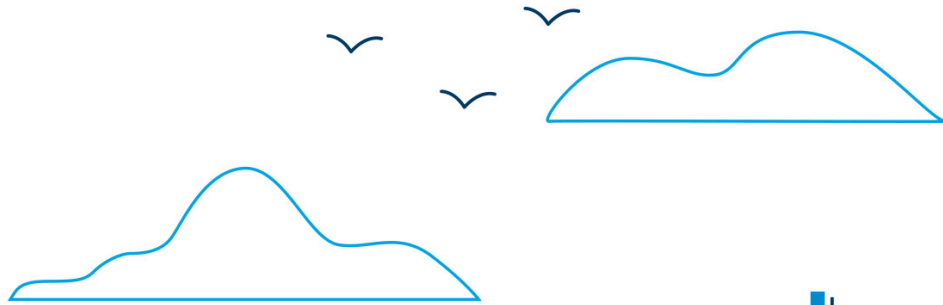


# HEDIS<sup>®</sup> MEASURES PROVIDER INFORMATION DOCUMENT 2023



Additional information can be found on the Provider Resource Center: HEDIS, Value-Based Reimbursement Programs Overview, Medicare Advantage Stars, Educational Resources- Member and Provider and Preventive Health Guidelines sections.

If participating in True Performance or the Medicare Advantage Incentive Program, refer to the appropriate program manual for an accurate listing of measures. The Quality measures may be reviewed and updated annually to align with updates or changes that are necessary for Highmark to adhere to external plan reporting expectations.

Most Preventive Health Screenings are provided at zero cost share for members. Please refer to the member's health plan benefits for information regarding covered benefits.

Examples of potential coding opportunities for metric compliance and /or exclusions are provided in this document. The examples provided are meant for guidance only. Listing of a code in this document does not equate to coverage under Highmark medical policy.

This information sheet is accurate as of the date it is published but may change as HEDIS measures are updated or based on other factors. The clinical information provided is intended to aid in the understanding of HEDIS measures. It is not intended to influence clinical and coding judgment. Any quality improvement or best practices offered in this document are for the providers' consideration and assessment, are not required by Highmark (other practices may be more suitable for the provider), and are not to be viewed as a cause for or basis of success under a pay for value program. This report is not intended to situate Highmark as a provider of medical services. The provider's medical judgment remains independent, and adoption of any recommended practice is entirely voluntary.

The guidance, best practices and guidelines (referred to as "best practices") provided to you are presented for your consideration and assessment only. They were selected from among best practices published by various associations and organizations or discussed in studies and articles on the subject. Please assess whether the described best practices are appropriate for you. There are no requirements that you use the best practices, and the best practices are not required for any Highmark program or initiative. Please note that the successful implementation of any program or initiative depends upon many factors and variables. Therefore, Highmark makes no representation with respect to the described best practices and whether the practices will positively impact your reimbursement, value based payment or performance under a Highmark program or initiative.

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Information taken from HEDIS MY 2023 Volume 2: Technical Specifications

The Importance of the Measure is derived from the HEDIS® MY 2023 Volume 1: Narrative

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01/2023

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# Prevention and Screening



# Breast Cancer Screening (BCS)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates women 50–74 years of age who had a mammogram to screen for breast cancer
<b>Eligible Population</b>	<p>Women 52–74 years of age as of December 31 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Bilateral mastectomy (any time during history through the last day of the measurement year)</li> <li>• Individuals 66 years of age and older (as of December 31st of the measurement year) with frailty and an advanced illness diagnosis</li> <li>• Palliative care</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide ongoing outreach to encourage mammography screening</li> <li>• Prepare chart to ensure that the provider orders mammography at the next office visit</li> <li>• Create process to identify women that are due for their mammogram and schedule to ensure timely completion</li> <li>• Utilize Highmark’s informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Be proactive by evaluating practice processes for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>Breast cancer is the second most common type of cancer among American women.</p> <p>Mammograms are the best method to detect early breast cancer, before it is big enough, to feel or cause symptoms and is easier to treat. Detecting early breast cancer via mammography can provide women with a greater range of treatment options, such as less aggressive surgery (lumpectomy vs. mastectomy), less toxic chemotherapy or the option to forego chemotherapy.</p> <p>Mammography can reduce the risk of dying from breast cancer by 20 percent.</p>

# Breast Cancer Screening (BCS)

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## CPT Codes (Examples)

Categories	Codes
Mammography	77061 - 77063, 77065 - 77067

# Cervical Cancer Screening (CCS)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	<p>This measure evaluates women 21–64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> <li>• 21–64 years of age who had cervical cytology performed within the last 3 years</li> <li>• 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years</li> <li>• 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years</li> </ul>
<b>Eligible Population</b>	<p>Women 24–64 years of age as of December 31 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Evidence of hysterectomy with no residual cervix</li> <li>• Cervical agenesis</li> <li>• Acquired absence of cervix</li> <li>• Palliative care</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide ongoing outreach to encourage cervical cancer screening</li> <li>• Prepare chart to ensure that the provider discusses importance of cervical cancer screening (Pap test and/or HPV test) at the next office visit</li> <li>• Create process to identify women that are due for their cervical cancer screening and schedule to ensure timely completion</li> <li>• Utilize Highmark's informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Be proactive by evaluating practice processes for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>Cervical cancer can be detected in its early stages by regular screening. Due to the success of cervical cancer screening in the U.S., dramatic decreases have been observed in both mortality and incidence of invasive cervical cancer.</p> <p>Human papillomavirus (HPV) causes virtually all cases of cervical cancer and associated precancerous lesions. Although vaccines to</p>



# Cervical Cancer Screening (CCS)

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	<p>prevent most HPV infections that can cause cervical cancer are available, those who have been vaccinated should continue to be screened regularly.</p> <p>The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cytology alone in women 21-29. Screening with high-risk HPV (hrHPV) testing is not recommended for women younger than 30 because it results in more harms than benefits. The USPSTF recommends three cervical cancer screening strategies starting at age 30: cytology alone, high-risk HPV (hrHPV) testing alone or cotesting every 5 years.</p>

## CPT Codes (Examples)

Categories	Codes
Cervical Cytology Lab Test	88141 - 88143, 88147, 88148, 88150, 88152, 88153, 88164 - 88167, 88174, 88175
High Risk HPV Lab Test	87624, 87625

## HCPCS Codes (Examples)

Categories	Codes
Cervical Cytology Lab Test	G0123, G0124, G0141, G0143 - G0145, G0147, G0148, P3000, P3001, Q0091
High Risk HPV Lab Test	G0476

# Childhood Immunization Status (CIS)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	<p>The measure evaluates children who became 2 years old during the measurement year and who had received these vaccinations on or before 2 years of age: four diphtheria-tetanus-acellular pertussis (DTAP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four doses of pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines. This measure follows the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) guidelines for immunizations</p>
<b>Eligible Population</b>	<p>Children who turn 2 years of age during the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Anaphylactic reaction to the vaccine or its components</li> <li>• <i>DTaP</i>: Anaphylactic reaction to neomycin</li> <li>• <i>IPV</i>: Anaphylactic reaction to streptomycin, polymyxin B, neomycin</li> <li>• <i>Hepatitis B</i>: Anaphylactic reaction to common baker's yeast</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> <li>• Any of the following on or before their second birthday:             <ul style="list-style-type: none"> <li>○ Severe combined immunodeficiency</li> <li>○ Immunodeficiency</li> <li>○ HIV</li> <li>○ Lymphoreticular cancer, multiple myeloma or leukemia</li> <li>○ Intussusception</li> </ul> </li> </ul>

# Childhood Immunization Status (CIS)

Topic	Explanation
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Develop a process for scheduling and record keeping of all vaccinations</li> <li>• Screen, identify and document patients with contraindications and precautions</li> <li>• Follow Bright Futures recommendations for Childhood Immunizations</li> <li>• Locate past immunization records if performed outside of practice</li> <li>• Postpone vaccinations when moderate or severe acute illness is present with or without fever</li> <li>• Provider vaccination information sheets related to specific vaccines, are available through the CDC, <a href="http://www.cdc.gov/vaccines/hcp/vis/index.html">www.cdc.gov/vaccines/hcp/vis/index.html</a></li> <li>• Have plans in place to treat/manage severe reactions</li> <li>• Document in patient's chart any reaction to a vaccine</li> <li>• Advise parents of state laws regarding school entry and child-care facilities</li> <li>• Document all refusals in patient's chart</li> <li>• Be proactive by evaluating practice processes for opportunities to close gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>A basic method for prevention of illness is immunization. Childhood immunizations help prevent serious illnesses such as polio, tetanus and hepatitis. Vaccines are a proven way to help a child stay healthy and avoid the potentially harmful effects of childhood diseases like mumps and measles. This measure follows the Advisory Committee on Immunization Practices (ACIP) guidelines for immunizations</p>

## CPT Codes (Examples)

Categories	Codes
DTAP	90698, 90700, 90723
IPV	90698, 90713, 90723
MMR	90707, 90710
HiB	90644, 90647, 90648; 90698, 90748
VZV	90710, 90716
Pneumococcal Conjugate Vaccine (PVC)	90670
HepA	90633
HepB	90723, 90740, 90744, 90747, 90748
Rotavirus	90681 (2 doses); 90680 (3 doses)
Influenza	90655, 90657, 90660, 90661, 90673, 90685-90689; 90672

# Childhood Immunization Status (CIS)

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## HCPCS Codes (Examples)

Categories	Codes
Influenza	G0008
Pneumococcal Conjugate Vaccine (PVC)	G0009

# Chlamydia Screening in Women (CHL)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year
<b>Eligible Population</b>	<p>Women 16–24 years of age as of December 31 of the measurement year</p> <p><b>Exclusions</b></p> <ul style="list-style-type: none"> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide ongoing outreach to encourage chlamydia screening</li> <li>• Create process to identify women that are due for a chlamydia screening and schedule to ensure timely completion</li> <li>• Utilize Highmark’s informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Be proactive by evaluating practice processes for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>Chlamydia trachomatis is the most common sexually transmitted disease (STD) in the United States.</p> <p>Screening is essential because the majority of women who have the condition do not experience symptoms. The main objective of chlamydia screening is to prevent pelvic inflammatory disease (PID), infertility and ectopic pregnancy, all of which have very high rates of occurrence among women with untreated chlamydia infection.</p>

## CPT Codes (Examples)

Categories	Codes
Chlamydia Tests	87110, 87270, 87320, 87490 - 87492, 87810

# Colorectal Cancer Screening (COL)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	<p>This measure evaluates individuals 45–75 years of age who had appropriate screening for colorectal cancer</p> <ul style="list-style-type: none"> <li>• <i>Colonoscopy</i> during the measurement year or the nine years prior to the measurement year</li> <li>• <i>FOBT</i> during the measurement year               <ul style="list-style-type: none"> <li>– Immunochemical (iFOBT, also referred to as fecal immunochemical test, or FIT)</li> <li>– Guaiac - 3 stool card series (gFOBT)</li> </ul> </li> <li>• <i>Flexible sigmoidoscopy</i> during the measurement year or the four years prior to the measurement year</li> <li>• <i>CT colonography</i> during the measurement year or the four years prior to the measurement year</li> <li>• <i>Stool-DNA with FIT</i> during the measurement year or the two years prior to the measurement year</li> </ul>
<b>Eligible Population</b>	<p>Individuals 46–75 years of age as of December 31 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Colorectal cancer</li> <li>• Total colectomy</li> <li>• Individuals 66 years of age and older (as of December 31st of the measurement year) with frailty and an advanced illness diagnosis</li> <li>• Palliative care</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide ongoing outreach to encourage colorectal cancer screening</li> <li>• Prepare chart to ensure that the provider orders a colorectal cancer screening at the next office visit</li> <li>• Create process to identify individuals that are due for their colorectal cancer screening and schedule to ensure timely completion</li> <li>• If patient refuses a colonoscopy, offer an annual FIT as the only other Tier-1 recommended colorectal cancer screening when evaluated for performance, cost, and practical considerations</li> <li>• Use standing orders for colonoscopy and FIT</li> </ul>

# Colorectal Cancer Screening (COL)

Topic	Explanation
<b>Best Practices (cont'd)</b>	<ul style="list-style-type: none"> <li>• Advise patient if a non-invasive screening has a positive result, patients must get a diagnostic colonoscopy to confirm results, which can include patient out-of-pocket costs</li> <li>• Provide at-home FOBT colorectal cancer screening kits for use in patients' homes</li> <li>• Utilize Highmark's informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Update patient history annually regarding colorectal cancer screening (test completion and corresponding date)</li> <li>• Be proactive by evaluating practice processes for opportunities to close care gaps every time the patient is seen</li> <li>• Provide at-home FOBT colorectal cancer screening kits for use in patients' homes</li> </ul>
<b>Importance of Measure</b>	Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the U.S. Screening can be effective for finding precancerous lesions (polyps) that could later become malignant, and for detecting early cancers that can be more easily and effectively treated.

## CPT Codes (Examples)

Categories	Codes
Colonoscopy	44388 - 44394, 44397, 44401 - 44408, 45355, 45378 - 45393, 45398
CT Colonography	74261 - 74263
sFIT DNA Lab Test	81528
Flexible Sigmoidoscopy	45330 - 45335, 45337, 45338, 45340 - 45342, 45346, 45347, 45349, 45350
FOBT Lab Test	82270, 82274

## HCPCS Codes (Examples)

Categories	Codes
Colonoscopy	G0105, G0121
Flexible Sigmoidoscopy	G0104
FOBT Lab Test	G0328

## Immunizations for Adolescents (IMA)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	The measure evaluates adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday
<b>Eligible Population</b>	<p>Adolescents who turn 13 years of age during the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Anaphylactic reaction to the vaccine or its components any time on or before the member's 13<sup>th</sup> birthday</li> <li>• Tdap - Encephalopathy with a vaccine adverse-effect any time on or before the member's 13<sup>th</sup> birthday</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Develop a process for scheduling and record keeping of all vaccinations</li> <li>• Screen, identify and document patients with contraindications and precautions</li> <li>• Follow Bright Futures recommendations for Adolescent Immunizations</li> <li>• Locate past immunization records if performed outside of practice</li> <li>• Postpone vaccinations when moderate or severe acute illness is present with or without fever</li> <li>• Provider vaccination information sheets related to specific vaccines, are available through the Centers for Disease and Prevention (CDC), <a href="http://www.cdc.gov/vaccines/hcp/vis/index.html">www.cdc.gov/vaccines/hcp/vis/index.html</a></li> <li>• Document in patient's chart any reaction to a vaccine</li> <li>• Advise parents of state laws regarding school entry and child-care facilities</li> <li>• Document all refusals in patient's chart</li> <li>• Be proactive by evaluating practice processes for opportunities to close gaps every time the patient is seen</li> </ul>



# Immunizations for Adolescents (IMA)

Topic	Explanation
<b>Importance of Measure</b>	These vaccines are available for adolescents to prevent them from acquiring serious diseases and help protect against disease in populations that lack immunity, such as infants, the elderly and individuals with chronic conditions. This measure follows the Advisory Committee on Immunization Practices (ACIP) guidelines for immunizations

## CPT Codes (Examples)

Categories	Codes
Meningococcal	90734
Tdap	90715
HPV Series	90649, 90650, 90651

# Lead Screening in Children (LSC)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	The measure evaluates children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday
<b>Eligible Population</b>	Children who turn 2 years old during the measurement year  <b>Exclusions:</b> <ul style="list-style-type: none"> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Follow Bright Futures guidelines for lead screening in children</li> <li>• Centers for Disease and Prevention (CDC) recommends screening all young children for lead</li> <li>• Develop a questionnaire that can identify children at risk for lead poisoning including but not limited to: medical history, environmental history, paint and soil exposure, nutritional history, and behavioral characteristics</li> <li>• Refer children with elevated Blood Lead Levels for environmental and public health case management</li> <li>• Be proactive by evaluating practice processes for opportunities to close gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	Children 1-5 years of age have the highest prevalence of elevated blood lead levels of any age group in the U.S., although the prevalence has declined over the past several decades. Even with these decreases, an estimated 310,000 children in this country remain at risk for exposure to harmful levels of lead. Blood lead levels of African American children and among low-income families remain significantly higher than those of other races and those of other income status.

## CPT Codes (Examples)

Categories	Codes
Lead Screening	83655

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

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance.

Topic	Explanation
<b>Description of Measure</b>	<p>This measure evaluates children and adolescents 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> <li>• BMI percentile documentation</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul>
<b>Eligible Population</b>	<p>Individuals ages 3-17 years as of December 31 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Pregnancy during the measurement year</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Review patient's chart to locate BMI percentile documentation</li> <li>• Ensure height / weight and BMI percentile are documented on every patient, can use plotted graph results for height weight and BMI percentiles with date results were assessed</li> <li>• Children and adolescents 3-17 years of age at the time of the visit, the BMI should be documented as a percentile</li> <li>• Expand the EMR record to include discussion and or counseling on weight, nutrition and physical activity</li> <li>• Be proactive by evaluating practice processes for opportunities to close gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>One of the most important developments in pediatrics in the past two decades has been the emergence of a new chronic disease: obesity in childhood and adolescence. The rapidly increasing prevalence of obesity among children is one of the most challenging dilemmas currently facing pediatricians. In addition to the growing prevalence of obesity in children and adolescents, overweight children at risk of becoming obese are also of great concern. The Centers for Disease Control and Prevention (CDC) states that overweight children and adolescents are more likely to become obese as adults.</p>

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

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	<p>BMI is a useful screening tool for assessing and tracking the degree of obesity among adolescents. Screening for overweight or obesity begins in the provider's office with the calculation of BMI. Providers can estimate a child's BMI percentile for age and gender by plotting the calculated value of BMI on growth curves published and distributed by the CDC.</p> <p>Because BMI norms for youth vary with age and gender, BMI percentiles rather than absolute BMI must be determined. Promoting regular physical activity and healthy eating, as well as creating an environment that supports these behaviors, is essential to addressing the problem.</p>

## ICD10 Codes (Examples)

Categories	Codes
BMI pediatric, less than 5th %	Z68.51
BMI pediatric, 5th-<85th%	Z68.52
BMI pediatric, 85th-<95th%	Z68.53
BMI pediatric, > or = to 95th%	Z68.54
Dietary counseling and surveillance	Z71.3
Encounter for examination for participation in sports	Z02.5
Exercise counseling	Z71.82

## CPT Codes (Examples)

Categories	Codes
Counseling for Nutrition	97802, 97803, 97804

## HCPCS Codes (Examples)

Categories	Codes
Nutritional Counseling	G0270, G0271, G0447 S9449, S9452, S9470
Physical Activity Counseling	G0447 S9451

# Respiratory Conditions



## Appropriate Testing for Pharyngitis (CWP)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates individuals 3 years of age and older who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode
<b>Eligible Population</b>	<p>Individuals who were 3 years of age or older at the time of diagnosis</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• COPD</li> <li>• Emphysema</li> <li>• Disorders of the Immune System</li> <li>• Malignant Neoplasms</li> <li>• HIV</li> <li>• Comorbid Conditions</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Educate patients on proper use of antibiotics</li> <li>• Utilize Highmark's informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Refer to Centers for Disease Control (CDC) guidance on Antibiotic Awareness and Usage</li> <li>• Be proactive by evaluating office practices for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	Overuse of antibiotics has been directly linked to the prevalence of antibiotic resistance; promoting judicious use of antibiotics is important to reducing levels of antibiotic resistance. Clinical practice guidelines recommend group A strep should be tested by a rapid antigen detection test and/or throat culture, and that patients who test positive should be treated with an appropriate antibiotic at an appropriate dose. Antibiotic overuse and inappropriate use have been observed in children with pharyngitis in the United States.

# Appropriate Testing for Pharyngitis (CWP)

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## ICD10 Codes (Examples)

Value Set Name	Codes
Pharyngitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

## CPT Codes (Examples)

Value Set Name	Codes
Group A Strep	87070, 87071, 87081, 87430, 87650 - 87652, 87880

# Asthma Medication Ratio (AMR)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure identifies individuals 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year
<b>Eligible Population</b>	<p>Individuals 5-64 years of age as of December 31 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Emphysema</li> <li>• COPD</li> <li>• Obstructive Chronic Bronchitis</li> <li>• Chronic Respiratory Conditions Due to Fumes or Vapors</li> <li>• Cystic Fibrosis</li> <li>• Acute Respiratory Failure</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Educate patients on inhalers</li> <li>• Educate patients on inhaler techniques</li> <li>• Utilize Highmark's informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Refer to the Global Initiative for Asthma (GINA) Guidelines</li> <li>• Be proactive by evaluating office practices for opportunities to close care gaps every time the patient is seen</li> <li>• Encourage a telephone visit, e-visit, or virtual check-in when appropriate</li> </ul>
<b>Importance of Measure</b>	Medications for asthma are usually categorized into long-term controller medications used to achieve and maintain control of persistent asthma and quick-reliever medications used to treat acute symptoms and exacerbations. Appropriate ratios for these medications could potentially prevent a significant proportion of asthma-related hospitalizations, emergency room visits, missed work and school days.



# Asthma Medication Ratio (AMR)

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## CPT Codes (Examples)

Categories	Codes
Online Assessments	98969 – 98972, 99421 – 99423, 99444, 99458
Telephone Visits	98966 – 98968, 99441 – 99443

## HCPCS Codes (Examples)

Categories	Codes
Online Assessments	G2010, G2012, G2061 – G2063

# Pharmacotherapy Management of COPD Exacerbation (PCE)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	<p>The measure evaluates the number of COPD exacerbations for individuals 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications:</p> <ol style="list-style-type: none"> <li>1. Dispensed a systemic corticosteroid, or was on an active prescription, within 14 days of the event</li> <li>2. Dispensed a bronchodilator, or was on an active prescription within, 30 days of the event</li> </ol>
<b>Eligible Population</b>	<p>Individuals 40 years of age or older as of January 1 of the measurement year</p> <p>A COPD exacerbation as indicated by an acute inpatient discharge or ED encounter with a principal diagnosis of COPD</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Educate patients on COPD disease process and management</li> <li>• Educate patients on inhaler techniques</li> <li>• Medication reconciliation post discharge</li> <li>• Schedule follow up appointments post discharge</li> <li>• Refer to Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines</li> <li>• Be proactive by evaluating office practices for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>COPD defines a group of diseases characterized by airflow obstruction, and includes chronic bronchitis and emphysema. Symptoms of COPD range from chronic cough and sputum production to severe, disabling shortness of breath, leading to significant impairment of quality of life. COPD is a major cause of chronic morbidity and mortality. The National Heart, Lung, and Blood Institute (NHLBI) estimates that over 16 million adults have been diagnosed with COPD, but that the actual number of those with the disease may be higher. While other major causes of death</p>

# Pharmacotherapy Management of COPD Exacerbation (PCE)

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Topic	Explanation
<b>Importance of Measure (cont'd)</b>	<p>have been decreasing, COPD mortality has risen, making it the fourth leading cause of death in the U.S.</p> <p>Exacerbations may be the most significant drivers of negative impacts on a COPD patient. Patients experiencing exacerbations are at higher risk for repeat exacerbations, more rapid decline in lung function, and reduced exercise capacity and these effects are more pronounced for patients with severe COPD. In addition to physical effects, COPD exacerbations result in reduced quality of life and ability to conduct activities of daily living independently. Proper therapy following an exacerbation, including pharmacotherapy, can slow disease progression and reduce the risk of future exacerbations. Guidelines recommend the use of bronchodilators and systemic steroids as treatment for COPD exacerbations.</p>

# Cardiovascular Conditions



# Controlling High Blood Pressure (CBP)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates individuals 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm HG) during the measurement year
<b>Eligible Population</b>	<p>Individuals 18–85 years of age as of December 31 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant</li> <li>• Diagnosis of pregnancy during the measurement year</li> <li>• A nonacute inpatient admission during the measurement year</li> <li>• Individuals 66 – 80 years of age (as of December 31st of the measurement year) with frailty and an advanced illness</li> <li>• Individuals 81 years of age and older (as of December 31 of the measurement year) with diagnosis of frailty at least two indications during the measurement year</li> <li>• Palliative care</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Implement care coordination to manage those with blood pressures &gt; 140/90 mm Hg</li> <li>• Develop and implement evidenced based guidelines to treat patients identified with high blood pressure</li> <li>• Utilize Highmark’s provider tools located on the PRC</li> <li>• Be proactive by evaluating practice processes for opportunities to close care gaps every time the patient is seen</li> <li>• Encourage a telephone visit, e-visit, or virtual check-in when appropriate</li> <li>• Record blood pressure results from digital monitoring devices when applicable</li> </ul>
<b>Importance of Measure</b>	<p>Hypertension increases the risk of heart disease and stroke, two of the leading causes of death in the U.S. A person with hypertension is four times more likely to die from a stroke and three times more likely to die from heart disease.</p> <p>Treatment to improve hypertension includes dietary and lifestyle changes, as well as appropriate use of medications.</p>

# Controlling High Blood Pressure (CBP)

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## ICD10 Codes (Examples)

Categories	Codes
Essential Hypertension	I10

## CPT Codes (Examples)

Categories	Codes
Online Assessments	98969 – 98972, 99421 – 99423, 99444, 99457, 99458
Telephone Visits	98966 – 98968, 99441 – 99443

## CPT – CAT – II Codes (Examples)

Categories	Codes
Diastolic 80 - 89	3079F
Diastolic Greater Than or Equal to 90	3080F
Diastolic Less Than 80	3078F
Systolic 130 – 139	3075F
Systolic Greater Than or Equal to 140	3077F
Systolic Less Than 130	3074F

## HCPCS Codes (Examples)

Categories	Codes
Online Assessments	G0071, G2010, G2012, G2061 – G2063

# Statin Therapy for Patients with Cardiovascular Disease (SPC)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates males 21-75 years of age and women 40-75 years of age who have clinical atherosclerotic cardiovascular disease (ASCVD) and received statin therapy and was statin compliant for 80% of the treatment period
<b>Eligible Population</b>	<p>Males 21-75 years as of December 31 of the measurement year            Women 40-75 years as of December 31 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• End stage renal disease ( ESRD)</li> <li>• Cirrhosis</li> <li>• Myalgia, Myositis, Myopathy, Rhabdomyolysis</li> <li>• Pregnancy during or prior to the measurement year</li> <li>• In Vitro Fertilization</li> <li>• Clomiphene prescription in measurement year or year prior</li> <li>• Individuals 66 years of age and older (as of December 31<sup>st</sup> of the measurement year) with frailty and advanced illness</li> <li>• Polycystic ovarian syndrome</li> <li>• Palliative care</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Discuss the reasons for and benefits of adhering to prescribed medication</li> <li>• Identify barriers that may prevent patients taking prescribed medication and assist to resolve</li> <li>• Consider statins with fewer drug interactions to reduce risk of adverse events</li> <li>• Motivational interviewing to help commitment to medication and set realistic goals</li> </ul>
<b>Importance of Measure</b>	Cardiovascular disease is the leading cause of death in the United States. Statins are a class of drugs that lower blood cholesterol. Statins work in the liver by preventing the formation of cholesterol, thus lowering the amount of cholesterol in the blood. Statins are most effective in lowering low-density lipoprotein cholesterol (LDL-C). The amount of cholesterol-lowering effect is based on statin intensity, which is classified as either high, moderate, or low.

# Diabetes





# Blood Pressure Control for Patients With Diabetes (BPD)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	Individuals whose blood pressure (BP) was adequately controlled (<140/90 mm HG) during the measurement year
<b>Eligible Population</b>	<p>Individuals 18-75 years of age as of December 31 of the measurement year with diabetes (type 1 and type 2)</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Gestational Diabetes</li> <li>• Steroid induced diabetes</li> <li>• Non-Diabetes Diagnosis</li> <li>• Polycystic ovarian syndrome</li> <li>• Individuals 66 years of age and older (as of December 31<sup>st</sup> of the measurement year) with frailty and advanced illness diagnosis</li> <li>• Individuals 66 years of age or older enrolled in and institutional SNP or living long term in an institution any time during the measurement year</li> <li>• Palliative care</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Monitor blood pressure measurement at each member encounter for compliance of ordered care</li> <li>• Identify comprehensive diabetes blood pressure ordered compared to results received</li> <li>• Manage reported values greater than 140mmHg systolic or values greater than 90mm HG diastolic</li> <li>• Utilize Highmark's informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Develop and implement evidenced based guidelines to treat adults identified with high blood pressure, i.e., process in place to re-check blood pressure if initial reading is elevated</li> <li>• Be proactive by evaluating practice processes for opportunities to close gaps every time the patient is seen</li> </ul>

# Blood Pressure Control for Patients With Diabetes (BPD)

Topic	Explanation
<b>Importance of Measure</b>	<p>Diabetes is one of the costliest and highly prevalent chronic diseases in the United States. Approximately 34.1 million Americans have diabetes, and 7 million cases go undiagnosed. Diabetes is the seventh leading cause of death in the United States. Many complications, such as heart disease, stroke, amputation, blindness and kidney failure, can be prevented if detected and addressed in the early stages.</p> <p>The challenge faced is to bring more members with diabetes into programs that will help them incorporate healthy behaviors and monitoring practices into their lifestyle. Controlling BP levels helps reduce major cardiovascular events (heart attack, stroke, and heart failure) and microvascular complications (eye, kidney, and nerve disease).</p>

## CPT Codes (Examples)

Categories	Codes
CPT-CAT-II	
Diastolic 80-89	3079F
Diastolic greater than or Equal to 90	3080F
Diastolic less than 80	3078F
Systolic greater than or equal to 140	3077F
Systolic less than 130	3074F
Systolic 130 - 139	3075F

# Eye Exam for Patients With Diabetes (EED)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	The percentage of individuals 18-75 years of age with diabetes (types 1 and 2) who had a retinal eye exam
<b>Eligible Population</b>	<p>Individuals 18-75 years of age as of December 31 of the measurement year who were diagnosed with diabetes</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Non-Diabetes Diagnosis</li> <li>• Gestational Diabetes</li> <li>• Steroid-induced diabetes</li> <li>• Individuals 66 years of age and older (as of December 31<sup>st</sup> of the measurement year) with frailty and advanced illness diagnosis.</li> <li>• Polycystic ovarian syndrome</li> <li>• Palliative care</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Utilize Highmark's informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Utilize Highmark's provider tools located on the PRC</li> <li>• Identify diabetic retinal eye care exam ordered compared to results received</li> <li>• Review charts to find evidence of retinal eye exam or evidence of exclusion</li> <li>• Discuss importance of retinal eye exam</li> <li>• Prepare standing referral to ophthalmologist</li> <li>• Assist making appointment with eye specialist</li> <li>• Reach out to ophthalmologist to obtain documentation of retinal exam</li> </ul>
<b>Importance of Measure</b>	Diabetes is one of the costliest and highly prevalent chronic diseases in the United States. Approximately 34.1 million Americans have diabetes, and 7 million cases go undiagnosed. Diabetes is the seventh leading cause of death in the United states. Many complications, such as heart disease, stroke, amputation, blindness and kidney failure can be prevented if detected and addressed in the early stages.

# Eye Exam for Patients With Diabetes (EED)

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	The challenge faced is to bring more members with diabetes into programs that will help them incorporate healthy behaviors and monitoring practices into their lifestyle. It helps to reduce vision loss by receiving early diagnosis and treatment for diabetes retinopathy.

## CPT Codes (Examples)

Categories	Codes
Diabetic Retinal Screening	67028, 67030, 67031, 67036, 67039-67043; 67101, 67105, 670107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201-92202, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213-99215; 99242-99245;
CPT-CAT-11	
Diabetic Retinal Screening Negative	3072F Prior Year
Diabetic Retinal Screening With Eye Care Professional: Eye Exam with Evidence of Retinopathy	2022, 2024, 2026
Eye Exam without Evidence of Retinopathy	2023, 2025, 2033

## HCPCS Codes (Examples)

Categories	Codes
Diabetic Retinal Screening	S0620, S0621, S3000

# Hemoglobin A1c Control for Patients With Diabetes (HBD)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	<p>This measure evaluates the percentage of individuals 18-75 years of age with diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> <li>• HbA1c control (&lt;8.0%)</li> <li>• HbA1c poor control (&gt;9.0%)</li> </ul>
<b>Eligible Population</b>	<p>Individuals 18-75 years of age as of December 31 of the measurement year with diabetes</p> <p><b>Exclusions :</b></p> <ul style="list-style-type: none"> <li>• Gestational Diabetes</li> <li>• Steroid induced diabetes</li> <li>• Non-Diabetes Diagnosis</li> <li>• Adult 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness</li> <li>• Polycystic ovarian syndrome</li> <li>• Palliative care</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Discuss at each visit the importance of follow through obtaining ordered HbA1c</li> <li>• Create process to identify Comprehensive Diabetes Care- HbA1c Control test ordered compared to results received</li> <li>• Establish a process for obtaining laboratory results</li> <li>• Ensure HbA1c result and date of testing is recorded within the patient's record</li> <li>• Utilize Highmark's informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Be proactive by evaluating practice processes for opportunities to close gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>Diabetes is one of the costliest and highly prevalent chronic diseases in the United States. Approximately 34.1 million Americans have diabetes, and 7 million cases go undiagnosed. Diabetes is the seventh leading cause of death in the United States. Many complications, such as heart disease, stroke, amputation, blindness,</p>

# Hemoglobin A1c Control for Patients With Diabetes (HBD)

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	<p>and kidney failure, can be prevented if detected and addressed in the early stages.</p> <p>The challenge faced is to bring more members with diabetes into programs that will help them incorporate healthy behaviors and monitoring practices into their lifestyle.</p>

## CPT Codes (Examples)

Categories	Codes
HbA1c Lab Test	83036 - 83037
CPT-CAT-11	
Most recent HbA1c Level less than 7%	3044F
Most recent HbA1c Level Greater Than 9.0	3046F
Most recent HbA1c Level Greater Than or Equal to 7.0 and Less Than 8.0	3051F
Most recent HbA1c Level Greater Than or Equal to 8.0 and less Than or Equal to 9.0	3052F

# Kidney Health Evaluation for Patients with Diabetes (KED)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	Individuals 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) <b>and</b> a urine albumin-creatinine ratio (uACR), during the measurement year
<b>Eligible Population</b>	<p>Individuals 18-85 years of age as of December 31 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Individuals who did not have a diagnosis of diabetes in any setting during the measurement year or year prior to the measurement year</li> <li>• Polycystic ovarian syndrome during measurement year or prior to measurement year</li> <li>• Steroid-induced diabetes during measurement year or prior to measurement year</li> <li>• Gestational Diabetes during measurement year or prior to measurement year</li> <li>• Evidence of ESRD or Dialysis any time during member's history on or prior to December 31 of measurement year</li> <li>• Palliative care during the measurement year</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using Hospice services during the measurement year</li> <li>• Individuals age 66-80 as of December 31 of the measurement year with frailty and advanced illness. Must meet both</li> <li>• Individuals age 81 and older as of December 31 of the measurement year with at least two indications of frailty with different dates of service during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Use EHRD to determine the percentage of people with diabetes that have received both eGFR and uACR in a 12-month period (during the measurement year on the same or different dates of service)</li> <li>• Follow up with patients to discuss and educate on lab results and importance of controlling, blood pressure, blood sugars, cholesterol, and lipid levels</li> <li>• Prescribed as needed medications that can protect kidney function (ACE inhibitors or ARBs)</li> </ul>

# Kidney Health Evaluation for Patients with Diabetes (KED)

Topic	Explanation
<b>Best Practices (cont'd)</b>	<ul style="list-style-type: none"> <li>• Educate on medications that could be harmful to kidneys (NSAID such as naproxen or ibuprofen)</li> <li>• Discuss limiting protein intake and salt to diet</li> <li>• Educate on how diabetes can affect kidneys and offer tips to patients on preventing damage to Kidneys: avoid excessive drinking alcohol, stop smoking, adequate amount of sleep and regular exercise</li> <li>• Coordinate care with specialists such as an endocrinologist or nephrologist as needed</li> </ul>
<b>Importance of Measure</b>	<p>This measure was created based on recommendations by the National Kidney Foundation (NKF) and the members of NCQA's Technical Expert Panel to focus on chronic kidney disease (CKD) evaluation for diabetic patients.</p> <p>Diabetes places adults at a significant risk for developing kidney disease due to vascular abnormalities that cause damage to kidneys. CKD occurs when damage to kidneys increasingly hinders their ability to function. CKD is defined as abnormal urine albumin-creatinine ration (uACR) and abnormal glomerular filtration rate (eGFR). The Leading cause of kidney disease is diabetes. Diabetic kidney disease (DKD) is one of the most common adverse outcomes of diabetes, affecting patients with diabetes.</p> <p>Primary detection and management of kidney disease is an important aspect of diabetes management. Undiagnosed CKD can increase chances of related health problems, such as early death, heart disease, stroke, kidney failure and end-stage renal disease (ESRD). If a person is aware of their CKD, they can lower their risk for related health problems and kidney failure.</p>

## CPT Codes (Examples)

Categories	Codes
Estimated Glomerular Filtration Rate Lab Test	80047-80048, 80050, 80053
Urine Albumin Creatine Lab Test	
Quantitative Urine Albumin Lab	82043
Urine Creatinine Lab	82570



# Statin Therapy for Patients with Diabetes (SPD)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates individuals with diabetes 40–75 years of age during the measurement year who do not have clinical atherosclerotic cardiovascular disease (ASCVD), received statin therapy and was statin compliant for 80% of the treatment period
<b>Eligible Population</b>	<p>Individuals 40–75 years of age as of December 31 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Coronary Artery Disease (CAD)</li> <li>• Ischemic Vascular Disease (IVD)</li> <li>• Pregnancy</li> <li>• In vitro fertilization</li> <li>• Estrogen therapy</li> <li>• Myalgia, Myositis, Myopathy, Rhabdomyolysis</li> <li>• Myocardial Infarction (MI)</li> <li>• Percutaneous Coronary Intervention (PCI), and/or Coronary Artery Bypass Graft (CABG)</li> <li>• Cirrhosis</li> <li>• End State Renal Disease (ESRD) and /or Dialysis</li> <li>• Clomiphene prescription in measurement year of year prior</li> <li>• Individuals 66 years of age and older (as of December 31<sup>st</sup> of the measurement year) with frailty and advanced illness</li> <li>• Polycystic ovarian syndrome</li> <li>• Gestational diabetes</li> <li>• Steroid induced diabetes</li> <li>• Palliative care</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Discuss the reasons for and benefits of adhering to prescribed medication</li> <li>• Identify barriers that may prevent patients taking prescribed medication and assist to resolve</li> <li>• Motivational interviewing for commitment to taking medication and realistic goal setting</li> <li>• Consider statins with fewer drug interactions to reduce risk of adverse events</li> </ul>

# Statin Therapy for Patients with Diabetes (SPD)

Topic	Explanation
<b>Importance of Measure</b>	<p>Diabetes is a complex group of diseases marked by high blood sugar due to the body's inability to make or use insulin. Patients with diabetes have an elevated cardiovascular risk due in part to elevations in unhealthy cholesterol levels leading to risk of developing Atherosclerotic Cardiovascular Disease (ASCVD).</p> <p>The risk of an adult with diabetes developing cardiovascular disease is two to four times higher than that of an adult without diabetes. Patients with diabetes tend to have worse survival after the onset of cardiovascular disease. The CDC estimates that adults with diabetes are 1.7 times more likely to die from cardiovascular disease than adults without diabetes.</p>

# Behavioral Health



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

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure assesses the percentage of individuals 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period
<b>Eligible Population</b>	<p>Individuals 18 years of age and older as of January 1 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Individuals with a diagnosis of dementia</li> <li>• Individuals who did not have at least two antipsychotic medication dispensing events</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Create process to identify antipsychotic medication adherence versus gaps in compliance</li> <li>• Educate patients regarding their antipsychotic medication and the importance of consistent utilization of the medications</li> <li>• Discuss compliance issues with patients and stress the risks of sudden withdrawal of medications</li> <li>• Be proactive by evaluating practice processes for opportunities to close gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	For people with schizophrenia, nonadherence to treatment with antipsychotics is common, and medication nonadherence is a significant cause of relapse. Measuring antipsychotic medication adherence may lead to less relapse and fewer hospitalizations. Additionally, there is potential to lead to interventions to improve adherence and help close the gap in care between people with schizophrenia and the general population.

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

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## ICD10 Codes (Examples)

Categories	Codes
Schizophrenia Diagnosis	F20.0-20.3, F20.5, F20.89, F.20.9, F25.0, F25.1, F25.8, F25.9

## CPT Codes (Examples)

Categories	Codes
Behavioral Health Outpatient	98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510
Online Assessments	98969-98972, 99421-99423, 99444, 99457
Telephone Visits	98966-98968, 99441-99443

## HCPCS Codes (Examples)

Categories	Codes
Behavioral Health Outpatient	G0155, G0176, G0177, G0409, G0463, H0002, H0004
Online Assessments	G2010, G2012, G2061, G2062, G2063

# Antidepressant Medication Management (AMM)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates the percentage of individuals 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment
<b>Eligible Population</b>	<p>18 years of age or older as of the index prescription start date (IPSD)</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Individuals who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to IPSD, through the IPSD and the 60 days after the IPSD</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Create process to identify Antidepressant Medication Management compliance versus gaps in compliance</li> <li>• Educate patients regarding their newly prescribed antidepressant medication and the importance of consistent utilization of the medications</li> <li>• Discuss compliance issues with patients and stress the risks of sudden withdrawal of medications without discussing discontinuation of medication with their provider</li> <li>• Be proactive by evaluating office practices for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>In a given year, an estimated 20.9 million American adults suffer from a depressive disorder or depression. Without treatment, symptoms associated with these disorders can last for years, or can eventually lead to death by suicide or other causes. Fortunately, many people can improve through treatment with appropriate medications. According to the American Psychiatric Association (APA), successful treatment of patients with major depressive disorder is promoted by a thorough assessment of the patient and close adherence to treatment plans. Treatment consists of an <i>acute phase</i>, during which remission is induced; a <i>continuation phase</i>, during which remission is preserved; and a <i>maintenance phase</i>, during which the susceptible patient is protected against the recurrence of a subsequent major depressive episode.</p>

# Antidepressant Medication Management (AMM)

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	Patients who have been treated with antidepressant medications in the acute phase should be maintained on these agents to prevent relapse. Monitoring should include continuing appropriate use of antidepressants in patients progressing toward remission.

## ICD10 Codes (Examples)

Categories	Codes
Major Depression	F32.0 – F32.4, F32.9 – F33.3, F33.41, F33.9

# Follow-up After ED Visit for Substance Use (FUA)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates the percentage emergency department (ED) visits for individuals 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow up visit within 7 days and within 30 days of the ED visit
<b>Eligible Population</b>	<p>Individuals 13 years and older as of the ED visit</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or non-acute inpatient setting on the date of the ED visit or within 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission (this may prevent an outpatient follow-up visit from taking place)</li> <li>• ED visits followed by residential treatment on the date of the ED visit or within 30 days after the ED visit</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Create a process to identify patients with visits to the ED for substance use who had follow-up care within 7 days and 30 days of the ED visit</li> <li>• Assist in scheduling follow-up appointments with the patient as soon as the patient is discharged from the ED</li> <li>• Educate the patients of the importance of follow-up visits</li> <li>• Systems should be established to generate reminder “reschedule” notices that are mailed to patients in the event that a follow-up is missed or cancelled</li> <li>• Develop outreach systems or assign case managers to encourage patients to keep follow-up appointments or reschedule missed appointments</li> <li>• Encourage patients to utilize clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists</li> <li>• Encourage a telephone visit, e-visit, or virtual check-in when appropriate</li> <li>• Be proactive by evaluating practice processes for opportunities to close care gaps every time the patient is seen</li> </ul>



## Follow-up After ED Visit for Substance Use (FUA)

Topic	Explanation
<b>Importance of Measure</b>	<p>SUDs are a prevalent and serious public health issue and, if left untreated, can lead to damaging effects on an individual's health, finances and overall well-being. In 2019, 20.4 million individuals in the U.S. 12 or older (i.e., approximately 7.4% of the population) reported having an SUD within the past year.</p> <p>The use of ED services among the SUD or drug misuse population is common, where 1 in 8 ED visits in the U.S. were found to be related to SUDs and mental health disorders in 2007. Utilization of ED services for substance use is growing among certain subpopulations, particularly individuals aged 18 to 34, as the Centers for Disease Control and Prevention (CDC) reports that the rate of ED visits for a primary diagnosis or primary complaint of SUD increased from 45.4 to 77.0 visits per 10,000 individuals between 2008 and 2016. In addition to visits for an SUD diagnosis, ED visits attributed to drug overdose are also prevalent.</p> <p>The ED is uniquely positioned to improve care for patients with SUD and prevent overdose death because this care setting is the primary provider of acute illness stabilization, timely diagnosis and links to appropriate follow-up care. Individuals who are seen in the ED due to substance misuse are at high-risk of subsequent adverse events, especially within the year following their ED visit. This measure focuses on ensuring care coordination for individuals who are discharged from the ED following high-risk substance use events, since those individuals may be particularly vulnerable to losing contact with the health care system.</p>

### ICD10 Codes (Examples)

Categories	Codes
AOD Abuse and/or Dependence (including):	
• Alcohol	F10.10 – F10.29
• Opioids	F11.10 – F11.29
• Cannabis	F12.10 – F12.29
• Sedatives, Hypnotics or Anxiolytics	F13.10 – F13.29
• Cocaine	F14.10 – F14.29
• Other Stimulants	F15.10 – F15.29
• Hallucinogens	F16.10 – F16.29
• Inhalants	F18.10 – F18.29
• Other Psychoactive Substances	F19.10 – F19.29

# Follow-up After ED Visit for Substance Use (FUA)

## CPT Codes (Examples)

Categories	Codes
Behavioral Health Outpatient	98960 – 98962, 99078, 99201 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99345, 99347 – 99350, 99384 – 99387, 99394 – 99397, 99401 – 99404, 99411, 99412, 99483, 99510
ED Visits	99281 – 99285
On-Line Assessments	98969 – 98972, 99421 – 99423, 99444, 99458
Telephone Visits	98966 – 98968, 99441 – 99443

## HCPCS Codes (Examples)

Categories	Codes
Behavioral Health Outpatient	H0031, H0034, H0036 – H0037, H0039, H0040, H2000, H2010 – H2020, T1015
On-Line Assessments	G2010, G2012, G2061 – G2063
ODD Monthly Office Based Treatment	G2086, G2087
ODD Weekly Drug Treatment Service	G2067 – G2070, G2072, G2073
ODD Weekly Non-Drug Service	G2071, G2074 – G2077, G2080

# Follow-up After ED Visit for Mental Illness (FUM)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure assesses the percentage of emergency department (ED) visits for individuals 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 7 days of the ED visit and within 30 days of the ED visit
<b>Eligible Population</b>	<p>Individuals 6 years and older as of the date of the ED visit</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or non-acute inpatient setting on the date of the ED visit or within 30 days after the ED visit (31 total days), regardless of the principal diagnosis for the admission (this may prevent an outpatient follow-up visit from taking place)</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Create a process to identify individuals who had an ED visit for a principal diagnosis of mental illness or intentional self-harm who had follow-up care within 7 and 30 days of that ED visit</li> <li>• Assist in scheduling follow-up appointments with the patient as soon as the patient is identified as having been to the ED for mental illness/intentional self-harm</li> <li>• Staff should educate the patients of the importance of follow-up visits</li> <li>• Systems should be established to generate reminder of "reschedule" notices that are mailed to patients in the event that a follow-up visit is missed or cancelled</li> <li>• Develop outreach systems or assign case managers to encourage recently released patient to keep follow-up appointments or reschedule missed appointments</li> <li>• Encourage patients to utilize clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists</li> <li>• Be proactive by evaluating practice processes for opportunities to close care gaps every time the patient is seen</li> <li>• Encourage a telephone visit, e-visit, or virtual check-in when appropriate</li> </ul>

## Follow-up After ED Visit for Mental Illness (FUM)

Topic	Explanation
<b>Importance of Measure</b>	<p>Many individuals are affected by a serious mental illness (SMI). Data from the National Survey on Drug Use and Health showed that in 2013, an estimated 10 million Americans 18 years of age and older had an SMI (4.2% of all U.S. adults). Mental illness can affect people of all ages. The Center for Disease Control and Prevention's (CDC) National Health and Nutrition Examination Survey showed that approximately 13% of children aged 8–15 years had a diagnosable mental illness within the previous year, and estimated that 21.4% of adolescents aged 13–18 years had experienced a severe mental disorder at some point in their lives.</p> <p>Although ED visits are common among patients suffering from mental illness, many may be avoidable. In 2007, approximately 12 million ED visits were related to mental health or substance abuse—1 out of 8 (12.5%) of all ED visits. More than 7.6 million were related to mental health conditions only. Two million (28.9%) of mental health-related ED visits listed a mental health disorder as the primary diagnosis.</p> <p>Research suggests that for people with SMI, both low-intensity interventions, such as appointment reminders, and high-intensity interventions, such as assertive community treatment, can be effective following an ED visit, to encourage follow-up care in the outpatient setting.</p>

### ICD10 Codes (Examples)

Categories	Codes
Mental Health Diagnoses	
• Dementia	F03.90, F03.91
• Schizophrenia diagnoses	F20.0 – F20.3, F20.5, F20.81, F20.89, F20.9
• Schizotypal/delusional/psychotic schizoaffective diagnoses	F21 – F24, F25.0, F25.1, F25.8, F25.9, F28, F29
• Manic disorders	F30.10 – F30.13, F30.2 – F30.4, F30.8, F30.9
• Bipolar disorders	F31.0, F31.10 – F31.13, F31.2, F31.4, F31.5, F31.60 – F31.64, F31.70 – F31.78, F31.81, F31.89, F31.9
• Major depressive disorder/other depressive disorders	F32.0 – F32.5, F32.81, F32.89, F32.9, F33.0 – F33.3, F33.40 – F33.42, F33.8, F33.9
• Other mood disorders	F34, F34.1, F34.81, F34.89, F34.9
• Phobias	F40.00 – F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230 – F40.233, F40.240 – F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9
• Panic/anxiety disorders	F41.0, F41.1, F41.3, F41.8, F41.9
• Obsessive disorders	F42.2 – F42.4, F42.8, F42.9
• Stress and adjustment disorders	F43.0, F43.10 – F43.12, F43.20 – F43.25, F43.29, F43.8, F43.9

## Follow-up After ED Visit for Mental Illness (FUM)

Categories	Codes
<ul style="list-style-type: none"> <li>Dissociative and conversion disorders</li> </ul>	F44.0 – F44.2, F44.4 – F44.7, F44.81, F44.89, F44.9
<ul style="list-style-type: none"> <li>Eating disorders</li> </ul>	F50.00 – F50.02, F50.2, F50.81, F50.82, F50.89, F50.9
<ul style="list-style-type: none"> <li>Sleep disorders</li> </ul>	F51.01 – F51.05, F51.09, F51.11 – F51.13, F51.19, F51.3 – F51.5, F51.8, F51.9
<ul style="list-style-type: none"> <li>Postpartum depression</li> </ul>	F53.0
<ul style="list-style-type: none"> <li>Personality disorders</li> </ul>	F60.0 – F60.7, F60.81, F60.89, F60.9
<ul style="list-style-type: none"> <li>Attention-deficit hyperactivity disorders</li> </ul>	F90.0 – F90.2, F90.8, F90.9
Intentional Self Harm	
<ul style="list-style-type: none"> <li>Related to suicide attempt</li> </ul>	T14.91XA, T14.91XD, T14.91XS
<ul style="list-style-type: none"> <li>Related to poisoning (intentional)</li> </ul>	Examples include: T36.0X2A – T37.92XS (poisoning by antibiotics/antivirals, etc.) T38.0X2A – T51.2X2S (poisoning by other prescription/OTC drugs)
<ul style="list-style-type: none"> <li>Related to toxic effects (intentional)</li> </ul>	T51.3X2A – T55.1X2S (Toxic effect of fusel oil; alcohol; petroleum products, glycols, ketones, solvents, soaps, detergents etc.) T56.0X2A – T59.7X2S; T65.0X2A – T65.92XS (Toxic effect of lead, mercury, chromium, cadmium, copper, zinc, arsenic, tobacco and other metals/poisons etc.) T59.812A – T60.92XS (Toxic effect of smoke, gases, fumes, vapors, insecticides, pesticides, etc.) T61.02XA – T62.92XS; T64.02XA – T64.82XS (Toxic effect of food poisoning – fish, mushrooms, berries, etc.) T63.002A – T63.92S (Toxic effects of snake venom, other reptile venom, spider venom, other insect/animal/sea creature venom)
<ul style="list-style-type: none"> <li>Related to asphyxiation (intentional)</li> </ul>	T71.112A – T71.232S

### CPT Codes (Examples)

Categories	Codes
Visit Setting Unspecified Behavioral Health Outpatient	98960 – 98962, 99078, 99201 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99411, 99412, 99483, 99510
Online Assessments	98969 – 98972, 99421 – 99423, 99444, 99458
Telephone Visits	98966 – 98968, 99441 – 99443
Visit Setting Unspecified	90791, 90792, 90832 – 90834, 90836 – 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 – 99223, 99231 – 99233, 99238 – 99239, 99251 – 99255

# Follow-up After ED Visit for Mental Illness (FUM)

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## HCPCS Codes (Examples)

Categories	Codes
Behavioral Health Outpatient	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013 - H2020  T1015
Partial Hospitalization or Intensive Outpatient	G0410, G0411 H0035, H2001, H2012 S0201, S9480, S9484, S9485
Online Assessments	G2010, G2012, G2061 – G2063

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

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure assesses the percentage of acute inpatient hospitalizations, residential treatment, or withdrawal management for a diagnosis of substance use disorder among individuals 13 years of age and older that result in a follow-up visit or service for substance use disorder within 7 days after the visit or discharge or 30 days after the visit or discharge
<b>Eligible Population</b>	<p>Individuals 13 years and older as of the date of discharge, stay or event</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Create a process to identify individuals who had an acute inpatient hospitalization, residential treatment or withdrawal management who have had a follow up within 7 and 30 days of that discharge</li> <li>• Assist in scheduling follow-up appointments with the patient as soon as the patient is discharged</li> <li>• Educate the patient in the importance of follow-up visits</li> <li>• Systems should be established to generate reminder of "reschedule" notices that are mailed to patients in the event that a follow-up visit is missed or cancelled</li> <li>• Develop outreach systems or assign case managers to encourage recently released patient to keep follow-up appointments or reschedule missed appointments</li> <li>• Encourage patients to utilize clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapist</li> <li>• Encourage a telephone visit, e-visit, or virtual check-in when appropriate</li> <li>• Be proactive by evaluating office practices for opportunities to close care gaps every time the patient is seen</li> </ul>

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

Topic	Explanation
<b>Importance of Measure</b>	<p>In 2018, 20.3 million individuals in the U.S. age 12 or older (approximately 7.4% of the population) were classified as having a substance use disorder (SUD) within the past year. SUDs are a significant contributor to morbidity and mortality in the United States and cost the health care system billions of dollars per year in direct and indirect expenditures. Despite the high prevalence of SUDs in the U.S., only about 18% of individuals with SUD received treatment in 2016.<sup>16</sup> Of those who needed treatment, only 10.6% received treatment in a specialty substance use facility such as a hospital, drug or alcohol rehabilitation facility or mental health center.</p> <p>Timely follow-up and continuity of care following a high intensity event for a diagnosis of SUD is critical, as individuals receiving SUD care in these settings are vulnerable to losing contact with the health care system. Lack of timely follow-up can result in negative outcomes, such as continued substance use, relapse, high utilization of intensive care services and mortality. Although clinical practice guidelines and expert consensus do not define the ideal timing for follow-up, guidelines recommend that individuals with SUD receive patient-centered, timely follow-up care in an appropriate care setting, to ensure ongoing treatment and management.</p>

## ICD10 Codes (Examples)

Categories	Codes
AOD Abuse and/or Dependence (including):	
• Alcohol	F10.10 - F10.29
• Opioids	F11.10 – 11.29
• Cannabis	F12.10 – 12.29
• Sedatives, Hypnotics, or Anxiolytics	F13.10 – 13.29
• Cocaine	F14.10 – 14.29
• Other Stimulants	F15.10 – 15.29
• Hallucinogens	F16.10 – 16.29
• Inhalants	F18.10 – 18.29
• Other Psychoactive Substances	F19.10 – 19.29



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

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## CPT Codes (Examples)

Categories	Codes
Behavioral Health Outpatient	98960 – 98962, 99078, 99201 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99411, 99412, 99483
Online Assessments	98969 – 98972, 99421 – 99423, 99444, 99457
Telephone Visits	98966 – 98968, 99441 – 99443

## HCPCS Codes (Examples)

Categories	Codes
AOD Medication Treatment	H0020, H0033, J0570 – J0575, J2315, Q9991, Q9992, S0109
Detoxification	H0008 – H0014
Behavioral Health Outpatient	G0463, T1015
Online Assessments	G2010, G2012, G2061 – G2063
ODD Monthly Office Based Treatment	G2086, 2087
ODD Weekly Drug Treatment Service	G2067 – G2070, G2072, G2073

# Follow-up After Hospitalization for Mental Illness (FUH)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates the percentage of discharges for individuals 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner, within 7 days of discharge, and within 30 days of discharge from the hospital
<b>Eligible Population</b>	<p>Individuals 6 years of age and older at the date of discharge</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Discharges followed by readmission or direct transfer to nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission</li> <li>• Individuals who died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Create a process to identify individuals hospitalized for a mental health diagnosis and/or intentional self-harm who have had follow-up care after discharge from the hospital within 7 and 30 days of that discharge</li> <li>• Assist in scheduling follow-up appointments with the patient as soon as the patient is discharged</li> <li>• Educate the patients in the importance of follow-up visits</li> <li>• Systems should be established to generate reminder of "reschedule" notices that are mailed to patients in the event that a follow-up visit is missed or cancelled</li> <li>• Develop outreach systems or assign case managers to encourage recently released patient to keep follow-up appointments or reschedule missed appointments</li> <li>• Encourage patients to utilize clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists</li> <li>• Encourage a telephone visit, e-visit, or virtual check-in when appropriate</li> <li>• Be proactive by evaluating office practices for opportunities to close care gaps every time the patient is seen</li> </ul>

# Follow-up After Hospitalization for Mental Illness (FUH)

Topic	Explanation
<b>Importance of Measure</b>	<p>This measure looks at continuity of care for mental illness. The specifications for this measure are consistent with guidelines of the National Institute of Mental Health and the Centers for Mental Health Services.</p> <p>It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. An outpatient visit with a mental health practitioner after discharge is recommended to make sure that the patient's transition to the home or work environment is supported and that gains made during hospitalization are not lost. It also helps health care providers detect early post-hospitalization reactions or medication problems and provide continuing care.</p> <p>According to a guideline developed by the American Academy of Child and Adolescent Psychiatry (AACAP) and the American Psychiatric Association (APA), there is a need for regular and timely assessments and documentation of the patient's response to all treatments.</p>

## ICD10 Codes (Examples)

Categories	Codes
Mental Health Diagnoses	
• Dementia	F03.90, F03.91
• Schizophrenia diagnoses	F20.0 – F20.3, F20.5, F20.81 F20.89, F20.9
• Schizotypal/delusional/psychotic schizoaffective diagnoses	F21 – F24, F25.0, F25.1, F25.8, F25.9, F28, F29
• Manic disorders	F30.10 – F30.13, F30.2 – F30.4, F30.8, F30.9
• Bipolar disorders	F31.0, F31.10 – F31.13, F31.2, F31.4, F31.5, F31.60 – F31.64, F31.70 – F31.78, F31.81, F31.89, F31.9
• Major depressive disorder/other depressive disorders	F32.0 – F32.5, F32.81, F32.89, F32.9, F33.0 – F33.3, F33.40 – F33.42, F33.8, F33.9
• Other mood disorders	F34, F34.1, F34.81, F34.89, F34.9
• Phobias	F40.00 – F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230 – F40.233, F40.240 – F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9
• Panic/anxiety disorders	F41.0, F41.1, F41.3, F41.8, F41.9
• Obsessive disorders	F42.2 – F42.4, F42.8, F42.9
• Stress and adjustment disorders	F43.0, F43.10 – F43.12, F43.20 – F43.25, F43.29, F43.8, F43.9
• Dissociative and conversion disorders	F44.0 – F44.2, F44.4 – F44.7, F44.81, F44.89, F44.9
• Eating disorders	F50.00 – F50.02, F50.2, F50.81, F50.82, F50.89, F50.9
• Sleep disorders	F51.01 – F51.05, F51.09, F51.11 – F51.13, F51.19, F51.3 – F51.5, F51.8, F51.9

## Follow-up After Hospitalization for Mental Illness (FUH)

Categories	Codes
<ul style="list-style-type: none"> <li>• Postpartum depression</li> <li>• Personality disorders</li> <li>• Attention-deficit hyperactivity disorders</li> </ul>	F53.0 F60.0 – F60.7, F60.81, F60.89, F60.9 F90.0 – F90.2, F90.8, F90.9
Intentional Self Harm	
<ul style="list-style-type: none"> <li>• Related to suicide attempt</li> <li>• Related to poisoning (intentional)</li> </ul>	T14.91XA, T14.91XD, T14.91XS Examples include: T36.0X2A – T37.92XS (poisoning by antibiotics/antivirals, etc.) T38.0X2A – T51.2X2S (poisoning by other prescription/OTC drugs)
<ul style="list-style-type: none"> <li>• Related to toxic effects (intentional)</li> </ul>	T51.3X2A – T55.1X2S (Toxic effect of fusel oil; alcohol; petroleum products, glycols, ketones, solvents, soaps, detergents etc.) T56.0X2A – T59.7X2S; T65.0X2A – T65.92XS (Toxic effect of lead, mercury, chromium, cadmium, copper, zinc, arsenic, tobacco and other metals/poisons etc.) T59.812A – T60.92XS (Toxic effect of smoke, gases, fumes, vapors, insecticides, pesticides, etc.) T61.02XA – T62.92XS; T64.02XA – T64.82XS (Toxic effect of food poisoning – fish, mushrooms, berries, etc.) T63.002A – T63.92XS (Toxic effects of snake venom, other reptile venom, spider venom, other insect/animal/sea creature venom)
<ul style="list-style-type: none"> <li>• Related to asphyxiation (intentional)</li> </ul>	T71.112A – T71.232S

### CPT Codes (Examples)

Categories	Codes
Visit Setting Unspecified	90791, 90792, 90832 – 90834, 90836 – 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 – 99223, 99231 – 99233, 99238, 99239, 99251 – 99255
Behavioral Health Outpatient	98960 – 98962, 99078, 99201 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99411, 99412, 99483, 99510
Transitional Care Management Services	99495, 99496
Telephone Visits	98966 – 98968, 99441 – 99443

# Follow-up After Hospitalization for Mental Illness (FUH)

## HCPCS Codes (Examples)

Categories	Codes
Behavioral Health Outpatient	G0155, G0176, G0177, G0409, G0463 H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2013 – H2020 T1015
Partial Hospitalization or Intensive Outpatient	G0411 H0035, H2001 S0201, S9480, S9484, S9485

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

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates the percentage of children 6 – 12 years of age with a newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a ten-month period, one of which was within 30 days of when the first ADHD medication was dispensed
<b>Eligible Population</b>	<p>Children six years of age as of March 1 of the year prior to the measurement year to 12 years of age as of the last calendar day of February of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Children with a diagnosis of narcolepsy anytime during their history through December 31 of the measurement year</li> <li>• Children who had an acute inpatient encounter for a mental, behavioral or neurodevelopmental disorder during the 30 days after the index prescription start date (IPSD)</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Create a process to identify patients who are prescribed medication for the treatment of ADHD who have had follow-up appointments to monitor side effects and efficacy of medication at regular intervals</li> <li>• Assist in scheduling follow-up appointments with the patients as soon as the medication is prescribed</li> <li>• Develop outreach systems or assign case managers to encourage patients/parents to keep follow-up appointments and/or reschedule missed appointments</li> <li>• Educate patients/parents on the importance of follow-up visits with the prescribing practitioner or PCP</li> <li>• Encourage the utilization of clinical psychologists, clinical social workers, psychiatric nurse practitioners, and family therapists</li> <li>• Encourage a telephone visit, e-visit, or virtual check-in when appropriate</li> <li>• Be proactive by evaluating office practices for opportunities to close care gaps every time the patient is seen</li> </ul>

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

Topic	Explanation
<b>Importance of Measure</b>	<p>ADHD is one of the more common chronic conditions of childhood. Children with ADHD may experience significant functional problems, such as school difficulties; academic underachievement; troublesome relationships with family members and peers; and behavioral problems. Given the high prevalence of ADHD among school-aged children (4% - 12%), primary care clinicians will regularly encounter children with ADHD and should have a strategy for diagnosing and long-term management of this condition. Practitioners can convey the efficacy of pharmacotherapy to their patients. American Academy of Pediatrics (AAP) guidelines recommend that once a child is stable, an office visit every three to six months allows assessment of learning and behavior. Follow-up appointments should be made at least monthly until the child's symptoms have been stabilized.</p> <p>Providers have an opportunity to track medication use in patients and provide the appropriate follow-up care to monitor clinical symptoms and potential adverse events.</p>

## ICD10 Codes (Examples)

Categories	Codes
Mental, Behavioral and Neurodevelopmental Disorder (ADHD)	F90.0, F90.1, F90.2; F90.8, F90.9

## CPT Codes (Examples)

Categories	Codes
BH Outpatient Visits	98960 – 98962, 99078, 99201 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99411, 99412, 99483, 99510
Health and Behavior Assessment or Intervention	96150 – 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Visit Setting Unspecified	90791, 90792, 90832 – 90834, 90836 – 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 – 99223, 99231 – 99233, 99238, 99239, 99251 – 99255
Online Assessments	98969 – 98972, 99421 – 99423, 99444, 99458
Telephone Visits	98966 – 98968, 99441 – 99443

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

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## HCPCS Codes (Examples)

Categories	Codes
BH Outpatient Visits	G0155, G0176, G0177, G0409, G0463 H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013 – H2020 T1015
Partial Hospitalization or Intensive Outpatient	G0410, G0411 H0035, H2001, H2012 S0201, S9480, S9484, S9485
Online Assessments	G2010, G2012, G2061 – G2063



# Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure assesses the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing to monitor blood glucose levels and cholesterol levels
<b>Eligible Population</b>	<p>Children and adolescents between the ages of 1 – 17 years as of December 31 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Create a process to identify Metabolic Monitoring (in children and adolescents who had two or more antipsychotic prescriptions) ordered compared to results received</li> <li>• When gaps in metabolic monitoring are discovered, reach out to the individual/parent to schedule testing</li> <li>• Staff should educate patients/parents regarding the need for monitoring children and adolescents while on antipsychotics to reduce the risks and side effects of treatment</li> <li>• Encourage your patients to utilize clinical psychologists, clinical social workers, psychiatric nurse practitioners, and family therapists</li> <li>• Be proactive by evaluating practice processes for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>Antipsychotic medications offer the potential for effective treatment of psychiatric disorders in children; however, they can also increase a child's risk for developing serious health concerns, including metabolic health complications. Antipsychotic medications are associated with several potentially adverse impacts, including weight gain and diabetes.</p> <p>Research suggests that metabolic problems in childhood and adolescence are associated with poor cardiometabolic outcomes in adulthood. The long-term consequences of pediatric obesity and other metabolic disturbances include higher risk of heart disease in</p>

# Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	<p>adulthood. Due to the potential negative health consequences associated with children developing cardiometabolic side effects from an antipsychotic medication, it is important to both establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side-effects.</p> <p>The American Academy of Child and Adolescent Psychiatry guidelines recommend metabolic monitoring, including monitoring of glucose and cholesterol levels, for children and adolescents on antipsychotic medications.</p>

## CPT Codes (Examples)

Categories	Codes
Glucose Lab Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Lab test	83036, 83037
HbA1c Tests Result and Finding	3044F, 3046F, 3051F, 3052F
Cholesterol Lab Test	82465, 83718, 83722, 84478
LDL – C Lab Test	80061, 83700, 83701, 83704, 83721
LDL – C Test Result or Finding	3048F, 3049F, 3050F

# Pharmacotherapy for Opioid Use Disorder (POD)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among individuals 16 years of age and older with a diagnosis of OUD
<b>Eligible Population</b>	<p>Individuals 16 years and older as of the treatment period start date</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide out-reach to non-compliant patients</li> <li>• Educate patients about medications for opioid use disorder (MOUD)</li> <li>• Assist the individuals to understand triggers for use and educate on stress reduction techniques</li> <li>• Be proactive by evaluating office practices for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>In 2018, over 2 million U.S. residents 12 years of age and older had a diagnosis of OUD. OUD includes recurrent use and desire for opioids despite both functional and clinical interference; it can be mild, moderate or severe, according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)</p> <p>Individuals with OUD are at increased risk of death, opioid-related overdose, emergency department visits and readmissions and blood-borne infectious disease. Opioid-related overdose deaths in the U.S. have increased more than five-fold between 1999 and 2016. In 2016, more than 63,600 deaths were due to drug overdose; of those, 66% involved an opioid.<sup>32</sup> Total overall costs of substance misuse and substance use disorders in the U.S., including loss of work productivity, direct health care expenditures and crime-related costs, exceed \$400 billion annually.</p> <p>Use of and adherence to appropriate evidence-based treatment for OUD has been shown to improve outcomes for patients and reduce the burden on the health care system by preventing acute exacerbations and emergencies. The benefits of pharmacotherapy for the treatment of individuals with OUD extends beyond the reduction of substance use, overdose and mortality to include reduced crime and recidivism, reduced risk of infectious disease and improved patient function.</p>

# Pharmacotherapy for Opioid Use Disorder (POD)

## ICD10 Codes (Examples)

Categories	Codes
Opioid Abuse and Dependence	F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29

## HCPCS Codes (Examples)

Categories	Codes
Buprenorphine Implant	G2070, G2072, J0570
Buprenorphine Injection	G2069, Q9991, Q9992
Buprenorphine Naloxone	J0572 – J0575
Buprenorphine Oral	H0033, J0571
Buprenorphine Oral Weekly	G2068, G2079
Methadone Oral	H0020, S0109
Methadone Oral Weekly	G2067, G2078
Naltrexone Injection	J2315

# Overuse/ Appropriateness



# Appropriate Treatment for Upper Respiratory Infection (URI)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates individuals 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic being dispensed
<b>Eligible Population</b>	<p>Individuals who were 3 months of age or older at the time of URI diagnosis</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• COPD</li> <li>• Emphysema</li> <li>• Disorders of the Immune System</li> <li>• Malignant Neoplasms</li> <li>• HIV</li> <li>• Comorbid Conditions</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Educate patients and/or caregivers on proper use of antibiotics</li> <li>• Utilize Highmark's informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Refer to Centers for Disease Control (CDC) guidance on Antibiotic Awareness and Usage</li> <li>• Be proactive by evaluating office practices for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>The common cold (or URI) is a frequent reason for patients visiting the doctor's office. Though existing clinical guidelines do not support the use of antibiotics for the common cold, physicians often prescribe them for this ailment.</p> <p>Clinical practice guidelines do not recommend antibiotics for a majority of upper respiratory tract infections because of the viral etiology of these infections, including the common cold. A performance measure of antibiotic use for URI sheds light on the prevalence of inappropriate antibiotic prescribing in clinical practice and raises awareness of the importance of reducing inappropriate antibiotic use to combat antibiotic resistance in the community.</p>

# Appropriate Treatment for Upper Respiratory Infection (URI)

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## ICD10 Codes (Examples)

Categories	Codes
URI	J00, J06.0, J06.9

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

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates individuals ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event
<b>Eligible Population</b>	<p>Individuals who were 3 months or older at the time of diagnosis of acute bronchitis/ bronchiolitis</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• COPD</li> <li>• Emphysema</li> <li>• Disorders of the Immune System</li> <li>• Malignant Neoplasms</li> <li>• HIV</li> <li>• Comorbid Conditions</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Educate patients on proper use of antibiotics</li> <li>• Utilize Highmark's informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Refer to Centers for Disease Control (CDC) guidance on Antibiotic Awareness and Usage</li> <li>• Be proactive by evaluating office practices for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>Antibiotics are most often inappropriately prescribed for acute bronchitis.</p> <p>Antibiotics are not indicated in clinical guidelines for treating patients with acute bronchitis who do not have a comorbidity or other infection for which antibiotics may be appropriate. Inappropriate antibiotic treatment of patients with acute bronchitis is of clinical concern, especially since misuse and overuse of antibiotics lead to antibiotic drug resistance. Acute bronchitis consistently ranks among the 10 conditions that account for most ambulatory office visits to U.S. physicians; furthermore, while the vast majority of acute bronchitis cases (more than 90 percent) have a nonbacterial cause, antibiotics are inappropriately prescribed 65 - 80 percent of the time.</p>



# Risk of Continued Opioid Use (COU)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure assesses the percentage of individuals 18 years and older who have a new episode of opioid use that puts them at risk for continued opioid use – that is individuals with at least 15 days of prescription opioids in a 30-day period or individuals with at least 31 days of days of prescription opioids in a 62-day period
<b>Eligible Population</b>	<p>Individuals 18 years and older as of November 1 of the year prior to the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Individuals who met at least one of the following at any time during the 12 months (1 year prior) to the Index Prescription Start Date (IPSD) through 61 days after the IPSD               <ul style="list-style-type: none"> <li>○ Cancer</li> <li>○ Sickle cell disease</li> <li>○ Palliative care</li> </ul> </li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Create a process to identify those patients at risk for continued opioid use (opioid naïve patients)</li> <li>• Only prescribe opioids when medically necessary, in the lowest effective dose, for the shortest duration necessary</li> <li>• Consider the use of alternative pain management treatments, including NSAIDs, massage therapy, biofeedback, etc.</li> <li>• Educate your patients to the risks of long-term use of opioids</li> <li>• Utilize Opioid Treatment Agreements which may reduce prescription opioid misuse while informing the patients of the risks</li> </ul>
<b>Importance of Measure</b>	Since 2006, the average days' supply for opioid prescriptions has risen 33 percent (from 13.3 to 17.7 days in 2015). Literature suggests that an association exists between the duration of initial opioid therapy and continued use. Continued opioid use for noncancer pain is associated with increased risk of opioid use disorder (OUD), opioid-related overdose, hospitalization and opioid overdose-related mortality. The sharpest increases in the probability of continuing opioid use at 1 and 3 years post-initial-prescription were observed after the 5 <sup>th</sup> and 31 <sup>st</sup> days on therapy.

## Risk of Continued Opioid Use (COU)

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	The intent of this measure is to identify a population that is at risk for opioid overuse and misuse who may benefit from additional monitoring, services or support.
<b>Other</b>	<p><b>Note:</b> This measure <b>does not</b> include the following opioid medications:</p> <ul style="list-style-type: none"> <li>• Injectables</li> <li>• Opioid-containing cough and cold products</li> <li>• Single-agent and combination buprenorphine products used as part of Medications for Opioid Use Disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products)</li> <li>• lonsys® (fentanyl transdermal patch) – this is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) – this is a drug safety program that the U.S. Food and Drug Administration (FDA) can require for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh the risks</li> </ul> <p>Methadone for the treatment of opioid use disorder</p>

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

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates individuals 18-75 years of age with a primary diagnosis of low back pain who did not have an imaging study (x-ray, MRI, CT Scan) within 28 days of the diagnosis
<b>Eligible Population</b>	<p>Individuals 18-75 years of age in the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Recent Trauma</li> <li>• Intravenous drug abuse</li> <li>• Neurologic impairment</li> <li>• Spinal infection</li> <li>• Major organ transplant</li> <li>• Prolonged use of corticosteroids</li> <li>• HIV</li> <li>• Osteoporosis</li> <li>• Fragility fracture</li> <li>• Lumbar surgery</li> <li>• Spondylopathy</li> <li>• Individuals 66 years of age or older (as of December 31<sup>st</sup> of the measurement year) with frailty and advanced illness</li> <li>• Palliative care</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Utilize alternative treatments such as physical therapy, exercise, weight loss, NSAIDs, ice or heat</li> <li>• Elicit beliefs and questions to understand perspective of treatment goals</li> <li>• Discuss plan of care and alternate treatment options while maintaining communication</li> <li>• Utilize Highmark's informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Be proactive by evaluating practice processes for opportunities to close gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	Measure assesses whether imaging studies (x-ray, MRI, CT scan) are overused to evaluate members with low back pain.

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

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	Clinical guidelines for treating individuals with acute low back pain strongly recommend against the use of imaging in the absence of "red flags" (i.e., indications of a serious underlying pathology such as a fracture or tumor). Unnecessary or routine imaging is problematic because it is not associated with improved outcomes and exposes patients to unnecessary harms such as radiation exposure and further unnecessary treatment.

## CPT Codes (Examples)

Categories	Codes
Imaging Studies	72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141-72142, 72146-72149, 72156, 72158, 72200, 72202, 72220

# Use of Opioids at High Dosage (HDO)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates the percentage of individuals 18 years and older who received prescription opioids at a high dosage (average $\geq 90$ morphine milligram equivalent dose [MME]) for $\geq 15$ days, and at least two or more opioid dispensing events on different dates of service during the measurement year
<b>Eligible Population</b>	<p>Individuals 18 years and older as of January 1 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Sickle cell disease</li> <li>• Palliative care</li> <li>• Died at any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Create a process to identify patients who meet the criteria for Use of Opioids at High Dosage</li> <li>• The use of alternative pain management treatments is recommended in place of opioids when appropriate (i.e., NSAIDs, massage therapy, biofeedback, etc.)</li> <li>• Educate patients to the risk of long-term use of opioids</li> <li>• Use of opioid treatment agreements may reduce prescription opioid misuse and inform the patients of the risks</li> </ul>
<b>Importance of Measure</b>	<p>The morbidity and mortality associated with opioid use has reached epidemic proportions and is recognized by the Centers for Disease Control and Prevention (CDC), the Surgeon General and the White House as a significant public health problem in the United States. Prescription opioid pain relievers cause nearly three out of four prescription drug overdoses. The age-adjusted prescription opioid mortality rate has nearly quadrupled from 1999–2011, from 1.4 per 100,000 to 5.4 per 100,000. In 2011, there were 16,917 fatal overdoses involving prescription opioids.</p> <p>Although prescription opioids are appropriate components of a pain management treatment plan for certain conditions, there is limited evidence demonstrating the long-term beneficial effects of opioid</p>

## Use of Opioids at High Dosage (HDO)

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	<p>use for chronic pain management for nonterminal conditions. In addition, long-term daily use of opioids can lead to increased tolerance, addiction or dependence. Studies suggest a correlation between high opioid dosage and a greater risk of overdoses and fractures.</p> <p>The 2016 CDC guideline on opioid prescribing recommends the use of “additional precautions” when prescribing dosages <math>\geq 50</math> morphine equivalent dose (MED), and generally recommends avoiding dosages <math>\geq 90</math>mg MED. For patients who are already taking doses <math>\geq 90</math>mg MED, the CDC recommends that clinicians should “explain in a nonjudgmental manner” the risks and benefits of continuing high dose opioids and should offer these patients the opportunity to taper to a safer, lower dosage.</p>
<b>Other</b>	<p><b>Note:</b> This measure <b>does not</b> include the following opioid medications:</p> <ul style="list-style-type: none"> <li>• Injectables</li> <li>• Opioid-containing cough and cold products</li> <li>• lonsys® (fentanyl transdermal patch) – this is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) – this is a drug safety program that the U.S. Food and Drug Administration (FDA) can require for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh the risks</li> <li>• Methadone for the treatment of opioid use disorder</li> </ul>

# Use of Opioids from Multiple Providers (UOP)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure evaluates the percentage of individuals 18 years and older, receiving prescription opioids for ≥15 days (and had two or more dispensing events on different days of service) during the measurement year who received opioids from multiple providers
<b>Eligible Population</b>	<p>Individuals 18 years and older as of January 1 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Create process to identify individuals prescribed opioids who have multiple prescriptions from multiple providers and/or multiple pharmacies</li> <li>• Educate patients and families to the causes of opioid addiction without placing blame on the patient – disease process</li> <li>• Educate patients on alternative pain management treatments. For example, NSAIDs, massage therapy, biofeedback, etc.</li> <li>• Utilization of Medications for Opioid Use Disorder (MOUD)</li> <li>• Utilization of Prescription Drug Monitoring Programs (PDMP), which identified patients at risk for substance abuse disorders and limits the number of prescriptions/multiple providers available to the patients</li> <li>• The use of alternative pain management treatments is recommended in place of opioids when appropriate (i.e., NSAIDs, massage therapy, biofeedback, etc.)</li> <li>• Educate patients to the risk of long term use of opioids</li> <li>• Use of opioid treatment agreements may reduce prescription opioid misuse and inform the patients of the risks</li> </ul>
<b>Importance of Measure</b>	The morbidity and mortality associated with opioid use has reached epidemic proportions, and is recognized by the Centers for Disease Control and Prevention (CDC), the Surgeon General and the White House as a significant public health problem in the U.S. Prescription opioid pain relievers cause nearly three out of four prescription drug overdoses. The age adjusted prescription opioid mortality rate nearly quadrupled from 1999 – 2011, from 1.4 per 100,000 to 5.4 per 100,000.

# Use of Opioids from Multiple Providers (UOP)

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	One area of risk related to opioid use is the receipt of opioids prescriptions from multiple prescribers and pharmacies. Limiting the number of opioid providers for a single patient is supported by the CDC Guideline for Prescribing Opioids for Chronic Pain. Evidence suggests that people who use multiple prescribers or multiple pharmacies are at higher risk of opioid overdose, and patients who use 4 or more prescribers or pharmacies have a higher likelihood of opioid-related overdose death compared with patients who receive opioids from 1 prescriber or 1 physician.
<b>Other</b>	<b>Note:</b> This measure <b>does not</b> include the following opioid medications: <ul style="list-style-type: none"><li>• Injectables</li><li>• Opioid-containing cough and cold products</li><li>• Single-agent and combination buprenorphine products used as part of Medications for Opioid Use Disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products)</li><li>• Ionsys® (fentanyl transdermal patch) – this is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) – this is a drug safety program that the U.S. Food and Drug Administration (FDA) can require for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh the risks</li><li>• Methadone for the treatment of opioid use disorder</li></ul>



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# Adult Immunization Status (AIS)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	This measure assesses the percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal
<b>Eligible Population</b>	<p>Influenza: Individuals as of the start of the measurement period who are 19-65 years and 66 years and older</p> <p>Td/Tdap: Individuals as of the start of the measurement period who are 19-65 years and 66 years and older</p> <p>Zoster: Individuals as of the start of the measurement period who are 50-65 years and 66 years and older</p> <p>Pneumococcal: Individuals as of the start of the measurement period who are 66 years and older</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Educate patients on adult vaccinations</li> <li>• Utilize Highmark's informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Refer to Centers for Disease Control (CDC) guidance on adult vaccinations</li> <li>• Be proactive by evaluating office practices for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	Despite the widespread availability of safe and effective vaccines, adult vaccination rates remain low in the United States. Vaccine-preventable diseases take a heavy toll on adults age 18 and older. The health and productivity costs of influenza alone are estimated to be as high as \$87 billion per year. The Centers for Disease Control and Prevention (CDC) estimates that, among U.S. adults, each year there are roughly 40,000 cases and 4,000 deaths attributable to invasive pneumococcal disease, between 3,000 and 49,000 deaths due to seasonal influenza, 9,000 reported cases of pertussis, and about one million cases of herpes zoster.

# Adult Immunization Status (AIS)

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	<p>Unvaccinated adults have also unknowingly spread vaccine-preventable diseases (e.g., to small children who are too young to be immunized); thus, limited vaccination of adults not only impacts adults directly but also has consequences for their families and communities. With the aging of the U.S. population, the public health impact of vaccine preventable diseases and their complications in adults is likely to grow. The diminishing function of the aging immune system reduces the immune response to vaccination and underscores the need to develop more effective products for older adults.</p> <p>*The National Vaccine Program Office, National Adult Immunization Plan; <a href="https://www.hhs.gov/sites/default/files/nvpo/national-adult-immunization-plan/naip.pdf">https://www.hhs.gov/sites/default/files/nvpo/national-adult-immunization-plan/naip.pdf</a></p>

## CPT Codes (Examples)

Categories	Codes
Influenza Vaccine Procedure	90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689
Influenza Virus LAIV Vaccine Procedure	90660, 90672
Td Vaccine Procedure	90714, 90718
Tdap Vaccine Procedure	90715
Zoster Recombinant Vaccine Procedure	90750
Zoster Live Vaccine Procedure	90736
Pneumococcal Vaccine Procedure	90670

## HCPCS Codes (Examples)

Categories	Codes
Influenza Vaccine Procedure	G0008
Td/Tdap Vaccine Procedure	J1670
Pneumococcal Vaccine Procedure	G0009

# Access/Availability of Care Measures



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

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	<p>This measure assesses the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement</p> <p><i>Initiation of SUD Treatment:</i> The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth visit or medication treatment within 14 days</p> <p><i>Engagement of SUD Treatment:</i> The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of the initiation visit</p>
<b>Eligible Population</b>	<p>Individuals 13 years and older as of the SUD Episode Date.</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Any individual whose initiation of treatment event is an inpatient stay with a discharge date after November 27 of the measurement year</li> <li>• SUD Episodes that do not meet continuous enrollment criteria. Individual must be continuously enrolled from 194 days before the SUD Episode Date through 47 days after the SUD Episode Date with no gaps.</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Create process to identify Initiation and Engagement treatment of patients diagnosed with substance use disorder to meet compliance</li> <li>• Educate patients on the importance of follow-up visits</li> <li>• Utilize alcohol screening to assess for follow-up care</li> <li>• Encourage patients to utilize clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists</li> <li>• Encourage a telephone visit, e-visit, or virtual check-in when appropriate</li> <li>• Be proactive by evaluating practice processes for opportunities to close care gaps every time the patient is seen</li> </ul>

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

Topic	Explanation
<b>Importance of Measure</b>	<p>In 2018, 20.3 million individuals in the U.S age 12 or older (approximately 7.4 %of the population) were classified as having a substance use disorder (SUD) within the past year. Individuals with SUD are at increased risk of overdose, injury, soft tissue infections and mortality. One in 10 deaths among working adults in the U.S. is due to alcohol misuse.</p> <p>Evidence-based treatment for SUD includes both psychosocial supports and, for opioid and alcohol use disorders, medication. However, despite known and effective treatments, less than 20% of individuals with SUD receive specialty care.</p> <p>Early treatment engagement is a critical step between accessing care and completing a full course of treatment. Individuals who engage in early SUD treatment have been found to have decreased odd of negative outcomes, including mortality. The intent of this measure is to assess access to evidence-based SUD treatment for individuals beginning a new episode of treatment.</p>

## ICD10 Codes (Examples)

Categories	Codes
AOD Abuse and/or Dependence (including):	
• Alcohol	F10.10 – F10.29
• Opioids	F11.10 – F11.29
• Cannabis	F12.10 – F12.29
• Sedatives, Hypnotics or Anxiolytics	F13.10 – F13.29
• Cocaine	F14.10 – F14.29
• Other Stimulants	F15.10 – F15.29
• Hallucinogens	F16.10 – F16.29
• Inhalants	F18.10 – F18.29
• Other Psychoactive Substances	F19.10 – F19.29

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

## CPT Codes (Examples)

Categories	Codes
BH Outpatient	98960 – 98962, 99078, 99201 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99345, 99347 – 99350, 99384 – 99387, 99394 – 99397, 99401 – 99404, 99411, 99412, 99483, 99510
ED Visits	99281 – 99285
Observation Visits	99217 – 99220
Online Assessments	98969 – 98972, 99421 – 99444, 99458
Telephone Visits	98966 – 98968, 99441 – 99443
Visit Setting Unspecified	90791, 99792, 90832 – 90834, 90837 – 90840, 90845, 90847, 90849, 90853, 90875 – 90876, 99221 – 99223, 99231 – 99233, 99238 – 99239, 99251 – 99255

## HCPCS Codes (Examples)

Categories	Codes
Behavioral Health Outpatient Visits	G0155, G0176, G0177, G0409, G0463 H0002, H0004, H0031, H0034, H0039, H0040, H2000, H2010 – H2011, H2013 – H2020, T1015
Partial Hospitalization or Intensive Outpatient	G0410, G0411 H0035, H2001, H2012 S0201, S9480, S9484, S9485
Methadone Oral	H0020, S0109
Buprenorphine Oral	H0033, J0571
Buprenorphine Injection	G2069
Detoxification	H0008 – H0014
Online Assessments	G2010, G2012, G2061, G2062, G2063
ODD Monthly Office Based Treatment	G2086, G2087
ODD Weekly Drug Treatment Service	G2067 – G2070, G2072, G2073
ODD Weekly Non Drug Service	G2071, G2074 – G2077, G2080

# Prenatal and Postpartum Care (PPC)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	<p>This measure evaluates 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 members, the measure assesses the following facets of prenatal and postpartum care</p> <ul style="list-style-type: none"> <li>• <i>Timeliness of Prenatal Care</i>. The percentage of deliveries that received a prenatal care visit in the first trimester</li> <li>• <i>Postpartum Care</i>. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery</li> </ul>
<b>Eligible Population</b>	<p>Members who delivered a live birth(s) on or between October 8 of the year prior to the measurement year and October 7 of the measurement year (delivered in any setting)</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Non-live births</li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Encourage a telephone visit, e-visit, or virtual check-in when appropriate</li> <li>• Identify women that are pregnant or have recently delivered to discuss the importance of regular prenatal care and/or postpartum care</li> <li>• Utilize Highmark's informational resources (brochures, flyers, etc.) on Provider Resource Center (PRC)</li> <li>• Be proactive by evaluating practice processes for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>Preventive medicine is fundamental to prenatal care. Ensuring early initiation of prenatal care is an important component of safe motherhood programs that aim to improve maternal and infant health outcomes. Women who have inadequate prenatal care are at greater risk of having adverse birth outcomes, potentially because their health care provider has fewer opportunities to identify and manage conditions that can negatively impact the mother or infant.</p> <p>Lack of prenatal care is often considered a high-risk factor for neonatal complications and post neonatal death. The goal of the prenatal contact is to exchange information and identify existing risk</p>



# Prenatal and Postpartum Care (PPC)

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	<p>factors that may impact the pregnancy. According to the National Institutes of Health (NIH), women who utilize prenatal care can minimize their risk for pregnancy complications and negative birth outcomes.</p> <p>Similarly, comprehensive postpartum care is critical for setting the stage for the long-term health and well-being of new mothers and their infants. Common issues for mothers after birth include lack of sleep, fatigue, pain, stress, breastfeeding difficulties, mental health disorders and pre-existing health and social concerns. In addition, more than half of maternal deaths occur after birth.</p> <p>Joint guidelines published by American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) recommend a prenatal visit in the first trimester for all women. In May 2018, ACOG also published a committee opinion recommending that all women have an initial assessment with a maternal care provider within 21 days after birth to address acute postpartum issues. The initial assessment should then be followed by ongoing care as needed and conclude with a comprehensive well woman visit within 12 weeks after birth. The Department of Defense, Veteran's Administration (DoD/VA) clinical practice guidelines recommend a postpartum visit within six weeks, and no later than eight weeks, after delivery.</p>

## ICD10 Codes (Examples)

Categories	Codes
Postpartum Visits	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

## CPT Codes (Examples)

Categories	Codes
Postpartum Bundled Services	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Postpartum Visits	57170, 58300, 59430, 99501
Stand Alone Prenatal Visits	99500
Prenatal Bundled Services	59400, 59425, 59426, 59510, 59610, 59618
Prenatal Visits	99201 - 99205, 99211 - 99215, 99241 - 99245, 99483
Online Assessments	98969 - 98972, 99421 - 99423, 99444, 99457, 99458
Telephone Visits	98966 - 98968, 99441 - 99443

# Prenatal and Postpartum Care (PPC)

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## HCPCS Codes (Examples)

Categories	Codes
Postpartum Visits	G0101
Prenatal Bundled Services	H1005
Prenatal Visits	G0463, T1015
Stand Alone Prenatal Visits	H1000 - H1004
Online Assessments	G0071, G2010, G2012, G2061 – G2063, G2250 – G2252

## CPT – CAT-II Codes (Examples)

Categories	Codes
Stand-Alone Prenatal Visits	0500F – 0502F
Postpartum Visits	0503F

# Prenatal Immunization Status (PRS-E)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	<p>The percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations</p> <ul style="list-style-type: none"> <li>• Deliveries where members received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date</li> <li>• Deliveries where members received at least one Tdap vaccine during the pregnancy (including on the delivery date)</li> </ul>
<b>Eligible Population</b>	<p>A pregnancy episode in which the delivery date occurs during the measurement period.</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Deliveries where members had anaphylaxis due to the influenza, diphtheria, tetanus, or pertussis vaccines on or before the delivery date</li> <li>• Encephalitis due to the diphtheria, tetanus, or pertussis vaccine on or before the delivery date</li> <li>• Deliveries that occurred at less than 37 weeks gestation</li> <li>• Patients in hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Identify women that are pregnant to discuss the importance of regular prenatal care and immunizations</li> <li>• Educate patients on the importance of immunizations</li> <li>• Prepare chart to ensure that the provider orders immunization at the next prenatal visit</li> <li>• Provide outreach to non-compliant patients</li> </ul>
<b>Importance of Measure</b>	<p>Pregnant women are at higher risk for hospitalizations and death from influenza than other populations because changes in physiology and immune function predispose them to severe disease and worse outcomes from infections. Worldwide, more than 500,000 pregnant women die from influenza each year. An influenza vaccine during pregnancy significantly reduces the risk of contracting influenza for both mother and the infant following birth.</p> <p>Infants are also highly susceptible to influenza and as there are no influenza vaccines are currently licensed for infants under 6 months of age the transfer of antibodies from an immunized mother to her fetus is the primary means of protecting infants after birth.</p>

# Prenatal Immunization Status (PRS-E)

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## ICD10 Codes (Examples)

Categories	Codes
Adult Influenza Immunization	88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205
Tdap Immunization	115

## CPT Codes (Examples)

Categories	Codes
Adult Influenza Vaccine Procedure	90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756
Tdap Vaccine Procedure	90715

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

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<p><b>Description of Measure</b></p> <p><b>Eligible Population</b></p>	<p>This measure evaluates the percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment</p> <p>Children and adolescents 1 – 17 years of age as of December 31 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Children and adolescents for whom first-line antipsychotic medication may be clinically appropriate. Any of the following during the measurement year meet criteria:               <ul style="list-style-type: none"> <li>– At least one acute inpatient encounter with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder during the measurement year</li> <li>– At least two visits in an outpatient, intensive outpatient or partial hospitalization setting on different dates of service, with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder during the measurement year</li> </ul> </li> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<p><b>Best Practices</b></p>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Create a process to identify patients who received first-line psychosocial care prior to being prescribed antipsychotics versus those patients who did not</li> <li>• Staff should educate patients on the importance of psychosocial interventions before and after beginning antipsychotics drugs</li> <li>• Staff should educate patients on the side-effects associated with the use of antipsychotics and the importance of follow-up</li> <li>• Encourage patients to utilize clinical psychologists, clinical social workers, psychiatric nurse practitioners, and family therapists</li> <li>• Facilitate referrals for first-line psychosocial care for appropriate patients prior to treatment with antipsychotic medications, to ensure that antipsychotics are indicated for treatment</li> <li>• Be proactive by evaluating practice processes for opportunities to close care gaps every time a patient is seen</li> </ul>

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

Topic	Explanation
<p><b>Importance of Measure</b></p>	<p>Although antipsychotic medications may serve as effective treatment for a narrowly defined set of psychiatric disorders in children, they are often being prescribed for nonpsychotic conditions such as attention-deficit hyperactivity disorder and disruptive behaviors, conditions for which psychosocial interventions are considered first-line treatment. Thus, clinicians may be underutilizing safer first-line psychosocial interventions and using antipsychotics for non-primary indications in children and adolescents.</p> <p>Antipsychotic medications are associated with a number of potential adverse impacts, including weight gain and diabetes, which can have serious implications for future health outcomes. Children without primary indication for an antipsychotic and who are not given the benefit of a trial of psychosocial treatment first, may unnecessarily incur the risks associated with antipsychotic medications. Mental health conditions in youth are associated with a number of potential adverse effects, including increased risk for substance use. To the extent that psychosocial interventions are associated with better outcomes, underuse of these therapies may lead to poorer mental and physical health outcomes.</p> <p>In the absence of a Food and Drug Administration indication for an antipsychotic medication, guidelines recommend that psychosocial treatments be provided prior to initiating an antipsychotic. Guidelines for individual conditions that recommend use of antipsychotics in the absence of a primary indication address the use of psychosocial interventions prior to use of an antipsychotic. Treatment guidelines for management of aggression and disruptive behavior disorders all endorse psychosocial interventions as first-line treatment.</p>
<p><b>Other</b></p>	<p>According to the National Alliance on Mental Illness (NAMI), psychosocial interventions include different types of therapies that aim to provide support, education and guidance to people with mental health conditions and their families. Types of psychosocial treatments, include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Psychotherapy (also known as talk therapy)</li> <li>• Psychoeducation (teaches people about their condition and treatment options)</li> <li>• Self-help and Support Groups (can address feelings of isolation and help people gain insight into their mental health condition)</li> <li>• Psychosocial Rehabilitation (helps to learn coping skills to handle stressful situations)</li> <li>• Assertive Community Treatment (team-based treatment model)</li> </ul>

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

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## CPT Codes (Examples)

Categories	Codes
Psychosocial Care	90832 – 90834, 90836 – 90840, 90845 – 90847, 90849, 90853, 90875 – 90876, 90880

## HCPCS Codes (Examples)

Categories	Codes
Psychosocial Care	G0176, G0177, G0409 – G0411 H0004, H0035 – H0040, H2000, H2001, H2011 – H2014 H2017 – H2020 S0201, S9480, S9484, S9485

**Utilization**





# Child and Adolescent Well-Care Visits (WCV)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	The measure evaluates children and adolescents 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year
<b>Eligible Population</b>	<p>Children and adolescents 3-21 years as of December 31 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Maximize the patient visit using a medical record form (EMR or paper chart) which captures documentation of health history, physical development, mental development, physical exam and health education</li> <li>• Allow enough time to complete the visit</li> <li>• Be proactive by evaluating practice processes for opportunities to close gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>This measure is based on the American Academy of Pediatrics Bright Futures guidelines for Health Supervision of Infants, Children and Adolescents. In addition to the Bright Futures Guidelines, the American Academy of Pediatrics (AAP) publishes a recommended schedule of screenings and assessments, known as the periodicity schedule, that outlines what to do at every visit, from infancy to adolescence. Bright Futures recommends the well-child visits include, but are not limited to, an initial/interval medical history, physical exam, developmental assessment, immunization and anticipatory guidance. The AAP/Bright Futures guidelines recommend annual well-child visits for children 3–11 years old. Well-child visits during the preschool and early school years are particularly important. A child can be helped through early detection of vision, speech, and language problems. Intervention can improve communication skills and avoid or reduce language and learning problems.</p> <p>The AAP/Bright Futures guidelines recommend annual visits for adolescents 12–21 years old. Given that the period of adolescence is marked by puberty and changes in physical appearance and psychological maturity, it is recommended that clinicians focus on concerns of the adolescent and the parent(s), and address social determinants of health, physical growth and development,</p>

# Child and Adolescent Well-Care Visits (WCV)

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	emotional well-being, risk reduction (pregnancy and sexually transmitted infections, tobacco, e-cigarettes, alcohol) and safety (seat belt and helmet use, sun protection, substance use, firearm safety) over the course of multiple visits.

## ICD10 Codes (Examples)

Categories	Codes
Well Child Visit	Z00.121, Z00.129, Z00.3, Z02.0, Z02.1, Z02.4, Z02.5, Z76.2

## CPT Codes (Examples)

Categories	Codes
Well Child Visit	99381 – 99385, 99391 – 99395, 99461

## HCPCS Codes (Examples)

Categories	Codes
Well Child Visits	G0438, G0439

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

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	<p>The measure evaluates children who had the following number of well-child visits with a PCP during the last 15 months.</p> <ol style="list-style-type: none"> <li>1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits</li> <li>2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits</li> </ol>
<b>Eligible Population</b>	<p>Children who turn 15 months old during the measurement year; and children who turned 30 months old during the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Died any time during the measurement year</li> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Provide outreach to non-compliant patients</li> <li>• Maximize the patient visit using a medical record form (EMR or paper chart) which captures documentation of health history, physical development, mental development, physical exam and health education</li> <li>• Allow enough time to complete the visit</li> <li>• During the first 15 months of life, it is recommended to have 6 or more well child visits</li> <li>• Be proactive by evaluating practice processes for opportunities to close gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>This measure is based on the American Academy of Pediatrics Bright Futures guidelines for Health Supervision of Infants, Children and Adolescents. In addition to the Bright Futures Guidelines, the American Academy of Pediatrics (AAP) publishes a recommended schedule of screenings and assessments, known as the periodicity schedule, that outlines what to do at every visit, from infancy to adolescence. Bright Futures recommends more frequent well-child visits in the first years of life and one or more annual well-child visits from age 3–21. They recommend that the well-child visits include, but are not limited to, an initial/interval medical history, physical exam, developmental assessment, immunization and anticipatory guidance. A total of eight well-care visits is recommended from the time the child is born to the time he or she reaches 15 months old.</p>

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

Topic	Explanation
<b>Importance of Measure (cont'd)</b>	<p>The visits that occur before the 15-month birthday are of particular importance because this is the period when an infant undergoes substantial changes in abilities, physical growth, motor skills, hand-eye coordination and social and emotional growth. They are foundational to preventive health care, such as evidence-based screenings and immunizations, because they promote better social, developmental and health outcomes.</p> <p>The AAP/Bright Futures guidelines also recommend two or more visits between 15 months and 30 months, an important period for early assessment and screenings. Early identification of developmental disorders is critical to the well-being of children and their families.</p>

## ICD10 Codes (Examples)

Categories	Codes
Well Child Visits	Z00.110, Z00.111, Z00.121, Z00.129, Z76.2

## CPT Codes (Examples)

Categories	Codes
Well Child Visits	99381-99385; 99391-99395; 99461

## HCPCS Codes (Examples)

Categories	Codes
Well Child Visits	G0438, G0439

# Risk Adjusted Utilization Measures

# Plan All-Cause Readmissions (PCR)

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of healthcare performance measures in the United States. Refer to this document for information on how to improve clinical quality care and performance on the HEDIS measure outlined.

Topic	Explanation
<b>Description of Measure</b>	For individuals 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission
<b>Eligible Population</b>	<p>Individuals 18 years of age and older as of January 1 of the measurement year</p> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Hospice or using hospice services anytime during the measurement year</li> </ul>
<b>Best Practices</b>	<ul style="list-style-type: none"> <li>• Identify any barriers or social determinants of health that may impede member compliance with treatment plan and assess for possible solutions and interventions as appropriate</li> <li>• Initialize an outreach process to ensure timely follow up with recently discharged patients</li> <li>• Discharge summary review and education on disease processes.</li> <li>• Medication Reconciliation and education</li> <li>• Be proactive by evaluating office practices for opportunities to close care gaps every time the patient is seen</li> </ul>
<b>Importance of Measure</b>	<p>Discharge from a hospital is a critical transition point in a patient's care. Poor care coordination at discharge can lead to adverse events for patients and avoidable rehospitalization. Readmission to the hospital within 30 days of discharge is frequently avoidable and can lead to adverse outcomes for patients. Any preventable hospitalization can have a negative impact on health outcomes, particularly for older individuals and individuals with multiple chronic conditions. Health risks associated with hospitalization include infection, adverse drug events, loss of function, isolation and negative quality of life, and readmission.</p> <p>Hospital readmissions may indicate poor care or missed opportunities to coordinate care better. Research shows that specific hospital-based initiatives to improve communication with beneficiaries and their caregivers, coordinate care after discharge and improve the quality of care during the initial admission can avert many readmissions.</p> <p>While not all preventable readmissions can be avoided, most potentially preventable readmissions can be prevented if the best quality of care is given and clinicians are using current standards of care.</p>