



COMPREHENSIVE HEDIS[®] DOCUMENTATION AND CODING GUIDE

Measurement Year 2022

Florida Blue

Florida Blue Medicare, Inc.

Federal Employee Program

Truli for Health

GUIDEWELL



EFFECTIVENESS OF CARE

PREVENTION AND SCREENING

WCC – Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents

CIS – Childhood Immunization Status

IMA – Immunizations for Adolescents

BCS – Breast Cancer Screening

CCS – Cervical Cancer Screening

COL – Colorectal Cancer Screening

CHL – Chlamydia Screening in Women



GUIDEWELL

WEIGHT ASSESSMENT & COUNSELING FOR NUTRITION & PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (WCC)

X COMMERCIAL

X EXCHANGE

MEDICARE

X FEP

X TRULI

Description:

The percentage members ages 3 - 17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. Three rates are reported:

1. BMI percentile:

- The medical record must include height, weight, and BMI percentile from the same data source. The BMI percentile can be documented as a value (e.g., 85th percentile) or BMI percentile plotted on an age-growth chart. Ranges and thresholds are not acceptable.
- Notation of BMI value only or height and weight only does not count.
- This measure evaluates whether BMI Percentile is assessed rather than an absolute BMI value.

BMI Percentile:

ICD-10CM: Z68.51 – Z68.54

LOINC: 59574-4, 59575-1, 59576-9

2. Counseling for Nutrition:

- The medical record must include a note indicating the date and at least one of the following:
 - Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
 - Check list indicating nutrition was addressed
 - Counseling or referral for nutrition education
 - Member received educational materials on nutrition during a face-to-face visit
 - Anticipatory guidance for nutrition
 - Weight or obesity counseling
- Examples of non-compliant notations include a) health education or anticipatory guidance without specific mention of nutrition, b) a physical exam finding or observation alone (e.g., well nourished), c) documentation related to a member's appetite.

Nutrition Counseling:

CPT: 97802 – 97804

HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 **ICD-10CM:** Z71.3

3. Counseling for Physical Activity:

- The medical record must include a note indicating the date and at least one of the following:
 - Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)
 - Checklist indicating physical activity was addressed
 - Counseling or referral for physical activity
 - Member received educational materials on physical activity during a face-to-face visit
 - Anticipatory guidance specific to the child's physical activity
 - Weight or obesity counseling
- Examples of non-compliant notations include a) "Cleared for gym class" without specific mention of a discussion, b) "health education" or "anticipatory guidance" without specific mention of physical activity, c) anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations, d) notation related solely to screen time (computer or television), without specific mention of physical activity.

Physical Activity Counseling:

HCPCS: G0447, S9451

ICD-10CM: Z02.5, Z71.82

Required Exclusions:

Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473 - G9479, Q5003 - Q5008, Q5010, S9126, T2042 - T2046

Optional Exclusions:

Pregnancy

CHILDHOOD IMMUNIZATION STATUS (CIS)

X COMMERCIAL

X EXCHANGE

MEDICARE

X FEP

X TRULI

Description:

The percentage of children who turn two during the measurement year who have received the following vaccines by their second birthday;

- **DTaP (any of the following meet criteria)**
 - 4 diphtheria, tetanus and acellular pertussis (DT aP) with different dates of service
 - Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine
 - Encephalitis due to the diphtheria, tetanus, or pertussis vaccine
- **IPV**
 - 3 polio (IPV) with different dates of service
- **MMR (any of the following meet criteria)**
 - 1 measles, mumps, and rubella (MMR) on or before the child's first and second birthday
 - All the following anytime on or before the child's second birthday
 - History of measles illness
 - History of mumps illness
 - History of rubella illness
- **HiB (any of the following meet criteria)**
 - 3 haemophiles Influenza type B (HiB) with different dates of service
 - Anaphylaxis due to the HiB vaccine
- **Hepatitis B (any of the following meet criteria)**
 - 3 hepatitis B (Hep B) with different dates of service. One of the three vaccination can be a newborn hepatitis B vaccination during the eight-day period that begins on the date of birth and ends seven days after the date of birth.
 - History of hepatitis illness
 - Anaphylaxis due to the Hepatitis B vaccine
- **VZV (any of the following meet criteria)**
 - 1 chicken pox (VZV) on or between the child's first and second birthday
 - History of varicella zosteron or before the child's second birthday
- **Pneumococcal conjugate**
 - 4 pneumococcal conjugate (PCV) with different dates of service on or before the child's second birthday

- **Hepatitis A (any of the following meet criteria)**
 - 1 hepatitis A (Hep A) on or before the child's first and second birthdays
 - History of hepatitis A illness on or before the child's second birthday
- **Rotavirus (any of the following meet criteria)**
 - 2 doses or 3 doses rotavirus (RV) on different dates of service
 - Anaphylaxis due to the rotavirus vaccine
- **Influenza**
 - 2 influenza (flu) vaccination with different dates of service on or before the child's second birthday. One of the two vaccinations can be the LAIV vaccination administered on the child's second birthday.

NOTE: Do not count vaccination administered prior to 42 days after birth for DTaP, IPV, HIB, PCV, and RV. Do not count a vaccination administered prior to 6 months for influenza (180 days after birth), A note in the medical record that the member is up to date with all immunization agents does not constitute sufficient evidence of immunization for HEDIS reporting.

Required Exclusions:

Members receiving hospice or using hospice services anytime during the measurement year.

Members who had any of the following on or before their second birthday:

- Severe combined immunodeficiency
- Immunodeficiency
- HIV
- Lymphoreticular cancer, multiple myeloma or leukemia

Optional Exclusions:

None

CHILDHOOD IMMUNIZATION STATUS (CIS) (CONT'D)

X COMMERCIAL	X EXCHANGE	MEDICARE	X FEP	X TRULI
---------------------	-------------------	----------	--------------	----------------

<p>DTaP: CPT: 90697, 90698, 90700, 90723</p> <p>IPV: CPT: 90697, 90698, 90713, 90723</p> <p>MMR: CPT: 90707, 90710</p> <p>HiB: CPT: 90644, 90647, 90648, 90697, 90698, 90748</p> <p>HepB: CPT: 90697, 90723, 90740, 90744, 90747, 90748 HCPCS: G0010 ICD-10PCS: 3E0234Z, B16.0-B16.2, B16.9, B17.0, B18.0-B18.1, B19.10, B19.11</p> <p>VZV: CPT: 90710, 90716</p> <p>MMR: CPT: 90707, 90710</p> <p>PCV: CPT: 90670 HCPCS: G0009</p>	<p>HepA: CPT: 90633 ICD-10: B15.0, B15.9</p> <p>Rotovirus 2 doses: CPT: 90681</p> <p>Rotovirus 3 doses: CPT: 90680</p> <p>Flu: CPT: 90655, 90657, 90661, 90673, 90685 - 90689 HCPCS: G0008 Live Attenuated Influenza Vaccine: CPT: 90660, 90672</p>	<p>Required Exclusions:</p> <p>Hospice Care: CPT: 99377, 99378 HCPCS: G0182, G9473 -G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046</p> <p>HIV: ICD-10: B20, Z21, B97.35</p> <p>Encephalopathy due to vaccination: ICD-10: G04.30 - G04.32, G04.39 G04.81 G04.90 G05.3</p> <p>Severe Combined Immunodeficiency: ICD-10: D81.0 - 81.2, D81.9</p> <p>Disorders of the Immune System: ICD-10: D80.0-D80.9, D81.0-D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0-D82.4, D82.8, D82.9, D83.0-D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.81, D84.821, D84.822, D84.89, D84.9, D89.3, D89.810-D89.813, D89.82, D89.831-D89.835, D89.839, D89.89. D89.9</p> <p>History of intussusception: ICD-10: K56.1</p> <p>Malignant Neoplasm of Lymphatic Tissue: See Appendix for full list of codes</p>
--	---	---

IMMUNIZATIONS FOR ADOLESCENTS (IMA)

X COMMERCIAL

X EXCHANGE

MEDICARE

X FEP

X TRULI

Description:

The percentage of adolescents turning 13 in the measurement year who had the following by their 13th birthday:

- **Meningococcal** serogroups A, C, W, Y: (either of the following meet criteria)
 - 1 meningococcal vaccine on or between the member's 11th and 13th birthdays
 - Anaphylaxis due to the meningococcal vaccine
 - **Tdap** (any of the following meet criteria)
 - One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the member's 10th and 13th birthdays
 - Anaphylaxis due to the tetanus, diphtheria, or pertussis vaccine anytime on or before the member's birthday.
 - Encephalitis due to the tetanus, diphtheria, or pertussis vaccine anytime on or before the member's 13th birthday.
 - **HPV:** Completed the human Papillomavirus (HPV) vaccine series by their 13th birthday: (any of the following meet criteria)
 - At least two HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays. Must have at least 146 days between the first and second dose of the HPV vaccine.
- OR:
- At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.
 - Anaphylaxis due to the HPV vaccine anytime on or before the member's 13 birthday.

For immunization information obtained from the medical record, there must be evidence that the antigen was rendered from either:

- A note indicating the name of the specific antigen and the date of the immunization.
- A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.

Meningococcal Immunization:

CPT: 90619, 90733, 90734

Tdap Immunization:

CPT: 90715

HPV:

CPT: 90649-90651

Required Exclusions:

Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046

Optional Exclusions:

None

BREAST CANCER SCREENING (BCS)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of women ages 50 - 74 years who had a mammogram to screen for breast cancer. One or more mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) any time on or between October 1 two years prior to measurement year and December 1 of measurement year.

NOTE: Biopsies, breast ultrasounds and MRIs do not count toward the numerator. Although these procedures may be indicated for evaluating women at higher risk for breast cancer or for diagnostic purposes, they are performed as an adjunct to mammography and do not count toward the numerator.

Mammography:

CPT: 77061 – 77063, 77065 – 77067

HCPCS: G0202, G0204, G0206

LOINC: 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0

Required Exclusions:

Members receiving palliative care, hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Palliative Care:

HCPCS: G9054, M1017

ICD-10CM: Z51.5

Optional Exclusions:

- Bilateral Mastectomy: **ICD-10PCS:** 0HT V0ZZ
- Unilateral mastectomy with a bilateral modifier. Must be from the same procedure.
 - **CPT:** 19180, 19200, 19220, 19240, 19303 - 19307
 - **ICD-10PCS:** 0HT U0ZZ (left), 0HT T0ZZ (right)
- History of bilateral mastectomy: **ICD-10CM:** Z90.13; **Modifier:** 50
- Any combination that indicates a mastectomy on both the left and the right side on the same or different dates of service
 - **Absence of Breasts:** **ICD-10CM:** Z90.12 (left), Z90.11 (right)
- Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an institutional special needs plan (I-SNP) or living long-term in an institution.
- Members ages 66 and older as of December 31 of the measurement year who meet **both** frailty **and** advanced illness criteria.
- Members ages 81 and older with a diagnosis or symptoms of frailty during the measurement year.

CERVICAL CANCER SCREENING (CCS)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

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

- Women 21-64 who had cervical cytology performed every three years
- Women 30-64 who had cervical high-risk human papillomavirus (hrHPV) performed within the last five years
 - Documentation in the medical record must include both the date of when the test was performed and the results or findings of the test.

NOTE: Self-reporting by the patient is accepted with proper documentation in the medical records: date when Pap and/or hrHPV was done and results of test.

Cervical Cytology:

CPT: 88141 – 88143, 88147, 88148, 88150, 88152 – 88154, 88164 – 88167, 88174, 88175

HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

High Risk HPV Tests:

CPT: 87624, 87625

HCPCS: G0476

LOINC: 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3

Required Exclusions:

Members receiving palliative care, hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Palliative Care:

HCPCS: G9054, M1017

ICD-10CM: Z51.5

Optional Exclusions:

- Total, radical, complete abdominal or vaginal hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member's history through December 31 of the measurement year
- Documentation of a vaginal pap smear in conjunction with documentation of a hysterectomy
- Documentation of hysterectomy with documentation that the member no longer needs pap testing/cervical cancer screening (documentation of hysterectomy alone does not meet the criteria because it is not sufficient evidence that the cervix was removed).

Absence of Cervix Diagnosis:

ICD-10CM: Q51.5, Z90.710, Z90.712

Hysterectomy with no Residual Cervix:

See Appendix for full list of codes

COLORECTAL CANCER SCREENING (COL)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of members ages 50 - 75 who had appropriate screening for colorectal cancer. Screening for colorectal cancer by any one of the following:

- Fecal occult blood test (FOBT) – either guaiac (gFOBT) or immuno-chemical (FIT) – during the measurement year
 - A sample collected via digital rectal exam (DRE) or FOBT test performed in an office setting do not count
- Flexible sigmoidoscopy during the measurement year or four years prior
- Colonoscopy during the measurement year or nine years prior
- CT colonography during the measurement year or four years prior
- FIT-DNA test during the measurement year or two years prior

Documentation must include a note indicating the date the colorectal cancer screening was performed. It is not required to include a result if the screening date is clearly shown in the medical history. If the date is not clear, the result or finding must be included in the documentation.

FBOT:

CPT: 82270, 82274

HCPCS: G0328

LOINC: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6

FIT DNA:

CPT: 81528

HCPCS: G0464

LOINC: 77353-1, 77354-9

Flexible Sigmoidoscopy:

CPT: 45330 – 45335, 45337, 45338, 45340 - 45342, 45346, 45347, 45349, 45350

HCPCS: G0104

Colonoscopy:

CPT: 44388 – 44394, 44397, 44401 – 44408, 45355, 45378 – 45393, 45398

HCPCS: G0105, G0121

CT Colonography:

CPT: 74261 – 74263

LOINC: 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3

Required Exclusions:

- Members receiving palliative care, hospice or using hospice services anytime during the measurement year
- Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an institutional special needs plan (I-SNP) or living long-term in an institution
- Members ages 66 and older as of December 31 of the measurement year who meet both frailty and advanced illness criteria

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Palliative Care:

HCPCS: G9054, M1017

ICD-10CM: Z51.5

Optional Exclusions:

Documentation of colorectal cancer or total colectomy in member's record any time in member's history through December 31 of the measurement year

Colorectal Cancer:

HCPCS: G0213 – G0215, G0231

ICD-10CM: C18.0 – C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048

Total Colectomy:

CPT: 44150 – 44153, 44155 – 44158, 44210 - 44212

ICD-10CM: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ

CHLAMYDIA SCREENING IN WOMEN (CHL)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of women 16-24 years of age who have been identified as sexually active and who had at least one test for chlamydia during the measurement year.

Chlamydia Test:

CPT: 87110, 87270, 87320, 87490-87492, 87810

LOINC: 14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 91860-7

Required Exclusions:

Members in hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Palliative Care:

HCPCS: G9054, M1017

ICD-10CM: Z51.5

Optional Exclusions:

- Pregnancy test during the measurement year with a prescription for isotretinoin on the date of pregnancy test or six days after
- Pregnancy test during the measurement year and an X-ray on date of pregnancy or six days after

Pregnancy Test Exclusion:

CPT: 81025, 84702, 84703

LOINC: 19080-1, 19180-9, 20415-6, 20994-0, 2106-3, 2107-1, 2110-5, 2111-3, 2112-1, 2113-9, 2114-7, 2115-4, 2118-8, 2119-6, 21198-7, 25372-4, 25373-2, 34670-0, 45194-8, 55869-2, 55870-0, 56497-1, 80384-1, 83086-9, 93769-8

RESPIRATORY

CWP – Appropriate Testing for Pharyngitis

PCE – Pharmacotherapy Management of COPD Exacerbation

AMR – Asthma Medication Ratio

A decorative graphic at the bottom of the slide consisting of multiple overlapping, wavy lines of varying thickness and color (shades of teal and light blue). The lines are composed of small dots and create a sense of motion and depth.

GUIDEWELL

APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of episodes for members three years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, **and** received a group (A) strep test for the episode from July 1 of the previous year to June 30 of the measurement year.

Measure compliancy for the dispensed antibiotic is determined by pharmacy claims.

Group A Strep Tests:

CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880

LOINC: 11268-0, 17656-0, 17898-8, 18481,2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2

Required Exclusions:

- Members receiving hospice or using hospice services anytime during the measurement year.
- One or more of the following comorbid conditions during the 12 months prior to or on the episode date: (See Appendix for full list of codes)
 - HIV or HIV Type 2
 - Malignant Neoplasms
 - Other Malignant Neoplasm of the Skin
 - Emphysema and/or COPD
 - Disorders of the Immune System
 - Comorbid Condition

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Optional Exclusions:

None

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of COPD exacerbations for members ages 40 and older who had an acute inpatient discharge or ED visit on or between January 1 and November 30 of the measurement year and who were dispensed appropriate medications.

Two rates are reported:

- **Systemic Corticosteroid Medication** – Dispensed a systemic corticosteroid (or there is evidence of an active prescription) with 14 days of the event
 - Cortisone
 - Hydrocortisone
 - Prednisolone
 - Dexmethasone
 - Methylprednisolone
 - Prednisone
- **Bronchodilator Medication** – Dispensed a bronchodilator (or there is evidence of an active prescription) within 30 days of the event
 - Anticholinergic Agents:
 - Acclidium bromide
 - Ipratropium
 - Tiotropium
 - Umeclidinium
 - Beta 2-agonists:
 - Albuterol
 - Formoterol
 - Levalbuterol
 - Olodaterol
 - Arformoterol
 - Indacaterol
 - Metaproterenol
 - Salmeterol
 - Bronchodilator combinations
 - Albuterol-ipratropium
 - Budesonide-formoterol
 - Bluticasone-salmeterol
 - Fluticasone-vilanterol
 - Formoterol-aclidinium
 - Formoterol-mometasone
 - Formoterol-glycopyrrolate
 - Glycopyrrolate-indacaterol
 - Olodaterol-tiotropium
 - Umeclidinium-vilanterol
 - Fluticasone furoate-umeclidinium-vilanterol

Measure compliancy determined by pharmacy claims.

Required Exclusions:

Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Optional Exclusions:

None

ASTHMA MEDICATION RATIO (AMR)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of members 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.

Measure compliancy determined by pharmacy claims.

Asthma Controller Medications (Description/Prescription)

- Antiasthmatic combinations: Dyphylline-guaifenesin
- Antibody inhibitors: Omalizumab
- Anti-interleukin-4: Dupilumab
- Anti-interleukin-5: Benralizumab; Mepolizumab; Reslizumab
- Inhaled steroid combinations: Budesonide-formoterol; Fluticasone-salmeterol; Fluticasone-vilanterol; Formoterol-mometasone
- Inhaled corticosteroids: Beclomethasone; Budesonide; Ciclesonide; Flunisolide; Fluticasone; Mometasone
- Leukotriene modifiers: Montelukast; Zafirlukast; Kileuton
- Methylxanthines: Theophylline

Asthma Reliever Medications (Description/Prescription)

Short-acting, inhaled beta-2 agonists: Albuterol; Levalbuterol

Required Exclusions:

- Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046

- Members who had no asthma controller or reliever medications dispensed during the measurement year.
- Members who had a diagnosis for any of the below conditions anytime during the member's history through December 31 of the measurement year: **(See Appendix for codes)**
 - Emphysema
 - COPD
 - Obstructive Chronic Bronchitis
 - Chronic Respiratory Conditions due to Fumes or Vapors
 - Cystic Fibrosis
 - Acute Respiratory Failure

Optional Exclusions:

None

CARDIOVASCULAR

CBP – Controlling High Blood Pressure

SPC – Statin Therapy for Patients with Cardiovascular Disease

A decorative graphic at the bottom of the page consisting of multiple overlapping, wavy lines of varying thickness and color (shades of teal and light blue). The lines are composed of small dots and create a sense of motion and depth.

GUIDEWELL

CONTROLLING HIGH BLOOD PRESSURE (CBP)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of members ages 18 - 85 who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.

Documentation of the most recent (last recorded BP of the year) blood pressure during the measurement year. If multiple BP measurements occur on the same date use the lowest systolic and lowest diastolic BP reading.

Do not include BP readings:

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

Systolic BP (SBP):

CPT-CAT II:

3074F – most recent SBP less than 130 mm Hg

3075F – most recent SBP 130-139 mm Hg

3077F – most recent SBP greater than or equal to 140 mm Hg

Diastolic BP (DBP):

CPT-CAT II:

3078F – most recent DBP less than 80 mm Hg

3079F – most recent DBP 80-89 mm Hg

3080F – most recent DBP greater than or equal to 90 mm Hg

Required Exclusions:

- Members receiving palliative care, hospice or using hospice services anytime during the measurement year.
- Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an institutional special needs plan (I-SNP) or living long-term in an institution.
- Members ages 66 and older as of December 31 of the measurement year who meet **both** frailty **and** advanced illness criteria.
- Members ages 81 and older with a diagnosis or symptoms of frailty during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Palliative Care:

HCPCS: G9054, M1017

ICD-10CM: Z51.5

Optional Exclusions:

Documented evidence any of the following conditions on or prior to December 31 of the measurement year:

- ESRD
- Dialysis
- Nephrectomy
- Kidney T ransplant
- History of Kidney T ransplant
- Pregnancy

*See Appendix for codes

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of males ages 21 - 75 and females ages 40 - 75 during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met these criteria:

- Received statin therapy: Members who received at least one high-intensity or moderate-intensity statin medication during the measurement year
- Statin Adherence – 80%: Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period

Measure compliancy determined by pharmacy claims.

Required Exclusions:

- Female member with a diagnosis of pregnancy
- In vitro fertilization in the measurement year or the prior year
- Dispensed at least one prescription for clomiphene during the measurement year or prior year
- Evidence of ESRD or dialysis anytime during the member's history
- Members receiving palliative care, hospice or using hospice services anytime during the measurement year
- Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an institutional special needs plan (I-SNP) or living long-term in an institution
- Members ages 66 and older as of December 31 of the measurement year who meet both frailty and advanced illness criteria
- Member's ages 81 and older with a diagnosis or symptoms of frailty during the measurement year

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Palliative Care:

HCPCS: G9054, M1017

ICD-10CM: Z51.5

Pregnancy & In-Vitro Fertilization (IVF):

See Appendix for full list of codes

ESRD & Dialysis:

See Appendix for full list of codes

Cirrhosis, Myalgia, Myositis, Myopathy & Rhabdomyolysis:

See Appendix for full list of codes

Optional Exclusions:

Members with a diagnosis of one or more of the following conditions during the measurement year or the year prior to the measurement year and do not have a diagnosis of diabetes during the measurement year or the year prior to the measurement year:

- **Polycystic Ovarian Syndrome:** See Appendix for full list of codes
- **Gestational Diabetes:** See Appendix for full list of codes
- **Steroid-Induced Diabetes:** See Appendix for full list of codes

DIABETES

HGB – Hemoglobin A1c Control for Patients with Diabetes

BPD – Blood Pressure Control for Patients with Diabetes

EED – Eye Exam for Patients with Diabetes

KED – Kidney Health for Patient with Diabetes

SPD – Statin Therapy for Patient with Diabetes



GUIDEWELL

HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES (HBD)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of members ages 18 - 75 with a diagnosis of diabetes (type 1 and type 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year.

- HbA1c control (<8.0%)
- HbA1c poor control (>9.0%) (NOTE: *this is an inverse measure; the goal is to be less than 9.0%*)

Evidence of an HbA1c test and the most recent HbA1c level performed during the measurement year. At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result.

Most recent compliant Hemoglobin A1c level:

- **Commercial, Exchange, FEP & Truli: <8.0%**
- **Medicare: <9.0%**

HbA1c Screening:

CPT: 83036, 83037

LOINC: 17856-6, 4548-4, 4549-2

HbA1c Results:

CPT-CAT II:

3044F – HbA1c less than (<) 7.0%

3046F – HbA1c greater than (>) 9.0%

3051F – HbA1c greater than 7.0% and less than 8.0%

3052F – HbA1c greater than or equal to 8.0% and less than or equal to 9.0%

Required Exclusions:

- Members receiving palliative care, hospice or using hospice services anytime during the measurement year.
- Members with a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year and do not have a diagnosis of diabetes during the measurement year or the year prior to the measurement year.
- Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an institutional special needs plan (I-SNP) or living long-term in an institution.
- Member's ages 66 and older as of December 31 of the measurement year who meet **both** frailty **and** advanced illness criteria.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Palliative Care:

HCPCS: G9054, M1017

ICD-10CM: Z51.5

Polycystic Ovarian Syndrome: See Appendix for full list of codes

Gestational Diabetes: See Appendix for full list of codes

Steroid-Induced Diabetes: See Appendix for full list of codes

Optional Exclusions:

None

BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES (BPD)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of members ages 18 - 75 with a diagnosis of diabetes (type 1 and type 2) whose blood pressure (BP) was adequately controlled (less than 140/90 mm Hg) during the measurement year.

Identify the most recent blood pressure (BP) reading taken during the measurement year. The goal is for the patient to have adequately controlled BP (systolic BP of 139 or less and diastolic BP of 89 or less). The member is not compliant if the BP reading is greater than or equal to 140/90, is missing, or is incomplete.

NOTE:

- BP readings should be clearly documented in the clinical notes and reported through claims
- Do not include BP reading if:
 - BP taken during an acute inpatient stay or an ED visit
 - BP taken on the same day as a diagnostic test or a diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of test or procedure, the exception of fasting blood test
 - Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope
- If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP
- Ranges and thresholds do not meet criteria for this measure. A distinct numeric result for both the systolic and diastolic BP reading is required for numerator compliance
- A BP documented as an "average BP" (e.g., "average BP: 139/70") is eligible for use

Systolic BP (SBP):

CPT-CAT II:

3074F – most recent SBP less than 130 mm Hg

3075F – most recent SBP 130-139 mm Hg

3077F – most recent SBP greater than or equal to 140 mm Hg

Diastolic BP (DBP):

CPT-CAT II:

3078F – most recent DBP less than 80 mm Hg

3079F – most recent DBP 80-89 mm Hg

3080F – most recent DBP greater than or equal to 90 mm Hg

Required Exclusions:

- Members receiving palliative care, hospice or using hospice services anytime during the measurement year.
- Members with a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year and do not have a diagnosis of diabetes during the measurement year or the year prior to the measurement year.
- Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an institutional special needs plan (I-SNP) or living long-term in an institution.
- Member's ages 66 and older as of December 31 of the measurement year who meet **both** frailty **and** advanced illness criteria.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Palliative Care:

HCPCS: G9054, M1017

ICD-10CM: Z51.5

Polycystic Ovarian Syndrome: See Appendix for full list of codes

Gestational Diabetes: See Appendix for full list of codes

Steroid-Induced Diabetes: See Appendix for full list of codes

Optional Exclusions:

None

EYE EXAM FOR PATIENTS WITH DIABETES (EED)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of members ages 18 - 75 with a diagnosis of diabetes (type 1 and type 2) who had a retinal eye exam.

Screening or monitoring for diabetic retinal disease as identified by one of the following exams performed in the measurement year or the year prior to the measurement year.

- Retinal or dilated eye exam must be performed by an eye care professional (optometrist or ophthalmologist) in the measurement year
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year
- Bilateral eye enucleation any time during the member's history through December 31 of the measurement year

At a minimum, documentation in the medical record must include one of the following:

- A note or letter prepared by an ophthalmologist, optometrist, PCP, or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional, the date when the procedure was performed and the results.
- A chart or photograph indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist reviewed the results. Alternatively, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist or by a system that provides an artificial intelligence (AI) interpretation.
- Documentation of a negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year, results indicating retinopathy was not present
- Documentation anytime in the member's history of evidence that the member had bilateral eye enucleation or acquired absence of both eyes.

Unilateral Eye Enucleation:

CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114

ICD-10PCS: 08T1XZZ (left), 08TOXZZ (right)

Diabetic Retinal Screening Negative in Prior Year:

CPT-CAT II: 3072F

Diabetic Retinal Screening:

CPT: 67028, 67030, 67031, 67036, 67039, 67040 – 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225 – 92228, 92230, 92235, 92240, 92250, 92260, 99203 – 99205, 99213 – 99215, 99242 – 99245

HCPCS: S0620, S0621, S3000

99203 – 99205, 99213 – 99215, 99242 – 99245

Eye Exam with/without Evidence of Retinopathy:

CPT-CAT II: 2022F, 2024F, 2026F (with retinopathy)

CPT-CAT II: 2023F, 2025F, 2033F (without retinopathy)

Automated Eye Exam:

CPT: 92229

Required Exclusions:

- Members receiving palliative care, hospice or using hospice services anytime during the measurement year. (**See Appendix for codes**)
- Members with a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the measurement year or the year prior to the measurement year and do not have a diagnosis of diabetes during the measurement year or the year prior to the measurement year. (**See Appendix for codes**)
- Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an institutional special needs plan (I-SNP) or living long-term in an institution.
- Member's ages 66 and older as of December 31 of the measurement year who meet **both** frailty **and** advanced illness criteria.

Optional Exclusions:

None

KIDNEY HEALTH FOR PATIENTS WITH DIABETES (KED)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of members ages 18 - 85 with a diagnosis of diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during the measure year.

The member must receive both eGFR and uACR during the measurement year on the same or different dates of service:

- At least one estimated glomerular filtration rate (eGFR)
- At least one urine albumin creatinine (UACR)
 - A quantitative urine albumin test and a urine creatinine test with service dates four or less days apart
 - A uACR (Urine Albumin Creatinine Ratio lab test)

Estimated Glomerular Filtration Rate (eGFR):

CPT: 80047, 80048, 80050, 80053, 80069, 82565

LOINC: 48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1

Urine Albumin Creatinine Ratio (uACR):

LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7

Quantitative Urine Albumin:

CPT: 82043

LOINC: 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7

Urine Creatinine:

CPT: 82570

LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5

Required Exclusions:

- Members receiving palliative care, hospice or using hospice services anytime during the measurement year.
- Evidence of ESRD or dialysis anytime during the member's history.
- Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an institutional special needs plan (I-SNP) or living long-term in an institution.
- Member's ages 66 and older as of December 31 of the measurement year who meet **both** frailty **and** advanced illness criteria.
- Member's ages 81 and older with a diagnosis or symptoms of frailty during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Palliative Care:

HCPCS: G9054, M1017

ICD-10CM: Z51.5

ESRD:

ICD-10CM: N18.5, N18.6, Z99.2

Dialysis:

CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512

HCPCS: G0257, S9339

ICD-10PCS: 3E1M39Z, 5A1D00Z, 5A1D60Z – 5A1D90Z

Optional Exclusions:

Members with a diagnosis of one or more of the following conditions during the measurement year or the year prior to the measurement year and **do not** have a diagnosis of diabetes during the measurement year or the year prior to the measurement year:

- **Polycystic Ovarian Syndrome:** See Appendix for full list of codes
- **Gestational Diabetes:** See Appendix for full list of codes
- **Steroid-Induced Diabetes:** See Appendix for full list of codes

STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of members ages 40 - 75 during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

- Received statin therapy: Members who received at least one statin intensity medication during the measurement year
- Statin Adherence – 80%: Members who remained on a statin medication of any intensity for at least 80% of the treatment period

Measure compliancy determined by pharmacy claims.

Required Exclusions:

- Any of the following during the year prior to the measurement year:
 - Discharged from an inpatient setting with an MI on the discharge claim
 - Member who had CABG in any setting
 - Members who had PCI in any setting
 - Members who had any other revascularization procedure
- Ischemic vascular disease
- Female member with a diagnosis of pregnancy
- In vitro fertilization in the measurement year or the prior year
- Dispensed at least one prescription for clomiphene during the measurement year or prior year
- Evidence of ESRD or dialysis anytime during the member's history
- Members receiving palliative care, hospice or using hospice services anytime during the measurement year
- Members with diagnosis of cirrhosis, myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year or prior year
- Medicare members ages 66 and older as of December 31 of the measurement year who are either enrolled in an institutional special needs plan (I-SNP) or living long-term in an institution

Required Exclusions (cont'd):

- Members ages 66 and older as of December 31 of the measurement year who meet both frailty and advanced illness criteria.
- Members ages 81 and older with a diagnosis or symptoms of frailty during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 –G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Palliative Care:

HCPCS: G9054, M1017

ICD-10CM: Z51.5

CABG, IVD, MI, PCI & Other Revascularization:

See Appendix for full list of codes

Pregnancy & In-Vitro Fertilization (IVF):

See Appendix for full list of codes

ESRD & Dialysis:

See Appendix for full list of codes

Cirrhosis, Myalgia, Myositis, Myopathy & Rhabdomyolysis:

See Appendix for full list of codes

Optional Exclusions:

Members with a diagnosis of one or more of the following conditions during the measurement year or the year prior to the measurement year and **do not** have a diagnosis of diabetes during the measurement year or the year prior to the measurement year:

- **Polycystic Ovarian Syndrome:** See Appendix for full list of codes
- **Gestational Diabetes:** See Appendix for full list of codes
- **Steroid-Induced Diabetes:** See Appendix for full list of codes

BEHAVIORAL HEALTH

AMM – Antidepressant Medication Management
ADD – Follow-Up Care for Children Prescribed ADHD Medication
FUH – Follow-Up After Hospitalization for Mental Illness
FUM – Follow-Up After Emergency Department Visit for Mental Illness
FUA – Follow-Up After Emergency Department Visit for Substance Use
APM – Metabolic Monitoring for Children and Adolescents on Antipsychotics



GUIDEWELL

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of members 18 years and older as of April 30 of the measurement year, who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

1. Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
2. Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (six months).

Intake Period:

The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.

Antidepressant Medications:

- Miscellaneous antidepressants: Bupropion, Vilazodone; Vortioxetine
- Monoamine oxidase inhibitors: Isocarboxazid; Phenelzine; Selegiline; Tranylcypromine
- Phenylpiperazine antidepressants: Nefazodone; Trazadone
- Psychotherapeutic combinations: Amitriptyline-chlordiazepoxide; Amitriptyline-perphenazine; Fluoxetine-olanzapine

- SNRI antidepressants: Desvenlafaxine; Duloxetine; Levomilnacipran; Venlafaxine
- SSRI antidepressants: Citalopram; Escitalopram; Fluoxetine; Fluvoxamine; Paroxetine; Sertraline
- Tetracyclic antidepressants: Maprotiline; Mirtazapine
- Tricyclic antidepressants: Amitriptyline; Amoxapine; Clomipramine; Desipramine; Nortriptyline; Doxepin (>6 mg); Imipramine; Protriptyline; Trimipramine

Required Exclusions:

- Members in hospice or using hospice services anytime during the measurement year.
- Members who **did not** have a diagnosis of major depression 60 days prior to IPSD through 60 days after IPSD. Prescribed antidepressant for off-label use.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Optional Exclusions:

None

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

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of children ages 6 to 12 newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and had at least three follow-up visits within a 10-month period, at least one of which was within 30 days of when the first ADHD medication was dispensed starting from March 1 of the previous year and ending the last calendar day of February of the measurement year. Two rates reported:

1. **Initiation Phase:** The percentage of members ages 6 to 12 as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
2. **Continuation and Maintenance (C&M) Phase:** The percentage of members ages 6 to 12 years as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days, and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (nine months) after the Initiation Phase ended.

NOTE:

- A claim received for a follow-up visit must be from a practitioner with prescribing authority. Follow-up visit setting can be either an outpatient visit, health and behavior assessment or intervention, an intensive outpatient encounter or partial hospitalization, a community mental health visit center, or a telehealth visit.
- Only one of the two visits (during days 31-300 after the IPSD) may be an e-visit or virtual check-in.

Intake Period:

The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.

Visit Setting Unspecified may be used with Outpatient POS, Partial Hospitalization POS, Community Mental Health Center POS or Telehealth POS codes

BH Outpatient:

CPT: 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99483, 99492 - 99494, 99510

HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013 - H2020, T1015

Partial Hospitalization or Intensive Outpatient:

HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

Health & Behavior Assessment or Intervention:

CPT: 96150 - 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171

Telephone Visits:

CPT: 98966 - 98968, 99441 - 99443

Required Exclusions:

- Members who had an acute inpatient encounter for a mental, behavioral or neurodevelopmental disorder during the 30 days after the IPSD.
- Members with a diagnosis of narcolepsy anytime during their history through December 31 of the measurement year.
- Members in hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 - G9479, Q5003 - Q5008, Q5010, S9126, T2042 - T2046

Optional Exclusions:

None

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of discharges for members ages six and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had a follow-up visit with a mental health practitioner. Two rates are reported:

1. Follow-up received within seven days after discharge
2. Follow-up received within 30 days after discharge

NOTE:

- The follow-up visits on the date of discharge do not count.
- All visits must be with a mental health provider

Visit Setting Unspecified: (must be accompanied by a POS code from one of the below categories)

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255

WITH: Outpatient POS Value Set
Partial Hospitalization POS Value Set
Community Mental Health Center POS Value Set
Telehealth POS Value Set

Electroconvulsive Therapy Value Set WITH one of the following:

- Ambulatory Surgical Center POS Value Set
- Community Mental Health Center POS Value Set
- Outpatient POS Value Set
- Partial Hospitalization POS Value Set

Partial Hospitalization or Intensive Outpatient:

HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

Community Mental Health Center POS Value Set WITH one of the following:

- Visit Setting Unspecified
- BH Outpatient Value Set
- Observation Value Set
- Transitional Care Management Services Value Set

Telephone Visits:

CPT: 98966-98968, 99441-99443

Outpatient Visit:

CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412,, 99483, 99492-99494, 99510

HCPCS: G0155, G0176-G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015

Required Exclusions:

- Readmission or direct transfer to an acute or non-acute inpatient care setting within the 30-day follow-up period
- Members receiving hospice or using hospice services anytime during the measurement year

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Optional Exclusions:

None

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

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

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

1. Follow-up received within seven days after discharge
2. Follow-up received within 30 days after discharge

NOTE:

- The follow-up visits on the date of discharge count towards compliancy.

Primary Diagnosis of Mental Illness or Intentional Self-harm

Visit Setting Unspecified: (must be accompanied by a POS code from one of the below categories)

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255

WITH Mental Health Diagnosis (Primary Dx) OR Intentional Self-Harm (Primary Dx) WITH a Mental Health Diagnosis AND WITH one of the following:

- Outpatient POS
- Partial Hospitalization POS
- Community Mental Health Center POS
- Telehealth POS

Mental Health Diagnosis (Primary Dx) OR Intentional Self-Harm (Primary Dx) WITH Mental Health Diagnosis AND WITH one of the following:

- BH Outpatient Value Set
- Partial Hospitalization or Intensive Outpatient Value Set
- Observation Value Set
- Telephone Value Set
- Online Assessments Value Set

Electroconvulsive Therapy Value Set WITH one of the following:

- Ambulatory Surgical Center POS Value Set
- Community Mental Health Center POS Value Set
- Outpatient POS Value Set
- Partial Hospitalization POS Value Set

Required Exclusions:

- ED visits that result in an inpatient stay and ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 31 days after the ED visit.
- Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Optional Exclusions:

None

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

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

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

1. Follow-up received within seven days after discharge
2. Follow-up received within 30 days after discharge

NOTE:

If a member has more than one ED visit in a 31-day period, include only the first visit.

Follow-up visits occurring on the same day of the ED visit count.

Required Exclusions:

- ED visits that result in an inpatient stay and ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 30 days after the ED visit.
- Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Optional Exclusions:

None

METABOLIC MONITORING FOR CHILDREN & ADOLESCENTS ON ANTIPSYCHOTICS (APM)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

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

1. The percentage of children and adolescents on antipsychotics who received blood glucose testing
2. The percentage of children and adolescents on antipsychotics who received cholesterol testing
3. The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

Glucose Lab Test:

CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7

HbA1c Test:

CPT: 83036, 83037

CPT-CAT-II: 3044F, 3046F, 3051F, 3052F

LOINC: 17859-6, 4548-4, 4549-2

LDL-C Lab Test:

CPT: 80061, 83700, 83701, 83704, 83721

CPT-CAT-II: 3048F-3050F

LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7

Cholesterol Lab Test:

CPT: 82465, 83718, 83722, 84478

LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1

Required Exclusions:

Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Optional Exclusions:

None



CARE COORDINATION

OVERUSE/APPROPRIATENESS

- URI – Appropriate Treatment for Upper Respiratory Infection
- AAB – Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
- LBP – Use of Imaging for Low Back Pain
- HDO – Use of Opioids at High Dosage
- UOP – Use of Opioids from Multiple Providers
- COU – Risk of Continued Opioid Use

APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION (URI)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

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

Measure compliancy determined by pharmacy claims.

Required Exclusions:

- Members receiving hospice or using hospice services anytime during the measurement year.

Required Exclusions (cont'd):

- Member had a diagnosis for a comorbid condition for any of the following during the 12 months prior to the Episode Date: HIV, HIV Type 2, malignant neoplasms, other malignant neoplasm of skin, emphysema, COPD, comorbid conditions, disorders of the immune system. (See Appendix for full list of codes)

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Optional Exclusions:

None

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

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The percentage of episodes for members three years and older with a diagnosis of acute bronchitis/bronchiolitis that **did not** result in an antibiotic dispensing event.

Measure compliancy determined by pharmacy claims.

Required Exclusions:

- Members receiving hospice or using hospice services anytime during the measurement year.

Required Exclusions:

- Member had a diagnosis for a comorbid condition for any of the following during the 12 months prior to the Episode Date: HIV, HIV Type 2, malignant neoplasms, other malignant neoplasm of skin, emphysema, COPD, comorbid conditions, disorders of the immune system. (See Appendix for full list of codes)

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Optional Exclusions:

None

USE OF IMAGING STUDIES FOR LOW BACK PAIN

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

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

Members are compliant if they do not have an imaging study within 28 days of diagnosis.

Required Exclusions:

- Exclude members with any of the following criteria:
 - Cancer, HIV, major organ transplant, lumbar surgery, or spondylopathy, any time during the member's history through 28 days after the initial episode start date (IESD)
 - Recent trauma or a fragility fracture, any time during the three months (90 days) prior to the IESD through 28 days after the IESD
 - Neurologic impairment, IV drug abuse, or a spinal infection, any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD
 - Prolonged use of corticosteroids: 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD

Required Exclusions (cont'd):

- Osteoporosis therapy or a dispensed prescription to treat osteoporosis any time during the member's history through 28 days after the IESD
- Members receiving palliative care, hospice or using hospice services anytime during the measurement year
- Members ages 66 and older as of December 31 of the measurement year who meet **both** frailty **and** advanced illness criteria

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 – G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Palliative Care:

HCPCS: G9054, M1017

ICD-10CM: Z51.5

Optional Exclusions:

None

USE OF OPIOIDS AT HIGH DOSAGE (HDO)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The proportion of members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for 15 or more days during the measurement year.

Measure compliancy determined by pharmacy claims.

NOTE:

This measure does not include the following opioid medications:

- Injectables
- Opioid cough and cold products
- Fentanyl transdermal patch
- Methadone for the treatment of opioid use disorder

Required Exclusions:

- Members receiving palliative care, hospice or using hospice services anytime during the measurement year.
- Members with cancer or sickle cell disease.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473 –G9479, Q5003 – Q5008, Q5010, S9126, T2042 – T2046

Palliative Care:

HCPCS: G9054, M1017

ICD-10CM: Z51.5

Optional Exclusion:

None

RISK OF CONTINUED OPIOID USE (COU)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

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

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

Measure compliancy determined by pharmacy claims.

Required Exclusions:

- Members receiving hospice or using hospice services anytime during the measurement year.
- Members who had cancer or sickle cell disease any time during the 12 months (one year) prior to the IPSD through 61 days after the IPSD.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473

Optional Exclusions:

None

USE OF OPIOIDS FROM MULTIPLE PROVIDERS (UOP)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

The proportion of members 18 years and older, receiving prescription opioids for 15 days or more during the measurement year, who received opioids from multiple providers. Three rates are reported:

- 1. Multiple Prescribers** – the proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
- 2. Multiple Pharmacies** – the proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
- 3. Multiple Prescribers and Multiple Pharmacies** – the proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year.

NOTE:

This measure does not include the following opioid medications:

- Injectables
- Opioid cough and cold products
- Fentanyl transdermal patch
- Methadone for the treatment of opioid use disorder

Measure compliancy determined by pharmacy claims.

Required Exclusions:

Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473, G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046

Optional Exclusions:

None

ACCESS / AVAILABILITY OF CARE

IET – Initiation and Engagement of Substance Use Disorder Treatment

PPC – Prenatal and Postpartum Care

APP – Use of First-Line Psychosocial Care for Children & Adolescents on Antipsychotics



GUIDEWELL

INITIATION AND ENGAGEMENT OF SUBSTANCE USE DISORDER TREATMENT (IET)

X COMMERCIAL

X EXCHANGE

MEDICARE

X FEP

X TRULI

Description:

The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:

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

Intake Period: November 15 of the year prior to the measurement year – November 14 of the measurement year.

Required Exclusions:

Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473 - G9479, Q5003 – Q5008, Q5010, S9126, T0242 – T2046,

Optional Exclusions:

None

PRENATAL CARE – TIMELINESS OF PRENATAL CARE (PPC)

X COMMERCIAL

X EXCHANGE

X MEDICARE

X FEP

X TRULI

Description:

Timeliness of Prenatal Care – the percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment with Florida Blue.

Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visit with a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a not indicating the date when the prenatal visit occurred and evidence of **one** of the following:

- Documentation indicating the woman is pregnant or references to the pregnancy; for example: documentation of a standardized prenatal flow sheet or **one** of the following: LMP, EDD, gestational age, a positive pregnancy test result, gravidity and parity, a complete obstetrical history, or a prenatal risk assessment and counseling/education.
- A basic physical obstetrical exam that includes any of the following: auscultation for fetal heart tone, pelvic exam with obstetric observation, **or** measurement of fundus height (a standardized prenatal flow sheet may be used).
- Evidence that a prenatal care procedure was performed, such as screening test in the form of an obstetric panel, which must include **all** of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing; **or** TORCH antibody panel alone, **or** a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or ultrasound of a pregnant uterus.

Deliveries:

CPT: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

ICD-10CM: 10D00Z0 – 10D00Z2, 10D07Z3-10D07Z8, 10E0XZZ

Prenatal Visits:

CPT: 99201 – 99205, 99211 – 99215, 99241 – 99245, 99483

HCPCS: G0463, T1015

Prenatal Bundled Services: (the claim form must indicate when prenatal care was initiated)

CPT: 59400, 59425, 59426, 59510, 59618

HCPCS: H1005

Stand Alone Prenatal Visits: (claim must have a pregnancy related diagnosis code included)

CPT: 99500

CPT-CAT-II: 0500F, 0501F, 0502F

HCPCS: H1000 – H1004

Online Assessment: (with a pregnancy related diagnosis code)

CPT: 98969 – 98972, 99421 – 99444, 99457

HCPCS: G0071, G2010, G2012, G2061 – G2063

Telephone Visits: (with a pregnancy related diagnosis code)

CPT: 98966 – 98968, 99441 – 99443

Required Exclusions:

Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473 - G9479, Q5003 – Q5008, Q5010, S9126, T0242 – T2046

Optional Exclusions:

None

PRENATAL CARE – POSTPARTUM (PPC)

X COMMERCIAL

X EXCHANGE

MEDICARE

X FEP

X TRULI

Description:

Postpartum care - the percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that received postpartum visit on or between seven and 84 days after delivery.

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred (postpartum care provided in an acute inpatient setting is not counted) and one of the following:

- Pelvic exam
- Evaluation of weight, BP, breasts, and abdomen (notation of “breastfeeding” is acceptable for the “evaluation of breasts”)
- Notation of postpartum care, including, but not limited to: postpartum care, PP care, PP check, 6-week check or a preprinted postpartum care form in which information was documented during the visit.
- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders
- Glucose screening for women with gestational diabetes
- Documentation of any of these topics: infant care or breastfeeding; resumption of intercourse, birth spacing or family planning; sleep/fatigue; resumption of physical activity, or attainment of healthy weight

NOTE: A PAP test is acceptable for the postpartum care visit as evidence of a pelvic exam but does not count as a prenatal care visit.

Postpartum Visits:

CPT: 57170,58300, 59430, 99501

CPT-CAT-II: 0503F

HCPCS: G0101

ICD-10CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

Postpartum Bundled Services:

CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

Cervical Cytology:

CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175

HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

Required Exclusions:

Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473 - G9479, Q5003 – Q5008, Q5010, S9126, T0242 – T2046,

Optional Exclusions:

None

UTILIZATION

W30 – Well-Child Visits in the First 30 Months of Life
WCV – Child and Adolescent Well-Care Visits

A decorative graphic at the bottom of the slide consisting of multiple overlapping, wavy lines of varying thickness and color (shades of teal and light blue). The lines are composed of small dots and lines, creating a sense of motion and depth.

GUIDEWELL

WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE (W30) & CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)

X COMMERCIAL	X EXCHANGE	MEDICARE	X FEP	X TRULI
---------------------	-------------------	----------	--------------	----------------

Description (W30):

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

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

Description (WCV):

The percentage of members ages three to 21 who had at least one comprehensive well-child visit with a PCP or an OB/GYN during the measurement year.

NOTE: The well-child visit must be with a PCP but does not have to be the practitioner assigned to the child.

Well-Care: (APPLIES TO W30 & WCV)

CPT: 99381-99385, 99391-99395, 99461

HCPCS: G0438, G0439, S0302, S0610, S0612, S0613

ICD-10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Required Exclusions:

Members receiving hospice or using hospice services anytime during the measurement year.

Hospice Care:

CPT: 99377, 99378

HCPCS: G0182, G9473 - G9479, Q5003 – Q5008, Q5010, S9126, T0242 – T2046

Optional Exclusions:

None



APPENDIX

CODES FOR EXCLUSIONS

Acute Respiratory Failure:

ICD10-CM: J96.00, J96.01, J96.02, J96.20, J96.21, J96.22

- Required Exclusion for:
 - AMR – Asthma Medication Ratio

CABG:

CPT: 33510 – 33514, 33516 – 33519, 33521 – 33523, 33530, 33533 – 33536

HCPCS: S2205 – S2209

ICD-10PCS: 0210083, 0210088, 0210089, 0210093, 0210098, 0210099, 0211083, 0211088, 0211089, 0211093, 0211098, 0211099, 0212083, 0212088, 0212089, 0212093, 0212098, 0212099, 0213083, 0213088, 0213089, 0213093, 0213098, 0213099, 021008C, 021008F, 021008W, 021009C, 021009F, 021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 021108C, 021108F, 021108W, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 021208C, 021208F, 021208W, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 021308C, 021308F, 021308W, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF

- Required Exclusion for:
 - SPD – Statin Therapy for Patients with Diabetes

Chronic Bronchitis:

ICD-10CM: J41.0, J41.1, J41.8, J42

- Required Exclusion for:
 - AMR – Asthma Medication Ratio

CODES FOR EXCLUSIONS

Chronic Respiratory Conditions due to Fumes or Vapors:

ICD-10CM: J68.4

- Required Exclusion for:
 - **AMR – Asthma Medication Ratio**

Cirrhosis:

ICD-10CM: K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81

- Required Exclusion for:
 - **SPC – Statin Therapy for Patients with Cardiovascular Disease**
 - **SPD – Statin Therapy for Patients with Diabetes**

Comorbid Conditions:

ICD-10CM: choose appropriate code from over 300 codes

- Required Exclusions for:
 - **CWP – Appropriate testing for Pharyngitis**

COPD:

ICD-10CM: J44.0, J44.1, J44.9

- Required Exclusion for:
 - **AMR – Asthma Medication Ratio**
 - **CWP – Appropriate Testing for Pharyngitis**

Cystic Fibrosis:

ICD-10CM: E84.0, E84.11, E84.19, E84.8, E84.9

- Required Exclusion for:
 - **AMR – Asthma Medication Ratio**

CODES FOR EXCLUSIONS

Dialysis Procedure:

CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512

HCPCS: G0257, S9339

ICD-10PCS: 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z,

- Required Exclusion for:
 - **KED – Kidney Health for Patients with Diabetes**
 - **SPC – Statin Therapy for Patients with Cardiovascular Disease**
 - **SPD – Statin Therapy for Patients with Diabetes**
- Optional Exclusion for:
 - **CBP – Controlling High Blood Pressure**

Disorders of the Immune System:

ICD-10CM: D80.0 – D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.1 – D82.4, D82.8, D82.9, D83.0 – D83.2, D83.8 – D84.1, D84.8, D84.81, D84.821, D84.822, D84.89, D84.9, D89.3, D89.810 – D89.813, D89.82, D89.831 – D89.835, D89.839, D89.89, D89.9

- Required Exclusion for:
 - **CIS – Childhood Immunization Status**
 - **CWP – Appropriate Testing for Pharyngitis**

CODES FOR EXCLUSIONS

Drug or Chemical Induced:

ICD-10CM: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.40 - E09.44, E09.49, E09.59, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9

- **Required Exclusion for:**
 - **HGB – Hemoglobin A1c Control for Patients with Diabetes**
 - **BPD – Blood Pressure Control for Patients with Diabetes**
 - **EED – Eye Exam for Patients with Diabetes**
- **Optional Exclusion for:**
 - **KED – Kidney Health for Patients with Diabetes**
 - **SPD – Statin Therapy for Patients with Diabetes**
 - **SPC – Statin Therapy for Patients with Cardiovascular Disease**

Emphysema:

ICD-10CM: J43.0, J43.1, J43.2, J43.8, J43.9,

- **Required Exclusion for:**
 - **AMR – Asthma Medication Ratio**
 - **CWP – Appropriate Testing for Pharyngitis**

Other Emphysema:

ICD-10CM: J98.2, J98.3

Required Exclusion for:

- **AMR – Asthma Medication Ratio**

CODES FOR EXCLUSIONS

ESRD:

ICD-10CM: N18.5, N18.6, Z99.2

- **Required Exclusion for:**
 - **KED – Kidney Health for Patients with Diabetes**
 - **SPD – Statin Therapy for Patients with Diabetes**
 - **SPC – Statin Therapy for Patients with Cardiovascular Disease**
- **Optional Exclusion for:**
 - **CBP – Controlling High Blood Pressure**

Gestational Diabetes:

ICD-10CM: O24.410, O24.414, O24.415, O24.419, O24.420, O24.424, O24.425, O24.429, O24.430, O24.434, O24.435, O24.439, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93

- **Required Exclusion for:**
 - **HGB – Hemoglobin A1c Control for Patients with Diabetes**
 - **BPD – Blood Pressure Control for Patients with Diabetes**
 - **EED – Eye Exam for Patients with Diabetes**
- **Optional Exclusion for:**
 - **KED – Kidney Health for Patients with Diabetes**
 - **SPD – Statin Therapy for Patients with Diabetes**
 - **SPC – Statin Therapy for Patients with Cardiovascular Disease**

CODES FOR EXCLUSIONS

History of Kidney Transplant:

ICD-10CM: Z94.0

- **Optional Exclusion for:**
 - **CBP – Controlling High Blood Pressure**

HIV:

ICD-10CM: B20, Z21

- **Required Exclusion for:**
 - **CIS – Childhood Immunization Status**
 - **CWP – Appropriate Testing for Pharyngitis**

HIV Type 2:

ICD-10CM: B97.35

- **Required Exclusion for:**
 - **CIS – Childhood Immunization Status**
 - **CWP – Appropriate Testing for Pharyngitis**

Hysterectomy with no Residual Cervix

CPT: 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290 - 58294, 58548, 58550, 58552, 58553, 58554, 58570 - 58573, 58575, 58951, 58953, 58954, 58956, 59135

ICD-10CM: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ

Optional Exclusion for CCS

CODES FOR EXCLUSIONS

Intussusception:

ICD-10CM: K56.1

- Required Exclusion for:
 - CIS – Childhood Immunization Status

Ischemic Vascular Disease (IVD):

Please see the ICD-10CM due to large volume of codes.

In Vitro Fertilization (IVF):

HCPCS: S4015, S4016, S4018, S4020, S4021

- Required Exclusion for:
 - SPD – Statin Therapy for Patients with Diabetes
 - SPC – Statin Therapy for Patients with Cardiovascular Disease

Kidney Transplant:

CPT: 50360, 50365, 50380

HCPCS: S2065

ICD-10CM: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2

- Optional Exclusion for:
 - CBP – Controlling High Blood Pressure

CODES FOR EXCLUSIONS

Malignant Neoplasms:

ICD-10CM: choose the appropriate code from over 1000 codes

- Required Exclusion for:
 - **CWP – Appropriate Testing for Pharyngitis**

Malignant Neoplasm of Lymphatic Tissue:

ICD-10CM: C81.00-C81.49, C81.70-C81.79, C81.90 - C82.69, C82.80-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70, C84.19, C84.40-C84.49, C84.60-C84.79, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.29, C85.80-C85.99, C86.0-C86.6, C88.2-C88.4, C88.8, C88.9, C90.00-C90.02, C90.10-C90.12, C90.20-C90.22, C90.30-C90.32, C91.00-C91.02, C91.10-C91.12, C91.30-C91.32, C91.40-C91.42, C91.50-C91.52, C91.50- C91.52, C91.60-C91.62, C91.90-C91.92, C91.A0-C91.A2, C91.Z0-C91.Z2,, C92.00-C92.02, C92.10-C92.12, C92.20-C92.22, C92.30-C92.32, C92.40-C92.42, C92.50-C92.52, C92.60-C92.62, C92.90-C92.92, C92.A0-C92.A2, C92.Z0-C92.Z2, C93.00-C93.02, C93.10-C93.12, C93.30-C93.32, C93.90-C93.92, C93.Z0-C93.Z2, C94.01-C94.02, C94.20-C94.22, C94.30-C94.32, C94.80-C94.82, C95.00-C95.02, C95.10-C95.12, C95.90-C95.92, C96.0, C96.2, C96.20-C96.22, C96.29, C96.4, C96.9, C96.A, C96.Z

- Required Exclusions for:
 - **CIS – Childhood Immunization Status**

CODES FOR EXCLUSIONS

MI:

ICD-10CM: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0, I22.1, I22.1, I22.8, I22.9, I23.0 – I23.8, I25.2

- **Required Exclusion for:**
 - **SPD – Statin Therapy for Patients with Diabetes**

Muscular Pain and Disease (myalgia, myositis, myopathy or rhabdomyolysis)

ICD-10CM: G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M560.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.1, M79.10, M79.11, M79.12, M79.18

- **Required Exclusion for:**
 - **SPC – Statin Therapy for Patients with Cardiovascular Disease**
 - **SPD – Statin Therapy for Patients with Diabetes**

Narcolepsy:

ICD-10CM: G47.411, G47.419, G47.421, G47.429

- **Required Exclusion:**
 - **ADD – Follow-Up for Children Prescribed ADHD Medication**

Nephrectomy:

CPT: 50220, 50225, 50230, 50234, 50236, 50240, 50340, 50370, 50543, 50545, 50546, 50548

ICD-10PCS: 0TB00ZZ, 0TB03ZZ, 0TB04ZZ, 0TB07ZZ, 0TB08ZZ, 0TB10ZZ, 0TB13ZZ, 0TB14ZZ, 0TB17ZZ, 0TB18ZZ, 0TT00ZZ, 0TT04ZZ, 0TT10ZZ, 0TT14ZZ, 0TT20ZZ, 0TT24ZZ

- **Optional Exclusion for:**
 - **CBP – Controlling High Blood Pressure**

CODES FOR EXCLUSIONS

Other Malignant Neoplasm of Skin:

ICD-10CM: C44.0, C44.01 C44.02, C44.09, C44.101, C44.102, C44.1021, C44.1022 C44.109, C44.1091, C44.1092, C44.111, C44.112, C44.1121, C44.1122, C44.119, C44.11191, C44.1192, C44.121, C44.122, C44.1221, C44.1222, C44.129, C44.1291, C44.1292, C44.131, C44.1321, C44.1322, C44.1391, C44.1392, C44.191, C44.192, C44.1921, C44.1922, C44.199, C44.1991, C44.1992, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222 C44.229, C44.291, C44.292, C44.299, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390, C44.391, C44.399, C44.40 C44.41, C44.42, C44.49, C44.500, C44.501, C44.509, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80, C44.81, C44.82, C44.89, C44.90, C44.91, C44.92, C44.99

Required Exclusion for:

- **CWP – Appropriate Testing for Pharyngitis**

Other Revascularization:

CPT: 37220, 37221, 37224 – 37131

CODES FOR EXCLUSIONS

- Required Exclusion for:
 - SPD – Statin Therapy for Patients with Diabetes

PCI:

CPT: 92920, 92924, 92928, 92933, 92937, 92941, 92943

HCPCS: C9600, C9602, C9604, C9606, C9607

ICD-10PCS: 0270346, 0270356, 0270366, 0270376, 0270446, 0270456, 0270466, 0270476, 0271346, 0271356, 0271366, 0271376, 0271446, 0271456, 0271466, 0271476, 0272346, 0272356, 0272366, 0272376, 0272446, 0272456, 0272466, 0272476, 0273346, 0273356, 0273366, 0273376, 0273446, 0273456, 0273466, 0273476, 02703E6, 02704E6, 02713E6, 02714E6, 02723E6, 02724E6, 02733E6, 02734E6, 027034Z, 027035Z, 027036Z, 027037Z, 02703D6, 02703DZ, 02703EZ, 02703F6, 02703FZ, 02703G6, 02703GZ, 02703T6, 02703TZ, 02703Z6, 02703ZZ, 027044Z, 027045Z, 027046Z, 027047Z, 02704D6, 02704DZ, 02704EZ, 02704F6, 02704FZ, 02704G6, 02704GZ, 02704T6, 02704TZ, 02704Z6, 02704ZZ, 027134Z, 027135Z, 027136Z, 027137Z, 02713D6, 02713DZ, 02713EZ, 02713F6, 02713FZ, 02713G6, 02713GZ, 02713T6, 02713TZ, 02713Z6, 02713ZZ, 027144Z, 027145Z, 027146Z, 027147Z, 02714D6, 02714DZ, 02714EZ, 02714F6, 02714FZ, 02714G6, 02714GZ, 02714T6, 02714TZ, 02714Z6, 02714ZZ, 027234Z, 027235Z, 027236Z, 027237Z, 02723D6, 02723DZ, 02723EZ, 02723F6, 02723FZ, 02723G6, 02723GZ, 02723T6, 02723TZ, 02723Z6, 02723ZZ, 027244Z, 027245Z, 027246Z, 027247Z, 02724D6, 02724DZ, 02724EZ, 02724F6, 02724FZ, 02724G6, 02724GZ, 02724T6, 02724TZ, 02724Z6, 02724ZZ, 027334Z, 027335Z, 027336Z, 027337Z, 02733D6, 02733DZ, 02733EZ, 02733F6, 02733FZ, 02733G6, 02733GZ, 02733T6, 02733TZ, 02733Z6, 02733ZZ, 027344Z, 027345Z, 027346Z, 027347Z, 02734D6, 02734DZ, 02734EZ, 02734F6, 02734FZ, 02734G6, 02734GZ, 02734T6, 02734TZ, 02734Z6, 02734ZZ

CODES FOR EXCLUSIONS

Polycystic Ovarian Syndrome:

ICD-10CM: E28.2

- Required Exclusion for:
 - HGB – Hemoglobin A1c Control for Patients with Diabetes
 - BPD – Blood Pressure Control for Patients with Diabetes
 - EED – Eye Exam for Patients with Diabetes
- Optional Exclusion for:
 - KED – Kidney Health for Patients with Diabetes
 - SPD – Statin Therapy for Patients with Diabetes
 - SPC – Statin Therapy for Patients with Cardiovascular Disease

Pregnancy:

- Required Exclusions for:
 - SPC – Statin Therapy for Patients with Cardiovascular Disease
- Optional Exclusion for:
 - WCC – Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents
 - CBP – Controlling High Blood Pressure

Severe Combined Immunodeficiency:

ICD-10CM: D81.0, D81.1, D81.2, D81.9

- Required Exclusion for:
 - CIS – Childhood Immunization Status

ANY QUESTIONS?

Please contact your HEDIS team at:

QualityManagementDepartment@bcbsfl.com

THANK YOU

GUIDEWELL