one dose of meningococcal conjugate vaccine (MCV), one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td), and three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

#### Common Chart Deficiencies and Tips:

1. Participate in State Immunization registries, where available
2. Devote time during each visit to review immunization record and look for opportunities to catch-up on missing immunizations
3. If available, record date and immunization(s) provided at the health department in the medical record
4. Administer Tdap between the 10th and 13th birthday and meningococcal between the 11th and 13th birthday.
5. Less than 3 HPV doses administered
6. Final dose administered after the adolescent turns 13.

### Billing Reference

Description	CPT
Tdap/Td	90714, 90715, 90718
Tetanus and Diphtheria	90703 and 90719
Meningococcal	90733 - 90734
HPV	90649 - 90651

### Measure Exclusion Criteria:

**Exclusion:** Exclude children who had a contraindication for a specific vaccine.

Exclusion Description	ICD-9 CM	ICD-10 CM
Anaphylactic Reaction	999.4, 999.42	T80.52XA, T80.52XD, T80.52XS

### Medical Record Documentation

#### Worksheets/Lists/Logs

- Immunization records/logs
- State immunization registry printout
- Medical history

## LSC - Lead Screening in Children

### Measure Definition:

The percentage of children turning 2 years of age in 2016 who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

#### Common Chart Deficiencies and Tips:

1. Lead screening is considered late if performed after the child turns 2 years of age
2. A lead risk assessment does not satisfy the venous blood lead requirement regardless of the risk score
3. Options exist for in-office lead testing, including blood lead analyzer and MedTox filter paper testing

Billing Reference		
Description	CPT	LOINC
Lead Tests	83655	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7

Medical Record Documentation	
Worksheets/Lists/Logs	Logs/Procedure Results
<ul style="list-style-type: none"> <li>• Well-care flow sheets</li> <li>• EPDST</li> <li>• Preventive forms</li> <li>• Health maintenance forms</li> <li>• Immunization record</li> </ul>	All lead test results (value and DOS) must be documented.

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

### Measure Definition:

The percentage of members who turned 15 months old in 2016 and who had the following number of well-child visits with a PCP during their first 15 months of life:

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

### The comprehensive well care visit includes:

- Health history
- Physical developmental history
- Mental developmental history
- Complete physical exam
- Health education/anticipatory guidance (age appropriate)

#### Common Chart Deficiencies and Tips:

1. Missing or undocumented anticipatory guidance
2. Sick visit in calendar year without well-child visit
3. Turn a sick visit into a well-child visit

Billing Reference				
Description	CPT	HCPCS	ICD-9 CM	ICD-10 CM
Office Visit	99381-99385, 99391-99395, 99461	G0439, G0438	V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	Z00.00-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9

Medical Record Documentation	
Progress/Office Notes	Worksheets/Lists/Logs
<p>Progress/office notes from member's date of birth up to 15 months of age.</p> <p>Don't include services rendered during an inpatient or ER visit.</p>	<ul style="list-style-type: none"> <li>• 2016 day care exams and state, sports or camp physicals</li> <li>• Developmental checklists</li> <li>• Physical exam</li> <li>• Anticipatory guidance/health education</li> </ul>

## W34 - Well-Child Visits in the Third, Fourth, Fifth, and Sixth years of Life

### Measure Definition:

The percentage of members 3–6 years of age who had one or more well-child visits with a PCP in 2016.

### The comprehensive well care visit includes:

- Health history
- Physical developmental history
- Mental developmental history
- Complete physical exam
- Health education/anticipatory guidance (age appropriate)

#### Common Chart Deficiencies and Tips:

1. Missing or undocumented anticipatory guidance
2. Sick visit in calendar year without well-child visit
3. Turn a sick visit into a well-child visit

Billing Reference				
Description	CPT	HCPCS	ICD-9 CM	ICD-10 CM
Office Visit	99381-99385, 99391-99395, 99461	G0439, G0438	V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	Z00.00-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9

Medical Record Documentation	
Progress/Office Notes	Worksheets/Lists/Logs
<p>2016 progress/office notes.</p> <p>Well-child visit must occur with a PCP, but the PCP doesn't have to be the practitioner assigned to the child.</p> <p>Don't include services rendered during an inpatient or ER visit.</p>	<ul style="list-style-type: none"> <li>• Day care exams and state, sports or camp physicals</li> <li>• Developmental checklists</li> <li>• Physical exam</li> <li>• Anticipatory guidance/health education</li> </ul>

## AWC - Adolescent Well-Care Visits

### Measure Definition:

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during 2016.

### The comprehensive well care visit includes:

- Health history
- Physical developmental history
- Mental developmental history
- Complete physical exam
- Health education/anticipatory guidance (age appropriate)

#### Common Chart Deficiencies and Tips:

1. Missing or undocumented anticipatory guidance
2. Sick visit in calendar year without well-child visit
3. Turn a sick visit into a well-child visit
4. Schedule next visit at end of each appointment

Billing Reference				
Description	CPT	HCPCS	ICD-9 CM	ICD-10 CM
Office Visit	99381-99385, 99391-99395, 99461	G0439, G0438	V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	Z00.00-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9

Medical Record Documentation	
Progress/Office Notes	Worksheets/Lists/Logs
<p>2016 progress/office notes</p> <p>Services must include:</p> <ul style="list-style-type: none"> <li>• Health history</li> <li>• Physical developmental history</li> <li>• Mental development history</li> <li>• Physical exam</li> <li>• Anticipatory guidance/health education (AG/HE)</li> </ul>	<ul style="list-style-type: none"> <li>• Medical, surgical and/or social history</li> <li>• Developmental assessments</li> <li>• Well-care flow sheets</li> <li>• Physical exam and review of systems</li> <li>• Assessments and plan of care</li> <li>• Sports or camp physicals</li> <li>• Anticipatory guidance and/or health education forms/lists</li> <li>• SOAP note</li> </ul>

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

### Measure Definition:

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for Physical activity in 2016.

#### Common Chart Deficiencies and Tips:

1. BMI percentile or BMI percentile plotted on growth chart for members 3-17 years of age
2. Must include documentation indicating counseling

Billing Reference					
Description	CPT	HCPCS	ICD-9 CM	ICD-10 CM	UB Revenue
Office /Other Outpatient Service	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456	G0402, G0438, G0439, G0463, T1015			0510-0517, 0519-0523, 0526-0529, 0982, 0983
BMI, BMI Percentile			V85.51-V85.54	Z68.51-Z68.54	
Nutrition Counseling	97802-97804	G0270, G0271, G0447, S9449, S9452, S9470	V65.3	Z71.3	
Physical Activity Counseling		G0447, S9451	V65.41		

### Measure Exclusion Criteria:

Any diagnosis of pregnancy during 2016 counts as an exclusion for this measure

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

Medical Record Documentation	
Progress/Office Notes	Worksheets/Lists/Logs
<p><b>2016</b> progress/office notes from PCP, Ob/Gyn or other provider who may have seen the child during an outpatient visit where the noted assessments were done (e.g., endocrinologist)</p> <p>May count services that occur over multiple visits, as long as all services occur in <b>2016</b>.</p>	<ul style="list-style-type: none"> <li>• <b>2016</b> well-child check forms.</li> <li>• <b>2016</b> day care exams and state, sports or camp physicals</li> <li>• HT/WT/BMI, BMI percentile charts and/or graphs</li> <li>• HT/WT/BMI flow sheets</li> <li>• <b>2016</b> referral forms to dietitians/physical therapy/obesity counseling</li> <li>• Anticipatory guidance check forms/lists</li> </ul>



## ABA - Adult BMI Assessment

### Measure Definition:

The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented in 2015 or 2016.

For members 21 years of age or older on the date of service, BMI in 2015 or 2016

For members younger than 21 years of age on the date of service, BMI percentile in 2015 or 2016.

#### Common Chart Deficiencies and Tips:

1. Height and weight documented but no documentation of the BMI
2. ICD-9 codes V85.0 - V85.5 can be used to make the member compliant without chart review
3. ICD-10 Z68 codes can be used to make a member compliant without chart review.

Billing Reference					
Description	CPT	HCPCS	ICD-9-CM	ICD-10	UB Revenue
Office /Other Outpatient Service	99201 - 99205				
	99211 - 99215				
	99241 - 99245				
	99341 - 99345				
	99347 - 99350	G0402			051x
	99381 - 99387	G0438			0520 - 0523
	99391 - 99397	G0439			0526 - 0529
	99401 - 99404	G0463			0982 - 0983
	99411 - 99412	T1015			
	99420				
99429					
99455 - 99456					
BMI, BMI Percentile			V85.0		
			V85.1	Z68.1	
			V85.21 - V85.25	Z68.20 - Z68.39	
			V85.30 - V85.39	Z68.41 - Z68.45	
			V85.41 - V85.45	Z68.51 - Z68.54	
			V85.51 - V85.54		

## ABA - Adult BMI Assessment

Medical Record Documentation	
Progress/Office Notes	Worksheets/Lists/Logs
Documented BMI or BMI percentage with height and weight in 2015 or 2016	<ul style="list-style-type: none"><li>• Height/weight sheets</li><li>• Vital signs sheets</li><li>• BMI age/growth charts Subjective, objective, assessment and plan (SOAP) note</li></ul>

## CHL - Chlamydia Screening in Women

### Measure Definition:

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia in 2016.

Billing Reference		
Description	CPT	LOINC
Chlamydia Test	87110, 87270, 87320, 87490-87492, 87810	14463-4, 14464-2, 14467-5, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 14513-6, 16600-9, 16601-7, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31771-9, 31772-7, 31775-0, 31777-6, 31772-7, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8

### Measure Exclusion Criteria:

Exclusion: Exclude female members who qualified for the denominator based on a pregnancy test alone and who meet either of the following:

A pregnancy test in 2016 followed within seven days (inclusive) by a prescription for isotretinoin.

A pregnancy test in 2016 followed within seven days (inclusive) by an x-ray.

Exclusion Description	CPT	UB Revenue	LOINC
Pregnancy	81025, 84702, 84703	925	19080-1, 19180-9, 20415-6, 20994-0, 2106-3, 2107-1, 2110-5, 2111-3, 2112-1, 2113-9, 2114-7, 2115-4, 2118-8, 2119-6, 21198-7, 25372-4, 25373-2, 34670-0, 45194-8, 55869-2, 55870-0, 56497-1
<b>WITH</b>			
Exclusion Description	CPT	UB Revenue	LOINC
Diagnostic Radiology	70010-76499	0320-0329	
<b>OR</b>			
Retinoid			Isotretinoin Prescription

## CHL - Chlamydia Screening in Women

Medical Record Documentation	
Progress/Office Notes	Labs/Procedure Result
Documentation in the progress notes of a chlamydia test with date and result of test in 2016.	Chlamydia lab test with result in 2016.

## BCS - Breast Cancer Screening

### Measure Definition:

The percentage of women 52–74 years of age who had a mammogram to screen for breast cancer from October 2014 through December 31, 2016.

Billing Reference				
Description	CPT	HCPCS	ICD-9 CM	UB Revenue
Breast Cancer Screening	77055 - 77057	G0202, G0204, G0206	87.36, 87.37	0401, 0403

### Measure Exclusion Criteria:

A female who had the following: Bilateral mastectomy, unilateral mastectomy with bilateral modifier, two unilateral mastectomies, or unilateral mastectomy with right/left side modifier on or before December 31, 2016.

Exclusion Description	CPT	ICD-9 CM	ICD-10 CM	ICD-10 PCS
Bilateral Mastectomy		85.42, 85.44, 85.46, 85.48		OHTVOZZ
History of Bilateral Mastectomy			Z90.13	
Unilateral Mastectomy with Bilateral Modifier				
Unilateral Mastectomy	19180, 19200, 19220, 19240, 19303 - 19307	85.41, 85.43, 85.45, 85.47		
WITH				
Bilateral Modifier	50, 9950			
Two Unilateral Mastectomy More Than 14 days Apart				
Unilateral Mastectomy	19180, 19200, 19220, 19240, 19303 - 19307	85.41, 85.43, 85.45, 85.47		
Unilateral Mastectomy with Right/Left Side Modifier				
Unilateral Mastectomy	19180, 19200, 19220, 19240, 19303 - 19307	85.41, 85.43, 85.45, 85.47		
WITH				
Left Modifier	LT	OR	Right Modifier	RT
Both of the following (on the same or a different dates of service)				
Exclusion Description	ICD-10 CM			
Unilateral Mastectomy	Left	OHTU0ZZ	Right	OHTT0ZZ
Absence of Breast	Left	Z90.12	Right	Z90.11

## BCS - Breast Cancer Screening

### Medical Record Documentation

Progress/Office Notes /Radiology Report

Documented mammogram in last 3 months of 2014, 2015 or 2016

## CCS - Cervical Cancer Screening

### Measure Definition:

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

Women age 21–64 who had cervical cytology performed in 2014, 2015, or 2016.

Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed between 2012 and 2016.

#### Common Chart Deficiencies and Tips:

1. Documentation of hysterectomy must include words such as 'complete', 'total', or 'radical'
2. Documentation of hysterectomy alone does not meet guidelines because it does not indicate the cervix was removed

Billing Reference				
Description	CPT	HCSPCS	LOINC	UB
Cervical Cancer Screening	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5,	0923
HPV Tests	87620, 87621, 87622		21440-3, 30167-1, 38372-9, 49896-4, 59420-0, 75406-9, 75694-0	

### Measure Exclusion Criteria:

A female who had a hysterectomy with no residual cervix on or before December 31, 2016.

Exclusion Description	CPT	ICD-9 PCS	ICD-9 CM	ICD-10 PCS	ICD-10 CM
Hysterectomy	51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135	68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8	618.5, 752.43, V88.03, V88.01	OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ	Q51.5, Z90.710, Z90.712

## CCS - Cervical Cancer Screening

Medical Record Documentation		
Progress/Office Notes	Worksheets/lists/logs	Labs/Procedure Result
Documentation anytime in the woman's history of a total abdominal hysterectomy (TAH), total vaginal hysterectomy (TVH) or hysterectomy with no residual cervix.	<ul style="list-style-type: none"> <li>• Problem list</li> <li>• Medical/surgical history</li> <li>• SOAP note</li> </ul>	<p>Lab reports for cervical cytology and HPV between 2012-2016:</p> <ul style="list-style-type: none"> <li>• Documentation must include the DOS and test results.</li> </ul>



## CBP - Controlling High Blood Pressure\*

### Measure Definition:

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) in the first six months of 2016 and whose BP was adequately controlled based on the following criteria:

- Members 18–59 years of age whose BP was <140/90 mm Hg.
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

**\*NOTE:** This measure was selected for informational purposes only. The goal is to provide you with a list of members diagnosed with hypertension. Since blood pressure values can only be obtained from the medical record, your rate for this measure will always be zero.

#### Common Chart Deficiencies and Tips:

1. Retake the blood pressure if elevated - HEDIS accepts lowest BP
2. Ensure that the BP cuff is the correct size for patient's arm

Billing Reference		
Description	ICD-9 CM	ICD-10 CM
Hypertension	401, 401.1, 401.9	I10

Measure Exclusion Criteria:					
Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31, 2016 or a diagnosis of pregnancy in 2016.					
Exclusion Description	CPT	ICD-9 PCS	ICD-10 PCS	UB Revenue	HCPCS
Evidence of ESRD	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90837, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512	38.95, 39.27, 39.42, 39.43, 39.53, 39.93, 39.94, 39.95, 54.98	3E1M39Z, 5A1D00Z, 5A1D60Z	0800-0804, 0809, 0820-0825, 0829-0835, 0839-0845, 0849-0855, 0859, 0880-0882, 0889	S9339, G0257
		ICD-9 CM	ICD-10 CM	UB Type of Bill	POS
		585.5, 585.6, V45.11, V45.12,	N18.5, N18.6, Z91.15, Z99.2	072X	65

## CBP - Controlling High Blood Pressure

Exclusion Description	CPT	ICD-9 PCS	ICD-10 PCS	UB Revenue	HCPCS
Kidney Transplant	50300, 50320, 50340, 50360, 50365, 50370, 50380	55.61, 55.69	0TY00Z0-0TY00Z2, 0TY10Z0-0TY10Z2	367	S2065
		ICD-9 CM	ICD-10 CM		
		V42.0	Z94.0		
Description	ICD-9 CM		ICD-10 CM		
Pregnancy	630-679, V22, V23, V28		000.0-09A53, Z03.71-Z36		

Medical Record Documentation	
Progress/Office Notes	Worksheets/Lists/Logs
<p>Progress/office notes for diagnosis (Dx) of HTN on or before June 30, 2016, in members history  AND Progress/office note for most recent BP reading taken in 2016</p>	<ul style="list-style-type: none"> <li>• Problem lists</li> <li>• Medication lists</li> <li>• Vital sign flow sheet</li> <li>• SOAP note</li> </ul>

## CDC - Comprehensive Diabetes Care - HbA1c Testing

### Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) who had an HbA1c test in 2016.

#### Common Chart Deficiencies and Tips:

1. Failure to order lab tests or lab results not documented in chart
2. Lab values show poor control

Billing Reference		
Description	ICD-9 CM	ICD-10 CM
Diabetes	250, 357.2, 362.0, 366.41, 648.0	E10.10 - E13.9, O24.011 - O24.33, O24.811 - O24.83
Description	CPT	LOINC
HbA1c Screening	83036, 83037	17856-6, 4548-4, 4549-2
Description	Lab Result	CPT II
HbA1c Result	<7%	3044F
	7.0% - 9.0%	3045F
	>9.0%	3046F

### Measure Exclusion Criteria:

Identify members who do not have a diagnosis of diabetes, in any setting, during 2015 or 2016 and who meet either of the following criteria:

A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during 2015 or 2016.

Exclusion Description	ICD-9 CM	ICD-10 CM
Diabetes Exclusions	249, 251.8, 962, 648.8, 648.81 - 648.84, 962	E08.00 - E09.9, O24.410 - O24.439, O24.911 - O24.93

### Medical Record Documentation

Progress/Office Notes	Labs/Procedure Result
2016 progress/office notes stating date of A1c test and result.	<ul style="list-style-type: none"> <li>• Hemoglobin A1c, HgbA1c, A1c in 2016</li> <li>• Documentation must include the date of service and results of the tests.</li> </ul>

## CDC - Comprehensive Diabetes Care - Monitor for Nephropathy

### Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening or monitoring test OR evidence of nephropathy in 2016.

#### Common Chart Deficiencies and Tips:

1. Failure to order lab tests for Nephropathy screening
2. Failure to document monitoring for nephropathy
3. Incomplete or missing information from specialists who may be monitoring nephropathy

Billing Reference		
Description	ICD-9 CM	ICD-10 CM
Diabetes	250, 357.2, 362.0, 366.41, 648.0	E10.10-E13.9, O24.011-O24.33, O24.811-024.83

Monitoring for Nephropathy			
Description	CPT	CPT II	LOINC
Nephropathy Screening	82042-82044, 84156	3060F, 3061F	11218-5, 12842-1, 13705-9, 13801-6, 14585-4, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 18373-1, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49023-5, 50949-7, 53121-0, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 9318-7
Urine Macroalbumin Test	81000-81003, 81005	3062F	20454-5, 50561-0, 53525-2, 57735-3, 5804-0

## CDC - Comprehensive Diabetes Care - Monitor for Nephropathy

Description	CPT	ICD-9 CM		ICD-10 CM			
Treatment for Nephropathy	3066F, 4010-F	250.4, 403, 404, 405.01, 405.11, 405.91, 580-588, 753.0, 753.10-753.17, 753.19, 791		E08.21-E08.29, E09.21-E09.29, E10.21-E10.29, E11.21-E11.29, E13.21-E13.29, I12.0-I13.2, I15.0-I15.1, N00.0-N08, N14.0-N14.4, N17.0-N19, N25.0-N26.9, Q60.0-Q61.9, R80.0-R80.9			
Description	ICD-9 CM	ICD-9 PCS		ICD-10 CM	ICD-10 PCS		
ESRD	585.5, 585.6, V45.12, V45.12	38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98		N18.5, N18.6, Z91.15, Z99.2	3E1M39Z, 5A1D00Z, 5A1D60Z		
	CPT	POS	HCPCS	UB Rev	UB Type of Bill		
	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512	65	S9339, G0257	800-804, 809, 820-825, 829, 830-835, 839-845, 849-855, 859, 880-882, 889	0720-0725, 0727, 0728, 072A-072K, 072M, 072O, 072X-072Z		
Description	CPT	ICD-9 CM	ICD-9 PCS	ICD-10 CM	ICD-10 PCS	UB Rev	HCPCS
Kidney Transplant	50300, 50320, 50340, 50360, 50365, 50370, 50380	V42.0	55.61, 55.69	Z94.0	0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2	367	S2065
Description	ICD-9 CM			ICD-10 CM			
Stage 4 Chronic Kidney Disease	585.4			N18.4			

## CDC - Comprehensive Diabetes Care - Monitor for Nephropathy

Description	ACE Inhibitors/ARBs	
Angiotensin converting enzyme inhibitors	Benazepril	Moexipril
	Captopril	Perindopril
	Enalapril	Quinapril
	Fosinopril	Ramipril
	Lisinopril	Trandolapril
Angiotensin II inhibitors	Azilsartan	Losartan
	Candesartan	Olmesartan
	Eprosartan	Telmisartan
	Irbesartan	Valsartan
Anti-Hypertensive Combinations	Aliskiren-valsartan	Eprosartan-hydrochlorothiazide
	Amlodipine-benazepril	Fosinopril-hydrochlorothiazide
	Amlodipine-hydrochlorothiazide-valsartan	Hydrochlorothiazide-irbesartan
	Amlodipine-hydrochlorothiazide-olmesartan	Hydrochlorothiazide-lisinopril
	Amlodipine-olmesartan	Hydrochlorothiazide-losartan
	Amlodipine-telmisartan	Hydrochlorothiazide-moexipril
	Amlodipine-valsartan	Hydrochlorothiazide-olmesartan
	Azilsartan-chlorthalidone	Hydrochlorothiazide-quinapril
	Benazepril-hydrochlorothiazide	Hydrochlorothiazide-telmisartan
	Candesartan-hydrochlorothiazide	Hydrochlorothiazide-valsartan
	Captopril-hydrochlorothiazide	Trandolapril-verapamil
	Enalapril-hydrochlorothiazide	

### Measure Exclusion Criteria:

Identify members who do not have a diagnosis of diabetes, in any setting, during 2015 or 2016 and who meet either of the following criteria:  
 A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during 2015 or 2016.

Exclusion Description	ICD-9 CM	ICD-10 CM
Diabetes Exclusions	249, 251.8, 962, 648.8, 648.81-648.84, 962	E08.00-E09.9, O24.410-O24.439, O24.911-O24.93

### Medical Record Documentation

Progress/Office Notes	Worksheets/logs	Labs/Procedure Result
2016 specialists consultations (Nephrologists) AND/OR • 2016 progress/office notes	<ul style="list-style-type: none"> <li>• Problem List</li> <li>• Medical/surgical history</li> <li>• SOAP note</li> <li>• Dialysis records</li> </ul>	<ul style="list-style-type: none"> <li>• Urine test in 2016 for albumin or protein</li> <li>• In 2016, microalbumin and macroalbumin, results</li> <li>• Documentation must include the date of service and results of the tests.</li> </ul>

## CDC - Comprehensive Diabetes Care - Dilated Retinal Eye Exam

### Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) who had a dilated retinal eye exam in 2016 or a dilated retinal eye exam that was negative for retinopathy in 2015.

Billing Reference			
Description	ICD-9 CM	ICD-10 CM	
Diabetes	250, 357.2, 362.0, 366.41, 648.0	E10.10-E13.9, O24.011-O24.33, O24.811-O24.83	
Description	CPT	CPT II	HCPCS
Diabetic Retinal Screening	67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245	3072F, 2022F, 2024F, 2026F	S3000, S0620, S0621, S0625

### Measure Exclusion Criteria:

Identify members who do not have a diagnosis of diabetes, in any setting, during 2015 or 2016 and who meet either of the following criteria:

A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during 2015 or 2016.

Exclusion Description	ICD-9 CM	ICD-10 CM
Diabetes Exclusions	249, 251.8, 962, 648.8, 648.81-648.84, 962	E08.00-E09.9, O24.410-O24.439, O24.911-O24.93

### Medical Record Documentation

Progress/Office Notes	Worksheets/logs
<ul style="list-style-type: none"> <li>• 2016 progress/office notes</li> <li>• 2015-2016 eye exams or name of eye care provider, if known</li> </ul>	<ul style="list-style-type: none"> <li>• Problem List</li> <li>• Medical/surgical history</li> <li>• SOAP note</li> <li>• Eye exam result form, letter from eye care provider to PCP with DOS and results</li> </ul>

## CDC - Comprehensive Diabetes Care - Blood Pressure Less Than 140/90

### Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) whose last blood pressure in 2016 was less than 140/90.

Billing Reference		
Description	ICD-9 CM	ICD-10 CM
Diabetes	250, 357.2, 362.0, 366.41, 648.0	E10.10-E13.9, O24.011-O24.33, O24.811-O24.83
CPT II Codes to Identify Systolic and Diastolic BP Levels <140/90		
Description	CPT II	
Systolic <140	3074F, 3075F	
Diastolic <90	3078F, 3079F	

### Measure Exclusion Criteria:

Identify members who do not have a diagnosis of diabetes, in any setting, during 2015 or 2016 and who meet either of the following criteria:

A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during 2015 or 2016.

Exclusion Description	ICD-9 CM	ICD-10 CM
Diabetes Exclusions	249, 251.8, 962, 648.8, 648.81-648.84, 962	E08.00-E09.9, O24.410-O24.439, O24.911-O24.93

### Medical Record Documentation

Progress/Office Notes

Progress/office notes showing last BP in 2016



## ADV - Annual Dental Visit

**Measure Definition:**

The percentage of members 2–20 years of age who had at least one dental visit in 2016. This measure applies only if dental care is a covered benefit in the organization’s Medicaid contract.

Billing Reference		
Description	CPT	HCPCS/CDT (Current Dental Terminology)
Dental Visits	70300, 70310, 70320, 70350, 70355	D0120-D0999, D1110-D2999, D3110-D3999, D4210-D4999, D5110-D5899, D5994, D6010-D6205, D7111-D7999, D8010-D8999, D9110-D9999

Medical Record Documentation
Progress/Office Notes
Progress/office notes showing dental visit in 2016

## FPC - Frequency of Ongoing Prenatal Care

### Measure Definition:

The percentage of Medicaid deliveries between November 6, 2015 and November 5, 2016 that had the following number of expected prenatal visits:

- ≤ 21 percent of expected Visits
- 21 percent - 40 percent of expected visits
- 41 percent - 60 percent of expected visits
- 61 percent - 80 percent of expected visits
- ≥81 percent of expected visits

Billing Reference			
Codes to Identify Prenatal Care Visits - Method 1			
Description	CPT	HCPCS	
Prenatal Bundled Services	59400, 59425, 59426, 59510, 59610, 59618	H1005	
Stand Alone Prenatal Visits	99500, 0500F, 0501F, 0502F	H1000-H1004	
Codes to Identify Prenatal Care Visits - Method 2			
CPT	HCPCS	UB Revenue	
99201-99205, 99211-99215, 99241-99245	T1015, G0463	514	
WITH One of the Following Diagnosis or Procedure Codes:			
Description	CPT	ICD-9 PCS	
Obstetric Panel	80055		
Description	CPT	ICD-9 PCS	ICD-10 PCS
Prenatal Ultrasound	76801, 76805, 76811, 76813, 76815-76821, 76825-76828	88.78	BY49ZZZ-BY4GZZZ

OR			
Description	CPT	HCPCS	UB Revenue
Provider Visit	99201-99205, 99211-99215, 99241-99245	T1015, G0463	514
WITH Toxoplasma Antibody, Rubella Antibody, Cytomegalovirus, and Herpes Simplex:			

## FPC - Frequency of Ongoing Prenatal Care

Description	CPT	LOINC
Toxoplasma Antibody	86777, 86778	11598-0, 12261-4, 12262-2, 13286-0, 17717-0, 21570-7, 22577-1, 22580-5, 22582-1, 22584-7, 23485-6, 23486-4, 23784-2, 24242-0, 25300-5, 25542-2, 33336-9, 34422-6, 35281-5, 35282-3, 40677-7, 40678-5, 40697-5, 40785-8, 40786-6, 41123-1, 41124-9, 42949-8, 47389-2, 47390-0, 5387-6, 5388-4, 5389-2, 5390-0, 5391-8, 56990-5, 56991-3, 8039-0, 8040-8
Rubella Antibody	86762	13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0
Cytomegalo- virus Antibody	86644	13225-8, 13949-3, 15377-5, 16714-8, 16715-5, 16716-3, 22239-8, 22241-4, 22244-8, 22246-3, 22247-1, 22249-7, 24119-0, 30325-5, 32170-3, 32791-6, 32835-1, 34403-6, 45326-6, 47307-4, 47363-7, 47430-4, 49539-0, 5121-9, 5122-7, 5124-3, 5125-0, 5126-8, 5127-6, 52976-8, 52984-2, 59838-3, 7851-9, 7852-7, 7853-5, 9513-3
Herpes Simplex Antibody	86694-86696	10350-7, 13323-1, 13324-9, 13501-2, 13505-3, 14213-3, 16944-1, 16949-0, 16950-8, 16954-0, 16955-7, 16957-3, 16958-1, 17850-9, 17851-7, 19106-4, 21326-4, 21327-2, 22339-6, 22341-2, 22343-8, 24014-3, 25435-9, 25837-6, 25839-2, 26927-4, 27948-9, 30355-2, 31411-2, 32687-6, 32688-4, 32790-8, 32831-0, 32834-4, 32846-8, 33291-6, 34152-9, 34613-0, 36921-5, 40466-5, 40728-8, 40729-6, 41149-6, 41399-7, 42337-6, 42338-4, 43028-0, 43030-6, 43031-4, 43111-4, 43180-9, 44008-1, 44480-2, 44494-3, 44507-2, 45210-2, 47230-8, 48784-3, 49848-5, 50758-2, 51915-7, 51916-5, 5202-7, 5203-5, 5204-3, 5205-0, 5206-8, 5207-6, 5208-4, 5209-2, 5210-0, 52977-6, 52981-8, 53377-8, 52981-8, 53377-8, 53560-9, 57321-2, 73559-7, 7907-9, 7908-7, 7909-5, 7910-3, 7911-1, 7912-9, 7913-7, 9422-7

## FPC - Frequency of Ongoing Prenatal Care

OR			
Description	CPT	HCPCS	UB Revenue
Provider Visit	99201-99205, 99211-99215, 99241-99245	T1015, G0463	514
WITH Rubella Antibody and ABO:			
Description	CPT	LOINC	
Rubella Antibody	86762	13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0	
AND			
ABO	86900	883-9, 57743-7	

OR			
Description	CPT	HCPCS	UB Revenue
Provider Visit	99201-99205, 99211-99215, 99241-99245	T1015, G0463	514
WITH Rubella Antibody and Rh:			
Description	CPT	LOINC	
Rubella Antibody	86762	13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0	
AND			
Rh	86901	10331-7, 1305-2, 34961-3, 972-0, 978-7	

## FPC - Frequency of Ongoing Prenatal Care

OR			
Description	CPT	HCPCS	UB Revenue
Provider Visit	99201-99205, 99211-99215,	T1015, G0463	514
WITH Rubella Antibody and ABO/Rh:			
Description	CPT	LOINC	
Rubella Antibody	86762	13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0	
AND			
ABO/Rh		882-1, 884-7	

Medical Record Documentation		
Progress/Office Notes	Worksheets/lists/logs	Labs/Procedure Result
<ul style="list-style-type: none"> <li>• 2014 and 2015 prenatal visit progress/office notes</li> <li>• 2014 or 2015 hospital delivery records from November 6, 2014, and November 5, 2015)</li> </ul>	<ul style="list-style-type: none"> <li>• Prenatal flow sheet (ACOG, EMR, or other)</li> <li>• Basic physical obstetric (OB) examination that includes:               <ul style="list-style-type: none"> <li>- Auscultation for fetal heart tone OR</li> <li>- Pelvic exam with OB observations OR</li> <li>- Measurement of fundus height</li> </ul> </li> <li>• LMP or ECC with:               <ul style="list-style-type: none"> <li>- Prenatal risk assessment with counseling/education</li> <li>- Complete OB history</li> </ul> </li> <li>• Gestational age may be found in hospital record.</li> </ul>	<p>OB panel must include:</p> <ul style="list-style-type: none"> <li>- Hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen and Rh ABO blood typing</li> <li>- TORCH antibody panel alone</li> <li>- Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing</li> <li>- Echography of pregnant uterus (ultrasound reports)</li> </ul>

# PPC - Prenatal and Postpartum Care

**Measure Definition:**

The percentage of deliveries of live births between November 6, 2015 and November 5, 2016. For these women, the measure assesses the following facets of prenatal and postpartum care.

*Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester *or* within 42 days of enrollment in the organization.

*Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

**Common Chart Deficiencies and Tips**

1. C-section suture/staple removal appointment prior to 21 days after delivery does not meet measure criteria
2. Schedule postpartum follow-up visit for C-section patients before they leave after suture/staple removal.

Billing Reference			
Timeliness of Prenatal Care			
Codes to Identify First Visit - Method 1			
Description	CPT	HCPCS	
Prenatal Bundled Services	59400, 59425, 59426, 59510, 59610, 59618	H1005	
Stand Alone Prenatal Visits	99500, 0500F, 0501F, 0502F	H1000-H1004	
Codes to Identify Prenatal Care Visits - Method 2			
CPT	HCPCS	UB Revenue	
99201-99205, 99211-99215, 99241-99245	T1015, G0463	514	
WITH One of the Following Diagnosis or Procedure Codes:			
Description	CPT	ICD-9 PCS	
Obstetric Panel	80055		
Description	CPT	ICD-9 PCS	ICD-10 PCS
Prenatal Ultrasound	76801, 76805, 76811, 76813, 76815-76821, 76825-76828	88.78	BY49ZZZ-BY4GZZZ

## PPC - Prenatal and Postpartum Care

OR			
Description	CPT	HCPCS	UB Revenue
Provider Visit	99201-99205, 99211-99215, 99241-99245	T1015, G0463	514
WITH Toxoplasma Antibody, Rubella Antibody, Cytomegalovirus, and Herpes Simplex:			
Description	CPT	LOINC	
Toxoplasma Antibody	86777, 86778	11598-0, 12261-4, 12262-2, 13286-0, 17717-0, 21570-7, 22577-1, 22580-5, 22582-1, 22584-7, 23485-6, 23486-4, 23784-2, 24242-0, 25300-5, 25542-2, 33336-9, 34422-6, 35281-5, 35282-3, 40677-7, 40678-5, 40697-5, 40785-8, 40786-6, 41123-1, 41124-9, 42949-8, 47389-2, 47390-0, 5387-6, 5388-4, 5389-2, 5390-0, 5391-8, 56990-5, 56991-3, 8039-0, 8040-8	
Rubella Antibody	86762	13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0	
Cytomegalo- virus Antibody	86644	13225-8, 13949-3, 15377-5, 16714-8, 16715-5, 16716-3, 22239-8, 22241-4, 22244-8, 22246-3, 22247-1, 22249-7, 24119-0, 30325-5, 32170-3, 32791-6, 32835-1, 34403-6, 45326-6, 47307-4, 47363-7, 47430-4, 49539-0, 5121-9, 5122-7, 5124-3, 5125-0, 5126-8, 5127-6, 52976-8, 52984-2, 59838-3, 7851-9, 7852-7, 7853-5, 9513-3	
Herpes Simplex Antibody	86694-86696	10350-7, 13323-1, 13324-9, 13501-2, 13505-3, 14213-3, 16944-1, 16949-0, 16950-8, 16954-0, 16955-7, 16957-3, 16958-1, 17850-9, 17851-7, 19106-4, 21326-4, 21327-2, 22339-6, 22341-2, 22343-8, 24014-3, 25435-9, 25837-6, 25839-2, 26927-4, 27948-9, 30355-2, 31411-2, 32687-6, 32688-4, 32790-8, 32831-0, 32834-4, 32846-8, 33291-6, 34152-9, 34613-0, 36921-5, 40466-5, 40728-8, 40729-6, 41149-6, 41399-7, 42337-6, 42338-4, 43028-0, 43030-6, 43031-4, 43111-4, 43180-9, 44008-1, 44480-2, 44494-3, 44507-2, 45210-2, 47230-8, 48784-3, 49848-5, 50758-2, 51915-7, 51916-5, 5202-7, 5203-5, 5204-3, 5205-0, 5206-8, 5207-6, 5208-4, 5209-2, 5210-0, 52977-6, 52981-8, 53377-8, 52981-8, 53377-8, 53560-9, 57321-2, 73559-7, 7907-9, 7908-7, 7909-5, 7910-3, 7911-1, 7912-9, 7913-7, 9422-7	

## PPC - Prenatal and Postpartum Care

Description	CPT	HCPCS	UB Revenue
Provider Visit	99201-99205, 99211-99215, 99241-99245	T1015, G0463	514
<b>WITH Rubella Antibody and ABO:</b>			
Description	CPT	LOINC	
Rubella Antibody	86762	13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0	
<b>AND</b>			
ABO	86900	883-9, 57743-7	

<b>OR</b>			
Description	CPT	HCPCS	UB Revenue
Provider Visit	99201-99205, 99211-99215, 99241-99245	T1015, G0463	514
<b>WITH Rubella Antibody and Rh:</b>			
Description	CPT	LOINC	
Rubella Antibody	86762	13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0	
<b>AND</b>			
Rh	86901	10331-7, 1305-2, 34961-3, 972-0, 978-7	

<b>OR</b>			
Description	CPT	HCPCS	UB Revenue
Provider Visit	99201-99205, 99211-99215, 99241-99245	T1015, G0463	514
<b>WITH Rubella Antibody and ABO/Rh:</b>			
Description	CPT	LOINC	
Rubella Antibody	86762	13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0	
<b>AND</b>			
ABO/Rh		882-1, 884-7	



## PPC - Prenatal and Postpartum Care

Postpartum Visit - Any of the following Meet Criteria					
Description	CPT	ICD-9 CM	ICD-9 PCS	ICD-10 CM	HCPCS
Postpartum Visit	57170, 58300, 59430, 99501, 0503F	V24.1, V24.2, V25.11-V25.13, V72.31, V72.32, V76.2	89.26	Z01.411-Z01.42, Z30.430, Z39.1, Z39.2	G0101
Description	CPT	LOINC		UB Rev	HCPCS
Cervical Cytology	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5		923	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
Description	CPT				
Postpartum Bundled Services	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622				

Medical Record Documentation		
Progress/Office Notes	Worksheets/lists/logs	Labs/Procedure Result
<ul style="list-style-type: none"> <li>• 2014 and 2015 prenatal and postpartum visit progress/office notes</li> <li>• 2014 or 2015 hospital delivery records from November 6, 2014, and November 5, 2015)</li> </ul>	<ul style="list-style-type: none"> <li>• Prenatal flow sheet (ACOG, EMR, or other)</li> <li>• Basic physical obstetric (OB) examination that includes:               <ul style="list-style-type: none"> <li>- Auscultation for fetal heart tone OR</li> <li>- Pelvic exam with OB observations OR</li> <li>- Measurement of fundus height</li> </ul> </li> <li>• LMP or ECC with:               <ul style="list-style-type: none"> <li>- Prenatal risk assessment with counseling/education</li> <li>- Complete OB history</li> </ul> </li> <li>• Postpartum checklist</li> </ul>	<p>OB panel must include:</p> <ul style="list-style-type: none"> <li>- Hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen and Rh ABO blood typing</li> <li>- TORCH antibody panel alone</li> <li>- Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing</li> <li>- Echography of pregnant uterus (ultrasound reports)</li> </ul>

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

### Measure Definition:

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication in 2016 who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

**Initiation Phase.** The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

**Continuation and Maintenance (C&M) Phase.** The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, whom 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.

#### Common Chart Deficiencies and Tips

1. No refills until the initial follow-up visit is complete
2. Conduct initial follow-up visit 2-3 weeks after member starts medication therapy
3. Schedule additional 2 visits within 9 months of medication at the time of the initial follow-up visit
4. If member cancels an appointment, reschedule

Billing Reference		
ADHD Medications		
Description	Prescriptions	
CNS stimulants	Amphetamine-dextroamphetamine	Lisdexamfetamine
	Dexmethylphenidate	Methamphetamine
	Dextroamphetamine	Methylphenidate
Alpha-2 receptor agonists	Clonidine	Guanfacine
Miscellaneous ADHD medications	Atomoxetine	

Codes to Identify Follow-Up Visits - Initiation Phase		
CPT	HCPCS	UB Revenue
90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409-G411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015	510, 513, 515-517, 519-523, 526-529, 900, 902-905, 907, 911-917, 919, 982, 983
CPT		POS
90791, 90792, 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	WITH	3, 5 7, 9, 11-15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	52, 53
Codes to Identify Follow-Up Visits - C&M Phase		
All the codes listed above for the Initiation Phase		
PLUS		
Description	CPT	
Telephone Visits	98966-98968, 99441-99443	

Measure Exclusion Criteria:		
Exclusion	ICD-9 CM	ICD-10 CM
Diagnosis of Narcolepsy	347.00, 347.01, 347.10, 347.11	G47.411, G47.419, G47.421, G47.429

## FUH - Follow-Up After Hospitalization for Mental Illness

### Measure Definition:

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses in 2016 and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:

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

The percentage of discharges for which the member received follow-up within 7 days of discharge.

Billing Reference	
<b>ICD-9-CM Mental Health Diagnosis</b>	
290-290.13, 290.2, 290.21, 290.3-290.43, 290.8-290.9, 293, 293.1, 293.81-293.84, 293.89-293.421, 294.8-294.9, 295, 295.01-295.05, 295.1, 295.11-295.15, 295.2, 295.21-295.25, 295.3, 295.31-295.35, 295.4, 295.41-295.45, 295.5, 295.51-295.55, 295.6, 295.61-295.65, 295.7, 295.71-295.75, 295.8, 295.81-295.85, 295.9, 295.91-295.95, 296, 296.01-296.06, 296.1, 296.11-296.16, 296.2, 296.21-296.26, 296.3, 296.31-296.36, 296.4, 296.41-296.46, 296.5, 296.51-296.56, 296.6, 296.61-296.66, 296.7, 296.8, 296.81, 296.82, 296.89, 296.9, 296.99, 297, 297.1-297.3, 297.8, 297.9, 298, 298.1-298.4, 298.8, 298.9, 299, 299.01, 299.1, 299.11, 299.8, 299.81, 299.9, 299.91, 300.3, 300.4, 301, 301.1, 301.11-301.13, 301.2, 301.21, 301.22, 301.3-301.5, 301.51, 301.59, 301.6, 301.7, 301.81-301.84, 301.89, 301.9, 308, 308.1-308.4, 308.9, 309, 309.1, 309.21-309.24, 309.28, 309.29, 309.3, 309.4, 309.81-309.83, 309.89, 309.9, 311, 312, 312.01-312.03, 312.1, 312.11-312.13, 312.2, 312.21-312.23, 312.3, 312.31-312.35, 312.39, 312.4, 312.81, 312.82, 312.89, 312.9, 313, 313.1, 313.21-313.23, 313.3, 313.81-313.83, 313.89, 313.9, 314, 314.01, 314.1, 314.2, 314.8, 314.9	
<b>ICD-10 CM Mental Health Diagnosis</b>	
F03.90, F03.91, F20.0-F25.9, F28- F34.9, F39, F40.00-F45.9, F48.1-F48.9, F50-F53, F59-F60.9, F63-F66, F68.10-F68-13, F68.8, F69, F80-F82, F84- F84.9, F88, F89 F90.0-F99	
<b>Codes to Identify Follow-Up Visits With a Mental Health Practitioner</b>	
<b>CPT</b>	<b>HCPCS</b>
98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99211, 99412, 99510	G0155, G0176, G0177, G0409-G411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

## FUH - Follow-Up After Hospitalization for Mental Illness

CPT		POS	
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876		WITH	3, 5 7, 9, 11-15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255		WITH	52, 53
UB Revenue		Provider Type	
513, 900-905, 907, 911-917, 919		No specific provider type	
510, 515-517, 519-523, 526-529, 982, 983		With a mental health provider or together with a mental health diagnosis code	

## AMM - Antidepressant Medication Management

### Measure Definition:

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

*Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

*Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

### Common Chart Deficiencies and Tips

1. Talk to patient about depression and their treatment plan. The stigma associated with a diagnosis of depression that may result in a patient declining medication or stop the medication after they start
2. Explain what they expect when start the medication and how long it may take before they feel the effect
3. Stress the importance of staying on medication. Patient should call if having problems with the medication and never stop the medication without consulting you
4. Schedule follow-up visits before patient leaves office and stress the need for follow-up

Billing Reference				
Description	ICD-9 CM		ICD-10 CM	
Major Depression	296.2-296.25, 296.3-296.35, 298.0, 311		F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9	
Description	Medication			
Miscellaneous Antidepressants	• Bupropion	• Vilazodone	• Vortioxetine	
Monoamine Oxidase Inhibitors	• Isocarboxazid	• Phenelzine	• Selegiline	• Tranylcypromine
Phenylpiperazine Antidepressants	• Nefazodone	• Trazadone		
Psychotherapeutic Comb	• Amitriptyline-chlordiazepoxide		• Amitriptyline-perphenazine	
	• Fluoxetine-olanzapine			
SNRI Antidepressants	• Desvenlafaxine	• Duloxetine	• Levomilnacipran	• Venlafaxine
SSRI Antidepressants	• Citalopram	• Escitalopram	• Fluoxetine	• Fluvoxamine
	• Paroxetine	• Sertraline		
Tetracyclic Antidepressants	• Maprotiline	• Mirtazapine		
Tetracyclic Antidepressants	• Amitriptyline	• Clomipramine	• Doxepin (>6mg)	• Nortriptyline
	• Amoxapine	• Desipramine	• Imipramine	• Protriptyline
	• Trimipramine			

## IET - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

### Measure Definition:

The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence in 2016 who received the following.

*Initiation of AOD Treatment.* The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.

*Engagement of AOD Treatment.* The percentage of members who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

Billing Reference		
Initiation of Treatment - AOD Diagnosis with Outpatient, Intensive Outpatient, and Partial Hospitalization Visit		
ICD-9-CM AOD Dependence		
291, 291.1-291.5, 291.81, 291.82, 291.89, 291.9, 303, 303.01, 303.02, 303.9, 303.91, 303.92, 304, 304.01, 304.02, 304.1, 304.11, 304.12, 304.2, 304.21, 304.22, 304.3, 304.31, 304.32, 304.4, 304.41, 304.42, 304.5, 304.51, 304.52, 304.6, 304.61, 304.62, 304.7, 304.71, 304.72, 304.8, 304.81, 304.82, 304.9, 304.91, 304.92, 305, 305.01, 305.02, 305.2, 305.21, 305.22, 305.3, 305.31, 305.32, 305.4, 305.41, 305.42, 305.5, 305.51, 305.52, 305.6, 305.61, 305.62, 305.7, 305.71, 305.72, 305.8, 305.81, 305.82, 305.9, 305.91, 305.92, 535.3, 535.31, 571.1		
ICD-10 CM AOD Dependence		
F10.10-F10.99, F11.10-F11.99, F12.10-F12.99, F13.10-F13.99, F14.10-F14.99, F15.10-F15.99, F16.10-F16.99, F18.10-F18.99, F19.10-F19.99		
Codes to Identify Outpatient Visits		
CPT	HCPCS	UB Revenue
98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99412, 99510	G0155, G0176, G0177, G0396, G0397, G0409-G411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0020, H0022, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015	510, 513, 515-517, 519-523, 526-529, 900, 902-907, 911-917, 919, 944, 945, 982, 983
Codes to Identify Intensive Outpatient Visits		
CPT	POS	
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876	WITH	3, 5 7, 9, 11-15, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72

## IET - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Codes to Identify Intensive Partial Hospitalization Visits			
99221-99223, 99231-99233, 99238, 99239, 99251-99255		WITH	52, 53
Codes to Identify Detoxification Visits			
HCPCS	ICD-9 PCS	ICD-10 PCS	UB Revenue
H0008-H0014	94.62, 94.65, 94.68	HZ2ZZZZ	116, 126, 136, 146, 156
Codes to Identify Emergency Department Visits			
CPT		UB Revenue	
99281-99285		0450, 0451, 0452, 0456, 0459, 0981	
Codes to Identify AOD Procedures			
ICD-9 PCS			
94.61, 94.63, 94.64, 94.66, 94.67, 94.69			
ICD-10 PCS			
HZ30ZZZ-HZ39ZZZ, HZ3BZZZ, HZ3CZZZ, HZ40ZZZ-HZ40ZZZ, HZ4BZZZ, HZ4CZZZ, HZ50ZZZ-HZ59ZZZ, HZ5BZZZ-HZ5DZZZ, HZ81ZZZ-HZ89ZZZ, HZ91ZZZ-HZ99ZZZ HZ30ZZZ-HZ0DZZZ, HZ81ZZZ-HZ89ZZZ, HZ91ZZZ-HZ99ZZZ			



## PCE - Pharmacotherapy Management of COPD Exacerbation

### Measure Definition:

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30, 2016 and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Billing Reference		
Description	ICD-9 CM	ICD-10 CM
COPD	493.21, 493.22, 496, 493.20	J44.0, J44.1, J44.9
Emphysema	492, 492.8	J43.0-J43.9
Chronic Bronchitis	491	J41.0-J42
COPD Medications		
Systemic Corticosteroids		
Description	Prescriptions	
Glucocorticosteroids	Betamethsone Dexamethasone Hydrocortisone Methylprednisolone	Prednisolone Prednisone Triamcinolone
Bronchodilators		
Description	Prescriptions	
Anticholinergic Agents	Albuterol-ipratropium Aclidinium-bromide Umeclidinium	Ipratropium Tiotropium
Beta 2-agonists	Albuterol Arformoterol Budesonide-formoterol Fluticasone-salmeterol Fluticasone-vilanterol Formoterol Indacaterol	Levalbuterol Mometasone-formoterol Metaproterenol Olodaterol hydrochloride Pirbuterol Salmeterol Umeclidinium-vilanterol
Methylxanthines	Aminophylline Dyphylline-guaifenesin Guaifenesin-theophylline	Dyphylline Theophylline

## MMA - Medication Management for People With Asthma

### Measure Definition:

The percentage of members 5–85 years of age in 2016 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

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

Billing Reference		
Description	ICD-9 CM	ICD-10 CM
Asthma	493, 493.01, 493.02, 493.1, 493.11, 493.12, 493.81, 493.82, 493.9, 493.91, 493.92	J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998
Asthma Controller Medications		
Description	Prescriptions	
Antiasthmatic Combinations	• Dyphylline-guaifenesin	• Guaifenesin-theophylline
Antibody Inhibitor	• Omalizumab	
Inhaled Steroid Combinations	• Budesonide-formoterol • Mometasone-formoterol	• Fluticasone-salmeterol
Inhaled Corticosteroids	• Beclomethasone • Budesonide • Ciclesonide	• Flunisolide • Fluticasone CFC free • Mometasone
Leukotriene Modifiers	• Montelukast      • Zafirlukast	• Zileuton
Mast Cell Stabilizers	• Cromolyn	
Methylxanthines	• Aminophylline      • Dyphylline	• Theophylline
Codes to Identify Exclusions		
Description	ICD-9 CM	ICD-10 CM
Acute Respiratory Failure	518.81	J96.00-J96.02, J96.20-J96.22
Chronic Respiratory	506.4	J68.4
COPD	493.20-493.22, 496	J44.0, J44.1, J44.9
Cystic Fibrosis	277.00-277.03, 277.09	E84.0, E84.11, E84.19, E84.8, E84.9
Emphysema	492.0, 492.8	J43.0-J43.2, J43.8-J43.9
Obstructive Chronic	491.20-491.22	
Other Emphysema	518.1, 518.2	J98.2, J98.3

## CWP - Appropriate Testing for Children With Pharyngitis

### Measure Definition:

The percentage of members 2–18 years of age diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test.

#### Common Chart Deficiencies and Tips

1. Perform a group A Strep Test on all children being

Billing Reference		
Description	ICD-9 CM	ICD-10 CM
Pharyngitis	034, 462, 463	J02.0-J03.91
Description	CPT	LOINC
Group A Strep Tests	87070, 87071, 87081, 87430, 87650-87652, 87880	11268-0, 17656-0, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6556-5, 6557-3, 6558-1, 6559-9, 68954-7
Antibiotic Medications		
Description	Prescriptions	
Aminopenicillins	Amoxicillin	Ampicillin
Beta-lactamase inhibitors	Amoxicillin-clavulanate	
First generation cephalosporins	Cefadroxil	Cephalexin
Folate antagonist	Trimethoprim	
Lincomycin derivatives	Clindamycin	
Macrolides	Azithromycin Clarithromycin Erythromycin	Erythromycin ethylsuccinate Erythromycin lactobionate Erythromycin stearate
Miscellaneous antibiotics	Erythromycin-sulfisoxazole	
Natural penicillins	Penicillin G potassium Penicillin G sodium	Penicillin V potassium
Penicillinase-resistant	Dicloxacillin	
Quinolones	Ciprofloxacin Levofloxacin	Moxifloxacin Ofloxacin
Second generation cephalosporins	Cefaclor Cefprozil	Cefuroxime
Sulfonamides	Sulfamethoxazole-trimethoprim	
Tetracyclines	Doxycycline Minocycline	Tetracycline
Third generation cephalosporins	Cefdinir Cefixime Cefpodoxime	Ceftibuten Cefditoren Ceftriaxone

# URI - Appropriate Treatment for Children With Upper Respiratory Infection

**Measure Definition:**

The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic.

\*Inverted Measure: Numerator identifies members who received an antibiotic; considered non-compliant for the intent of this measure.

Billing Reference			
ICD-9-CM Diagnosis			
460 Acute Nasopharyngitis	465 Acute URI of Multiple or Unspecified Sites	465.8 Acute URI Multiple Sites NEC	465.9 Acute URI NOS
ICD-10 CM Diagnosis			
J00, J06.0, J06.9			

**Measure Exclusion Criteria:**

The member is excluded from the measure if he/she has a diagnosis of pharyngitis or another competing diagnosis 30 days prior to or 7 days after the acute bronchitis diagnosis. The list of competing diagnosis includes all types of infections that would require treatment with an antibiotic.

## AAB - Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

### Measure Definition:

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

\*Inverted Measure: Numerator identifies members prescribed an antibiotic; considered non-compliant for the intent of this measure.

Billing Reference		
Description	ICD-9 CM	ICD-10 CM
Acute Bronchitis	466	J20.3-J20.9

### Measure Exclusion Criteria:

The member is excluded from the measure if he/she has a diagnosis of pharyngitis or another competing diagnosis 30 days prior to or 7 days after the acute bronchitis diagnosis. The list of competing diagnosis includes all types of infections that would require treatment with an antibiotic.

Any member with a comorbid condition diagnosis in the 12 months prior to the acute bronchitis diagnosis would be excluded. The comorbid diagnoses for this measure include: HIV, malignant neoplasms, emphysema, COPD, cystic fibrosis, tuberculosis, and other lung diseases.

## COA - Care for Older Adults

### Measure Definition:

The percentage of adults 66 years and older who had each of the following in 2016:

- Advance care planning.
- Medication review.
- Functional status assessment.
- Pain assessment.

#### Common Chart Deficiencies and Tips

Advance Care Planning - document discussion and/or presence of advance directive or living will in chart

Medication Review - Medication list in chart and medication review by prescribing provider annually

Functional Status Assessment - addresses cognitive and ambulation status, sensory ability, and functional independence.

Pain Assessment - documentation of pain screening or pain management plan

Billing Reference			
Description	CPT	HCPCS	CPT Category II
Advance Care Planning		S0257	1157F, 1158F
Medication Review/List	90863, 99605, 99606, 99495, 99496	G8427	1159F, 1160F
Functional Status Assessment			1170F
Pain Assessment			1125F, 1126F

Medical Record Documentation	
Progress/Office Notes	Worksheets/logs
<p>Documentation must include the date of service for each sub-measure.</p> <ul style="list-style-type: none"> <li>• 2016 progress/office notes</li> <li>• 2016 medication lists signed and dated by practitioner or clinical pharmacist</li> </ul>	<ul style="list-style-type: none"> <li>• Advance directive and/or living will</li> <li>• Medication lists</li> <li>• Problem lists</li> <li>• Medical history</li> <li>• Activities of daily living</li> <li>• Health maintenance flow sheet</li> <li>• Pain assessment tools</li> <li>• Standardized functional status assessment tools</li> </ul>

## COL - Colorectal Cancer Screening

### Measure Definition:

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer by December 31, 2016.

Fecal occult blood Test (FOBT) performed in 2016 OR  
 Flexible sigmoidoscopy performed January 1, 2012, through December 31, 2016 OR  
 Colonoscopy performed January 1, 2007, through December 31, 2016

Billing Reference				
Description	CPT	HCPCS	ICD-9 PCS	LOINC
Fecal occult blood test (FOBT in 2016)	82270, 82274	G0328		12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2
Flexible Sigmoidoscopy (between 2012 and 2016)	45330-45335, 45337-45342, 45345	G0104	45.24	
Colonoscopy (between 2007 and 2016)	44388-44394, 44397, 45355, 45378-45387, 45391, 45392	G0105, G0121	45.22, 45.23, 45.25, 45.42, 45.43	

### Measure Exclusion Criteria:

Exclusion: Evidence of Colorectal Cancer or Total Colectomy through December 31, 2016.

Exclusion Description	CPT	ICD-9 CM	ICD-10 CM	HCPCS
Colorectal Cancer		153-153.9, 154, 154.1, 197.5, V10.05, V10.06	C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048	G0213, G0214, G0215, G0231
Exclusion Description	CPT	ICD-9 PCS	ICD-10 PCS	HCPCS
Total Colectomy	44150-44153, 44155-44158, 44210-44212	45.81-45.83	0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ	

## COL - Colorectal Cancer Screening

Medical Record Documentation		
Progress/Office Notes	Worksheets/lists/logs	Labs/Procedure Result
<ul style="list-style-type: none"> <li>• 2007-2016 documentation of colonoscopy</li> <li>• 2012-2016 documentation of sigmoidoscopy OR</li> </ul> <p>Documentation of a diagnosis of colorectal cancer and/or total colectomy procedure any time in the member's history through December 31, 2016.</p>	<ul style="list-style-type: none"> <li>• Problem lists</li> <li>• Medical history (including history of colorectal cancer or total colectomy anytime on or before December 31, 2016)</li> <li>• Preventative service flow sheet</li> <li>• Health maintenance flow sheet</li> </ul>	<p>2016 FOBT test names</p> <ul style="list-style-type: none"> <li>• HemoCult/HemoCult Sensa/HemoCult II</li> <li>• Hemosure/Hemosure FIT</li> <li>• InSure FIT</li> <li>• ColoScreen III</li> <li>• ImmoCARE</li> <li>• Immunostic Hema-Screen (FIT)</li> <li>• Instant-View</li> </ul>



## DAE - Use of High-Risk Medications in the Elderly

### Measure Definition:

1. The percentage of Medicare members 66 years of age and older who received at least one high-risk medication in 2016.
2. The percentage of Medicare members 66 years of age and older who received at least two different high-risk medications in 2016.

For both rates, a lower rate represents better performance.

**For both measures, a high-risk medication is defined as any of the following:**

A dispensed prescription from High-Risk Medications table.

Dispensed prescriptions that meet days supply criteria from High-Risk Medications With Days Supply Criteria table.

A dispensed prescription that meets average daily dose criteria from High-Risk Medications With Average Daily Dose Criteria table.

Billing Reference		
High-Risk Medications		
Description	Prescription	
Anticholinergics (excludes TCAs), first-generation antihistamines	Brompheniramine Carbinoxamine Chlorpheniramine Clemastine Cyproheptadine Dexbrompheniramine	Dexchlorpheniramine Diphenhydramine (oral) Doxylamine Hydroxyzine Promethazine Triprolidine
Anticholinergics (excludes TCAs), anti-Parkinson agents	Benztropine (oral)	Trihexyphenidyl
Antithrombotics	Dipyridamole, oral short-acting Ticlopidine	
Cardiovascular, alpha agonists, central	Guanabenz Guanfacine	Methyldopa
Cardiovascular, other	Disopyramide	Nifedipine, immediate release
Central nervous system, tertiary TCAs	Amitriptyline Clomipramine	Imipramine Trimipramine
Central nervous system, barbiturates	Amobarbital Butobarbital Butalbital Mephobarbital	Pentobarbital Phenobarbital Secobarbital
Central nervous system, vasodilators	Ergot mesylates	Isoxsuprine
Central nervous system, other	Thioridazine Chloral Hydrate	Meprobamate

## DAE - Use of High-Risk Medications in the Elderly

Description	Prescription	
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	Conjugated estrogen	Estradiol
	Esterified estrogen	Estropipate
Endocrine system, sulfonylureas, long-duration	Chlorpropamide	Glyburide
Endocrine system, other	Desiccated thyroid	Megestrol
Gastrointestinal system, other	Trimethobenzamide	
Pain medications, skeletal muscle relaxants	Carisoprodol	Metaxalone
	Chlorzoxazone	Methocarbamol
	Cyclobenzaprine	Orphenadrine
Pain medications, other	Indomethacin	Meperidine
	Ketorolac, includes parenteral	Pentazocine

### High-Risk Medications With Days Supply Criteria

Description	Prescription	Days Supply Criteria
Anti-Infectives, other	Nitrofurantoin Nitrofurantoin macrocrystals- monohydrate	>90 days
	Nitrofurantoin macrocrystals	
Nonbenzodiazepine hypnotics	Eszopiclone Zolpidem Zaleplon	>90 days

### High-Risk Medications With Average Daily Dose Criteria

Description	Prescription	Average Daily Dose Criteria
Alpha agonists, central	Reserpine	>0.1 mg/day
Cardiovascular, other	Digoxin	>0.125 mg/day
Tertiary TCAs (as single agent or as part of combination products)	Doxepin	>6 mg/day

## LBP - Use of Imaging Studies for Low Back Pain

### Measure Definition:

The percentage of members with a primary diagnosis of low back pain in 2016 who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. This measure is for members aged 18-50 years old.

\*Inverted Measure: Numerator identifies appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Billing Reference		
ICD-9 CM Diagnosis Low Back Pain		
721.3, 722.1, 722.32, 722.52, 722.93, 724.02, 724.03, 724.2, 724.3, 724.5-724.7, 724.71, 724.79, 738.5, 739.3, 739.4, 846, 846.1-846.3, 846.8, 846.9, 847.2		
ICD-10 CM Diagnosis Low Back Pain		
M46.46-M46.48, M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.46, M51.47, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.30-M54.5, M54.89, M54.9, M99.83, M99.84, S33.100A-S33.100S, S33.110A-S33.110S, S33.120A-S33.120S, S33.130A-S33.130S, S33.140A-S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A-S39.002S, S39.012A-S39.012S, S39.092A-S39.092S, S39.82XA-S39.82XS, S39.92XA-S39.92XS		
Description	CPT	UB Revenue
Imaging Studies	72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220	0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972

### Measure Exclusion Criteria:

A diagnosis of HIV any time during the member's history through December 31, 2016 OR A diagnosis of pregnancy in 2016.

### Other Required Exclusions

Anytime in member's history:

Cancer

Any time during the 12 months prior to low back pain diagnosis:

Trauma

IV Drug Use

Neurological Impairment

## OMW - Osteoporosis Management in Women Who Had a Fracture

### Measure Definition:

The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Billing Reference				
Description	CPT	HCPCS	ICD-9 PCS	ICD-10 PCS
Bone Mineral Density Test	76977, 77078, 77080-77082, 77085	G0130	88.98	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1
FDA-Approved Osteoporosis Therapies				
Description	Prescriptions		J Codes	
Biphosphonates	Alendronate Alendronate-cholecalciferol Ibandronate sodium	Risedronate Zoledronic acid	J1740, J3487, J3488, J3489, Q2051	
Other agents	Calcitonin Denosumab	Raloxifene Teriparatide	J0630, J0897, J3110	

## ART - Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

### Measure Definition:

The percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) in 2016.

Billing Reference			
Description	ICD-9 CM		ICD-10 CM
Rheumatoid Arthritis	714.0, 714.1, 714.2, 714.81		M05.00 - M06.9
DMARD Medications			
Description	Prescriptions		J Codes
5-Aminosalicylates	Sulfasalazine		
Alkylating agents	Cyclophosphamide		
Aminoquinolines	Hydroxychloroquine		
Anti-rheumatics	Auranofin	Methotrexate	J1600
	Gold sodium thiomalate	Penicillamine	J9250
	Leflunomide		J9260
Immunomodulators	Abatacept	Etanercept	J0129, J0135, J0717, J1438, J1602, J1745, J3262, J9310
	Adalimumab	Golimumab	
	Anakinra	Infliximab	
	Certolizumab	Rituximab	
	Certolizumab pegol	Tocilizumab	
Immunosuppressive agents	Azathioprine	Mycophenolate	J7502, J7515, J7516, J7517, J7518
	Cyclosporine		
Janus kinase (JAK) Inhibitor	Tofacitinib		
Tetracyclines	Minocycline		

### Measure Exclusion Criteria:

A diagnosis of HIV any time during the member's history through December 31, 2016 OR A diagnosis of pregnancy in 2016.

### Codes to Identify Exclusions

Description	ICD-9 CM	ICD-10 CM
HIV	V08, 042	B20, Z21
Pregnancy	630 - 679, V22 - V23, V28	000.0 - 09A53 Z03.71 - Z36

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

## Measure Definition:

The percentage of members 18 years of age and older in 2016 who were hospitalized and discharged from July 1, 2015 to June 30, 2016 with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Billing Reference		
Description	ICD-9 CM	ICD-10 CM
AMI	410.X1	I21.01-I21.4
Beta-Blocker Medications		
Description	Prescriptions	
Noncardioselective beta-blockers	Carvedilol	Pindolol
	Labetalol	Propranolol
	Nadolol	Timolol
	Penbutolol	Sotalol
Cardioselective beta-blockers	Acebutolol	Bisoprolol
	Atenolol	Metoprolol
	Betaxolol	Nebivolol
Antihypertensive combinations	Atenolol-chlorthalidone	Hydrochlorothiazide-metoprolol
	Bendroflumethiazide-nadolol	Hydrochlorothiazide-propranolol
	Bisoprolol-hydrochlorothiazide	

## Measure Exclusion Criteria:

Members identified as having an intolerance or allergy to beta-blocker therapy. Any of the following anytime during the member's history through 179 days after discharge:

Codes to Identify Exclusions		
Description	ICD-9 CM	ICD-10 CM
History of Asthma	493	J45.20-J45.998
COPD	493.20-493.22, 496	J44.0, J44.1, J44.9
Obstructive Chronic Bronchitis	491.20-491.22	
Hypotension	458	I95.0-I95.9
Heart Block>1 degree	426.0, 426.12, 426.13, 426.2-426.4, 426.51-426.54, 426.7	I44.1-I44.7, I45.10-I45.3, I45.6, I49.5
Sinus Bradycardia	427.81, 427.89	R00.1
Chronic Respiratory Conditions Due to Fumes/Vapors	506.4	J68.4