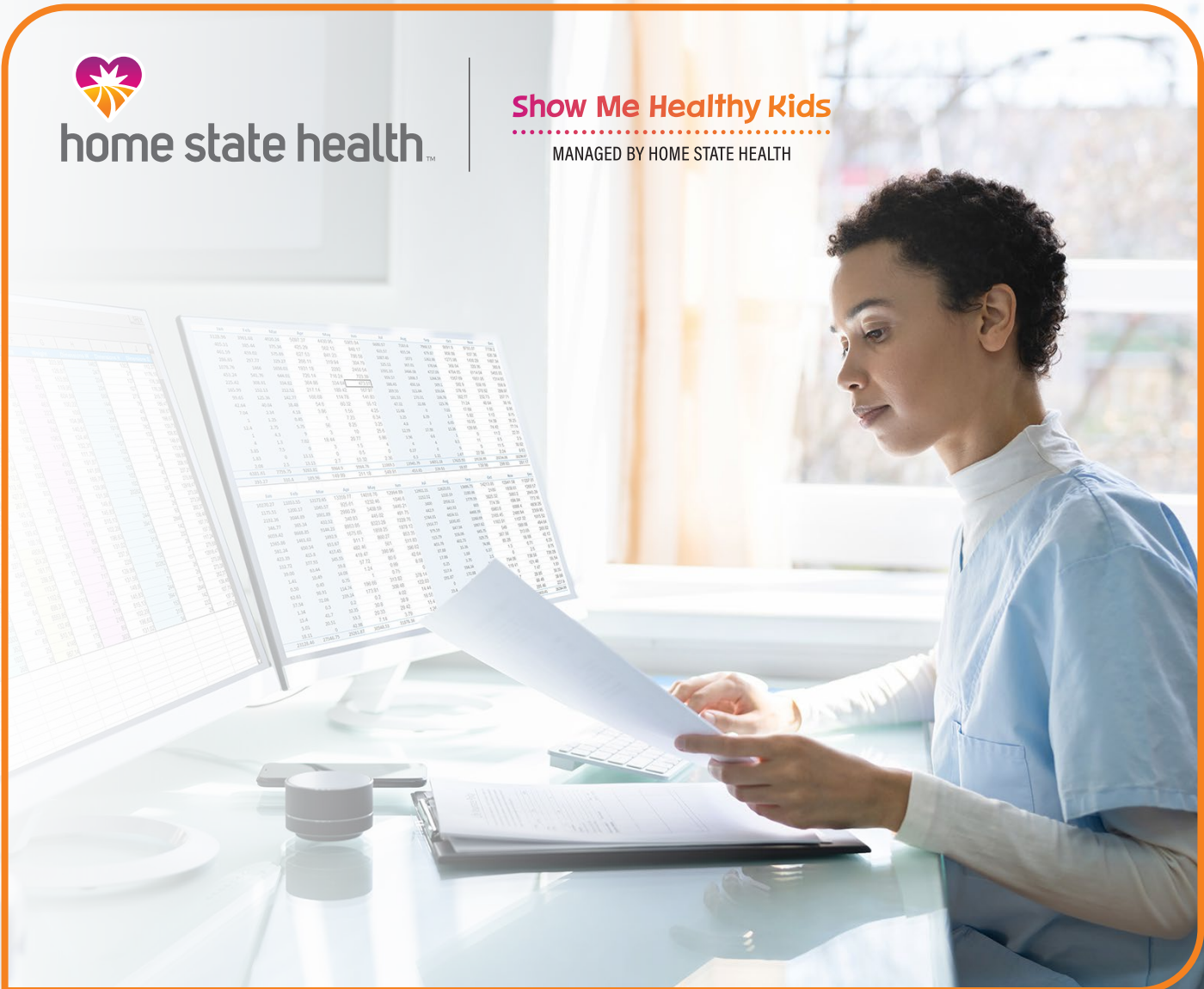




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# Quick Reference Guide HEDIS® MY 2024

Medicaid

Ambetter

Wellcare by Allwell

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# HEDIS® MY 2024 • Quick Reference Guide

Updated to reflect NCQA HEDIS® MY 2024 Technical Specifications

Home State Health strives to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the HEDIS® MY 2024 Quick Reference Guide to help you increase your practice's HEDIS® rates and to use to address care opportunities for your patients. Please always follow the state and/or CMS billing guidance and ensure the HEDIS® codes are covered prior to submission.

## WHAT IS HEDIS®?

HEDIS® (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS® measures through a committee represented by purchasers, consumers, health plans, health care providers, and policy makers.

## WHAT ARE THE SCORES USED FOR?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS® rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS® rates to evaluate health insurance companies' efforts to improve preventive health outreach for members.

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS® score determines your rates for physician incentive programs that pay you an increased premium — for example Pay For Performance or Quality Bonus Funds.

## HOW ARE RATES CALCULATED?

HEDIS® rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

## HOW CAN I IMPROVE MY HEDIS® SCORES?

- Submit claim/encounter data for each and every service rendered
- Make sure that chart documentation reflects all services billed
- Bill (or report by encounter submission) for all delivered services, regardless of contract status
- Ensure that all claim/encounter data is submitted in an accurate and timely manner
- Consider including CPT II codes to provide additional details and reduce medical record requests

## CPT II CODING

- CPT Category II codes are tracking codes which can close care gaps and facilitate data collection for the purpose of performance measurement

- CPT Category II codes are comprised of four digits followed by the letter “F”
- CPT Category codes are billed in the procedure code field, the same as CPT I codes, and describe clinical components, usually evaluations, management, or clinical services, and are not associated with a relative field

This guide has been updated with information from the release of the HEDIS® MY 2021 Volume 2 Technical Specifications by NCQA and is subject to change

## PRACTITIONER TYPES

<b>PRESCRIBING PRACTITIONER</b>	<p>Primary care practitioner. A physician or non-physician (e.g., nurse practitioner, physician assistant, certified nurse midwives) who offers primary care medical services.</p> <p>Licensed practical nurses and registered nurses are not considered PCPs.</p>	
<b>PRIMARY CARE PHYSICIAN</b>	<p>Includes:</p> <ul style="list-style-type: none"> <li>■ General or family practice physicians.</li> <li>■ Geriatricians.</li> <li>■ General internal medicine physicians.</li> <li>■ General pediatricians.</li> </ul>	<ul style="list-style-type: none"> <li>■ Obstetricians/gynecologists (OB/GYN).</li> <li>■ Pediatricians.</li> <li>■ Physician Assistants (PA).</li> <li>■ Nurse Practitioners.</li> </ul>
<b>ONGOING CARE PROVIDER</b>	<p>The practitioner who assumes responsibility for the member’s care.</p>	
<b>OB/GYN AND OTHER PRENATAL CARE PRACTITIONER</b>	<p>Includes:</p> <ul style="list-style-type: none"> <li>■ Physicians certified as obstetricians or gynecologists by the American Medical Specialties Board of Obstetrics or Gynecology or the American Osteopathic Association; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in obstetrics and gynecology.</li> <li>■ Certified nurse midwives, nurse practitioners or physician assistants who deliver prenatal care services in a specialty setting (under the direction of an OB/GYN certified or accredited provider).</li> <li>■ Direct entry midwives who deliver prenatal and postpartum services, in a specialty setting (under the direction of an OB/GYN certified or accredited provider) and are licensed in their state of practice.</li> </ul>	
<b>DENTAL PRACTITIONER</b>	<p>A practitioner who holds a Doctor of Dental Surgery (DDS) or a Doctor of Dental Medicine (DMD) degree from an accredited school of dentistry and is licensed to practice dentistry by a state board of dental examiners.</p> <p>Certified and licensed dental hygienists are considered dental practitioners.</p>	

<b>CLINICAL PHARMACIST</b>	<p>A pharmacist with extensive education in the biomedical, pharmaceutical, sociobehavioral and clinical sciences. Clinical pharmacists are experts in the therapeutic use of medications and are a primary source of scientifically valid information and advice regarding the safe, appropriate, and cost-effective use of medications.</p> <p>Most clinical pharmacists have a Doctor of Pharmacy (PharmD) degree and many have completed one or more years of post-graduate training (e.g., a general and/or specialty pharmacy residency). In some states, clinical pharmacists have prescriptive authority.</p>
<b>PRESCRIBING PRACTITIONER</b>	<p>A practitioner with prescribing privileges, including nurse practitioners, physician assistants and other non-MDs who have the authority to prescribe medications.</p>
<b>MENTAL HEALTH PROVIDER</b>	<p>A provider who delivers mental health services and meets any of the following criteria:</p> <ul style="list-style-type: none"> <li>■ An MD or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry.</li> <li>■ An individual who is licensed as a psychologist in his/her state of practice, if required by the state of practice.</li> <li>■ An individual who is certified in clinical social work by the American Board of Examiners; or who has a master’s degree in social work and is licensed or certified to practice as a social worker.</li> <li>■ A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist.</li> <li>■ An individual (normally with a master’s or a doctoral degree in marital and family therapy and at least 2 years of supervised clinical experience) who practices as a marital and family therapist, and is licensed as a certified counselor by the state of practice, or, if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy.</li> <li>■ An individual (normally with a master’s or doctoral degree in counseling and at least 2 years of supervised clinical experience) who practices as a professional counselor, and is licensed or certified to do so by the state of practice, or, if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors.</li> <li>■ A physician assistant who is certified to practice psychiatry by the National Commission on Certification of Physician Assistants.</li> <li>■ A certified Community Mental Health Center (CMHC), or the comparable term (e.g. behavioral health organization, mental health agency, behavioral health agency) used within the state in which it is located, or a Certified Community Behavioral Health Clinic (CCBHC). <ul style="list-style-type: none"> <li>— Only authorized CMHCs are considered mental health providers.</li> <li>— Only authorized CCBHCs are considered mental health providers</li> </ul> </li> <li>■ Has been recognized by the Substance Abuse and Mental Health Services Administration, through the award of grant funds or otherwise, as a CCBHC that meets the certification criteria of a CCBHC.</li> </ul>

 For more information, visit [www.ncqa.org](http://www.ncqa.org)

# ADULT HEALTH



## (AAP) ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES ●●●

Measure evaluates the percentage of patients 20 years and older who had an ambulatory or preventive care visit. Services that count include outpatient evaluation and management (E&M) visits, consultations, assisted living/home care oversight, preventive medicine, and counseling.

### **Tips and Best Practices to Close Care Gaps:**

- Educate patients on the importance of having at least one ambulatory or preventive care visit during each calendar year.
- Contact patients who have not had a preventive or ambulatory health visit.
- Make reminder calls to patients who have appointments to decrease no-show rates.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
<b>Ambulatory Visits</b>	<b>CPT:</b> 92002, 92004, 92012, 92014, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99457, 99458, 99483
<b>Reason for Ambulatory Visit</b>	<b>ICD-10:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

## (ACP) ADVANCE CARE PLANNING ●

### **Measure evaluates percentage of adults:**

- 66-80 years of age with advanced illness, an indication of frailty, or who are receiving palliative care and had advance care planning.
- 81 years of age and older who had advance care planning.



**Tips and Best Practices to Close Care Gaps:**

- Telephone visits, e-visits, or virtual check-ins are acceptable.
- Assist patients in scheduling an Annual Well-visit.
- Offer written instructions regarding initiating, continuing, withholding, or withdrawing specific life-sustaining treatment (e.g., Physician Orders for Life Sustaining Treatment [POLST], Five Wishes
- Discuss with members the importance of having a Living will, Legal or Surrogate decision maker.
- Document in the medical record if a member declined to discuss advance care planning, this is considered evidence that the provider initiated a discussion and meets criteria.
- Document in the medical record that a conversation with relatives or friends about life-sustaining treatment and end-of- life care occurred.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
<b>Advance Care Planning</b>	<b>CPT:</b> 99483, 99487 <b>CPT-CAT-II:</b> 1123F, 1124F, 1157F, 1158F <b>ICD-10:</b> Z66

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**(AIS-E) ADULT IMMUNIZATION STATUS** ● ● ●

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

**Tips and Best Practices to Close Care Gaps:**

- Schedule appointments around required timeframes for immunization.
- During visits talk about the importance of immunizations.
- Ensure the member’s medical record includes immunization history from all sources.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODE
<b>Adult Influenza Vaccine Procedure</b>	<b>CPT:</b> 90630, 90653–90654, 90656,90658, 90661–90662, 90673–90674, 90682, 90686, 90688–90689, 90694, 90756
<b>Adult Pneumococcal Vaccine Procedure</b>	<b>CPT:</b> 90670, 90671, 90677, 90732
<b>Td Vaccine Procedure</b>	<b>CPT:</b> 90714
<b>Tdap Vaccine Procedure</b>	<b>CPT:</b> 90715
<b>Herpes Zoster Vaccine Procedure</b>	<b>CPT:</b> 90736, 90750

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## (AMM) ANTIDEPRESSANT MEDICATION MANAGEMENT ●●●

Measure evaluates percentage of patients 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: percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).
- Effective Continuation Phase Treatment: percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).

### **Medications:**

- Tricyclic antidepressants
- Tetracyclic antidepressants
- SSRI antidepressants
- SNRI antidepressants
- Psychotherapeutic combinations
- Phenylpiperazine antidepressants
- Monoamine oxidase inhibitors
- Miscellaneous antidepressants

### **Tips and Best Practices to Close Care Gaps:**

- Coordinate care to ensure patients receive a comprehensive medical and psychiatric exam before diagnosing and prescribing.
- Make follow-up calls to check on patients and remind them of upcoming visits.
- Discuss with patients the importance of taking medication as prescribed and remaining on medication for a minimum of six months even when the patient starts to feel better.
- Discuss with patients the risks of stopping medication before six months or abruptly and recommend follow-up first for a consultation.
- Educate the patient on common side effects, how long the side effects may last and how to manage them and to contact the office before stopping medications.
- Schedule follow up appointment before the patients leaves office and send appointment reminders.
- Supplemental data can be used for compliance of this measure.
- This is an administrative measure, please submit all applicable codes for credit.

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## (BPD) BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES ●●●

Measure evaluates percentage of patients 18-75 years of age with diabetes (type 1 or type 2) whose blood pressure was adequately controlled (less than 140/90 mm Hg).

### **Tips and Best Practices to Close Care Gaps:**

- Remember to retake blood pressure readings later in the appointment if the result is too high (greater than 140/90). Document all blood pressure readings.
- Help patients schedule their diabetes follow-up appointments and remind them of the care gaps that are needed as a diabetic patient.

- Reminder, a blood pressure reading can be collected via any telehealth visit, and it does not require a remote monitoring device to be the source.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Systolic Blood Pressure Levels 130-139 mm Hg	CPT-CAT-II: 3075F
Systolic Blood Pressure Level less than 130 mm Hg	CPT-CAT-II: 3074F
Systolic Blood Pressure Level greater than/equal to 140 mmHg	CPT-CAT-II: 3077F
Diastolic Blood Pressure Level 80-89 mmHg	CPT-CAT-II: 3079F
Diastolic Blood Pressure Result less than 80	CPT-CAT-II: 3078F
Diastolic Blood Pressure Level greater than/equal to 90 mmHg	CPT-CAT-II: 3080F

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**(CBP) CONTROLLING HIGH BLOOD PRESSURE** ●●●

Measure evaluates the percentage of patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (less than 140/90 mm Hg).

**Tips and Best Practices to Close Care Gaps:**

- Remember to retake blood pressure readings later in the appointment if the result is too high (greater than 140/90). Document all blood pressure readings.
- Help patients schedule their diabetes follow-up appointments and remind them of the care gaps that are needed as a diabetic patient.
- Reminder, a blood pressure reading can be collected via any telehealth visit, and it does not require a remote monitoring device to be the source.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Systolic Blood Pressure Levels 130-139 mm Hg	CPT-CAT-II: 3075F
Systolic Blood Pressure Level less than 130 mm Hg	CPT-CAT-II: 3074F
Systolic Blood Pressure Level greater than/equal to 140 mmHg	CPT-CAT-II: 3077F
Diastolic Blood Pressure Level 80-89 mmHg	CPT-CAT-II: 3079F
Diastolic Blood Pressure Result less than 80	CPT-CAT-II: 3078F
Diastolic Blood Pressure Level greater than/equal to 90 mmHg	CPT-CAT-II: 3080F

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**(COA) CARE FOR OLDER ADULTS** ●

Measure evaluates percentage of adults 66 years and older who had each of the following:

**Medication review:** At least one medication review conducted by a prescribing practitioner or clinical pharmacist each year and the presence of a medication list in the medical record.

- Documentation must come from the same medical record and must include one of the following:
  - A medication list in the medical record, documentation the medication list was reviewed by a prescribing practitioner or clinical pharmacist, and the date when it was performed.
  - Notation that the member is not taking any medication and the date when it was noted.

**Functional status assessment:** At least one functional status assessment each year.

- Documentation in the medical record must include evidence of a complete functional status assessment and the date when it was performed.

**Pain assessment:** At least one assessment of pain each year.

- Documentation in the medical record must include evidence of a pain assessment and the date when it was performed.

**Tips and Best Practices to Close Care Gaps:**

- Functional status assessment and pain assessments do not require a specific setting. Services rendered during a telephone visit, e-visit, or virtual check-in meet criteria.
- Complete a medication review, functional status assessment, and pain assessment in the same visit if applicable.
- Ensure the medical record contains a medication list or documentation the member is not taking any medications.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Medication Review	CPT: 90863, 99605, 99606, 99483, 99495, 99496 CPT-CAT-II: 1159F, 1160F
Functional Status Assessment	CPT: 99483 CPT-CAT-II: 1170F
Pain Assessment	CPT-CAT-II: 1125F, 1126F

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**(COL-E) COLORECTAL CANCER SCREENING** ● ● ●

Measure evaluates the percentage of patients 45-75 years of age who has had an appropriate screening for colorectal cancer.

**Tips and Best Practices to Close Care Gaps:**

- Discuss the importance of colorectal cancer screenings with patients.
- Recommend colorectal cancer screening to all patients 45 to 75.
- If patient is hesitant, discuss different screening options:
  - FOBT or FIT tests every year.
  - Cologuard every three years.
- Clearly document in the medical record past medical and surgical history, as well as all surgical and diagnostic procedures. Include dates and results.
- Use correct diagnosis and procedure codes.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
FOBT Lab Test	CPT: 82270, 82274
sDNA FIT Lab Test	CPT: 81528
Flexible Sigmoidoscopy	CPT: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350
CT Colonography	CPT: 74261-74263
Colonoscopy	CPT: 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398

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**(EED) EYE EXAM FOR PATIENTS WITH DIABETES** ● ● ●

Measure evaluates percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.

The dilated retinal eye exam should be reviewed by a vision care provider and the results included in the patient’s medical record.

**Tips and Best Practices to Close Care Gaps:**

- Make sure documentation of the dilated retinal eye exam and results are added to the patient’s medical record.
- Refer your diabetic patients to an acceptable eye care professional annually.
- Help patients schedule their annual diabetic eye exam appointments.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Eye Exam with Evidence of Retinopathy	CPT-CAT-II: 2022F, 2024F, 2026F
Eye Exam Without Evidence of Retinopathy	CPT-CAT-II: 2023F, 2025F, 2033F
Prior Year Eye Exam Without Evidence of Retinopathy	CPT-CAT-II: 3072F
Diabetic Retinal Screening	CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
Patients are excluded with a Unilateral Eye Enucleation	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, Modifier: 50

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**(FMC) FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR PEOPLE WITH MULTIPLE HIGH-RISK CHRONIC CONDITIONS** ●

The percentage of emergency department (ED) visits for patients 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

**Chronic Conditions:**

- Diabetes
- COPD
- Dementia
- Chronic Kidney Disease
- Major Depression
- Dysthymic Disorder
- Chronic Heart Failure
- MI
- Old Myocardial Infarction
- Atrial Fibrillation
- Stroke

**Tips and Best Practices to Close Care Gaps:**

- Conduct outreach to patients after their ED visit to schedule a post-ED follow-up visit within seven days after discharge. The follow-up visit can be the same day as the ED visit.
- Submit claims soon and include the appropriate codes for diagnoses, health conditions and the services provided.
- Keep open appointments so patients with an ED visit can be seen within seven days of their discharge.
- In addition to an office visit, follow-up could be provided via a telehealth, telephone, e-visit, or virtual visit.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

**(GSD) GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES** ●●●

The percentage of patients 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemc status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was controlled:

- Glycemic Status less than 8.0%.

**Tips and Best Practices to Close Care Gaps:**

- Ensure tests with results are added in the medical record. Include the date the test occurred (versus “in the past year”).
- Order a diabetes screening test at least once a year and build care gap “alerts” in your electronic medical record.
- Point of Care Testing is acceptable with appropriate coding and documentation with date of service and value.
- Member-reported A1c/GSD results are acceptable if documented in chart with test date and value.
- Document all A1c lab values with dates for diabetic members.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
E-Visits or Virtual Check-ins	CPT: 98970–98972, 99421–99423, 99444, 99457 (must include a diagnosis of diabetes)
Telephone Visits	CPT: 98966–98968, 99441–99443 (must include a diagnosis of diabetes)
HbA1c Lab Test	CPT: 83036, 83037 LOINC: 17855-8,17856-6,4548-4,4549-2,96595-4 CAT II: 3044F, 3046F, 3051F, 3052F
HbA1c Level Less than 7	CPT-CAT-II: 3044F
HbA1c Level Greater Than/Equal to 7 and less than 8	CPT-CAT-II: 3051F

DESCRIPTION	CODES
HbA1c Level Greater Than/Equal to 8 and Less Than/ Equal to 9	CPT-CAT-II: 3052F
HbA1c Greater Than 9.0	CPT-CAT-II: 3046F

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**(KED) KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES** ●●●

The percentage of patients 18–85 years of age with diabetes (Type 1 and Type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin-creatinine ratio (uACR), each year.

**Tips and Best Practices to Close Care Gaps:**

- Be aware of routine kidney function tests that need to be completed for patients with diabetes.
- Help patients schedule their diabetes follow-up appointments and remind them of the care gaps should be covered to include kidney function.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Estimated Glomerular Filtration Rate Lab Test	CPT: 80047, 80048, 80050, 80053, 80069, 82565
Quantitative Urine Albumin Lab Test and Urine Creatinine Lab Test	CPT: 82043 CPT: 82570

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**(PBH) PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK** ●●●

This measure demonstrates the percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

**Tips and Best Practices to Close Care Gaps:**

- Counsel patients that suddenly stopping medication can lead to complications such as heart attack, increased high blood pressure or increased anxiety.
- Create a medication schedule with each patient if they are on multiple medications that require them to be taken at different times.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DRUG CATEGORIES	MEDICATIONS
Noncardioselective beta-blockers	· Carvedilol · Labetalol · Nadolol · Pindolol · Propranolol · Timolol · Sotalol
Cardioselective beta-blockers	· Acebutolol · Atenolol · Betaxolol · Bisoprolol · Metoprolol · Nebivolol

DRUG CATEGORIES	MEDICATIONS
<b>Antihypertensive combinations</b>	• Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide • Hydrochlorothiazide-metoprolol • Hydrochlorothiazide-propranolol

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**(PCE) PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION** ● ● ●

Measure evaluates percentage of COPD exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 and were dispensed appropriate medications.

**Two rates are reported:**

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

**Tips and Best Practices to Close Care Gaps:**

- Patients with active prescriptions for these medications are administratively compliant with the measure. An active prescription is one that is noted as having available medication left in the “days’ supply” through the episode date or further.
- Follow up with patients to make sure any new prescriptions are filled post-discharge.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DRUG CATEGORIES	MEDICATIONS
<b>Glucocorticoids</b>	Cortisone • Dexamethasone • Hydrocortisone • Methylprednisolone • Prednisolone • Prednisone
<b>Anticholinergic agents</b>	• Aclidinium-bromide • Ipratropium • Tiotropium • Umeclidinium
<b>Beta 2-agonists</b>	• Albuterol • Arformoterol • Formoterol • Indacaterol • Levalbuterol • Metaproterenol • Olodaterol • Salmeterol
<b>Bronchodilator combinations</b>	• Albuterol-ipratropium • Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol • Fluticasone furoate-umeclidinium-vilanterol • Formoterol-acclidinium • Formoterol-glycopyrrolate • Formoterol-mometasone • Glycopyrrolate-indacaterol • Olodaterol-tiotropium • Umeclidinium-vilantero

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**(PCR) PLAN ALL-CAUSE READMISSIONS** ● ● ●

For patients 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

**Tips and Best Practices to Close Care Gaps:**

- Following up with them within 1 week of their discharge.
- Making sure they filled their new prescriptions post-discharge.



- Implementing a robust, safe discharge plan that includes a post-discharge phone call.
- This is an administrative measure, please submit all applicable codes for credit.

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**(SAA) CARDIOVASCULAR MONITORING FOR PEOPLE WITH CARDIOVASCULAR** ●●●

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

**Tips and Best Practices to Close Care Gaps:**

- Encourage patients to take medications as prescribed.
- Offer tips to patients such as:
  - ▶ Take medication at the same time each day.
  - ▶ Use a pill box.
- Enroll in a pharmacy automatic refill program.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DRUG CATEGORIES	MEDICATIONS
Miscellaneous antipsychotic agents (oral)	• Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lumateperone • Lurasidone • Molindone • Olanzapine • Paliperidone • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics (oral)	• Chlorpromazine • Fluphenazine • Perphenazine • Prochlorperazine • Thioridazine • Trifluoperazine
Psychotherapeutic combinations (oral)	• Amitriptyline-perphenazine
Thioxanthenes (oral)	• Thiothixene
Long-acting injections 14-day supply	• Risperidone
Long-acting injections 28-day supply	• Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate
Long-acting injections 30-day supply	• Risperidone

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**(SMC) CARDIOVASCULAR MONITORING FOR PEOPLE WITH CARDIOVASCULAR DISEASE AND SCHIZOPHRENIA** ●

The percentage of patients 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the measurement year.

**Cardiovascular Diseases:**

**Tips and Best Practices to Close Care Gaps:**

- Be sure to schedule an annual LDL-C screening.
- The use of CPT- CAT-II codes helps identify clinical outcomes such as lipid profile and LDL-C test results.
- This is an administrative measure, please submit all applicable codes for credit.
- Lipid profiles and results can be accepted as supplemental data.

DESCRIPTION	CODES
LDL-C Lab Test	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721 <b>LOINC:</b> 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7 <b>CAT II:</b> 3048F, 3049F, 3050F

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**(SMD) DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA ●**

Measure evaluates the percentage of patients 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test.

**Tips and Best Practices to Close Care Gaps:**

- Be sure to schedule an annual HbA1c and LDL-C screening.
- The use of CPT- CAT-II codes helps identify clinical outcomes such as HbA1c and LDL-C test results.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
HbA1c Lab Test	<b>CPT:</b> 83036, 83037 <b>LOINC:</b> 17855-8,17856-6,4548-4,4549-2,96595-4 <b>CAT II:</b> 3044F,3046F,3051F,3052F
LDL-C Lab Test	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721 <b>LOINC:</b> 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7 <b>CAT II:</b> 3048F, 3049F, 3050F

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**(SPC) STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE ●●●**

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

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

**Tips and Best Practices to Close Care Gaps:**

- Encourage patients to take medications as prescribed.
- Offer tips to patients such as:
  - ▶ Take medication at the same time each day.
  - ▶ Use a pill box.
  - ▶ Enroll in a pharmacy automatic refill program.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DRUG CATEGORIES	MEDICATIONS
<b>High-intensity statin therapy</b>	· Atorvastatin 40–80 mg · Amlodipine-atorvastatin 40–80 mg · Rosuvastatin 20–40 mg · Simvastatin 80 mg · Ezetimibe-simvastatin 80 mg
<b>Moderate-intensity statin therapy</b>	· Atorvastatin 10–20 mg · Amlodipine-atorvastatin 10–20 mg · Rosuvastatin 5–10 mg · Simvastatin 20–40 mg · Ezetimibe-simvastatin 20–40 mg · Pravastatin 40–80 mg · Lovastatin 40 mg · Fluvastatin 40–80 mg · Pitavastatin 1–4 mg

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**(SPD) STATIN THERAPY FOR PATIENTS WITH DIABETES** ● ● ●

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

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

**Tips and Best Practices to Close Care Gaps:**

- Encourage patients to take medications as prescribed.
- Offer tips to patients such as:
  - ▶ Take medication at the same time each day.
  - ▶ Use a pill box.
  - ▶ Enroll in a pharmacy automatic refill program.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DRUG CATEGORIES	MEDICATIONS
<b>High-intensity statin therapy</b>	· Amlodipine-atorvastatin 40–80 mg* · Atorvastatin 40–80 mg · Ezetimibe-simvastatin 80 mg** · Rosuvastatin 20–40 mg · Simvastatin 80 mg
<b>Moderate-intensity statin therapy</b>	· Amlodipine-atorvastatin 10–20 mg* · Atorvastatin 10–20 mg · Ezetimibe-simvastatin 20–40 mg** · Fluvastatin 40–80 mg · Lovastatin 40 mg · Pitavastatin 1–4 mg · Pravastatin 40–80 mg · Rosuvastatin 5–10 mg · Simvastatin 20–40 mg

DRUG CATEGORIES	MEDICATIONS
Low-intensity statin therapy	· Ezetimibe-simvastatin 10 mg** · Fluvastatin 20 mg · Lovastatin 10–20 mg · Pravastatin 10–20 mg · Simvastatin 5–10 mg

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### (SSD) DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS ●

Measure evaluates percentage of patients 18-64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test.

#### Tips and Best Practices to Close Care Gaps:

- Be sure to schedule an annual HbA1c screening.
- The use of CPT- CAT-II codes helps identify clinical outcomes such as HbA1c test.
- HbA1c results can be accepted as supplemental data.
- Encourage patients to take medications as prescribed.
- Offer tips to patients such as:
  - ▶ Take medication at the same time each day.
  - ▶ Use a pill box.
  - ▶ Enroll in a pharmacy automatic-refill program.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
HbA1c Lab Test	CPT: 83036, 83037 LOINC: 17855-8,17856-6,4548-4,4549-2,96595-4 CAT II: 3044F,3046F,3051F,3052F
Glucose Lab Test	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

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### (TRC) TRANSITIONS OF CARE ●

The percentage of discharges for patients 18 years of age and older who had each of the following **Notification of Inpatient Admission**. Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).

- **Notification of Inpatient Admission.** Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).
- **Receipt of Discharge Information.** Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).
- **Patient Engagement After Inpatient Discharge.** Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.

- **Medication Reconciliation Post-Discharge.** Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

**Tips and Best Practices to Close Care Gaps:**

- Ensure follow-up appointments are scheduled within 30 days after discharge.
- Ensure medications from discharge are reconciled against ongoing outpatient medications. Documentation of the reconciliation should be included in the visit notes.
- Receipt of Discharge and Inpatient Admission documentation must be included within the medical record.
- Services may be performed during a telephone visit, e-visit, or virtual check-in.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Medication Reconciliation Encounter	CPT: 99483, 99495, 99496 CPT-CAT-II: 1111F
Outpatient and Telehealth	CPT: 98966–98968, 98970–98972, 98980–98981, 99202–99205, 99211–99215, 99241–99245, 99341–99350, 99381–99387, 99391, 99397, 99401–99404, 99411–99412, 99421–99423, 99429, 99441–99443, 99455–99458, 99483

# WOMEN'S HEALTH



## (BCS-E) BREAST CANCER SCREENING ●●●

The percentage of patients 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

### **Tips and Best Practices to Close Care Gaps:**

- Ensure an order or prescription for a mammogram is given during annual wellness visits and/or well-woman exams for women 50-74 years old.
- Consider implementing a standing order and/or automated referrals for patients eligible for mammography.
- Submit the appropriate ICD-10 diagnosis code for a member’s history of bilateral mastectomy, Z90.13.
- Address women’s fears with mammography which may include: mammograms cause breast cancer, pain and discomfort during the procedure, and fear of breast cancer diagnosis.
- Proper documentation of mammography and exclusion in the patient’s medical record:
  - ▶ Provide results and findings of mammogram performed.
  - ▶ Document screening in the “medical history” section of the record and update the section annually/biannually.
- Mammogram screening performed any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.
- Supplemental data can be used for compliance of this measure and for exclusions.

DESCRIPTION	CODES
Mammography	CPT: 77061-77063, 77065-77067
History of Bilateral Mastectomy	ICD-10: Z90.13

## (CCS-E) CERVICAL CANCER SCREENING ●●●

The percentage of patients 21–64 years of age who were recommended for routine cervical cancer screening who were screened for cervical cancer using any of the following criteria:

- Patients 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.
- Patients 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Patients 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

**Tips and Best Practices to Close Care Gaps:**

- Educate the patient to explain the purpose and procedure of screening.
- Call or send personalized letters to patients and alert them of the need for screening especially for patients that do not come in for care often.
- Provide easy to read instructions and patient education tools with pictures concerning cancer screening procedures and follow-up.
- Record all preventive care with results in medical records to ensure compliance with guidelines.
- Review and document patients’ surgical and preventive screenings history with results.
- Use correct diagnosis and procedure codes.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Cervical Cytology Lab Test	CPT: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175
High Risk HPV Lab Test	CPT: 87624, 87625

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**(CHL) CHLAMYDIA SCREENING IN WOMAN ●●**

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Women are identified as sexually active through claims for pregnancy tests, birth control, and/or screening for other sexually transmitted diseases.

**Tips and Best Practices to Close Care Gaps:**

- Offer chlamydia screening to be performed through a urine test.
- Add chlamydia screening as a standard lab for women 16-24 years old. Patients can opt out of testing versus opting in. Use well-child exams and well-women exams for this purpose.
- Place chlamydia swab next to Pap test or pregnancy detection materials.
- Meet with teens and your adults separately from their parents to allow for open conversation.
- Advise patients during wellness visits or when they are seen for birth control to get screened for chlamydia.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Chlamydia	CPT: 87110, 87270, 87320, 87490-87492, 87810, 0353U

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### (OMW) OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE ●

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 180 days (6 months) after the fracture.

**Tips and Best Practices to Close Care Gaps:**

- Discuss fall prevention.
- Remind patients to always inform their PCP of any fracture even if treated elsewhere.
- Consider offering bone density screenings during a health fair for patients at risk.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Bone Mineral Density Tests	CPT: 76977, 77078, 77080, 77081, 77085, 77086 ICD-10: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BRO0ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1

DRUG CATEGORIES	MEDICATIONS
Bisphosphonates	Alendronate · Alendronate-cholecalciferol · Ibandronate · Risedronate · Zoledronic acid
Other agents	Abaloparatide · Denosumab · Raloxifene · Romosozumab · Teriparatide

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### (OSW) OSTEOPOROSIS SCREENING IN OLDER WOMEN ●

The percentage of women 65–75 years of age who received osteoporosis screening.

**Tips and Best Practices to Close Care Gaps:**

- Start screening females for osteoporosis at the age of 65.
- Discuss fall prevention annually.
- Discuss osteoporosis prevention with patients including calcium and Vitamin D supplements, weight bearing exercises, and modifying risk factors.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Osteoporosis Screening Tests	CPT: 76977, 77078, 77080, 77081, 77085



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## (PDS-E) POSTPARTUM DEPRESSION SCREENING AND FOLLOW-UP ●●

The percentage of deliveries in which patients were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

- **Depression Screening.** The percentage of deliveries in which patients were screened for clinical depression using a standardized instrument during the postpartum period.
- **Follow-Up on Positive Screen.** The percentage of deliveries in which patients received follow-up care within 30 days of a positive depression screen finding.

### Tips and Best Practices to Close Care Gaps:

- Educate the patient about the importance of follow-up and adherence to treatment recommendations.
- Discuss the importance of timely, recommended follow-up visits.
- Schedule follow-up appointments as soon as possible, particularly those patients recently discharged.
- Outreach patients who cancel appointments and assist them with rescheduling as soon as possible.
- Consider telemedicine visit when in-person visits are not available.
- Supplemental data can be used for compliance of this measure.

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## (PND-E) PRENATAL DEPRESSION SCREENING AND FOLLOW-UP ●●

The percentage of deliveries in which patients were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

- **Depression Screening.** The percentage of deliveries in which patients were screened for clinical depression during pregnancy using a standardized instrument.
- **Follow-Up on Positive Screen.** The percentage of deliveries in which patients received follow-up care within 30 days of a positive depression screen finding.

### Tips and Best Practices to Close Care Gaps:

- Educate the patient about the importance of follow-up and adherence to treatment recommendations.
- Discuss the importance of timely, recommended follow-up visits.
- Schedule follow-up appointments as soon as possible, particularly those patients recently discharged.
- Outreach patients who cancel appointments and assist them with rescheduling as soon as possible.
- Consider telemedicine visit when in-person visits are not available.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Follow Up Visit	CPT: 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483

DESCRIPTION	CODES
<b>Depression or Other Behavioral Health Condition</b>	<b>ICD-10:</b> F01.51, F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.8, F32.81, F32.89, F32.9, F32.A, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39-F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230-F40.233, F40.240-F40.243, F40.248, F40.290, F40.291, F40.298, F40.8-F41.0, F41.1, F41.3, F41.8, F41.9, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53-F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8-F91.3, F91.8, F91.9, F93.0, F93.8-F94.2, F94.8, F94.9, O90.6, O99.340-O99.345
<b>Depression Case Management Encounter</b>	<b>CPT:</b> 99366, 99492-99494
<b>Behavioral Health Encounter</b>	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493

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**(PPC) PRENATAL AND POSTPARTUM CARE** ●●

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these patients, 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 in the first trimester or within 42 days of enrollment with the health plan.
- **Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

**Tips and Best Practices to Close Care Gaps:**

- Schedule your patient for a postpartum visit within 7 to 84 days from delivery and stress the importance to women’s health.
- Stress and educate patients on the importance of prenatal/initial visits within the first trimester during routine GYN or well visit care.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
<b>Telephone Visits</b>	<b>CPT:</b> 98966-98968, 99441-99443
<b>Stand-Alone Prenatal Visits</b>	<b>CPT:</b> 99500 <b>CPT-CAT-II:</b> 0500F, 0501F, 0502F
<b>Online Assessments</b>	<b>CPT:</b> 98969-98972, 99421-99423, 99444, 99457

DESCRIPTION	CODES
Prenatal Visits	CPT: 99201–99205, 99211–99215, 99241–99245, 99483
Postpartum Visits	CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Cervical Cytology Lab Test	CPT: 88141–88143, 88147, 88148, 88150, 88152–88167, 88174, 88175

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### (PRS-E) PRENATAL IMMUNIZATION STATUS ●●

The percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

#### Tips and Best Practices to Close Care Gaps:

- Identify patients with gap. Offer immunization to patients during prenatal visits or when admitted for delivery.
- Use appropriate and accurate codes on claims.
- Centers for Disease Control and Prevention recommend that pregnant member receive the following immunizations:
  - ▶ A flu shot during any trimester of their pregnancy to protect themselves and their newborn babies from flu.
  - ▶ 1 dose of Tdap every pregnancy, preferably during early part of gestational weeks 27–36
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Adult Influenza Vaccine Procedure	CPT: 90630, 90653–90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 CVX: 88, 135, 140–141, 144, 150, 153, 155, 158, 166, 168, 171, 185–186, 197, 205
Tdap Vaccine Procedure	CPT: 90715 CVX: 115

# PEDIATRIC HEALTH



## (ADD-E) FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION ●●

The percentage of children 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 within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- **Initiation Phase.** The percentage of patients 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
- **Continuation and Maintenance (C&M) Phase.** The percentage of patients 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

### **Tips and Best Practices to Close Care Gaps:**

- Schedule telehealth or phone visits for the initiation phase and C&M visits.
- Timing of scheduled visits is key, along with the day supply of the prescription. When prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office.
- Schedule the follow-up visit (phone or telehealth) to occur before giving the refill.
- Consider scheduling the visit within 14 to 21 days of each prescription.
- Consider prescribing an initial two-week supply and follow-up prescriptions to a 30-day supply to ensure patient follow up.
- Supplemental data can be used for compliance of this measure.

## (APM-E) METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS ●●

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

- The percentage of children and adolescents on antipsychotics who received blood glucose testing.
- The percentage of children and adolescents on antipsychotics who received cholesterol testing.
- The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

**Tips and Best Practices to Close Care Gaps:**

- Document lab results and any action that may be required.
- Use supplemental lab data to update medical records when applicable.

DESCRIPTION	CODES
<b>Glucose Lab Test</b>	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
<b>HbA1c Lab Test</b>	<b>CPT:</b> 83036, 83037 <b>LOINC:</b> 17855-8,17856-6,4548-4,4549-2,96595-4 <b>CAT II:</b> 3044F,3046F,3051F,3052F
<b>Cholesterol Lab Test</b>	<b>CPT:</b> 82465, 83718, 83722, 84478
<b>LDL-C Lab Test</b>	<b>CPT:</b> 80061, 83700, 83701, 83704, 83721 <b>LOINC:</b> 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7 <b>CAT II:</b> 3048F, 3049F, 3050F

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**(APP) USE OF FIRST-LINE PSYCHOSOCIAL CARE FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS** ● ●

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

**Tips and Best Practices to Close Care Gaps:**

- Periodically review the ongoing need for continued therapy with antipsychotic medications
- For new child/adolescent patients taking antipsychotics medications, complete a thorough evaluation and coordination with the mental health professional.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
<b>Psychosocial Care</b>	<b>CPT:</b> 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880
<b>Telephone Visits</b>	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443
<b>Online Assessments (E-visits or Virtual Check-in)</b>	<b>CPT:</b> 98969-98972, 99421-99421-99423, 99444, 99457

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## (CIS-E) CHILDHOOD IMMUNIZATIONS STATUS ●●

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

### **Tips and Best Practices to Close Care Gaps:**

- Recommend immunizations to parents as they are more likely to agree with vaccinations when supported by their provider. Address common misconceptions about vaccinations.
- Review the child’s immunization record before every visit and administer needed vaccines.
- Supplemental data can be used for compliance of this measure.

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## (LSC) 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.

### **Tips and Best Practices to Close Care Gaps:**

- Lead screening must be performed on or before the child’s 2nd birthday to be compliant per NQCA.
- Children enrolled in Medicaid are required to get tested for lead at ages 12 and 24 months, or age 24–72 months if they have no record of ever being tested.
- Educate parents about the major sources of lead and poisoning prevention.
- Conduct necessary follow-up and explain to parents why follow-up is needed.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

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

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## (IMA-E) IMMUNIZATIONS FOR ADOLESCENTS ●●

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

### **Tips and Best Practices to Close Care Gaps:**

- Review missing vaccines with parents.
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations.

- Train office staff to prep the chart in advance of the visit and identify overdue immunizations.
- Make every office visit count. Take advantage of sick visits for catching up on needed vaccines. Institute a system for patient reminders.
- Supplemental data can be used for compliance of this measure.

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**(OED) ORAL EVALUATION, DENTAL SERVICES ●**

The percentage of patients under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider at least once a year.

**Tips and Best Practices to Close Care Gaps:**

- Addressing dental care and benefits during well-care visits can be the catalyst for patients having a dentist visit.
- Assess for dental home and last dental appointment at each well-care visit and refer patients to see dentist twice a year.
- Fluoride can be applied at the PCP office, but referral to a dentist for appropriate care must occur to be compliant for the OED measure.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Oral Evaluation	CDT: D0120, D0145, D0150

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**(TFC) TOPICAL FLUORIDE FOR CHILDREN ●**

The percentage of patients 1–4 years of age who received at least two fluoride varnish applications during the measurement year.

**Tips and Best Practices to Close Care Gaps:**

- Perform oral health risk assessments on all children at every routine well-visit beginning at 6 months of age.
- Recommend use of fluoridated toothpaste starting at eruption of the first tooth: a grain of rice sized amount is recommended for children younger than 3 years, and a pea-sized amount is appropriate for most children starting at 3 years of age.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Application of Fluoride Varnish	CPT: 99188 CDT: D1206

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**(W30) WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE ● ●**

The percentage of patients who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. **Well-Child Visits in the First 15 Months.** Children who turned 15 months old during the measurement year: Six or more well-child visits.
2. **Well-Child Visits for Age 15 Months–30 Months.** Children who turned 30 months old during the measurement year: Two or more well-child visits.

**Tips and Best Practices to Close Care Gaps:**

- Home State Health will reimburse for a sick visit and a well visit on the same date of service for children 0 to 6 years of age. Documentation must support that the sick visit was significant and separately identifiable.
- Remind caregivers of appointments by text or phone calls.
- Consider using templates with checkboxes to ensure required information is documented.
- Contact caregivers who cancel appointments and reschedule as soon as possible.
- Telehealth visits are acceptable.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
<b>Well Care Visit</b>	<b>CPT:</b> 99381-99385, 99391-99395, 99461 <b>ICD-10:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

\* Well care visit codes are age specific

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**(WCC) WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS** ● ●

The percentage of patients 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following at least once per year:

- BMI Percentile Documentation\*
- Counseling for Nutrition.
- Counseling for Physical Activity.

\*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

**Tips and Best Practices to Close Care Gaps:**

- Documentation of BMI percentile and counseling for nutrition or physical activity can be done at any time during the measurement year and on separate visits.
- Be sure to document all components of the WCC measure on every visit.
- Supplemental data can be used for compliance of this measure.
- Counseling may include:



- ▶ Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
- ▶ Checklist indicating nutrition was addressed.
- ▶ Counseling or referral for nutrition education
- ▶ Member received educational materials on nutrition during a face-to-face visit.
- ▶ Anticipatory guidance for nutrition
- ▶ Weight or obesity counseling

DESCRIPTION	CODES
<b>BMI Percentile</b>	<b>ICD-10:</b> Z68.51, Z68.52, Z68.53, Z68.54 <b>LOINC:</b> 59574-4, 59575-1, 59576-9
<b>Nutrition Counseling</b>	<b>CPT:</b> 97802-97804 <b>ICD-10:</b> Z71.3
<b>Physical Activity</b>	<b>ICD-10:</b> Z02.5, Z71.82

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**(WCV) CHILD AND ADOLESCENT WELL- CARE VISITS** ● ●

The percentage of patients 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

**Tips and Best Practices to Close Care Gaps:**

- Call and/or send letters to advise patients and parents of the need for a visit.
- Explain why the preventive/ambulatory visit is important for assessing growth and development, and for providing immunizations and anticipatory guidance on diet, activity, and safety.
- Consider parents’ work schedule as a barrier to visits and offer extended evening or weekend hours.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
<b>Well Care Visit</b>	<b>CPT:</b> 99381-99385, 99391-99395, 99461 <b>ICD-10:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

# GENERAL HEALTH



## (AMR) ASTHMA MEDICATION RATIO ●●

The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 50% or greater during the measurement year.

### **Tips and Best Practices to Close Care Gaps:**

- Educate patients on the difference between controller and reliever medications and applicable usage.
- Ensure each patient has an asthma action plan which is reviewed/updated with each visit.
- Assess and reassess asthma symptoms and the patient’s AAP at every visit to determine if more controller medication (or a higher dose) is required.
- Limit the number of auto-refill rescue medications (versus controller medications) that can be automatically refilled.
- Consider prescribing 60-90 days supply of controller medications.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Asthma	ICD-10: J45.21, J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.991, J45.998

DRUG CATEGORY	MEDICATIONS
Antibody inhibitors	• Omalizumab
Anti-interleukin-4	• Dupilumab
Anti-interleukin-5	• Benralizumab • Mepolizumab • Reslizumab
Inhaled corticosteroids	• Beclomethasone • Budesonide • Ciclesonide • Flunisolide • Fluticasone • Mometasone

DRUG CATEGORY	MEDICATIONS
Inhaled steroid combinations	· Budesonide-formoterol · Fluticasone-salmeterol · Fluticasone-vilanterol · Formoterol-mometasone
Leukotriene modifiers	· Montelukast · Zafirlukast · Zileuton
Methylxanthines	Theophylline
Short-acting, inhaled beta-2 agonists	· Albuterol · Levalbuterol

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## (AXR) ANTIBIOTIC UTILIZATION FOR RESPIRATORY CONDITIONS ●●●

The percentage of episodes for patients 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.

### Tips and Best Practices to Close Care Gaps:

- Introduce the concept of antibiotic resistance.
  - ▶ If a patient insists on an antibiotic, form a plan with the patient.
  - ▶ Encourage the patient to call or return to the office if new symptoms occur, or if condition has not improved in the time you recommend.
- This is an administrative measure, please submit all applicable codes for credit.

DRUG CATEGORY	MEDICATIONS		
Absorbable sulfonamides	<ul style="list-style-type: none"> <li>■ Sulfadiazine</li> <li>■ Sulfamethoxazole-trimethoprim</li> </ul>		
Aminoglycoside	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> <ul style="list-style-type: none"> <li>■ Amikacin</li> <li>■ Gentamicin</li> </ul> </td> <td style="width: 40%;"> <ul style="list-style-type: none"> <li>■ Streptomycin</li> <li>■ Tobramycin</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>■ Amikacin</li> <li>■ Gentamicin</li> </ul>	<ul style="list-style-type: none"> <li>■ Streptomycin</li> <li>■ Tobramycin</li> </ul>
<ul style="list-style-type: none"> <li>■ Amikacin</li> <li>■ Gentamicin</li> </ul>	<ul style="list-style-type: none"> <li>■ Streptomycin</li> <li>■ Tobramycin</li> </ul>		
Amoxicillin/clavulanate	<ul style="list-style-type: none"> <li>■ Amoxicillin-clavulanate</li> </ul>		
Azithromycin and clarithromycin	<ul style="list-style-type: none"> <li>■ Azithromycin</li> <li>■ Clarithromycin</li> </ul>		
Cephalosporin (first generation)	<ul style="list-style-type: none"> <li>■ Cefadroxil</li> <li>■ Cefazolin</li> <li>■ Cephalexin</li> </ul>		
Cephalosporin (second, third, fourth generation)	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> <ul style="list-style-type: none"> <li>■ Cefaclor</li> <li>■ Cefdinir</li> <li>■ Cefepime</li> <li>■ Cefixime</li> <li>■ Cefotaxime</li> <li>■ Cefotetan</li> </ul> </td> <td style="width: 40%;"> <ul style="list-style-type: none"> <li>■ Cefoxitin</li> <li>■ Cefpodoxime</li> <li>■ Cefprozil</li> <li>■ Ceftriaxone</li> <li>■ Cefuroxime</li> <li>■ Ceftazidime</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>■ Cefaclor</li> <li>■ Cefdinir</li> <li>■ Cefepime</li> <li>■ Cefixime</li> <li>■ Cefotaxime</li> <li>■ Cefotetan</li> </ul>	<ul style="list-style-type: none"> <li>■ Cefoxitin</li> <li>■ Cefpodoxime</li> <li>■ Cefprozil</li> <li>■ Ceftriaxone</li> <li>■ Cefuroxime</li> <li>■ Ceftazidime</li> </ul>
<ul style="list-style-type: none"> <li>■ Cefaclor</li> <li>■ Cefdinir</li> <li>■ Cefepime</li> <li>■ Cefixime</li> <li>■ Cefotaxime</li> <li>■ Cefotetan</li> </ul>	<ul style="list-style-type: none"> <li>■ Cefoxitin</li> <li>■ Cefpodoxime</li> <li>■ Cefprozil</li> <li>■ Ceftriaxone</li> <li>■ Cefuroxime</li> <li>■ Ceftazidime</li> </ul>		
Clindamycin	<ul style="list-style-type: none"> <li>■ Clindamycin</li> </ul>		
Lincosamide (other than clindamycin)	<ul style="list-style-type: none"> <li>■ Lincomycin</li> </ul>		
Macrolide (other than azithromycin and clarithromycin)	<ul style="list-style-type: none"> <li>■ Erythromycin</li> </ul>		

DRUG CATEGORY	MEDICATIONS	
<b>Penicillin (other than amoxicillin/clavulanate)</b>	<ul style="list-style-type: none"> <li>■ Ampicillin</li> <li>■ Ampicillin-sulbactam</li> <li>■ Amoxicillin</li> <li>■ Dicloxacillin</li> <li>■ Nafcillin</li> <li>■ Oxacillin</li> <li>■ Penicillin G benzathine</li> </ul>	<ul style="list-style-type: none"> <li>■ Penicillin G benzathine-procaine</li> <li>■ Penicillin G potassium</li> <li>■ Penicillin G procaine</li> <li>■ Penicillin G sodium</li> <li>■ Penicillin V potassium</li> <li>■ Piperacillin-tazobactam</li> </ul>
<b>Tetracyclines</b>	<ul style="list-style-type: none"> <li>■ Doxycycline</li> <li>■ Minocycline</li> <li>■ Tetracycline</li> </ul>	
<b>Quinolones</b>	<ul style="list-style-type: none"> <li>■ Ciprofloxacin</li> <li>■ Gemifloxacin</li> <li>■ Levofloxacin</li> </ul>	<ul style="list-style-type: none"> <li>■ Moxifloxacin</li> <li>■ Ofloxacin</li> </ul>
<b>Miscellaneous antibiotics</b>	<ul style="list-style-type: none"> <li>■ Aztreonam Chloramphenicol</li> <li>■ Dalfopristin-quinupristin</li> <li>■ Daptomycin</li> <li>■ Fosfomycin</li> <li>■ Linezolid</li> <li>■ Metronidazole</li> <li>■ Nitrofurantoin</li> <li>■ Nitrofurantoin macrocrystals-monohydrate</li> <li>■ Rifampin</li> <li>■ Telavancin</li> <li>■ Trimethoprim</li> <li>■ Vancomycin</li> </ul>	

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**(CWP) APPROPRIATE TESTING FOR PHARYNGITIS** ● ● ●

The percentage of episodes for patients 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

**Tips and Best Practices to Close Care Gaps:**

- Ensure patients dispensed an antibiotic for pharyngitis have been screened for group A streptococcus every time. Review and document group A strep test in your records.
- Use correct procedure codes on claims. Include any additional diagnoses besides pharyngitis, if appropriate. If a patient is requesting antibiotics for a sore throat or cold, educate the patient on the difference between bacterial and viral infections.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
<b>Pharyngitis</b>	<b>ICD-10:</b> J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
<b>Group A Strep Tests</b>	<b>CPT:</b> 87070, 87071, 87081, 87430, 87650-87652, 87880

DRUG CATEGORY	MEDICATIONS	
<b>Aminopenicillins</b>	<ul style="list-style-type: none"> <li>Amoxicillin</li> </ul>	<ul style="list-style-type: none"> <li>Ampicillin</li> </ul>
<b>Beta-lactamase inhibitors</b>	<ul style="list-style-type: none"> <li>Amoxicillin-clavulanate</li> </ul>	
<b>First generation cephalosporins</b>	<ul style="list-style-type: none"> <li>Cefadroxil</li> <li>Cefazolin</li> <li>Cephalexin</li> </ul>	
<b>Folate antagonist</b>	<ul style="list-style-type: none"> <li>Trimethoprim</li> </ul>	
<b>Lincomycin derivatives</b>	<ul style="list-style-type: none"> <li>Clindamycin</li> </ul>	
<b>Macrolides</b>	<ul style="list-style-type: none"> <li>Azithromycin</li> <li>Clarithromycin</li> <li>Erythromycin</li> </ul>	
<b>Natural penicillins</b>	<ul style="list-style-type: none"> <li>Penicillin G potassium</li> <li>Penicillin G sodium</li> </ul>	<ul style="list-style-type: none"> <li>Penicillin V potassium</li> <li>Penicillin G benzathine</li> </ul>
<b>Quinolones</b>	<ul style="list-style-type: none"> <li>Ciprofloxacin</li> <li>Levofloxacin</li> </ul>	<ul style="list-style-type: none"> <li>Moxifloxacin</li> <li>Ofloxacin</li> </ul>
<b>Second generation cephalosporins</b>	<ul style="list-style-type: none"> <li>Cefaclor</li> <li>Cefprozil</li> <li>Cefuroxime</li> </ul>	
<b>Sulfonamides</b>	<ul style="list-style-type: none"> <li>Sulfamethoxazole-trimethoprim</li> </ul>	
<b>Tetracyclines</b>	<ul style="list-style-type: none"> <li>Doxycycline</li> <li>Minocycline</li> <li>Tetracycline</li> </ul>	
<b>Third generation cephalosporins</b>	<ul style="list-style-type: none"> <li>Cefdinir</li> <li>Cefixime</li> </ul>	<ul style="list-style-type: none"> <li>Cefpodoxime</li> <li>Ceftriaxone</li> </ul>

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## (DSF-E) DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS ● ● ●

The percentage of patients 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- Depression Screening.** The percentage of patients who were screened for clinical depression using a standardized instrument.
- Follow-Up on Positive Screen.** The percentage of patients who received follow-up care within 30 days of a positive depression screen finding.

### **Tips and Best Practices to Close Care Gaps:**

- Screen for depression/mood changes at every visit. Consider using a validated tool (i.e., PHQ9) to identify depression symptoms.
- Provide referral and/or assist in making an appointment to a Behavioral Health Provider for patients who score high on your screening tool.
- Follow-up with your patient, by phone or telehealth appointment, to ensure they made or attended an appointment with a Behavioral Health Provider within 30 days of screening positive for depression.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
<b>Depression or Other Behavioral Health Condition</b>	<b>ICD-10:</b> F01.51, F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.8, F32.81, F32.89, F32.9, F32.A, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39-F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230-F40.233, F40.240-F40.243, F40.248, F40.290, F40.291, F40.298, F40.8-F41.0, F41.1, F41.3, F41.8, F41.9, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53-F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8-F91.3, F91.8, F91.9, F93.0, F93.8-F94.2, F94.8, F94.9, O90.6, O99.340-O99.345
<b>Depression Case Management Encounter</b>	99366, 99492-99494

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**(FUA) FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR SUBSTANCE USE** ● ● ●

The percentage of emergency department (ED) visits among patients age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported:

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

**Tips and Best Practices to Close Care Gaps:**

- Offer virtual, telehealth, and phone visits.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.
- Encourage coordination of care and communication between the physical and behavioral health providers to address any comorbidity.
- Reinforce the treatment plan and evaluate any medication regimen considering presence/absence of side effects, etc.
- Partner with the health plan to address social determinants, health equity, and quality care.
- Provide timely submission of claims and code substance related diagnosis and visits correctly.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
<b>Telephone Visits</b>	<b>CPT:</b> 98966-98968, 99441-99443
<b>Online Assessments</b>	<b>CPT:</b> 98970-98972, 98980, 98981, 99421-99423, 99457, 99458
<b>Behavioral Health Assessment</b>	<b>CPT:</b> 99408, 99409

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## (FUH) FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS ●●●

The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
2. The percentage of discharges for which the member received follow-up within 7 days after discharge.

### **Tips and Best Practices to Close Care Gaps:**

- Schedule follow up appointments prior to discharge and include the date and time on discharge instructions.
- FUH appointment should be used as a post-stabilization assessment, not treatment appointment.
- Work to engage patients in the Case Management program that health plan offers.
- Assist patients to schedule both the 7 days and 30 day follow up appointments with their mental health care provider to include transportation if needed.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Telehealth Visits	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 02, 10
Telephone Visits	CPT: 98966-98968, 99441-99443
Online Assessments	CPT: 98970-98972, 98980, 98981, 99421-99423, 99457, 99458
Transitional Care Management	CPT: 99495, 99496
Behavioral Health Assessment	CPT: 99408, 99409

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## (FUI) 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 patients 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:

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

### **Tips and Best Practices to Close Care Gaps:**

- Offer virtual, telehealth and phone visits.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.

- Provide integrated/coordinated care between the physical and behavioral health providers to address any comorbidity.
- Reinforce the treatment plan and evaluate any medication regimen considering presence/ absence of side effects, etc.
- Partner with the health plan to address social determinants, health equity, and quality care.
- Provide timely submission of claims and code substance related diagnosis and visits correctly.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
<b>Visit Setting Unspecified</b>	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255

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**(FUM) FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS** ●●●

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

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

**Tips and Best Practices to Close Care Gaps:**

- Offer virtual, telehealth and phone visits.
- Discuss the benefits of seeing a primary or specialty provider and appropriate ED utilization.
- Reach out proactively to assist in (re)scheduling appointments within the required timeframes.
- Partner with the health plan to address social determinants, health equity, and quality care.
- Provide timely submission of claims and code related diagnosis and visits correctly.
- Working collaboratively with hospital ERs to obtain data exchange reports on patients seen in the ER to improve care coordination.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
<b>Telehealth Visits</b>	<b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 <b>POS:</b> 02, 10
<b>Telephone Visits</b>	<b>CPT:</b> 98966-98968, 99441-99443
<b>E-Visit or Virtual Check in</b>	<b>CPT:</b> 98969-98972, 99421-99444, 99457, 99458



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## (POD) PHARMACOTHERAPY FOR OPIOID USE DISORDER ●●●

Percentage of new opioid use disorder pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of opioid use disorder and a new opioid use disorder pharmacotherapy event.

### Tips and Best Practices to Close Care Gaps:

- Consider Medication Assisted Treatment (MAT) for opioid abuse or dependence.
- Helping the patient manage stressors and identify triggers for a return to illicit opioid use.
- Provide ongoing assessment to mark progress. Revise treatment goals via shared decision making to incorporate new insights.
- Submit claims and encounter data in a timely manner.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Opioid Abuse and Dependence	ICD-10: F11.10, F11.120-F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220-F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29

DRUG CATEGORY	MEDICATIONS
Antagonist	Naltrexone (oral or injectable)
Partial agonist	Buprenorphine (sublingual tablet, injection, implant)
Partial agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
Agonist	Methadone

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## (IET) 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.

### Tips and Best Practices to Close Care Gaps:

- Discuss the importance of timely, recommended follow-up visits.
- Coordinate care between behavioral health and primary care
- Reach out to patients who cancel appointments and assist them.
- Consider telemedicine visit when in-person visits are not available.
- This is an administrative measure, please submit all applicable codes for credit.
- Supplemental data can be used for compliance of this measure.

DESCRIPTION	CODES
Telehealth Visits	<b>CPT:</b> 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255 <b>POS:</b> 02, 10
Telephone Visits	<b>CPT:</b> 98966-98968, 99441-99443
E-Visit or Virtual Check in	<b>CPT:</b> 98969–98972, 99421–99444, 99457, 99458

DRUG CATEGORY	MEDICATIONS
<b>Alcohol Use Disorder Treatment Medications</b>	
Aldehyde Dehydrogenase Inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosate (oral; delayed-release tablet)
<b>Opioid Use Disorder Treatment Medications</b>	
Antagonist	Naltrexone (oral or injectable)
Partial agonist	Buprenorphine (sublingual tablet, injection, implant)
Partial agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

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## (SNS-E) SOCIAL NEED SCREENING AND INTERVENTION ● ● ●

The percentage of patients who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive.

- Food Screening. The percentage of patients who were screened for food insecurity.
- **Food Intervention.** The percentage of patients who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.
- **Housing Screening.** The percentage of patients who were screened for housing instability, homelessness, or housing inadequacy.
- **Housing Intervention.** The percentage of patients who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness, or housing inadequacy.
- **Transportation Screening.** The percentage of patients who were screened for transportation insecurity.
- **Transportation Intervention.** The percentage of patients who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.

### **Tips and Best Practices to Close Care Gaps:**

- Review the completed SDOH screening tool prior to the visit and incorporate into the plan of care.
- Consider action at each visit with information available.
- Refer patients to additional team patients for education, such as an on-site social worker, as needed.
- Supplemental data can be used for compliance of this measure.

<b>DESCRIPTION</b>	<b>CODES</b>
<b>Food Insecurity Procedures</b>	<b>CPT:</b> 96156, 96160, 96161, 97802, 97803, 97804
<b>Housing Instability Procedures</b>	<b>CPT:</b> 96156, 96160, 96161
<b>Inadequate Housing Procedures</b>	<b>CPT:</b> 96156, 96160, 96161
<b>Homelessness Procedures</b>	<b>CPT:</b> 96156, 96160, 96161
<b>Transportation Insecurity Procedures</b>	<b>CPT:</b> 96156, 96160, 96161

# OVERUSE MEASURES



## (AAB) AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/BRONCHIOLITIS ●●●

The percentage of episodes for patients ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event. Patients with a diagnosis of acute bronchitis/bronchiolitis only should not receive antibiotics.

### **Tips and Best Practices to Close Care Gaps:**

- Discourage the use of antibiotics for routine treatment of uncomplicated acute bronchitis or URI, unless clinically indicated. It may be helpful to refer to their illness as a ‘chest cold’ or viral upper respiratory infection in patient communications, if appropriate.
- If you are treating a patient for another condition or illness, document the other diagnosis code on the claim.
- If prescribing an antibiotic for a bacterial infection, use the diagnosis code for the bacterial infection and/or comorbid condition.
- If a patient is requesting antibiotics for their condition, educate the patient on the difference between bacterial and viral infections.
- This is an administrative measure, please submit all applicable codes for credit.

DESCRIPTION	CODES
Acute Bronchitis	ICD-10: J20.3-J21.1, J21.8, J21.9
Pharyngitis	ICD-10: J02.0, J02.8-J03.01, J03.80, J03.81, J03.90, J03.91

## (COU) RISK OF CONTINUED OPIOID USE ●●●

The percentage of patients 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

1. The percentage of patients with at least 15 days of prescription opioids in a 30-day period.
2. The percentage of patients with at least 31 days of prescription opioids in a 62-day period.

**Tips and Best Practices to Close Care Gaps:**

- Use the lowest dosage of opioids for the shortest length of time possible.
- Assist patients with identifying alternative pain management methods.
- Consider urine drug screening to assess other illicit substance use or other opiates.
- Establish and measure goals for pain and function as well as goals for reducing and stopping use (how much they should reduce and the date they wish to stop use completely).
- Provide clear written instructions for medication schedule.
- Establish follow-up appointments shortly after prescribing opioids to reassess the pain management plan and identify any barriers to member keeping appointment.
- This is an administrative measure, please submit all applicable codes for credit.

DRUG CATEGORY	MEDICATIONS	
<b>Opioid Medications</b>	<ul style="list-style-type: none"> <li>■ Benzhydrocodone</li> <li>■ Buprenorphine (transdermal patch and buccal film)</li> <li>■ Butorphanol</li> <li>■ Codeine</li> <li>■ Dihydrocodeine</li> <li>■ Fentanyl</li> <li>■ Hydrocodone</li> <li>■ Hydromorphone</li> </ul>	<ul style="list-style-type: none"> <li>■ Levorphanol</li> <li>■ Meperidine</li> <li>■ Methadone</li> <li>■ Morphine</li> <li>■ Opium</li> <li>■ Oxycodone</li> <li>■ Pentazocine</li> <li>■ Tapentadol</li> <li>■ Tramadol</li> </ul>

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**(DAE) USE OF HIGH-RISK MEDICATIONS IN OLDER ADULTS ●**

The percentage of Medicare patients 67 years of age and older who had at least two dispensing events for the same high-risk medication. Three rates are reported:

1. The percentage of Medicare patients 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class.
2. The percentage of Medicare patients 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses.
3. Total rate (the sum of the two numerators divided by the denominator, deduplicating for patients in both numerators).

**Tips and Best Practices to Close Care Gaps:**

- Avoid prescribing high-risk drugs: This is a simple and effective strategy in reducing medication-related problems and adverse drug events in older adults.
- Regularly review your patients’ prescriptions and over-the-counter medications: Look for signs of unnecessary or duplicate medications, prescribing from multiple doctors and harmful interactions.
- Ask the patient if they understand what each of the drugs is for and explain how to take them properly.
- This is an administrative measure, please submit all applicable codes for credit.

**High Risk Medications by Drug Class:**

- Anticholinergics, first-generation antihistamine
- Anticholinergics, anti-Parkinson agents
- Antispasmodics
- Antithrombotic
- Cardiovascular, alpha agonists, central
- Cardiovascular, other
- Central nervous system, antidepressants
- Central nervous system, barbiturates
- Central nervous system, vasodilators
- Central nervous system, other
- Endocrine system, estrogens with or without progestins; include only oral and topical patch products.
- Endocrine system, sulfonyleureas, long-duration
- Endocrine system, other
- Nonbenzodiazepine hypnotics
- Pain medications, skeletal muscle relaxants
- Pain medications, other

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## **(DDE) POTENTIALLY HARMFUL DRUG-DISEASE INTERACTIONS IN OLDER ADULTS ●**

The percentage of Medicare patients 65 years of age and older who have evidence of an underlying disease, condition, or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.

### **Report each of the three rates separately and as a total rate.**

- A history of falls and a prescription for antiepileptics, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics or antidepressants (SSRIs, tricyclic antidepressants and SNRIs).
- Dementia and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents.
- Chronic kidney disease and prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs.
- Total rate (the sum of the three numerators divided by the sum of the three denominators).
- Patients with more than one disease or condition may appear in the measure multiple times (i.e., in each indicator for which they qualify).

### **Tips and Best Practices to Close Care Gaps:**

- Monitor patients for signs of adverse drug effects.
- Regularly re-evaluate continuation of drug therapy and stopping therapy if drugs are no longer necessary.
- Document follow-up care of older adults prescribed multiple drugs.
- This is an administrative measure, please submit all applicable codes for credit.

### **Underlying Condition or Health Concern:**

■ Falls	■ CKD Stage 4
■ Hip Fractures	■ Dialysis Procedure
■ Dementia	■ Total Nephrectomy
■ ESRD	■ Kidney Transplant

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### **(HDO) USE OF OPIOIDS AT HIGH DOSAGE** ● ● ●

The percentage of patients 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME]  $\geq 90$ ) for  $\geq 15$  days during the measurement year.

#### **Tips and Best Practices to Close Care Gaps:**

- Use the lowest dosage of opioids in the shortest length of time possible.
- Establish and measure goals for pain and function.
- Discuss benefits and risks and availability of non-opioid therapies with patient.
- This is an administrative measure, please submit all applicable codes for credit.

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### **(LBP) USE OF IMAGING STUDIES FOR LOW BACK PAIN** ● ● ●

The percentage of patients 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

#### **Tips and Best Practices to Close Care Gaps:**

- Provide patient education on comfort measures to address low back pain, such as stretching exercises, pain relief, physical therapy, or massage.
- Document and code correctly all co-morbidities such motor vehicle accident, fall, trauma, cancer, or other injuries.
- This is an administrative measure, please submit all applicable codes for credit.

<b>DESCRIPTION</b>	<b>CODES</b>
<b>Imaging Study</b>	<b>CPT:</b> 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080-72084, 72100, 72110, 72114, 72120, 72125-72133, 72141, 72142, 72146-72149, 72156-72158, 72200, 72202, 72220

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### **(PSA) NON-RECOMMENDED PSA-BASED SCREENING IN OLDER MEN** ●

The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

#### **Tips and Best Practices to Close Care Gaps:**

- Educate patients on the adverse effects and benefits of the testing.
- Avoid testing for low-risk men if patient:
  - ▶ Has no prior family history of prostate cancer.

- ▶ Has no prior history of elevated PSA test.
- This is an administrative measure, please submit all applicable codes for credit.

DESCRIPTION	CODES
PSA Lab Test	<b>CPT:</b> 84152 – 84154 <b>LOINC:</b> 10886-0, 12841-3, 2857-1, 33667-7, 35741-8, 83112-3, 83113-1

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### (UOP) USE OF OPIOIDS FROM MULTIPLE PROVIDERS ●●●

The percentage of patients 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, who received opioids from multiple providers. Three rates are reported.

- 1. Multiple Prescribers.** The percentage of patients receiving prescriptions for opioids from four or more different prescribers during the measurement year.
- 2. Multiple Pharmacies.** The percentage of patients receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
- 3. Multiple Prescribers and Multiple Pharmacies.** The percentage of patients receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year (i.e., the percentage of patients who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

**Note:** A lower rate indicates better performance for all three rates.

#### Tips and Best Practices to Close Care Gaps:

- Use best practices to manage pain and establish a comprehensive Pain Management plan.
- Set patient-prescriber expectations regarding controlled substance prescriptions from other providers and multiple pharmacies.
- Educate patient on opioid safety and risks associated with use of multiple opioids from different providers.
- This is an administrative measure, please submit all applicable codes for credit.

DRUG CATEGORY	MEDICATIONS	
Opioid Medications	<ul style="list-style-type: none"> <li>■ Benzhydrocodone</li> <li>■ Buprenorphine (transdermal patch and buccal film)</li> <li>■ Butorphanol</li> <li>■ Codeine</li> <li>■ Dihydrocodeine</li> <li>■ Fentanyl</li> <li>■ Hydrocodone</li> <li>■ Hydromorphone</li> </ul>	<ul style="list-style-type: none"> <li>■ Levorphanol</li> <li>■ Meperidine</li> <li>■ Methadone</li> <li>■ Morphine</li> <li>■ Opium</li> <li>■ Oxycodone</li> <li>■ Pentazocine</li> <li>■ Tapentadol</li> <li>■ Tramadol</li> </ul>



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## (URI) APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION ●●●

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

### **Tips and Best Practices to Close Care Gaps:**

- Do not prescribe an antibiotic for a URI diagnosis only.
- Submit any co-morbid/competing diagnosis codes that apply.
- Educate patient on comfort measures and advise patient to call back if symptoms worsen.
- This is an administrative measure, please submit all applicable codes for credit.

DESCRIPTION	CODE
Pharyngitis	ICD-10: J02.0, J02.8-J03.01, J03.80, J03.81, J03.90, J03.91
URI	ICD-10: J00, J06.0, J06.9



**Show Me Healthy Kids**  
MANAGED BY HOME STATE HEALTH



## **CUSTOMER SERVICE ADVOCATES**

**Home State Health (Medicaid): 1-855-694-4663**

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**Show Me Healthy Kids (Medicaid): 1-877-236-1020**

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**Ambetter from Home State Health (Marketplace): 1-855-650-3789**

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**WellCare from Allwell (Medicare): 1-855-766-1452**

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**WellCare from Allwell (DSNP): 1-833-298-3361**

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**Wellcare: 1-855-538-0454**

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