HEDIS Benchmarks and Coding Guidelines for Quality Care

Amerigroup RealSolutions® in healthcare

Georgia | Georgia Families® • Georgia Families 360°℠ • PeachCare for Kids® • Planning for Healthy Babies® • Georgia Pathways to Coverage™

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Quality Reporting

To keep ourselves accountable to the Department of Community Health (DCH), you and our members, we compare our performance against benchmarks for certain quality performance measures. These performance measures are based on technical specifications developed by agencies such as the National Committee for Quality Assurance (NCQA), the Agency for Healthcare Research & Quality (AHRQ), and the Centers for Medicare & Medicaid Services (CMS). These performance measures are a contractual requirement with the DCH and may also be utilized for public reporting by agencies, such as the DCH and NCQA.

Several of the tools utilized to assess and report our performance include, but may not be limited to:

- Healthcare Effectiveness Data and Information Set (HEDIS®) — a widely used set of performance measures developed by NCQA to measure performance of the care and services provided to our members.
- Core Set of Health Care Quality Measures (adult/child) — performance measures published by CMS to better understand the quality of health care that children/adults receive through Medicaid and/or Children's Health Insurance Program (CHIP) programs.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) — an annual standardized survey conducted anonymously by an NCQA-Certified third-party vendor to assess consumers' experiences with their health plan and health care services.

We recognize that the demands on providers are greater and more complex than ever before. Yet, providing high quality care remains a principal priority. As your partner, we want to lend a hand in improving HEDIS rates, so we are committed to:

- Helping you understand HEDIS and other performance measures
- Outlining the details of key measures
- Providing the applicable codes that meet compliance
- Sharing quality performance and results
- Offering best practices and helpful tips
- Pointing you to valuable tools and resources

Providers and their staff play a central role in promoting the health of our members. To help facilitate HEDIS process improvement, you and your staff can:

- Understand HEDIS and other performance measures.
- Provide the appropriate care within the required time frame(s).
- Document all care in the patient's medical record.
- Accurately code all claims. Providing accurate information on a claim may reduce the number of records requested.
- Comply with medical records requests promptly, preferably within 5 to 7 business days.

- Utilize results and feedback to improve performance.
- Consider electronic data sharing to capture data that may not be submitted on a claim form. Contact your provider relationship management representative for additional details and questions.

Please visit **mydiversepatients.com/index** for additional information about eLearning experiences on provider cultural competency and health equity.

To help make it as easy as possible to keep up with annual changes to HEDIS documentation, we have created a library of HEDIS content for you. You'll find tip sheets with coding information and more for many HEDIS measures and other documentation to help ensure accurate claims coding, which helps ensure accurate reimbursement. Go to **providernews.amerigroup.com/ga** to view all communications in the Optimizing HEDIS & STARS category.

Electronic Clinical Data Systems (ECDS) Reporting

Recently, NCQA developed the Electronic Clinical Data Systems (ECDS) reporting method. The HEDIS® quality measures reported using the Electronic Clinical Data Systems (ECDS) inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices. ECDS measures allow health plans the opportunity to utilize multiple data sources for HEDIS reporting. These sources may include electronic health records (EHR)/personal health records (PHR), Health information exchange (HIE)/clinical registries, case management systems as well as the administrative data (claims) utilized in traditional HEDIS measure reporting.

Organizations that report HEDIS using ECDS encourage the electronic exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time. Several key points and helpful tips regarding electronic clinical data/ECDS are listed below.

- According to the NCQA, the **HEDIS hybrid data collection** (medical record collection) will be phased-out in the coming years.
- ECDS reporting is part of the National Committee for Quality Assurance's (NCQA) larger strategy to enable a digital quality system and is aligned with the industry's move to digital measures.
- The ECDS reporting standard provides a method to collect and report structured electronic clinical data for HEDIS quality measurement and improvement.
- Health plans and healthcare providers will need to take advantage of electronic data streams to ensure accurate reporting of measures that require data not typically found in claims.
- CPT® Category II codes can be used for performance measurement. The use of the CPT II codes can improve quality reporting and may decrease the need for medical record review. These codes may also be eligible for additional reimbursement.
- CVX codes (vaccine administered code set) represent the type of product used in an immunization. Every immunization that used a given type of product will have the same CVX, regardless of who received it.
- Logical Observation Identifiers Names and Codes (LOINC) and SNOMED codes (supports the development of comprehensive high-quality clinical content in electronic health records) do not appear on claims and are quickly becoming vital to HEDIS reporting, especially for ECDS measures:
    - LOINC codes — while typically associated with lab data, there are several behavioral health screenings that can only be represented by LOINC codes for the purposes of HEDIS reporting and can be extracted from electronic medical record (EMR) systems.

    - SNOMED codes represent both diagnoses and procedures as well as clinical findings. SNOMED codes are the industry standard for classifying clinical data in EMR systems and can be extracted from EMR systems.
    - Because LOINC codes and SNOMED CT codes can only be obtained through supplemental data feeds, it is important that health plans and the provider community embrace the sharing of these EMR data to ensure the quality of care our members are receiving.
- Make full use of CPT II codes to submit care quality findings, many HEDIS gaps could be closed via claims if CPT II codes were fully utilized.
- Ensure your EMR system is set up to link the clinical and behavior health entries to LOINC codes and SNOMED codes.
- ECDS Measures applicable to Georgia providers include but may not be limited to:
    - Blood Pressure Control for Patients with Hypertension (BPC-E)
    - Breast Cancer Screening (BCS-E)
    - Cervical Cancer Screening (CCS-E)
    - Colorectal Cancer Screening (COL-E)
    - Childhood Immunization Status (CIS-E)
    - Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
    - Immunizations for Adolescents (IMA-E)
    - Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

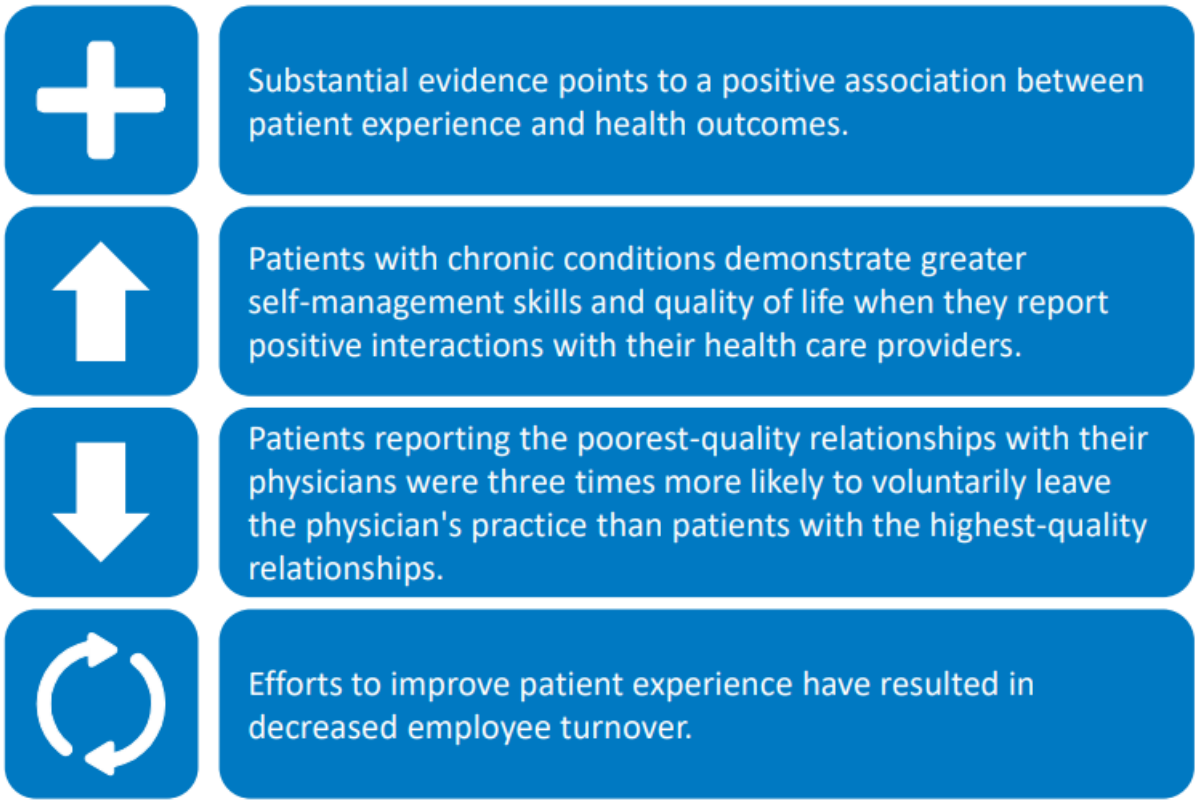
The Amerigroup 2025 ECDS Coding booklet can be found by visiting the provider portal **provider.amerigroup.com/georgia-provider/resources/manuals-policies-guidelines**

More information about ECDS Reporting can also be found here: **ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting**.

CAHPS Survey

Each year, from January to May, our members receive a survey called Consumer Assessment of Healthcare Providers and Systems (CAHPS®). CAHPS is an annual standardized tool conducted to assess consumer (member) experience with their health care services and health plan. The information from this survey is used to improve the quality of services we give to our members.

Why focus on member experience?



Tips to improve the member experience:
The CAHPS survey is comprised of several categories that include questions specific to the member's experience with their provider. Since providers and their staff play a key role in the member experience, listed below are several best practices and helpful tips to improve the member's experience:

- Getting care quickly - This category measures the member's perception of how quickly they received routine or urgent care within the last six months. Best practices and helpful tips to help members get care quickly include but are not limited to:

  - Offer weekend/evening appointments to accommodate your patients' schedules.
  - Include clear instruction on how to access after-hours care such as dialing 911 in the case of an emergency.
  - Consider assigning staff dedicated to preliminary work-up activities.
  - If possible, leave a few appointments available each day for urgent visits.
  - Offer visits to members to see nurse practitioners or physician assistants.
  - Understand Amerigroup standards for routine and urgent visit wait time for an appointment. Review our standards in your provider manual at **provider.amerigroup.com/georgia-provider** > *Resources* > *Provider Manuals Policies & Guidelines* > *Georgia Provider Manual*
  - Remind patients they can call the 24/7 NurseLine, located on the back of their member ID card, available seven days a week for health-related questions.
- Getting needed care – This category measures the member's perception of how easily they were able to get the care they needed from their doctor or specialist within the last six months, including tests, screenings, visits, and treatments. Best practices and helpful tips to help members get the care they need include but are not limited to:
  - Offer an appointment agenda where patients can list concerns or questions they would like to address during their visit.
  - Write down details regarding visits and referrals to a specialist for the patient.
  - If possible, leave a few appointments available each day for urgent visits.
  - Review all available treatment options for the patient in their language. Amerigroup offers both telephone and face-to-face interpreter services, which you can access by calling Provider Services at **800-454-3730**. Twenty-four hours are required to schedule services.
  - Avoid using medical terms that could confuse the patient.
  - Provider offices should schedule follow-up appointments for needed screenings, tests, treatments and exams for patients while they are in the office for their visit.
  - Patients can also schedule appointments by contacting Member Services using the number located on the back of their member ID card **800-600-4441 (TTY 711)**.
- Coordination of care – This category measures the member's perception of how informed their doctor seemed regarding the care they received with other physicians or health providers within the last six months. Best practices and helpful tips to ensure coordination of care include but are not limited to:
  - Regularly talk to your patients about any specialists or other physicians they have seen. Ask about the care they received and if they were given any reports or notes.
  - Consider implementing a reminder in the medical record to request test results or follow-up reports. This will ensure appropriate follow-up for the patient.
  - Keep an open dialogue with your patient and discuss their previous medical history.

  - Set an expectation for the patient so they know when they will receive a follow-up call or test results. If this process is not part of the office protocol, make sure the patient is aware so they understand how they can obtain their results or follow-up.
- How well doctors communicate – This category measures the member's perception of how well their physician communicated with them within the last six months. Questions in this category take into account how the physician explained things regarding their health, how well they understood the information, if the doctor listened to the patient, if the doctor was respectful and how much time the physician spent with them. Best practices and helpful tips to ensure effective communication with members include but are not limited to:
  - Offer an appointment agenda where patients can list concerns or questions they would like to address during their visit.
  - Ensure there is enough time for each patient's appointment to allow time for communication between physician and patient. Allow the opportunity for patients to ask questions and check their understanding of the information provided during the visit.
  - Listen to your patient's needs. Avoid using terms that could confuse the patient.
  - Take feedback from your patients by providing short survey cards to see how the office can improve.
  - Offer a visit summary to the patient that includes any treatment, goals, or action plans that were discussed, prescriptions, and what the medications are for, including side effects. Include the next appointment time or recommended next appointment timeframe. If the patient is being referred to a specialist, include that information in the summary along with the option to email this information to the patient with the appropriate signatures and permissions for (*HIPAA*, compliance, etc.) during the visit.
  - Allow the opportunity for patients to ask questions and check their understanding of the information provided during the visit. Use the teach-back method with patients to promote understanding.

Additional education about the CAHPS survey, the importance of focusing on the patient experience and ways to improve the patient experience are available by visiting the Training Programs section at **provider.amerigroup.com/georgia-provide**r.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

EPSDT Reporting

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit includes a comprehensive array of preventive, diagnostic, and treatment services for Medicaid eligible infants, children and adolescents under age 21, as specified in Section 1905(r) of the Social Security Act (the Act). The EPSDT benefit is also available to PeachCare for Kids® members up to 19 years of age. The EPSDT benefit is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of the EPSDT benefit is to assure that children get the health care they need when they need it.

Providers contracted with Amerigroup must perform all required components of an EPSDT visit as outlined in the DCH EPSDT Health Check Program Manual. Components of an ESPDT visit includes, but is not limited to:

- Comprehensive health development history (inclusive both physical and mental health).
- Comprehensive unclothed physical exam or appropriately draped
- Health education and anticipatory guidance for both the child and caregiver
- Dental/oral health assessments
- Vision and heating assessments
- Laboratory testing
- Appropriate immunizations, in accordance with the pediatric and adult schedules for vaccines established by the Advisory Committee on Immunization Practices (ACIP)
- Other necessary health care — diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services

When providing ESPDT services, please remember:

- Providers are encouraged to see members newly enrolled in Georgia Families within 90 calendar days to establish a primary medical care relationship and complete a medical assessment.
- Providers are required to see members newly entering or re-entering the Georgia Families 360°SM program within 10 calendar days to establish a primary medical care relationship and complete a medical assessment as outlined in DCH's EPSDT program. Children and adolescents in the Georgia Families 360°SM program may require more frequent EPSDT services than what is listed in the Bright Futures Periodicity Schedule.
- In accordance with federal regulation, a provider is not required to exhaust other health plan benefits with respect to EPSDT preventive health screenings. Even if the member has other health insurance, you may file Medicaid first for preventive health services as outlined in Part 1 Policies and Procedures for Medicaid and PeachCare for Kids®. This will ensure accurate and timely reporting of EPSDT services.

- Preventive health visits (well visits) should be completed per the Bright Futures Periodicity Schedule. Sick visits may be missed opportunities to complete a well visit and may count for a well-visit if the appropriate documentation is included. Amerigroup allows reimbursement for preventive health visits (well visits) that include sick visits. Be sure to bill modifier 25 with the applicable evaluation and management (E&M) code (CPT® codes 99211 to 99212) for the sick visit as well as the appropriate diagnosis codes, POS codes and/or modifiers for respective visits.
- The appropriate EPSDT *HIPAA* referral code should be documented on the EPSDT claim when an EPSDT visit has occurred to document whether or not problems were identified during the preventive health visit and a referral is needed for further diagnostic and treatment services:
    - NU — normal, no follow-up visit needed
    - AV — available, not used: Patient refused referral.
    - S2 — under treatment: Patient is currently under treatment for health problem and has a return visit.
    - ST — new services requested: Referral to another provider for diagnostic or corrective treatment/scheduled.

Performance Measures

Adults' Access to Preventive/Ambulatory Health Services (AAP)

This HEDIS measure looks at the percentage of patients 20 years of age and older who had an ambulatory or preventive care visit during the measurement year.

Record your efforts

Description	CPT/HCPCS
Ambulatory Visits	CPT 92002, 92004, 92012, 92014, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 9942999457, 99458, 99483 HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only G0402: Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment G0438: Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit G0439: Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit G0463: Hospital outpatient clinic visit for assessment and management of a patient G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment

Description	CPT/HCPCS
	G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion S0620: Routine ophthalmological examination including refraction; new patient S0621: Routine ophthalmological examination including refraction; established patient T1015: Clinic visit/encounter, all-inclusive
Description	**ICD10CM**
Reason for Ambulatory Visit	Z00.00: Encounter for general adult medical examination without abnormal findings Z00.01: Encounter for general adult medical examination with abnormal findings Z00.3: Encounter for examination for adolescent development state Z00.5: Encounter for examination of potential donor of organ and tissue Z00.8: Encounter for other general examination Z02.0: Encounter for examination for admission to educational institution Z02.1: Encounter for pre-employment examination Z02.2: Encounter for examination for admission to residential institution Z02.3: Encounter for examination for recruitment to armed forces Z02.4: Encounter for examination for driving license Z02.5: Encounter for examination for participation in sport Z02.6: Encounter for examination for insurance purposes Z02.71: Encounter for disability determination

Description	CPT/HCPCS
	Z02.79: Encounter for issue of other medical certificate Z02.81: Encounter for paternity testing Z02.82: Encounter for adoption services Z02.83: Encounter for blood-alcohol and blood-drug test Z02.89: Encounter for other administrative examinations Z02.9: Encounter for administrative examinations, unspecified Z76.1: Encounter for health supervision and care of foundling

How can we help?

- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Appropriate Testing for Pharyngitis (CWP)

This HEDIS measure evaluates the percentage of episodes for members 3 years of age and older where the patient was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode on or between July 1 of the year prior to the measurement year to June 30 of the measurement year.

Record your efforts

- Document results of all strep tests or refusal for testing in medical record.
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.

Description	CPT/HCPCS/ICD10CM/LOINC
Pharyngitis	ICD10CM J02.0: Streptococcal pharyngitis J02.8: Acute pharyngitis due to other specified organisms J02.9: Acute pharyngitis, unspecified J03.00: Acute streptococcal tonsillitis, unspecified J03.01: Acute recurrent streptococcal tonsillitis J03.80: Acute tonsillitis due to other specified organisms J03.81: Acute recurrent tonsillitis due to other specified organisms J03.90: Acute tonsillitis, unspecified J03.91: Acute recurrent tonsillitis, unspecified
Group A Strep Tests	CPT 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880 LOINC 101300-2: Streptococcus pyogenes DNA [Presence] in Throat by NAA with non-probe detection 103627-6: Streptococcus pyogenes DNA [Presence] in Specimen by NAA with probe detection 11268-0: Streptococcus pyogenes [Presence] in Throat by Organism specific culture 17656-0: Streptococcus pyogenes [Presence] in Specimen by Organism specific culture 17898-8: Bacteria identified in Throat by Aerobe culture 18481-2: Streptococcus pyogenes Ag [Presence] in Throat 31971-5: Streptococcus pyogenes Ag [Presence] in Specimen 49610-9: Streptococcus pyogenes DNA [Identifier] in Specimen by NAA with probe detection

Description	CPT/HCPCS/ICD10CM/LOINC
	5036-9: Streptococcus pyogenes rRNA [Presence] in Specimen by Probe 60489-2: Streptococcus pyogenes DNA [Presence] in Throat by NAA with probe detection 626-2: Bacteria identified in Throat by Culture 6557-3: Streptococcus pyogenes Ag [Presence] in Throat by Immunofluorescence 6558-1: Streptococcus pyogenes Ag [Presence] in Specimen by Immunoassay 6559-9: Streptococcus pyogenes Ag [Presence] in Specimen by Immunofluorescence 68954-7: Streptococcus pyogenes rRNA [Presence] in Throat by Probe 78012-2: Streptococcus pyogenes Ag [Presence] in Throat by Rapid immunoassay
Outpatient, ED, and Telehealth	CPT 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 9942999455, 99456, 99457, 99458, 99483 HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only G0402: Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment G0438: Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit G0439: Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit G0463: Hospital outpatient clinic visit for assessment and management of a patient G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including

Description	CPT/HCPCS/ICD10CM/LOINC
	interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion T1015: Clinic visit/encounter, all-inclusive

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

Helpful tip(s)

- Refer to the illness as a sore throat due to a cold virus; patients tend to associate the label with a less-frequent need for antibiotics.
- Antibiotics do not work on viruses
- Educate members on the difference between bacterial and viral infections. This is the key point in the success of this measure. Use CDC handouts or education tools as needed.
- Discuss with members ways to treat symptoms:
    - Get extra rest.
    - Drink plenty of fluids.
    - Use over-the-counter medications.
    - Use the cool-mist vaporizer and nasal spray for congestion.

- Eat ice chips or use throat spray/lozenges for sore throats.
- Educate members and their parents or caregivers that they can prevent infection by:

Other available resource(s)

- **cdc.gov/antibiotic-use**

Appropriate Treatment for Upper Respiratory Infection (URI)

This HEDIS measure looks at the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in a dispensed antibiotic dispensing event.

A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event July 1 of the year prior to the measurement year to June 30 of the measurement year.

Record your efforts:

- Document results of all strep tests or refusal for testing in medical records.
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.

Description	CPT/HCPCS/ICD10CM
Pharyngitis	ICD10CM J02.0: Streptococcal pharyngitis J02.8: Acute pharyngitis due to other specified organisms J02.9: Acute pharyngitis, unspecified J03.00: Acute streptococcal tonsillitis, unspecified J03.01: Acute recurrent streptococcal tonsillitis J03.80: Acute tonsillitis due to other specified organisms J03.81: Acute recurrent tonsillitis due to other specified organisms J03.90: Acute tonsillitis, unspecified J03.91: Acute recurrent tonsillitis, unspecified
URI	ICD10CM J00: Acute nasopharyngitis common cold J06.0: Acute laryngopharyngitis J06.9: Acute upper respiratory infection, unspecified
Outpatient, ED and Telehealth	CPT 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99455, 99456, 99457, 99458, 99483 HCPCS

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Description	CPT/HCPCS/ICD10CM
	or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion T1015: Clinic visit/encounter, all-inclusive

Helpful tip(s)

- If a member tests negative for group A strep but insists on an antibiotic:
  - Refer to the illness as a sore throat due to a cold virus. Antibiotics do not work on viruses. Members tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, like over-the-counter medications.
- Educate members on the difference between bacterial and viral infections. This is the key point in the success of this measure.
- Discuss with members ways to treat symptoms:
  - Get extra rest.
  - Drink plenty of fluids.
  - Use over-the-counter medications.
  - Use the cool-mist vaporizer and nasal spray for congestion.
  - Eat ice chips or use throat spray/lozenges for sore throats.
- Educate members and their parents or caregivers that they can prevent infection by:
  - Washing hands frequently.
  - Disinfecting toys.
  - Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.

Other available resource(s)

- **cdc.gov/antibiotic-use**

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

This HEDIS® measure looks at the percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event July 1 of the year prior to the measurement year to June 30 of the measurement year.

Record your efforts

Description	CPT/HCPCS
Outpatient, ED and Telehealth	CPT 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99455, 99456, 99457, 99458, 99483 HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only G0402: Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment G0438: Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit G0439: Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit G0463: Hospital outpatient clinic visit for assessment and management of a patient G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days

Description	CPT/HCPCS
	nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion T1015: Clinic visit/encounter, all-inclusive
Description	**ICD10CM**
Pharyngitis	J02.0: Streptococcal pharyngitis J02.8: Acute pharyngitis due to other specified organisms J02.9: Acute pharyngitis, unspecified J03.00: Acute streptococcal tonsillitis, unspecified J03.01: Acute recurrent streptococcal tonsillitis J03.80: Acute tonsillitis due to other specified organisms J03.81: Acute recurrent tonsillitis due to other specified organisms J03.90: Acute tonsillitis, unspecified J03.91: Acute recurrent tonsillitis, unspecified

Helpful tip(s)

- If a member insists on an antibiotic:
    - Refer to the illness as a chest cold rather than bronchitis; members tend to associate the label with a less-frequent need for antibiotics.

- Consider writing a prescription for symptom relief, such as an over-the-counter cough medicine.

How can we help?

We help you with avoidance of antibiotic treatment for members with acute bronchitis/bronchiolitis by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Other available resource(s)

Go to cdc.gov/antibiotic-use

Asthma Medication Ratio (AMR)

This HEDIS measure looks at the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.

Record your efforts:

- Oral medication dispensing event: Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events — If multiple prescriptions for the same medication are dispensed on the same day, sum up the days' supply and divide by 30. Use the drug ID to determine if the prescriptions are the same or different.
- Inhaler dispensing event: All inhalers (for example, canisters) of the same medication dispensed on the same day count as one dispensing event — Medications with different drug IDs dispensed on the same day are counted as different dispensing events.
- Injection dispensing events: Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.
- Units of medications: When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, one infusion, or a 30-day or less supply of an oral medication.

Description	ICD10CM/CPT/HCPCS
Asthma	ICD10CM J45.21: Mild intermittent asthma with (acute) exacerbation J45.22: Mild intermittent asthma with status asthmaticus J45.30: Mild persistent asthma, uncomplicated J45.31: Mild persistent asthma with (acute) exacerbation J45.32: Mild persistent asthma with status asthmaticus J45.40: Moderate persistent asthma, uncomplicated J45.41: Moderate persistent asthma with (acute) exacerbation J45.42: Moderate persistent asthma with status asthmaticus J45.50: Severe persistent asthma, uncomplicated J45.51: Severe persistent asthma with (acute) exacerbation J45.52: Severe persistent asthma with status asthmaticus J45.901: Unspecified asthma with (acute) exacerbation J45.902: Unspecified asthma with status asthmaticus J45.909: Unspecified asthma, uncomplicated J45.991: Cough variant asthma J45.998: Other asthma

Description	ICD10CM/CPT/HCPCS
Outpatient and Telehealth	CPT 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99455, 99456, 99457, 99458, 99483 HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only G0402: Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment G0438: Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit G0439: Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit G0463: Hospital outpatient clinic visit for assessment and management of a patient G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established

Description	ICD10CM/CPT/HCPCS
	patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion T1015: Clinic visit/encounter, all-inclusive
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

How can we help?

- Offering current *Clinical Practice Guideline*s on our provider self-service website.
- Providing you with individual reports of your members overdue for services if needed.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Blood Pressure Control for Patients with Diabetes (BPD)

This HEDIS measure looks at the percentage of members 18 to 75 years of age with diabetes (type 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

Record your efforts

- If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP
- BP readings taken by the patient (digital monitor) and documented in the member's medical record are eligible for use in reporting (provided the BP does not meet any exclusion criteria).
- All progress notes, problem history and medication reviews
- Referrals for other providers for care (i.e., cardiologists, endocrinologists, etc.)

Description	CPT-CAT II/LOINC
Diastolic Blood Pressure	CPT-CAT II 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) 3080F: Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM) LOINC 75995-1: Diastolic blood pressure by Continuous non-invasive monitoring 8453-3: Diastolic blood pressure--sitting 8454-1: Diastolic blood pressure--standing 8455-8: Diastolic blood pressure--supine 8462-4: Diastolic blood pressure 8496-2: Brachial artery Diastolic blood pressure 8514-2: Brachial artery - left Diastolic blood pressure 8515-9: Brachial artery - right Diastolic blood pressure 89267-9: Diastolic blood pressure--lying in L-lateral position
Diastolic Less Than 90	CPT-CAT II 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)

Description	CPT-CAT II/LOINC
Systolic and Diastolic Result	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) 3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) 3080F: Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
Systolic Blood Pressure	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) 3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) LOINC 75997-7: Systolic blood pressure by Continuous non-invasive monitoring 8459-0: Systolic blood pressure—sitting 8460-8: Systolic blood pressure--standing 8461-6: Systolic blood pressure—supine 8480-6: Systolic blood pressure 8508-4: Brachial artery Systolic blood pressure 8546-4: Brachial artery - left Systolic blood pressure 8547-2: Brachial artery - right Systolic blood pressure 89268-7: Systolic blood pressure--lying in L-lateral position
Systolic Less Than 140	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)

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

What does not count?

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

Helpful tip(s)

- Improve the accuracy of BP measurements performed by your clinical staff by:
    - Providing training materials from the American Heart Association.
    - Conducting BP competency tests to validate the education of each clinical staff Patient.
    - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all patients with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in Patient's medical records.
- Refer high-risk patients to our hypertension programs for additional education and support.
- Educate patients and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
    - Heart-healthy eating and a low-salt diet.
    - Smoking cessation and avoiding secondhand smoke.
    - Adding regular exercise to daily activities.
    - Home BP monitoring.
    - Ideal body mass index (BMI).
    - The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review!

How can we help?

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

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Reaching out to our hypertensive/diabetic members through our programs.
- Helping identify your hypertensive/diabetic members.
- Members may be eligible for transportation assistance at no cost, contact Services for arrangement.

Other available resource(s)

You can find more information and tools online at:

- **nhlbi.nih.gov**
- **cdc.gov/bloodpressure**

Chlamydia Screening (CHL)

This HEDIS measure looks at the percentage of members 16 to 24 years of age who were recommended for routine chlamydia screening, identified as sexually active and who had at least one test for chlamydia during the measurement year.

Record your efforts

Indicate the date the test was performed and the results

Description	CPT/LOINC
Chlamydia Tests	CPT 87110, 87270, 87320, 87490, 87492, 87810 LOINC 14463-4: Chlamydia trachomatis [Presence] in Cervix by Organism specific culture 14464-2: Chlamydia trachomatis [Presence] in Vaginal fluid by Organism specific culture 14465-9: Chlamydia trachomatis [Presence] in Urethra by Organism specific culture 14467-5: Chlamydia trachomatis [Presence] in Urine sediment by Organism specific culture 14474-1: Chlamydia trachomatis Ag [Presence] in Urine sediment by Immunoassay 14513-6: Chlamydia trachomatis Ag [Presence] in Urine sediment by Immunofluorescence 16600-9: Chlamydia trachomatis rRNA [Presence] in Genital specimen by Probe 21190-4: Chlamydia trachomatis DNA [Presence] in Cervix by NAA with probe detection 21191-2: Chlamydia trachomatis DNA [Presence] in Urethra by NAA with probe detection 23838-6: Chlamydia trachomatis rRNA [Presence] in Genital fluid by Probe 31775-0: Chlamydia trachomatis Ag [Presence] in Urine sediment 34710-4: Chlamydia trachomatis Ag [Presence] in Anal 42931-6: Chlamydia trachomatis rRNA [Presence] in Urine by NAA with probe detection 44806-8: Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Urine by NAA with probe detection 44807-6: Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Genital specimen by NAA with probe detection

Description	CPT/LOINC
	45068-4: Chlamydia trachomatis+Neisseria gonorrhoeae DNA [Presence] in Cervix by NAA with probe detection 45069-2: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Genital specimen by Probe 45072-6: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Anal by Probe 45073-4: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Tissue by Probe 45075-9: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Urethra by Probe 45084-1: Chlamydia trachomatis DNA [Presence] in Vaginal fluid by NAA with probe detection 45089-0: Chlamydia trachomatis rRNA [Presence] in Anal by Probe 45090-8: Chlamydia trachomatis DNA [Presence] in Anal by NAA with probe detection 45091-6: Chlamydia trachomatis Ag [Presence] in Genital specimen 45093-2: Chlamydia trachomatis [Presence] in Anal by Organism specific culture 45095-7: Chlamydia trachomatis [Presence] in Genital specimen by Organism specific culture 50387-0: Chlamydia trachomatis rRNA [Presence] in Cervix by NAA with probe detection 53925-4: Chlamydia trachomatis rRNA [Presence] in Urethra by NAA with probe detection 53926-2: Chlamydia trachomatis rRNA [Presence] in Vaginal fluid by NAA with probe detection 57287-5: Chlamydia trachomatis rRNA [Presence] in Anal by NAA with probe detection 6353-7: Chlamydia trachomatis Ag [Presence] in Tissue by Immunofluorescence 6356-0: Chlamydia trachomatis DNA [Presence] in Genital specimen by NAA with probe detection 6357-8: Chlamydia trachomatis DNA [Presence] in Urine by NAA with probe detection 80360-1: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Urine by NAA with probe detection 80361-9: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Cervix by NAA with probe detection

Description	CPT/LOINC
	80362-7: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Vaginal fluid by NAA with probe detection 80363-5: Chlamydia trachomatis DNA [Presence] in Anorectal by NAA with probe detection 80364-3: Chlamydia trachomatis rRNA [Presence] in Anorectal by NAA with probe detection 80365-0: Chlamydia trachomatis+Neisseria gonorrhoeae rRNA [Presence] in Anorectal by NAA with probe detection 80367-6: Chlamydia trachomatis [Presence] in Anorectal by Organism specific culture 82306-2: Chlamydia trachomatis rRNA [Presence] in Throat by NAA with probe detection 87949-4: Chlamydia trachomatis DNA [Presence] in Tissue by NAA with probe detection 87950-2: Chlamydia trachomatis [Presence] in Tissue by Organism specific culture 88221-7: Chlamydia trachomatis DNA [Presence] in Throat by NAA with probe detection 89648-0: Chlamydia trachomatis [Presence] in Throat by Organism specific culture 91860-7: Chlamydia trachomatis Ag [Presence] in Genital specimen by Immunofluorescence 91873-0: Chlamydia trachomatis Ag [Presence] in Throat by Immunofluorescence

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

Helpful tip(s)

- While screening for chlamydia can be done during any visit, consider routinely screening for chlamydia in sexually active members in this age group every year as part of their annual well visit.
- Sex Assigned at Birth: (LOINC code 76689-9) Male (LOINC code LA2-8) any time in the patient's history is considered an exclusion for this measure.

How can we help?

- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.
- Providing individualized reports of your patients that are due or overdue for services

Other available resource(s)

- **cdc.gov/chlamydia/about**

Controlling High Blood Pressure (CBP)

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

Record your efforts

Document blood pressure and diagnosis of HTN. Patients whose BP is adequately controlled include:

- The most recent BP reading during the measurement year on or after the second diagnosis of hypertension:
- If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading.
- If no BP is recorded during the measurement year, assume that the Patient is *not controlled*.
- Referrals for other providers for care (i.e., cardiologists, endocrinologists, etc.)

What does not count?

- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Taken during an acute inpatient stay or an ED visit
- Taken by the Patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

Description	CPT/CPT-CAT II/LOINC/HCPCS
Diastolic Blood Pressure	CPT-CAT II 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) 3080F: Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM) LOINC 75995-1: Diastolic blood pressure by Continuous non-invasive monitoring 8453-3: Diastolic blood pressure--sitting 8454-1: Diastolic blood pressure--standing

Description	CPT/CPT-CAT II/LOINC/HCPCS
	8455-8: Diastolic blood pressure--supine 8462-4: Diastolic blood pressure 8496-2: Brachial artery Diastolic blood pressure 8514-2: Brachial artery - left Diastolic blood pressure 8515-9: Brachial artery - right Diastolic blood pressure 89267-9: Diastolic blood pressure--lying in L-lateral position
Diastolic Less Than 90	CPT-CAT II 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
Systolic and Diastolic Result	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) 3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) 3078F: Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) 3079F: Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) 3080F: Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)
Systolic Blood Pressure	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) 3077F: Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) LOINC 75997-7: Systolic blood pressure by Continuous non-invasive monitoring 8459-0: Systolic blood pressure—sitting 8460-8: Systolic blood pressure--standing 8461-6: Systolic blood pressure—supine 8480-6: Systolic blood pressure 8508-4: Brachial artery Systolic blood pressure 8546-4: Brachial artery - left Systolic blood pressure

Description	CPT/CPT-CAT II/LOINC/HCPCS
	8547-2: Brachial artery - right Systolic blood pressure 89268-7: Systolic blood pressure--lying in L-lateral position
Systolic Less Than 140	CPT-CAT II 3074F: Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) 3075F: Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD)
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

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

Helpful tip(s)

- Improve the accuracy of BP measurements performed by your clinical staff by:
    - Providing training materials from the American Heart Association.
    - Conducting BP competency tests to validate the education of each clinical staff Patient.
    - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all patients with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in Patient's medical records.
- Refer high-risk patients to our hypertension programs for additional education and support.
- Educate patients and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
    - Heart-healthy eating and a low-salt diet.
    - Smoking cessation and avoiding secondhand smoke.
    - Adding regular exercise to daily activities.
    - Home BP monitoring.
    - Ideal body mass index (BMI).
    - The importance of taking all prescribed medications as directed.

- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review!

How can we help?

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

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Reaching out to our hypertensive patients through our programs.
- Helping identify your hypertensive patients.
- Educating our patients on high blood pressure through health education materials if available.
- Supplying copies of healthy tips for your office.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Other available resource(s)

You can find more information and tools online at:

- **nhlbi.nih.gov**
- **cdc.gov/bloodpressure**

Developmental Screening in the First Three Years of Life (DEV-CH)

This CMS Child Coreset measure looks at the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

Record your efforts

Documentation in the medical record must include all of the following:

- A note indicating the date on which the test was performed, and
- The standardized tool used (see below), and
- Evidence of a screening result or screening score

Services	CPT
Developmental screening with scoring and documentation, per standardized instrument	96110

NOTE: Claims must include the EP modifier to count for compliance. Claims with modifier UA are excluded, as these indicate autism services.

Helpful tip(s)

- The AAP recommends that the developmental screening be completed at the 9-month, 18-month and 30-month visits. If applicable, the screening can be performed during a catch-up visit; however, must be completed on or before the members birthday to be considered compliant.
- Sick visits may be missed opportunities to complete a well visit and may count for a well-visit if the appropriate documentation is included.
- Standardized tools that are only focused on one domain of development do not count for this measure (such as the ASQ-SE or M-CHAT). Appropriate developmental screening tools identify risk for developmental, behavioral, and social delays. Tools that meet the criteria for developmental screening include, but may not be limited to:
    - Ages and Stages Questionnaire — 3rd Edition (ASQ-3)
    - Parents' Evaluation of Developmental Status (PEDS) — birth to 8 years)
- Tools must meet the following criteria:
    1. Developmental domains: The following domains must be included in the standardized developmental screening tool: motor (fine and gross), language, cognitive, and social-emotional.
    2. Established Reliability: Reliability scores of approximately 0.70 or above.

3. Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s).
4. Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above.

How can we help?

- Providing individualized reports of your patients that are due or overdue for services
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangements.

Other available resource(s)

- **aap.org/periodicityschedule**
- **cdc.gov/ncbddd/actearly/screening**

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

This HEDIS measure looks at the percentage of patients 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder and who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Record your efforts

- Document review of continued use of prescribed medications during Patient visits
- Document evidence of exclusion criteria

An antipsychotic medication dispensed event during the measurement year identified by claim/encounter data or pharmacy data and a glucose test or an HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.

Services	CPT/CPT-CATII/HCPCS/LOINC
Glucose Lab Test	CPT 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 LOINC 10450-5: Glucose [Mass/volume] in Serum or Plasma --10 hours fasting 1492-8: Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 0.5 g/kg glucose IV 1494-4: Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 100 g glucose PO 1496-9: Glucose [Mass/volume] in Serum or Plasma --1.5 hours post 75 g glucose PO 1499-3: Glucose [Mass/volume] in Serum or Plasma --1 hour post 0.5 g/kg glucose IV 1501-6: Glucose [Mass/volume] in Serum or Plasma --1 hour post 100 g glucose PO 1504-0: Glucose [Mass/volume] in Serum or Plasma --1 hour post 50 g glucose PO 1507-3: Glucose [Mass/volume] in Serum or Plasma --1 hour post 75 g glucose PO 1514-9 Glucose [Mass/volume] in Serum or Plasma --2 hours post 100 g glucose PO 1518-0: Glucose [Mass/volume] in Serum or Plasma --2 hours post 75 g glucose PO

Services	CPT/CPT-CATII/HCPCS/LOINC
	1530-5: Glucose [Mass/volume] in Serum or Plasma --3 hours post 100 g glucose PO 1533-9: Glucose [Mass/volume] in Serum or Plasma --3 hours post 75 g glucose PO 1554-5: Glucose [Mass/volume] in Serum or Plasma --12 hours fasting 1557-8 Fasting glucose [Mass/volume] in Venous blood 1558-6: Fasting glucose [Mass/volume] in Serum or Plasma 17865-7: Glucose [Mass/volume] in Serum or Plasma --8 hours fasting 20436-2: Glucose [Mass/volume] in Serum or Plasma --2 hours post dose glucose 20437-0: Glucose [Mass/volume] in Serum or Plasma --3 hours post dose glucose 20438-8: Glucose [Mass/volume] in Serum or Plasma --1 hour post dose glucose 20440-4: Glucose [Mass/volume] in Serum or Plasma --1.5 hours post dose glucose 2345-7: Glucose [Mass/volume] in Serum or Plasma 26554-6: Glucose [Mass/volume] in Serum or Plasma --2.5 hours post dose glucose 41024-1: Glucose [Mass/volume] in Serum or Plasma --2 hours post 50 g glucose PO 49134-0: Glucose [Mass/volume] in Blood --2 hours post dose glucose 6749-6: Glucose [Mass/volume] in Serum or Plasma --2.5 hours post 75 g glucose PO 9375-7: Glucose [Mass/volume] in Serum or Plasma --2.5 hours post 100 g glucose PO
HbA1c Tests Results or Findings:	CPT-CAT II 3044F: Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) 3046F: Most recent hemoglobin A1c level greater than 9.0% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
HbA1c Lab Test	CPT 83036, 83037 LOINC 17855-8: Hemoglobin A1c/Hemoglobin.total in Blood by calculation 17856-6: Hemoglobin A1c/Hemoglobin.total in Blood by HPLC 4548-4: Hemoglobin A1c/Hemoglobin.total in Blood

Services	CPT/CPT-CATII/HCPCS/LOINC
	4549-2: Hemoglobin A1c/Hemoglobin.total in Blood by Electrophoresis 96595-4: Hemoglobin A1c/Hemoglobin.total in DBS
Online Assessments	CPT 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Telephone Visits	CPT

Services	CPT/CPT-CATII/HCPCS/LOINC
	98966, 98967, 98968
Visit Setting Unspecified	CPT 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

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

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Eye Exam for Patients With Diabetes (EED)

This HEDIS measure looks at the percentage of patients 18 to 75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Record your efforts:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.

Note: Blindness is not an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.

Exclusions:

- Bilateral eye enucleation any time during the patient's history through December 31 of the measurement year:
    - Unilateral eye enucleation with a bilateral modifier (CPT Modifier code 50).
    - Two unilateral eye enucleations with service dates 14 days or more apart.
    - Left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) and right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) on the same or different dates of service.
    - A unilateral eye enucleation and a left unilateral eye enucleation (ICD-10-PCS code 08T1XZZ) with service dates 14 days or more apart.
    - A unilateral eye enucleation (Unilateral Eye Enucleation Value Set) and a right unilateral eye enucleation (ICD-10-PCS code 08T0XZZ) with service dates 14 days or more apart.
- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year
- Patients who die any time during the measurement year
- Patients receiving palliative care any time during the measurement year.
- Patients who had an encounter for palliative anytime during the measurement year. Do not include laboratory claims (claims with POS code 81).

- Patients 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet both frailty and advanced illness criteria to be excluded. Do not include laboratory claims (claims with POS code 81).

Services	CPT/HCPCS/CPT-CAT II
Unilateral Eye Enucleation	CPT 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Retinal Eye Exams	CPT 92235, 92230, 92250, 99245, 99243, 99244, 99242, 99205, 99203, 99204, 99215, 99213, 99214, 92018, 92019, 92004, 92002, 92014, 92012, 92202, 92201, 92134, S3000, S0621, S0620
Eye Exam with Evidence of Retinopathy	CPT-CAT II 2022F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) 2024F: 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) 2026F: Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)
Eye Exam Without Evidence of Retinopathy	CPT-CAT II 2023F: Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) 2025F: 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) 2033F: Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)
Unilateral Eye Enucleation	CPT 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Retinal Imaging	CPT 92227, 92228
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White

Services	CPT/HCPCS/CPT-CAT II
	2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Helpful tip(s)

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

How can we help?

We can help you with comprehensive diabetes care by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Providing programs that may be available to our diabetic patients.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

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

This HEDIS measure evaluates the percentage of emergency department (ED) visits for patients ages 6 years and older with a principal diagnosis of mental illness or any diagnosis of intentional self-harm, and who had a mental health follow-up service during the measurement year. Two rates are reported:

- 7 Day Follow- Up Visit - The percentage of ED visits for which the patient received follow-up within 7 days of the ED visit (8 total days)
- 30 Day Follow- Up Visit The percentage of ED visits for which the patient received follow-up within 30 days of the ED visit (31 total days)

Record your efforts

Services	CPT/HCPCS/POS
BH Outpatient	CPT 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS G0155: Services of clinical social worker in home health or hospice settings, each 15 minutes G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf) G0463: Hospital outpatient clinic visit for assessment and management of a patient G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm

Services	CPT/HCPCS/POS
	services directed by an RHC or FQHC practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month H0002: Behavioral health screening to determine eligibility for admission to treatment program H0004: Behavioral health counseling and therapy, per 15 minutes H0031: Mental health assessment, by non-physician H0034: Medication training and support, per 15 minutes H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes H0037: Community psychiatric supportive treatment program, per diem H0039: Assertive community treatment, face-to-face, per 15 minutes H0040: Assertive community treatment program, per diem H2000: Comprehensive multidisciplinary evaluation H2010: Comprehensive medication services, per 15 minutes H2011: Crisis intervention service, per 15 minutes H2013: Psychiatric health facility service, per diem H2014: Skills training and development, per 15 minutes H2015: Comprehensive community support services, per 15 minutes H2016: Comprehensive community support services, per diem H2017: Psychosocial rehabilitation services, per 15 minutes H2018: Psychosocial rehabilitation services, per diem H2019: Therapeutic behavioral services, per 15 minutes H2020: Therapeutic behavioral services, per diem T1015: Clinic visit/encounter, all-inclusive
Residential Behavioral Health Treatment	HCPCS T2048: Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem H0019: Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem H0017: Behavioral health; residential (hospital residential treatment program), without room and board, per diem H0018: Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
Telehealth POS	POS 02 10

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All enrollee care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of patients. Your state/provider contract(s), Medicaid, enrollee benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care may decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our enrollees and meet the HEDIS/performance measure for quality reporting. Please note: The information provided is based on HEDIS MY2025 technical specifications and/or CMS Coreset specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and/or state recommendations. Please refer to the appropriate agency for additional guidance.

Services	CPT/HCPCS/POS
Outpatient POS	POS 03: School 05: Indian Health Service Free-standing Facility 07: Tribal 638 Free-standing Facility 09: Prison / Correctional Facility 11: Office 12: Home 13: Assisted Living Facility 14: Group Home 15: Mobile Unit 16: Temporary Lodging 17: Walk-in Retail Clinic 18: Place of Employment-Worksite 19: Off Campus-Outpatient Hospital 20: Urgent Care Facility 22: On-Campus Outpatient Hospital 33: Custodial Care Facility 49: Independent Clinic 50: Federally Qualified Health Center 71: Public Health Clinic 72: Rural Health Clinic
Visit Setting Unspecified	CPT 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Online Assessments	CPT 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment

Services	CPT/HCPCS/POS
	G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
Telephone Visits	CPT 98966, 98967, 98968
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

How can we help?

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

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Other available resource(s)

You can find more information and tools online at:

- **qualityforum.org**

Follow-up After Emergency Department Visit for Substance Use (FUA)

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

- 7 Day Follow- Up Visit - The percentage of ED visits for which the patient received follow-up within seven days of the ED visit (8 total days)
- 30 Day Follow- Up Visit - The percentage of ED visits for which the patient received follow-up within 30 days of the ED visit (31 total days)

Record your efforts

- 30 Day Follow-Up: A patient has a follow-up visit or a pharmacotherapy dispensing event 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.
- 7 Day Follow-Up: A patient has a follow-up visit or a pharmacotherapy dispensing event 7 days after the ED visit (8 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.

Services	CPT/HCPCS/ICD10CM/POS
BH Outpatient	CPT 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS G0155: Services of clinical social worker in home health or hospice settings, each 15 minutes G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-

Services	CPT/HCPCS/ICD10CM/POS
	to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf) G0463: Hospital outpatient clinic visit for assessment and management of a patient G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month H0002: Behavioral health screening to determine eligibility for admission to treatment program H0004: Behavioral health counseling and therapy, per 15 minutes H0031: Mental health assessment, by non-physician H0034: Medication training and support, per 15 minutes H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes H0037: Community psychiatric supportive treatment program, per diem H0039: Assertive community treatment, face-to-face, per 15 minutes H0040: Assertive community treatment program, per diem H2000: Comprehensive multidisciplinary evaluation H2010: Comprehensive medication services, per 15 minutes H2011: Crisis intervention service, per 15 minutes H2013: Psychiatric health facility service, per diem H2014: Skills training and development, per 15 minutes H2015: Comprehensive community support services, per 15 minutes H2016: Comprehensive community support services, per diem H2017: Psychosocial rehabilitation services, per 15 minutes H2018: Psychosocial rehabilitation services, per diem H2019: Therapeutic behavioral services, per 15 minutes H2020: Therapeutic behavioral services, per diem T1015: Clinic visit/encounter, all-inclusive
Substance Abuse Counseling and Surveillance	ICD10CM Z71.41: Alcohol abuse counseling and surveillance of alcoholic Z71.51: Drug abuse counseling and surveillance of drug abuser
Substance Use Disorder Services	CPT 99408, 99409 HCPCS

Services	CPT/HCPCS/ICD10CM/POS
	G0396: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, dast), and brief intervention 15 to 30 minutes G0397: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, dast), and intervention, greater than 30 minutes G0443: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes H0001: Alcohol and/or drug assessment H0005: Alcohol and/or drug services; group counseling by a clinician H0007: Alcohol and/or drug services; crisis intervention (outpatient) H0015: Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education H0016: Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) H0022: Alcohol and/or drug intervention service (planned facilitation) H0047: Alcohol and/or other drug abuse services, not otherwise specified H0050: Alcohol and/or drug services, brief intervention, per 15 minutes H2035: Alcohol and/or other drug treatment program, per hour H2036 Alcohol and/or other drug treatment program, per diem T1006: Alcohol and/or substance abuse services, family/couple counseling T1012: Alcohol and/or substance abuse services, skills development
Substance Use Services	HCPCS H0006: Alcohol and/or drug services; case management H0028: Alcohol and/or drug prevention problem identification and referral service (for example, student assistance and employee assistance programs), does not include assessment
OUD Monthly Office-based Treatment	HCPCS: G2086: Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month G2087: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month

Services	CPT/HCPCS/ICD10CM/POS
OUD Weekly Drug Treatment Service	HCPCS: G2067: Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2068: Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2069: Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2073: Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
OUD Weekly Nondrug Service	HCPCS G2074: Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2075: Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2076: Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient

Services	CPT/HCPCS/ICD10CM/POS
	needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid G2077: Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure G2080: Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
Residential Program Detoxification	HCPCS H0010: Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient) H0011: Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)
Telehealth POS	POS 02: Telehealth Provided Other than in Patient's Home 10: Telehealth Provided in Patient's Home
Telephone visits	CPT 98966, 98967, 98968
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

How can we help?

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Other available resource(s)

You can find more information and tools online at:

- **qualityforum.org**

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

This HEDIS measure evaluates 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 during the measurement year. Two rates are reported:

- 7 Day Follow-up Visit - The percentage of visits or discharges for which the patient received follow-up for substance use disorder within the 7 days after the visit or discharge.
- 30 Day Follow-up Visit The percentage of visits or discharges for which the patient received follow-up for substance use disorder within the 30 days after the visit or discharge.

Record your efforts

Services	CPT/HCPCS/ICD10CM/POS
BH Outpatient	CPT 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS G0155: Services of clinical social worker in home health or hospice settings, each 15 minutes G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf) G0463: Hospital outpatient clinic visit for assessment and management of a patient G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric

Services	CPT/HCPCS/ICD10CM/POS
	cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month H0002: Behavioral health screening to determine eligibility for admission to treatment program H0004: Behavioral health counseling and therapy, per 15 minutes H0031: Mental health assessment, by non-physician H0034: Medication training and support, per 15 minutes H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes H0037: Community psychiatric supportive treatment program, per diem H0039: Assertive community treatment, face-to-face, per 15 minutes H0040: Assertive community treatment program, per diem H2000: Comprehensive multidisciplinary evaluation H2010: Comprehensive medication services, per 15 minutes H2011: Crisis intervention service, per 15 minutes H2013: Psychiatric health facility service, per diem H2014: Skills training and development, per 15 minutes H2015: Comprehensive community support services, per 15 minutes H2016: Comprehensive community support services, per diem H2017: Psychosocial rehabilitation services, per 15 minutes H2018: Psychosocial rehabilitation services, per diem H2019: Therapeutic behavioral services, per 15 minutes H2020: Therapeutic behavioral services, per diem T1015: Clinic visit/encounter, all-inclusive
Substance Abuse Counseling and Surveillance	ICD10CM Z71.41: Alcohol abuse counseling and surveillance of alcoholic Z71.51: Drug abuse counseling and surveillance of drug abuser
Substance Use Disorder Services	CPT 99408, 99409 HCPCS G0396: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, dast), and brief intervention 15 to 30 minutes G0397: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, dast), and intervention, greater than 30 minutes

Services	CPT/HCPCS/ICD10CM/POS
	G0443: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes H0001: Alcohol and/or drug assessment H0005: Alcohol and/or drug services; group counseling by a clinician H0007: Alcohol and/or drug services; crisis intervention (outpatient) H0015: Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education H0016: Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) H0022: Alcohol and/or drug intervention service (planned facilitation) H0047: Alcohol and/or other drug abuse services, not otherwise specified H0050: Alcohol and/or drug services, brief intervention, per 15 minutes H2035: Alcohol and/or other drug treatment program, per hour H2036 Alcohol and/or other drug treatment program, per diem T1006: Alcohol and/or substance abuse services, family/couple counseling T1012: Alcohol and/or substance abuse services, skills development
Substance Use Services	HCPCS H0006: Alcohol and/or drug services; case management H0028: Alcohol and/or drug prevention problem identification and referral service (for example, student assistance and employee assistance programs), does not include assessment
OUD Monthly Office-based Treatment	HCPCS: G2086: Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month G2087: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
OUD Weekly Drug Treatment Service	HCPCS: G2067: Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2068: Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use

Services	CPT/HCPCS/ICD10CM/POS
	counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2069: Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2073: Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
OUD Weekly Nondrug Service	HCPCS G2074: Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2075: Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2076: Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid G2077: Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure

Services	CPT/HCPCS/ICD10CM/POS
	G2080: Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
Online Assessments	CPT 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

Services	CPT/HCPCS/ICD10CM/POS
Outpatient POS	POS 03: School 05: Indian Health Service Free-standing Facility 07: Tribal 638 Free-standing Facility 09: Prison / Correctional Facility 11: Office 12: Home 13: Assisted Living Facility 14: Group Home 15: Mobile Unit 16: Temporary Lodging 17: Walk-in Retail Clinic 18: Place of Employment-Worksite 19: Off Campus-Outpatient Hospital 20: Urgent Care Facility 22: On-Campus Outpatient Hospital 33: Custodial Care Facility 49: Independent Clinic 50: Federally Qualified Health Center 71: Public Health Clinic 72: Rural Health Clinic
Telephone Visits	CPT 98966, 98967, 98968
Telehealth POS	POS 02 10
Visit Setting Unspecified	CPT 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

How can we help?

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

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Other available resource(s)

You can find more information and tools online at:

- **qualityforum.org**

Follow-Up After Hospitalization for Mental Illness (FUH)

This HEDIS measure evaluates the percentage of discharges for patients ages 6 years and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:

- 7 Day Follow- Up Visit - The percentage of discharges for which the patient received follow-up within 7 days after discharge
- 30 Day Follow- Up Visit - The percentage of discharges for which the patient received follow-up within 30 days after discharge

Record your efforts

Services	CPT/HCPCS/POS
BH Outpatient	CPT 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS G0155: Services of clinical social worker in home health or hospice settings, each 15 minutes G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf) G0463: Hospital outpatient clinic visit for assessment and management of a patient G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care

Services	CPT/HCPCS/POS
	manager and consultation with a psychiatric consultant, per calendar month H0002: Behavioral health screening to determine eligibility for admission to treatment program H0004: Behavioral health counseling and therapy, per 15 minutes H0031: Mental health assessment, by non-physician H0034: Medication training and support, per 15 minutes H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes H0037: Community psychiatric supportive treatment program, per diem H0039: Assertive community treatment, face-to-face, per 15 minutes H0040: Assertive community treatment program, per diem H2000: Comprehensive multidisciplinary evaluation H2010: Comprehensive medication services, per 15 minutes H2011: Crisis intervention service, per 15 minutes H2013: Psychiatric health facility service, per diem H2014: Skills training and development, per 15 minutes H2015: Comprehensive community support services, per 15 minutes H2016: Comprehensive community support services, per diem H2017: Psychosocial rehabilitation services, per 15 minutes H2018: Psychosocial rehabilitation services, per diem H2019: Therapeutic behavioral services, per 15 minutes H2020: Therapeutic behavioral services, per diem T1015: Clinic visit/encounter, all-inclusive
Psychiatric Collaborative Care Management	CPT 99492, 99493, 99494 HCPCS G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an RHC or FQHC practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month
Residential Behavioral Health Treatment	HCPCS T2048: Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem

Services	CPT/HCPCS/POS
	H0019: Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem H0017: Behavioral health; residential (hospital residential treatment program), without room and board, per diem H0018: Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem
Transitional Care Management Services	CPT 99495, 99496
Telephone Visits	CPT 98966, 98967, 98968
Telehealth POS	POS 02 10
Visit Setting Unspecified	CPT 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Outpatient POS	POS 03: School 05: Indian Health Service Free-standing Facility 07: Tribal 638 Free-standing Facility 09: Prison / Correctional Facility 11: Office 12: Home 13: Assisted Living Facility 14: Group Home 15: Mobile Unit 16: Temporary Lodging 17: Walk-in Retail Clinic 18: Place of Employment-Worksite 19: Off Campus-Outpatient Hospital 20: Urgent Care Facility 22: On-Campus Outpatient Hospital 33: Custodial Care Facility 49: Independent Clinic 50: Federally Qualified Health Center 71: Public Health Clinic

Services	CPT/HCPCS/POS
	72: Rural Health Clinic
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Helpful tip(s)

- Educate your patients and their spouses, caregivers, or guardians about the importance of compliance with long-term medications, if prescribed.
- Encourage patients to participate in our behavioral health case management program for help getting a follow-up discharge appointment within seven days and other support.
- Teach Patient's families to review all discharge instructions for patients and ask for details of all follow-up discharge instructions, such as the dates and times of appointments. The post discharge follow up should optimally be within seven days of discharge.
- Ask patients with a mental health diagnosis to allow you access to their mental health records if you are their primary care provider.
- Telehealth services that are completed by a qualified mental health provider can be used for this measure.

How can we help?

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

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Glycemic Status Assessment for Patients With Diabetes (GSD)

This measure looks at the percentage of patients 18 to 75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:

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

Note: A lower rate indicates better performance for this indicator (i.e., low rates of Glycemic Status >9% indicate better care).

Record your efforts:

- Document the result of the most recent glycemic status assessment (HbA1c or GMI) performed during the measurement year
- When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date.

Description	CPT/CPT-CAT II/LOINC
HbA1c Level Greater Than or Equal to 8.0	CPT-CAT II 3046F: Most recent hemoglobin A1c level greater than 9.0% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
HbA1c Level Less Than 8.0	CPT-CAT II 3044F: Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)
Hb1c Level Less Than or Equal to 9.0	CPT-CAT II 3044F: Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)

Description	CPT/CPT-CAT II/LOINC
HbA1c Tests Results or Findings	CPT-CAT II 3044F: Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) 3046F: Most recent hemoglobin A1c level greater than 9.0% (DM) 3051F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) 3052F: Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
HbA1c Lab Test	CPT 83036, 83037 LOINC 17855-8: Hemoglobin A1c/Hemoglobin.total in Blood by calculation 17856-6: Hemoglobin A1c/Hemoglobin.total in Blood by HPLC 4548-4: Hemoglobin A1c/Hemoglobin.total in Blood 4549-2: Hemoglobin A1c/Hemoglobin.total in Blood by Electrophoresis 96595-4: Hemoglobin A1c/Hemoglobin.total in DBS
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

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

Helpful tip(s)

- For the recommended frequency of testing and screening, refer to the *Clinical Practice Guidelines* for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call patients to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results and document on your chart.
- Draw labs in your office if accessible or refer patients to a local lab for screenings.
- Educate your patients and their families, caregivers, and guardians on diabetes care, including:
    - Taking all prescribed medications as directed.
    - Adding regular exercise to daily activities.

  - Regularly monitoring blood sugar and blood pressure at home.
  - Maintaining healthy weight and ideal body mass index.
  - Eating heart-healthy, low-calorie, and low-fat foods.
  - Stopping smoking and avoiding second-hand smoke.
  - Fasting prior to having blood sugar and lipid panels drawn to ensure accurate results.
  - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings and tests to improve compliance.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.

How can we help?

We can help you with comprehensive diabetes care by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Providing programs that may be available to our diabetic patients.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

This measure looks at 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 visits, 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.

Record your efforts

Initiation and engagement of alcohol and other drug dependence treatment (IET) codes:

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
BH Outpatient	CPT 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS G0155: Services of clinical social worker in home health or hospice settings, each 15 minutes G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf) G0463: Hospital outpatient clinic visit for assessment and management of a patient G0512: Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
	services directed by an RHC or FQHC practitioner (physician, np, pa, or cnm) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month H0002: Behavioral health screening to determine eligibility for admission to treatment program H0004: Behavioral health counseling and therapy, per 15 minutes H0031: Mental health assessment, by non-physician H0034: Medication training and support, per 15 minutes H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes H0037: Community psychiatric supportive treatment program, per diem H0039: Assertive community treatment, face-to-face, per 15 minutes H0040: Assertive community treatment program, per diem H2000: Comprehensive multidisciplinary evaluation H2010: Comprehensive medication services, per 15 minutes H2011: Crisis intervention service, per 15 minutes H2013: Psychiatric health facility service, per diem H2014: Skills training and development, per 15 minutes H2015: Comprehensive community support services, per 15 minutes H2016: Comprehensive community support services, per diem H2017: Psychosocial rehabilitation services, per 15 minutes H2018: Psychosocial rehabilitation services, per diem H2019: Therapeutic behavioral services, per 15 minutes H2020: Therapeutic behavioral services, per diem T1015: Clinic visit/encounter, all-inclusive
Buprenorphine Implant	HCPCS G2070: Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2072: Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) J0570: Buprenorphine implant, 74.2 mg
Buprenorphine Injection	HCPCS

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
	G2069: Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) Q9991: Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg Q9992: Injection, buprenorphine extended-release (sublocade), greater than 100 mg
Buprenorphine Naloxone	HCPCS J0572: Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine J0573: Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine J0574: Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine J0575: Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine
Buprenorphine Oral	HCPCS H0033: Oral medication administration, direct observation J0571: Buprenorphine, oral, 1 mg
Buprenorphine Oral Weekly	HCPCS G2068: Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2079: Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
Detoxification	HCPCS H0008: Alcohol and/or drug services; sub-acute detoxification (hospital inpatient) H0009: Alcohol and/or drug services; acute detoxification (hospital inpatient) H0010: Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient) H0011: Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) H0012: Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
	H0013: Alcohol and/or drug services; acute detoxification (residential addiction program outpatient) H0014: Alcohol and/or drug services; ambulatory detoxification ICD10PCS: HZ2ZZZZ: Detoxification Services for Substance Abuse Treatment
Methadone Oral	HCPCS H0020: Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) S0109: Methadone, oral, 5 mg
Methadone Oral Weekly	HCPCS G2067: Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2078: Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
Naltrexone Injection	HCPCS G2073: Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) J2315: Injection, naltrexone, depot form, 1 mg
Online Assessments	CPT 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
	G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
OUD Monthly Office-based Treatment	HCPCS: G2086: Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month G2087: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
OUD Weekly Drug Treatment Service	HCPCS: G2067: Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2068: Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2069: Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
	counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2073: Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
OUD Weekly Nondrug Service	HCPCS G2074: Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2075: Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) G2076: Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid G2077: Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure G2080: Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
Substance Abuse Counseling and Surveillance	ICD10CM Z71.41: Alcohol abuse counseling and surveillance of alcoholic Z71.51: Drug abuse counseling and surveillance of drug abuser

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
Substance Use Disorder Services	CPT 99408, 99409 HCPCS G0396: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, dast), and brief intervention 15 to 30 minutes G0397: Alcohol and/or substance (other than tobacco) misuse structured assessment (for example, audit, dast), and intervention, greater than 30 minutes G0443: Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes H0001: Alcohol and/or drug assessment H0005: Alcohol and/or drug services; group counseling by a clinician H0007: Alcohol and/or drug services; crisis intervention (outpatient) H0015: Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education H0016: Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) H0022: Alcohol and/or drug intervention service (planned facilitation) H0047: Alcohol and/or other drug abuse services, not otherwise specified H0050: Alcohol and/or drug services, brief intervention, per 15 minutes H2035: Alcohol and/or other drug treatment program, per hour H2036 Alcohol and/or other drug treatment program, per diem T1006: Alcohol and/or substance abuse services, family/couple counseling T1012: Alcohol and/or substance abuse services, skills development
Telehealth POS	POS 02: Telehealth Provided Other than in Patient's Home 10: Telehealth Provided in Patient's Home
Telephone Visits	CPT 98966, 98967, 98968
Visit Setting Unspecified	CPT 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American

Description	CPT/HCPCS/ICD10CM/ICD10PCS/POS
	2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

How can we help?

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

- Offering our behavioral health case management program to members
- Guiding with the above noted services to drive Patient success in completing alcohol and other drug dependence treatment.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Kidney Health Evaluation for Patients with Diabetes (KED)

This measure evaluates the percentage of patients 18 to 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), during the measurement year.

Record your efforts

Description	CPT/LOINC
Estimated Glomerular Filtration Rate Lab Test	CPT 80047, 80048, 80050, 80053, 80069, 82565 LOINC 50044-7: Glomerular filtration rate/1.73 sq M.predicted among females [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (MDRD) 50210-4: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Cystatin C-based formula 50384-7: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (Schwartz) 62238-1: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (CKD-EPI) 69405-9: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood 70969-1: Glomerular filtration rate/1.73 sq M.predicted among males [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (MDRD) 77147-7: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (MDRD) 94677-2: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine and Cystatin C-based formula (CKD-EPI) 98979-8: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine-based formula (CKD-EPI 2021) 98980-6: Glomerular filtration rate/1.73 sq M.predicted [Volume Rate/Area] in Serum, Plasma or Blood by Creatinine and Cystatin C-based formula (CKD-EPI 2021)

Description	CPT/LOINC
Quantitative Urine Albumin Lab Test	CPT 82043 LOINC 100158-5: Microalbumin [Mass/volume] in Urine collected for unspecified duration 14957-5: Microalbumin [Mass/volume] in Urine 1754-1: Albumin [Mass/volume] in Urine 21059-1: Albumin [Mass/volume] in 24 hour Urine 30003-8: Microalbumin [Mass/volume] in 24 hour Urine 43605-5: Microalbumin [Mass/volume] in 4 hour Urine 53530-2: Microalbumin [Mass/volume] in 24 hour Urine by Detection limit <= 1.0 mg/L 53531-0: Microalbumin [Mass/volume] in Urine by Detection limit <= 1.0 mg/L 57369-1: Microalbumin [Mass/volume] in 12 hour Urine 89999-7: Microalbumin [Mass/volume] in Urine by Detection limit <= 3.0 mg/L
Urine Albumin Creatinine Ratio Lab Test	LOINC 13705-9: Albumin/Creatinine [Mass Ratio] in 24 hour Urine 14958-3: Microalbumin/Creatinine [Mass Ratio] in 24 hour Urine 14959-1: Microalbumin/Creatinine [Mass Ratio] in Urine 30000-4: Microalbumin/Creatinine [Ratio] in Urine 44292-1: Microalbumin/Creatinine [Mass Ratio] in 12 hour Urine 59159-4: Microalbumin/Creatinine [Ratio] in 24 hour Urine 76401-9: Albumin/Creatinine [Ratio] in 24 hour Urine 77253-3: Microalbumin/Creatinine [Ratio] in Urine by Detection limit <= 1.0 mg/L 77254-1: Microalbumin/Creatinine [Ratio] in 24 hour Urine by Detection limit <= 1.0 mg/L 89998-9: Microalbumin/Creatinine [Ratio] in Urine by Detection limit <= 3.0 mg/L 9318-7: Albumin/Creatinine [Mass Ratio] in Urine
Urine Creatinine Lab Test	CPT 82570 LOINC 20624-3: Creatinine [Mass/volume] in 24 hour Urine 2161-8: Creatinine [Mass/volume] in Urine 35674-1: Creatinine [Mass/volume] in Urine collected for unspecified duration 39982-4: Creatinine [Mass/volume] in Urine --baseline

Description	CPT/LOINC
	57344-4: Creatinine [Mass/volume] in 2 hour Urine 57346-9: Creatinine [Mass/volume] in 12 hour Urine 58951-5: Creatinine [Mass/volume] in Urine --2nd specimen
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

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

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Lead Screening in Children (LSC)

This HEDIS measure looks at the percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.

Record your efforts

When documenting lead screening, include:

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

Note: "Unknown" is not considered a result/finding for medical record reporting.

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

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

Helpful tip(s)

- Draw Patient's blood while they are in your office instead of sending them to the lab.
- Consider performing finger stick screenings in your practice.
- Assign one staff Patient to follow up on results when patients are sent to a lab for screening.
- Develop a process to check medical records for lab results to ensure previously ordered lead screenings have been completed and documented.
- Use sick and well-child visits as opportunities to encourage parents to have their child tested.
- Include a lead test reminder with lab name and address on your appointment confirmation/reminder cards.

How can we help?

We help you with lead screening in children by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Other available resource(s)

- **cdc.gov/lead-prevention**

Oral Evaluation, Dental Services (OED)

This HEDIS measure looks at the percentage of patients under 21 of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

Record your efforts:

- Date of evaluation

Services	CDT
Oral Evaluation	CDT D0120: Periodic oral evaluation - established patient D0145: Oral evaluation for a patient under three years of age and counseling with primary caregiver D0150: Comprehensive oral evaluation - new or established patient

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Pharmacotherapy Management of COPD Exacerbation (PCE)

This HEDIS measure evaluates the percentage of chronic obstructive pulmonary disease (COPD) exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency department (ED) visit on or between January 1 and November 30 of the current year and who 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 acute inpatient discharge or ED visit
- Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the acute inpatient discharge or ED visit

Record your efforts:

Make sure that medical record reflects the following:

- Your review of the discharge summary along with the discharge medications for both a systemic corticosteroid and a bronchodilator
- A schedule of regular follow-up visits to review the medication management/compliance
- Any new prescriptions written at follow-up visits
- All discussions about the COPD disease process — medication management along with proper use of inhalers and other medications, such as systemic corticosteroids, patient compliance and availability of smoking cessation assistance

Systemic Corticosteroid Medications

Description	Prescription	
Glucocorticoids	• Cortisone • Dexamethasone • Hydrocortisone	• Methylprednisolone • Prednisolone • Prednisone

Bronchodilator Medications

Description	Prescription	
Anticholinergic agents	• Aclidinium bromide • Ipratropium	• Tiotropium • Umeclidinium
Beta 2-agonists	• Albuterol • Arformoterol • Formoterol	• Levalbuterol • Metaproterenol • Olodaterol

Description	Prescription	
	• Indacaterol	• Salmeterol
Bronchodilator combinations	• Albuterol-ipratropium • Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol • Fluticasone furoate-umeclidinium-vilanterol • Formoterol-aclidinium	• Formoterol-glycopyrrolate • Formoterol-mometasone • Glycopyrrolate-indacaterol • Olodaterol-tiotropium • Umeclidinium-vilanterol

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Prenatal and Postpartum Care (PPC)

This HEDIS measure looks at the percentage 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 on or before the enrollment start date or within 42 days of enrollment in the organization.
- Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Record your efforts

Prenatal care visits must include one of the following:

- Diagnosis of pregnancy
- A physical examination that includes one of the following:
- Auscultation for fetal heart tone
- Pelvic exam with obstetric observations
- Measurement of fundus height
- Evidence that a prenatal care procedure was performed such as one of the following:
    - Obstetric panel including hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing)
    - TORCH antibody panel alone
    - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
    - Ultrasound of a pregnant uterus
- Documentation of LMP, EDD or gestational age in conjunction with *either* of the following:
    - A positive pregnancy test result, or
    - Documentation of gravity and parity, or
    - Prenatal risk assessment and counseling/education, or
    - Complete obstetrical history

Postpartum care visits must occur on or between 7 and 84 days after delivery and documentation in the medical record must include a note indicating the date when the postpartum visit occurred and any of the following:

- Pelvic exam
- Evaluation of weight, BP, breasts, and abdomen
- Notation of *breastfeeding* is acceptable for the *evaluation of breasts* component
- Notation of postpartum care, including, but not limited to:
    - Notation of postpartum care, PP care, PP check, 6-week check

    - A preprinted Postpartum Care form in which information was documented during the visit
- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders
- Glucose screening for women with gestational diabetes
- Documentation of any of the following topics:
    - Infant care or breastfeeding
    - Resumption of intercourse, birth spacing or family planning
    - Sleep/fatigue
    - Resumption of physical activity and attainment of healthy weight

Services	CPT/ CPT-CAT II/HCPCS/ ICD10PCS
Prenatal Bundled Services	CPT 59400, 59425, 59426, 59510, 59610, 59618 HCPCS H1005: Prenatal care, at-risk enhanced service package (includes H1001-H1004)
Prenatal Visits	CPT 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99421, 99422, 99423, 99457, 99458, 99483 HCPCS G0071: Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only G0463: Hospital outpatient clinic visit for assessment and management of a patient G2010: Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment G2250: Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7

Services	CPT/ CPT-CAT II/HCPCS/ ICD10PCS
	days nor leading to a service or procedure within the next 24 hours or soonest available appointment G2251: Brief communication technology-based service, for example, virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion G2252: Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion T1015: Clinic visit/encounter, all-inclusive
Stand Alone Prenatal Visits	CPT 99500 CPT-CAT II 0500F: Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal) 0501F: Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal) 0502F: Subsequent prenatal care visit (Prenatal) Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (for example, an upper respiratory infection; patients seen for consultation only, not for continuing care) HCPCS H1000: Prenatal care, at-risk assessment H1001: Prenatal care, at-risk enhanced service; antepartum management H1002: Prenatal care, at risk enhanced service; care coordination H1003: Prenatal care, at-risk enhanced service; education

Services	CPT/ CPT-CAT II/HCPCS/ ICD10PCS
	H1004: Prenatal care, at-risk enhanced service; follow-up home visit
Postpartum Bundles Services	CPT 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Postpartum Care	CPT 57170, 58300, 59430, 99501 CPT-CAT II Postpartum care visit (Prenatal) HCPCS Cervical or vaginal cancer screening; pelvic and clinical breast examination
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Note: These codes are used to capture encounter data for individual prenatal and postpartum visits. Category II codes do not generate payment but help with more accurate reporting. The designated CPT Category II codes should be used in conjunction with the date of the prenatal or postpartum visit.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Screening for Depression and Follow-up Plan (CDF-CH, CDF-AD)

This CMS Coreset Measure looks at the percentage of beneficiaries ages 12 and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the qualifying encounter. The following rates are reported:

- Screening for Depression and Follow-up Plan (Child core set/CDF-CH) - Ages 12-17
- Screening for Depression and Follow-up Plan (Adult core set/CDF-CH) - Ages 18-64
- Screening for Clinical Depression and Follow-up Plan (Adult core set/CDF-CH) - Ages 65+

To be considered compliant, the member must have either of the following:

- A negative screen for depression or
- A positive screen for depression and a follow-up plan documented on the same date of the encounter/positive screen

Record your efforts

HCPCS	Services
G8431	Screening for depression is documented as being positive and a follow-up plan is documented
G8510	Screening for depression is documented as negative; a follow-up plan is not required

Helpful tip(s)

- Members that have an active diagnosis of depression of bipolar disorder are not excluded from the measure.
- Screening tests can predict the likelihood of someone having or developing a particular disease or condition. The screening must be completed using a standardized tool that has been appropriately normalized and validated for the population in which it is being utilized. Example of depression screening tools include but are not limited to:
    - Patient Health Questionnaire (PHQ)
    - Beck Depression Inventory-Primary Care Version (BDI-PC)
- If a positive screen is identified, a follow-up plan must be related to the positive screen and include one or more of the following:
    - Referral to a provider for additional evaluation.
    - Pharmacological interventions.
    - Other interventions for the treatment of depression.

How can we help?

- Offering our behavioral health case management program to our members
- Providing individualized reports of your members that are due or overdue for services
- Members may be eligible for transportation assistance at no cost; contact Member Services for arrangements

Statin Therapy for Patients with Cardiovascular Disease (SPC)

This HEDIS measure looks at the percentage of males 21 to 75 years of age and females 40 to 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 (treatment period begins with the earliest dispensing event for any high-intensity or moderate-intensity statin medication during the measurement year).

Record your efforts

- Document review of continued use of prescribed medications during patient visits
- Document evidence of exclusion criteria

High- and Moderate-Intensity Statin Medications

Description	Prescription
High-intensity statin therapy	Atorvastatin 40-80 mg
High-intensity statin therapy	Amlodipine-atorvastatin 40-80 mg
High-intensity statin therapy	Rosuvastatin 20-40 mg
High-intensity statin therapy	Simvastatin 80 mg
High-intensity statin therapy	Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	Atorvastatin 10-20 mg
Moderate-intensity statin therapy	Amlodipine-atorvastatin 10-20 mg
Moderate-intensity statin therapy	Rosuvastatin 5-10 mg
Moderate-intensity statin therapy	Simvastatin 20-40 mg
Moderate-intensity statin therapy	Ezetimibe-simvastatin 20-40 mg
Moderate-intensity statin therapy	Pravastatin 40-80 mg
Moderate-intensity statin therapy	Lovastatin 40 mg
Moderate-intensity statin therapy	Fluvastatin 40-80 mg
Moderate-intensity statin therapy	Pitavastatin 1-4 mg

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Statin Therapy for Patients With Diabetes (SPD)

This HEDIS measures looks at the percentage of patients 40 to 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 (treatment period begins with the earliest dispensing event for any statin medication during the measurement year).

Record your efforts

- Document review of continued use of prescribed medications during patient visits
- Document evidence of exclusion criteria

Diabetes Medications

Description	Prescription		
Alpha-glucosidase inhibitors	Acarbose Miglitol		
Amylin analogs	Pramlintide		
Antidiabetic combinations	Alogliptin-metformin Alogliptin-pioglitazone Canagliflozin-metformin Dapagliflozin-metformin Dapagliflozin-saxagliptin Empagliflozin-linagliptin Empagliflozin-linagliptin-metformin	Empagliflozin-metformin Ertugliflozin-metformin Ertugliflozin-sitagliptin Glimepiride-pioglitazone Glipizide-metformin Glyburide-metformin Linagliptin-metformin	Metformin-pioglitazone Metformin-repaglinide Metformin-rosiglitazone Metformin-saxagliptin Metformin-sitagliptin
Insulin	Insulin aspart Insulin aspart-insulin aspart protamine Insulin degludec	Insulin glulisine Insulin isophane human Insulin isophane-insulin regular Insulin lispro	

Description	Prescription	
	Insulin degludec-liraglutide Insulin detemir Insulin glargine Insulin glargine-lixisenatide	Insulin lispro-insulin lispro protamine Insulin regular human Insulin human inhaled
Meglitinides	Nateglinide Repaglinide	
Biguanides	Metformin	
Glucagon-like peptide-1 (GLP1) agonists	Albiglutide Dulaglutide Exenatide	Liraglutide Lixisenatide Semaglutide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	Canagliflozin Dapagliflozin	Empagliflozin Ertugliflozin
Sulfonylureas	Chlorpropamide Glimepiride Glipizide	Glyburide Tolazamide Tolbutamide
Thiazolidinediones	Pioglitazone Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	Alogliptin Linagliptin	Saxagliptin Sitaglipin

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Topical Fluoride for Children (TFC, TFL-CH)

Topical Fluoride for Children (TFC) - This HEDIS measure looks at the percentage of patients 1 to 4 years of age who received at least two fluoride varnish applications during the measurement year.

Topical Fluoride for Children (TFL-CH) – This CMS Child core set measure evaluates the percentage of members ages 1–20 who received at least two topical fluoride varnish applications within the measurement year. Three rates are reported:

- Dental or oral health services (Numerator 1)
- Dental services (Numerator 2)
- Oral health services (Numerator 3)

Record your efforts

- Two or more fluoride varnish applications on different dates of services

Codes:

Services	CPT/CDT
Application of Fluoride Varnish	CPT 99188 CDT D1206: Topical application of fluoride varnish

If the sole purpose of the visit was to apply the fluoride varnish, providers may not bill for an E&M visit in addition to billing for the application of fluoride varnish. In this instance, the provider may bill for the fluoride varnish code only.

Helpful tip(s)

- Once teeth are present, the application of fluoride varnish is required and may be applied every 3 to 6 months in the primary care or dental office for children between the ages of 6 months and 5 years.
- Fluoride varnish acts to retard, arrest and reverse the caries process. The teeth absorb the fluoride varnish, strengthening the enamel and helping prevent cavities. It is not a substitute for fluoridated water or toothpaste.
- If applicable, educate parents/guardians on the importance of dental/oral health care.
- The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.
- Remember that members have a primary care dental (PCD) provider listed on their ID cards. Encourage parents to schedule an appointment with their PCD provider.

How can we help?

- Providing individualized reports of your patients who are due or overdue for services
- Offering current Clinical Practice Guidelines on our provider self-service website
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

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

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

Record your efforts

Documentation of psychosocial care or residential behavioral health treatment in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD.

Exclusions:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.
- Patients for whom first-line antipsychotic medications may be clinically appropriate: patients with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder on at least two different dates of service during the measurement year. Do not include laboratory claims (claims with POS code 81).

Description	CPT/HCPCS/ICD10CM
Psychosocial Care	CPT 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 HCPCS G0176: Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf) G0410: Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes

Description	CPT/HCPCS/ICD10CM
	G0411: Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes H0004: Behavioral health counseling and therapy, per 15 minutes H0035: Mental health partial hospitalization, treatment, less than 24 hours H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes H0037: Community psychiatric supportive treatment program, per diem H0038: Self-help/peer services, per 15 minutes H0039: Assertive community treatment, face-to-face, per 15 minutes H0040: Assertive community treatment program, per diem H2000: Comprehensive multidisciplinary evaluation H2001: Rehabilitation program, per 1/2 day H2011: Crisis intervention service, per 15 minutes H2012: Behavioral health day treatment, per hour H2013: Psychiatric health facility service, per diem H2014: Skills training and development, per 15 minutes H2017: Psychosocial rehabilitation services, per 15 minutes H2018: Psychosocial rehabilitation services, per diem H2019: Therapeutic behavioral services, per 15 minutes H2020: Therapeutic behavioral services, per diem S0201: Partial hospitalization services, less than 24 hours, per diem S9480: Intensive outpatient psychiatric services, per diem S9484: Crisis intervention mental health services, per hour S9485: Crisis intervention mental health services, per diem
Bipolar Disorder	ICD10CM F30.10: Manic episode without psychotic symptoms, unspecified F30.11: Manic episode without psychotic symptoms, mild F30.12: Manic episode without psychotic symptoms, moderate F30.13: Manic episode, severe, without psychotic symptoms F30.2: Manic episode, severe with psychotic symptoms F30.3: Manic episode in partial remission F30.4: Manic episode in full remission F30.8: Other manic episodes F30.9: Manic episode, unspecified F31.0: Bipolar disorder, current episode hypomanic F31.10: Bipolar disorder, current episode manic without psychotic features, unspecified F31.11: Bipolar disorder, current episode manic without psychotic features, mild

Description	CPT/HCPCS/ICD10CM
	F31.12: Bipolar disorder, current episode manic without psychotic features, moderate F31.13: Bipolar disorder, current episode manic without psychotic features, severe F31.2: Bipolar disorder, current episode manic severe with psychotic features F31.30: Bipolar disorder, current episode depressed, mild or moderate severity, unspecified F31.31: Bipolar disorder, current episode depressed, mild F31.32: Bipolar disorder, current episode depressed, moderate F31.4: Bipolar disorder, current episode depressed, severe, without psychotic features F31.5: Bipolar disorder, current episode depressed, severe, with psychotic features F31.60: Bipolar disorder, current episode mixed, unspecified F31.61: Bipolar disorder, current episode mixed, mild F31.62: Bipolar disorder, current episode mixed, moderate F31.63: Bipolar disorder, current episode mixed, severe, without psychotic features F31.64: Bipolar disorder, current episode mixed, severe, with psychotic features F31.70: Bipolar disorder, currently in remission, most recent episode unspecified F31.71: Bipolar disorder, in partial remission, most recent episode hypomanic F31.72: Bipolar disorder, in full remission, most recent episode hypomanic F31.73: Bipolar disorder, in partial remission, most recent episode manic F31.74: Bipolar disorder, in full remission, most recent episode manic F31.75: Bipolar disorder, in partial remission, most recent episode depressed F31.76: Bipolar disorder, in full remission, most recent episode depressed F31.77: Bipolar disorder, in partial remission, most recent episode mixed F31.78: Bipolar disorder, in full remission, most recent episode mixed
Other Psychotic and Developmental Disorders	ICD10CM F22: Delusional disorders F23: Brief psychotic disorder F24: Shared psychotic disorder

Description	CPT/HCPCS/ICD10CM
	F28: Other psychotic disorder not due to a substance or known physiological condition F29: Unspecified psychosis not due to a substance or known physiological condition F32.3: Major depressive disorder, single episode, severe with psychotic features F33.3: Major depressive disorder, recurrent, severe with psychotic symptoms F84.0: Autistic disorder F84.2: Rett's syndrome F84.3: Other childhood disintegrative disorder F84.5: Asperger's syndrome F84.8: Other pervasive developmental disorders F84.9: Pervasive developmental disorder, unspecified F95.0: Transient tic disorder F95.1: Chronic motor or vocal tic disorder F95.2: Tourette's disorder F95.8: Other tic disorders F95.9: Tic disorder, unspecified
Residential Behavioral Health Treatment	HCPCS H0017: Behavioral health; residential (hospital residential treatment program), without room and board, per diem H0018: Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem H0019: Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem T2048: Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem
Schizophrenia	ICD10CM F20.0: Paranoid schizophrenia F20.1: Disorganized schizophrenia F20.2: Catatonic schizophrenia F20.3: Undifferentiated schizophrenia F20.5: Residual schizophrenia F20.81: Schizophreniform disorder F20.89: Other schizophrenia F20.9: Schizophrenia, unspecified F25.0: Schizoaffective disorder, bipolar type

Description	CPT/HCPCS/ICD10CM
	F25.1: Schizoaffective disorder, depressive type F25.8: Other schizoaffective disorders F25.9: Schizoaffective disorder, unspecified

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing you with individual reports of your patients overdue for services if needed.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Use of Imaging Studies for Low Back Pain (LBP)

This HEDIS measure looks at the percentage of patients 18 to 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 January 1 to December 3 of the measurement year.

The measure is reported as an inverted rate 1–(numerator/eligible population). A higher score indicates appropriate treatment of low back pain (for example, the proportion for whom imaging studies did not occur).

Record your efforts

Services	CPT/ICD10CM
Uncomplicated Low Back Pain	ICD10CM M47.26: Other spondylosis with radiculopathy, lumbar region M47.27: Other spondylosis with radiculopathy, lumbosacral region M47.28: Other spondylosis with radiculopathy, sacral and sacrococcygeal region M47.816: Spondylosis without myelopathy or radiculopathy, lumbar region M47.817: Spondylosis without myelopathy or radiculopathy, lumbosacral region M47.818: Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region M47.896: Other spondylosis, lumbar region M47.897: Other spondylosis, lumbosacral region M47.898: Other spondylosis, sacral and sacrococcygeal region M48.061: Spinal stenosis, lumbar region without neurogenic claudication M48.07: Spinal stenosis, lumbosacral region M48.08: Spinal stenosis, sacral and sacrococcygeal region M51.16: Intervertebral disc disorders with radiculopathy, lumbar region M51.17: Intervertebral disc disorders with radiculopathy, lumbosacral region M51.26: Other intervertebral disc displacement, lumbar region M51.27: Other intervertebral disc displacement, lumbosacral region M51.86: Other intervertebral disc disorders, lumbar region M51.87: Other intervertebral disc disorders, lumbosacral region M53.2X6: Spinal instabilities, lumbar region M53.2X7: Spinal instabilities, lumbosacral region M53.2X8: Spinal instabilities, sacral and sacrococcygeal region M53.3: Sacrococcygeal disorders, not elsewhere classified

Services	CPT/ICD10CM
	M53.86: Other specified dorsopathies, lumbar region M53.87: Other specified dorsopathies, lumbosacral region M53.88: Other specified dorsopathies, sacral and sacrococcygeal region M54.16: Radiculopathy, lumbar region M54.17: Radiculopathy, lumbosacral region M54.18: Radiculopathy, sacral and sacrococcygeal region M54.30: Sciatica, unspecified side M54.31: Sciatica, right side M54.32: Sciatica, left side M54.40: Lumbago with sciatica, unspecified side M54.41: Lumbago with sciatica, right side M54.42: Lumbago with sciatica, left side M54.50: Low back pain, unspecified M54.51: Vertebrogenic low back pain M54.59: Other low back pain M54.89: Other dorsalgia M54.9: Dorsalgia, unspecified M99.03: Segmental and somatic dysfunction of lumbar region M99.04: Segmental and somatic dysfunction of sacral region M99.23: Subluxation stenosis of neural canal of lumbar region M99.33: Osseous stenosis of neural canal of lumbar region M99.43: Connective tissue stenosis of neural canal of lumbar region M99.53: Intervertebral disc stenosis of neural canal of lumbar region M99.63: Osseous and subluxation stenosis of intervertebral foramina of lumbar region M99.73: Connective tissue and disc stenosis of intervertebral foramina of lumbar region M99.83: Other biomechanical lesions of lumbar region M99.84: Other biomechanical lesions of sacral region S33.100A: Subluxation of unspecified lumbar vertebra, initial encounter S33.100D: Subluxation of unspecified lumbar vertebra, subsequent encounter S33.100S: Subluxation of unspecified lumbar vertebra, sequela S33.110A: Subluxation of L1/L2 lumbar vertebra, initial encounter S33.110D: Subluxation of L1/L2 lumbar vertebra, subsequent encounter S33.110S: Subluxation of L1/L2 lumbar vertebra, sequela S33.120A: Subluxation of L2/L3 lumbar vertebra, initial encounter S33.120D: Subluxation of L2/L3 lumbar vertebra, subsequent encounter S33.120S: Subluxation of L2/L3 lumbar vertebra, sequela S33.130A: Subluxation of L3/L4 lumbar vertebra, initial encounter

Services	CPT/ICD10CM
	S33.130D: Subluxation of L3/L4 lumbar vertebra, subsequent encounter S33.130S: Subluxation of L3/L4 lumbar vertebra, sequela S33.140A: Subluxation of L4/L5 lumbar vertebra, initial encounter S33.140D: Subluxation of L4/L5 lumbar vertebra, subsequent encounter S33.140S: Subluxation of L4/L5 lumbar vertebra, sequela S33.5XXA: Sprain of ligaments of lumbar spine, initial encounter S33.6XXA: Sprain of sacroiliac joint, initial encounter S33.8XXA: Sprain of other parts of lumbar spine and pelvis, initial encounter S33.9XXA: Sprain of unspecified parts of lumbar spine and pelvis, initial encounter S39.002A: Unspecified injury of muscle, fascia and tendon of lower back, initial encounter S39.002D: Unspecified injury of muscle, fascia and tendon of lower back, subsequent encounter S39.002S: Unspecified injury of muscle, fascia and tendon of lower back, sequela S39.012A: Strain of muscle, fascia and tendon of lower back, initial encounter S39.012D: Strain of muscle, fascia and tendon of lower back, subsequent encounter S39.012S: Strain of muscle, fascia and tendon of lower back, sequela S39.092A: Other injury of muscle, fascia and tendon of lower back, initial encounter S39.092D: Other injury of muscle, fascia and tendon of lower back, subsequent encounter S39.092S: Other injury of muscle, fascia and tendon of lower back, sequela S39.82XA: Other specified injuries of lower back, initial encounter S39.82XD: Other specified injuries of lower back, subsequent encounter S39.82XS: Other specified injuries of lower back, sequela S39.92XA: Unspecified injury of lower back, initial encounter S39.92XD: Unspecified injury of lower back, subsequent encounter S39.92XS: Unspecified injury of lower back, sequela
Imaging Study	CPT 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72200, 72202, 72220

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

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

This HEDIS measure looks at the percentage of patients ages 3 to 17 years who had an outpatient visit with a PCPs or OB/GYN and who had evidence of the following during the measurement 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.

Record your efforts

Three separate rates are reported:

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

Description	CPT/HCPCS/ICD10CM/LOINC
BMI Percentile	ICD10CM Z68.51: Body mass index [BMI] pediatric, less than 5th percentile for age Z68.52: Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age Z68.53: Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age Z68.54: Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age LOINC 59574-4: Body mass index (BMI) [Percentile] 59575-1: Body mass index (BMI) [Percentile] Per age 59576-9: Body mass index (BMI) [Percentile] Per age and sex

Description	CPT/HCPCS/ICD10CM/LOINC
Nutrition Counseling	CPT 97802, 97803, 97804 HCPCS G0270: Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes G0271: Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes G0447: Face-to-face behavioral counseling for obesity, 15 minutes S9449: Weight management classes, non-physician provider, per session S9452: Nutrition classes, non-physician provider, per session S9470: Nutritional counseling, dietitian visit
Physical Activity Counseling	HCPCS G0447: Face-to-face behavioral counseling for obesity, 15 minutes S9451: Exercise classes, non-physician provider, per session
Encounter for Physical Activity Counseling	ICD10CM Z02.5: Encounter for examination for participation in sport Z71.82: Exercise counseling

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

Helpful tip(s)

- Measure height and weight at least annually and document the BMI percentile for age in the medical record. These services may be completed during a visit other than a well-child visit (for example, sick visit or sports physical).
- Consider incorporating appropriate nutritional and weight management questioning and counseling into your routine clinical practice.
- Document any advice you give the Patient.
- Document face-to-face discussion of current nutritional behavior, like appetite or meal patterns, eating and dieting habits, any counselling or referral to nutrition education, any nutritional educational materials that were provided during the visit, anticipatory guidance for nutrition, eating disorders, nutritional deficiencies, underweight, and obesity or overweight discussion.

- Document face-to-face discussion of current physical activity behaviors, like exercise routines, participation in sports activities or bike riding, referrals to physical activity, educational material that was provided, anticipatory guidance on physical activity, and obesity or overweight discussion.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

Well-Care Visits for Children and Adolescents (W30, WCV)

These HEDIS measures looks at the percentage of patients ages 0 to 21 years who had the recommended number of well visits. Rates are reported for the following measures:

- Well-Child Visits in the First 30 Months of Life (W30) - 0 to 14 months - Six or more well-child visits with a PCP on or before turning 15 months old.
- Well-Child Visits in the First 30 Months of Life (W30) - 15 to 30 months - Two or more well-child visits with a PCP between 15 months and 30 months old.
- Child and Adolescent Well-Care Visits (WCV) - Members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year.

Record your efforts

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

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

Description	CPT/HCPCS
Well Care Visit	CPT 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 HCPCS G0438: Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit

Description	CPT/HCPCS
	G0439: Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit S0302: Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate evaluation and management service)

Helpful tips:

- Even if the member has other health insurance, you may file Medicaid first for preventive health services as outlined in Part 1 Policies and Procedures for Medicaid and PeachCare for Kids®. This will ensure accurate and timely reporting of EPSDT services.
- Use your Patient roster to contact patients who are due for an annual exam.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track patients due or past due for preventive services. If you do not use EMRs, consider creating a manual tracking method for well checks. Sick visits may be missed opportunities for your Patient to get health checks.
- Consider extending your office hours into the evening, early morning, or weekend to accommodate working parents.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing individualized reports of your patients overdue for services.
- Encouraging patients to get preventive care through our programs.
- Members may be eligible for transportation assistance at no cost, contact Patient Services for arrangement.

GAAGP-CD-075753-24