



Quick Reference Guide HEDIS® MY 2023

FOR MORE INFORMATION, VISIT WWW.NCQA.ORG

Medicaid = ●

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HEDIS[®] MY 2023 Quick Reference Guide

Updated to reflect NCQA HEDIS[®] MY 2023 Technical Specifications

PA Health & Wellness strives to provide quality healthcare to our membership as measured through HEDIS[®] quality metrics. We created the HEDIS[®] MY 2023 Quick Reference Guide to help you increase your practice's HEDIS[®] rates and address care opportunities for your patients. Please always follow the state and/or CMS billing guidance and ensure the HEDIS[®] codes are covered prior to submission.



What is HEDIS[®]?

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



What are the scores used for?

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

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



How are rates calculated?

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



How can I improve my HEDIS® scores?

- ✓ Submit claim/encounter data for each and every service rendered
- ✓ Make sure that chart documentation reflects all services billed
- ✓ Bill (or report by encounter submission) for all delivered services, regardless of contract status
- ✓ Ensure that all claim/encounter data is submitted in an accurate and timely manner
- ✓ Include CPT II codes to provide additional details and reduce medical record requests
- ✓ Respond timely to medical records requests
- ✓ Submit supplemental data throughout the measurement year
- ✓ Early Engagement with Pharmacy Adherence is key – once a member loses days on a prescription, those days cannot be recovered.
- ✓ Speak with the members about any barriers to adherence.
- ✓ Consider utilizing RxEffect – a free online portal for our network providers that will prioritize your high-risk patients more efficiently. This will save on resources as it lists your patients at highest risk for non-adherence.
- ✓ If you have any questions regarding pharmacy and member barriers, please reach out to your local Provider Relations Representative for assistance.





Updates to HEDIS® Measures

(effective for calendar year 2022 and 2023)

This guide has been updated with information from the release of the HEDIS® 2023 Volume 2 Technical Specifications by NCQA and is subject to change.



Retired Measures:

- (FVA) Flu Vaccinations for Adults Ages 18–64
- Breast Cancer Screening (BCS): no longer collected administratively; only the BCS-E measure will be reported.



Revised Measures:

- (AMR) Asthma Medication Ratio
- (BPD) Blood Pressure Control for Patients with Diabetes
- (BCS-E) Breast Cancer Screening
- (CCS) Cervical Cancer Screening
- (EED) Eye Exam for Patients with Diabetes
- (HBD) Hemoglobin A1c Control for Patients with Diabetes
- (KED) Kidney Health Evaluation for Patients with Diabetes
- (PBH) Persistence of Beta-Blocker Treatment After a Heart Attack
- (PCE) Pharmacotherapy Management of COPD Exacerbation
- (SPD) Statin Therapy for Patients with Diabetes
- (SPC) Statin Therapy for Patients with Cardiovascular Disease
- (SPR) Use of Spirometry Testing in the Assessment and Diagnosis of COPD












New Measure for Medicaid:

- (COL) Colorectal Cancer Screening





Quick Reference Guide

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For a complete list of codes, please visit the NCQA website at www.ncqa.org, or see the HEDIS value sets. Only subsets of the NCQA approved codes are listed in this document.

Adult Health



(AAP) Adults Access to Preventive/ Ambulatory Services

Lines of Business: ● Medicaid

The percentage of members 20 years of age and older who had an ambulatory or preventive care visit.

The Following Rates are Reported:

Medicaid members who had an ambulatory or preventive care visit during the measurement year.

Tips:

- Educate patients on the importance of having at least one ambulatory or preventive care visit during each calendar year.
- Consider offering expanded office hours to increase access to care.
- Keep a few open appointments slots each day to see patients the day they call.
- Contact patients who have not had a preventive or ambulatory health visit.



(AMR) Asthma Medication Ratio

Lines of Business: ● Medicaid

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.

The Following Rates are Reported:

Step 1 For each member, count the units of asthma controller medications dispensed during the measurement year. Refer to the definition of Units of medications.

Step 2 For each member, count the units of asthma reliever medications dispensed during the measurement year. Refer to the definition of Units of medications.

Step 3 For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications.

Step 4 For each member, calculate the ratio of controller medications to total asthma medications using the following formula. Round (using the .5 rule) to the nearest whole number.

Step 5 Sum the total number of members who have a ratio of ≥ 0.50 in step 4.

Asthma Controller Medications

Description	Prescriptions	Medication Lists	Route
Antibody inhibitors	• Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	• Dupilumab	Dupilumab Medications List	Injection
Anti-interleukin-5	• Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	• Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Injection
Inhaled steroid combinations	• Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	• Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	• Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	• Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	• Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	• Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	• Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	• Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	• Zileuton	Zileuton Medications List	Oral
Methylxanthines	• Theophylline	Theophylline Medications List	Oral

Asthma Reliever Medications

Description	Prescriptions	Medication Lists	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation



(BCS-E) Breast Cancer Screening

Lines of Business: ● Medicaid

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

The Following Rates are Reported: One or more mammograms (Mammography Value Set) any time on or between October 1 two years prior to the measurement period and the end of the measurement period.

Tips:

- Schedule member's mammogram screening.
- Document the date and the specific procedure completed when reviewing the patient's history.
- Submit applicable codes.



(BPD) Blood Pressure Control for Patients with Diabetes

Lines of Business: ● Medicaid

The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

The Following Rates are Reported: The member is numerator compliant if the BP is <140/90 mm Hg. The member is not compliant if the BP is ≥140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). 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. Organizations that use CPT Category II codes to identify numerator compliance must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

Tips:

- Never round up BP readings.
- Use correct cuff size on bare arm.
- Check BP on both arms and record the lowest systolic and diastolic readings.
- Patients should rest quietly for at least 5 minutes before the first BP is taken.
- Submit applicable codes.



(CBP) Controlling High Blood Pressure

Lines of Business: ● Medicaid

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year

The Following Rates are Reported: Identify the most recent BP reading (Systolic Blood Pressure Value Set; Diastolic Blood Pressure Value Set) taken during the measurement year. Exclude BPs taken in an acute inpatient setting (Acute Inpatient Value Set; Acute Inpatient POS Value Set) or during an ED visit (ED Value Set; ED POS Value Set).

The BP reading must occur on or after the date of the second diagnosis of hypertension (identified using the event/diagnosis criteria).

The member is numerator compliant if the BP is <140/90 mm Hg. The member is not compliant if the BP is \geq 140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). 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. Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

Tips:

- Blood pressure reading can be collected via any telehealth visit and it does not require a remote monitoring device to be the source.
- Retake BP readings if the reading is >140/90 mm Hg.
- Help members schedule their hypertension follow-up appointments.
- Educate members on what a controlled blood pressure means.
- Talk with members about taking their own blood pressure via a digital device.
- Submit applicable codes.



(CCS) Cervical Cancer Screening

Lines of Business: ● Medicaid

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

- Women 21–64 years of age who had cervical cytology performed within the last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

The Following Rates are Reported: The number of women who were screened for cervical cancer. Either of the following meets criteria:

- Women 24–64 years of age as of December 31 of the measurement year who had cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set) during the measurement year or the 2 years prior to the measurement year.
- Women 30–64 years of age as of December 31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing (High Risk HPV Lab Test Value Set, High Risk HPV Test Result or Finding Value Set) during the measurement year or the 4 years prior to the measurement year and who were 30 years or older on the date of the test.

Note: Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting; therefore, additional methods to identify cotesting are not necessary.

Tips:

- Help members schedule their routine cervical cancer screening.
- Document the date and the specific procedure completed when reviewing the patient's history.
- Submit the applicable codes.



(COL) Colorectal Cancer Screening

Lines of Business: Commercial, Medicaid, Medicare

The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.

Note: Only the administrative data collection method may be used when reporting this measure for the Medicaid product line.

The Following Rates are Reported: One or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test (FOBT Lab Test Value Set; FOBT Test Result or Finding Value Set) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type.
- Flexible sigmoidoscopy (Flexible Sigmoidoscopy Value Set; History of Flexible Sigmoidoscopy Value Set) during the measurement year or the 4 years prior to the measurement year.
- Colonoscopy (Colonoscopy Value Set; History of Colonoscopy Value Set) during the measurement year or the 9 years prior to the measurement year.
- CT colonography (CT Colonography Value Set) during the measurement year or the 4 years prior to the measurement year.
- Stool DNA (sDNA) with FIT test (sDNA FIT Lab Test Value Set; sDNA FIT Test Result or Finding Value Set) during the measurement year or the 2 years prior to the measurement year.

Tips:

- Complete and document all screenings for patients.
- Educate members on the importance of colorectal cancer screenings for early detection and the options available to complete their screening.
- Talk with members about using the home screenings for colorectal cancer screening.
- Help members schedule their colonoscopy screening appointments.
- Submit applicable codes.



(EED) Eye Exam for Patients with Diabetes

Lines of Business: ● Medicaid

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

The Following Rates are Reported: Screening or monitoring for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following:

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

Any of the following meet criteria:

- Any code in the Diabetic Retinal Screening Value Set billed by an eye care professional (optometrist or ophthalmologist) during the measurement year.
- Any code in the Diabetic Retinal Screening Value Set billed by an eye care professional (optometrist or ophthalmologist) during the year prior to the measurement year, with a diagnosis of diabetes without complications (Diabetes Mellitus Without Complications Value Set).
- Any code in the Eye Exam With Evidence of Retinopathy Value Set, Eye Exam Without Evidence of Retinopathy Value Set or Automated Eye Exam Value Set billed by any provider type during the measurement year.

- Any code in the Eye Exam Without Evidence of Retinopathy Value Set billed by any provider type during the year prior to the measurement year.
- Any code in the Diabetic Retinal Screening Negative In Prior Year Value Set billed by any provider type during the measurement year.
- Unilateral eye enucleation (Unilateral Eye Enucleation Value Set) with a bilateral modifier (Bilateral Modifier Value Set).
- Two unilateral eye enucleations (Unilateral Eye Enucleation Value Set) with service dates 14 days or more apart. For example, if the service date for the first unilateral eye enucleation was February 1 of the measurement year, the service date for the second unilateral eye enucleation must be on or after February 15.
- Left unilateral eye enucleation (Unilateral Eye Enucleation Left Value Set) and right unilateral eye enucleation (Unilateral Eye Enucleation Right Value Set) on the same or different dates of service.

Tips:

- Refer diabetic members to an acceptable eye care professional annually.
- Educate members on the eye damage that could be caused by their diabetes.
- Help members to schedule their annual diabetic eye exam appointments.
- Submit applicable codes.



(HBD) Hemoglobin A1c Control for Patients with Diabetes

Lines of Business: ● Medicaid

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- HbA1c Control (<8.0%).
- HbA1c Poor Control (>9.0%).

Note: Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- HbA1c Control (<8.0%).
- HbA1c Poor Control (>9.0%).

Note: Organizations must use the same data collection method (Administrative or Hybrid) to report these indicators.

The Following Rates are Reported: The most recent HbA1c level (performed during the measurement year) is <8.0% as identified by laboratory data or medical record review.

Tips:

- Document all A1c lab values with dates for diabetic members.
- Provide education to members regarding the need to monitor and manage their blood sugars (HbA1c).
- Assist members if needed to schedule lab visits for regular A1c testing to include transportation assistance.
- Submit applicable codes.



(KED) Kidney Health Evaluation for Patients with Diabetes

Lines of Business: ● Medicaid

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

The Following Rates are Reported: Members who received both an eGFR and a uACR during the measurement year on the same or different dates of service:

- At least one eGFR (Estimated Glomerular Filtration Rate Lab Test Value Set).
- At least one uACR identified by either of the following:
 - Both a quantitative urine albumin test (Quantitative Urine Albumin Lab Test Value Set) and a urine creatinine test (Urine Creatinine Lab Test Value Set) with service dates four days or less apart.

For example, if the service date for the quantitative urine albumin test was December 1 of the measurement year, then the urine creatinine test must have a service date on or between November 27 and December 5 of the measurement year.

– A uACR (Urine Albumin Creatinine Ratio Lab Test Value Set).

Tips:

- Use CPT II coding when completing screening test to assist in administrative collection and gap closure.
- Educate members on why good kidney function is important as they work to manage their health and diabetes.
- Help members schedule their diabetes follow-up appointments and remind them of the care gaps that should be covered to include kidney function.
- Submit applicable codes.



(PBH) Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

Lines of Business: ● Medicaid

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

The Following Rates are Reported: At least 135 days of treatment with beta-blockers (Beta-Blocker Medications List) during the 180-day measurement interval. This allows gaps in medication treatment of up to a total of 45 days during the 180-day measurement interval. Assess for active prescriptions and include days supply that fall within the 180-day measurement interval. For members who were on beta-blockers prior to admission and those who were dispensed an ambulatory prescription during their inpatient stay, factor those prescriptions into adherence rates if the actual treatment days fall within the 180-day measurement interval.



(PCE) Pharmacotherapy Management of COPD Exacerbation

Lines of Business: ● Medicaid

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

The Following Rates are Reported: Two rates are reported:

1. Dispensed a Systemic Corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a Bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.



(SPR) Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Lines of Business: ● Medicaid

The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

The Following Rates are Reported: At least one claim/encounter for spirometry (Spirometry Value Set) during the 730 days (2 years) prior to the IESD through 180 days (6 months) after the IESD.

Pharmacy Adherence Measures



(DIAB) Adherence to Diabetes Medications – Measure Overview

The percentage of members 18 years and older with a diabetes medication with a Proportion of Days Covered (PDC) \geq 80%.

- ✓ Higher rate indicates better performance
- ✓ 2 fills needed to index into the measure
- ✓ Targeted early in the year

RY25 Measure Weight: 3

Gap Closure Requirements

PDC \geq 80% per member

- ✓ PDC calculated utilizing: total days supplied of diabetes pharmacy claims / Date of first diabetes fill to the end of the reporting interval
- ✓ Each medication claim must be submitted to the Health Plan (cash payment/ samples given by prescriber or meds filled at an out of network pharmacy do not count)
- ✓ Final plan star score based upon the percentage of members with a PDC \geq 80%

Other Criteria

- ✓ Medication Inclusions: Diabetes Medications
 - i.e., Metformin, Glipizide, Glimepiride, Januvia
- ✓ Exclusions: Members with an insulin claim; Hospice enrollees, ESRD





(RASA) Adherence to Hypertensive Medications – Measure Overview

The percentage of members 18 years and older with a RASA medication with a Proportion of Days Covered (PDC) \geq 80%.

- ✓ Higher rate indicates better performance
- ✓ 2 fills needed to index into the measure
- ✓ Targeted early in the year

RY25 Measure Weight: 3

Gap Closure Requirements

PDC \geq 80% per member

- ✓ PDC calculated utilizing: total days supplied of RASA pharmacy claims / Date of first RASA fill to the end of the reporting interval
- ✓ Each medication claim must be submitted to the Health Plan (cash payment/ samples given by prescriber or meds filled at an out of network pharmacy do not count)
- ✓ Final plan star score based upon the percentage of members with a PDC \geq 80%

Other Criteria

- ✓ Medication Inclusions: RASA Medications
 - i.e. Lisinopril, Losartan, Enalapril, Valsartan
- ✓ Exclusions: Members with a Sacubutril/valsartan claim; Hospice enrollees, ESRD



(STAT) Adherence to Cholesterol Medications – Measure Overview

The percentage of members 18 years and older with a CHOL medication with a Proportion of Days Covered (PDC) \geq 80%.

- ✓ Higher rate indicates better performance
- ✓ 2 fills needed to index into the measure
- ✓ Targeted early in the year

RY25 Measure Weight: 3

Gap Closure Requirements

PDC \geq 80% per member

- ✓ **PDC calculated utilizing:**
total days supplied of CHOL pharmacy claims / Date of first CHOL fill to the end of the reporting interval
- ✓ Each medication claim must be submitted to the Health Plan (cash payment/ samples given by prescriber or meds filled at an out of network pharmacy do not count)
- ✓ Final plan star score based upon the percentage of members with a PDC \geq 80%

Other Criteria

- ✓ Medication Inclusions: CHOL Medications
 - i.e., Atorvastatin, Simvastatin, Rosuvastatin, Pravastatin
- ✓ Exclusions: Hospice enrollees, ESRD



(SPC) Statin Therapy for Patients with Cardiovascular Disease

Lines of Business: ● Medicaid

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

The Following Rates are Reported:

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

Tips:

- Review medication list during each visit with the patient.
- Discuss the importance of medication adherence with the patient.

Description	Prescription	Medication Lists
High-intensity statin therapy	• Atorvastatin 40-80 mg	Atorvastatin High Intensity Medications List
High-intensity statin therapy	• Amlodipine-atorvastatin 40-80 mg	Amlodipine Atorvastatin High Intensity Medications List
High-intensity statin therapy	• Rosuvastatin 20-40 mg	Rosuvastatin High Intensity Medications List
High-intensity statin therapy	• Simvastatin 80 mg	Simvastatin High Intensity Medications List
High-intensity statin therapy	• Ezetimibe-simvastatin 80 mg	Ezetimibe Simvastatin High Intensity Medications List
Moderate-intensity statin therapy	• Atorvastatin 10-20 mg	Atorvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	• Amlodipine-atorvastatin 10-20 mg	Amlodipine Atorvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	• Rosuvastatin 5-10 mg	Rosuvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	• Simvastatin 20-40 mg	Simvastatin Moderate Intensity Medications List

Continued on next page...

Description	Prescription	Medication Lists
Moderate-intensity statin therapy	• Ezetimibe-simvastatin 20-40 mg	Ezetimibe Simvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	• Pravastatin 40-80 mg	Pravastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	• Lovastatin 40 mg	Lovastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	• Fluvastatin 40-80 mg	Fluvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	• Pitavastatin 1-4 mg	Pitavastatin Moderate Intensity Medications List



(SPD) Statin Therapy for Patients with Diabetes – Measure Overview

The percentage of members ages 40-75 years of age with diabetes that have a single fill of a statin.

- ✓ Higher rate indicates better performance
- ✓ Only 1 fill needed to index in the measure
- ✓ Targeted later in the year vs. other measures (starting in late July or August)

RY25 Measure Weight: 1

Gap Closure Requirements

Member received a Statin Therapy

- ✓ The number of members who had at least one dispensing event for a statin medication during the measurement year

Other Criteria

- ✓ Medication Inclusions: Statin Medications
 - i.e., Atorvastatin, Simvastatin, Rosuvastatin, Pravastatin
- ✓ Exclusions: ESRD, Rhabdomyolysis, Pregnancy, Cirrhosis, Pre-Diabetes, Polycystic Ovary Syndrome

Social Determinants of Health



(SDOH) Social Determinants of Health

Description	Codes*
Occupational Exposure to Risk Factors	ICD-10: Z57.0 - Z57.9
Problems Related to Education and Literacy	ICD-10: Z55.0 - Z55.9
Problems Related to Employment and Unemployment	ICD-10: Z56.0 - Z56.9
Problems Related to Physical Environment	ICD-10: Z58.0 - Z58.9
Problems Related to Housing and Economic Circumstances	ICD-10: Z59.0 - Z59.9
Problems Related to Social Environment	ICD-10: Z60.0 - Z60.9
Problems Related to Upbringing	ICD-10: Z62.0 - Z62.9
Problems Related to Primary Support Group, Including Family Circumstances	ICD-10: Z63.0 - Z63.9
Problems Related to Certain Psychosocial Circumstances	ICD-10: Z64.0 - Z64.4
Problems Related to Other Psychosocial Circumstances	ICD-10: Z65.0 - Z65.9
Problems Related to Substance Use	ICD-10: Z71.41, Z71.42, Z71.51, Z71.52
Problems Related to Sleep/Sleep Hygiene	ICD-10: Z72.820, Z72.821
Other Risk Factors	ICD-10: Z91.89
Patient/Caregiver Noncompliance with Dietary Regimen or Medical Treatment Due to Financial Hardship	ICD-10: Z911.10, Z911.90, Z91A.10, Z91A.20

(continued)



For more information, visit www.ncqa.org

(SDOH) Social Determinants of Health *(continued)*

Description	Codes*
Transportation Insecurity Procedures	CPT: 96156
CPT/HCPCS Screening Codes Applicable to SDOH	CPT: 96156-96161, 97802-97804, 99377-99378 HCPCS: S5170, S9470, G0182, G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046

*Codes subject to change

Best Practices Include supplemental codes in the patient’s diagnosis section on a claim form. Assign as many SDOH codes necessary to describe all the social problems, conditions, or risk factors documented during the current episode of care.

Behavioral Health



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

Applicable Foster Care Measure:

Lines of Business: ● Medicaid

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.

CPT[®] Codes for Psychosocial Care

90832 - 90834, 90836 - 90840, 90845 - 90847, 90849, 90853, 90875, 90876, 90880

HCPCS Codes for Psychological Care

G0176, G0177, G0409 - G0411, H0004, H0035 - H0040, H2000, H2001, H2011 - H2014, H2017 - H2020, S0201, S9480, S9484, S9485

With or without a telehealth modifier: 95, GT



(COU) Risk of Continued Opioid Use

Lines of Business: ● Medicaid

Measure evaluates 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.

Note: A lower rate indicates better performance.

Opioid Medications

- | | | |
|---|-----------------|---------------|
| • Benzhydrocodone | • Fentanyl | • Morphine |
| • Buprenorphine (transdermal patch and buccal film) | • Hydrocodone | • Opium |
| • Butorphanol | • Hydromorphone | • Oxycodone |
| • Codeine | • Levorphanol | • Pentazocine |
| • Dihydrocodeine | • Meperidine | • Tapentadol |
| | • Methadone | • Tramadol |



(FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder

Lines of Business: ● Medicaid

Measure evaluates the percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose.

Two rates are reported:

- 1 Discharges for which the member received follow-up within 30 days of discharge
- 2 Discharges for which the member received follow-up within 7 days of discharge

The visit can be with any practitioner if the claim includes a diagnosis of SUD (F10.xx-F19.xx) or drug overdose (e.g. T40-T43, T51). If the visit occurs with a mental health provider, the claim does not have to include the SUD or drug overdose diagnosis.

(continued)

(FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder *(continued)*

Lines of Business: ● Medicaid

Description	Codes*
<p>Outpatient Visit with any Diagnosis of SUD or Drug Overdose</p>	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 98960-98962, 99078, 99201-99205, 99211- 99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 994883, 99492-99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017-H2020, T1015</p> <p>ICD-10: F10.xx-F19.xx or T40. xxx-T43.xxxx, T51.xxxx</p> <p>POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p>
<p>Intensive Outpatient Encounter or Partial Hospitalization with any Diagnosis of SUD or Drug Overdose</p>	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>ICD-10: F10.xx-F19.xx or T40. xxx-T43.xxxx, T51.xxxx</p> <p>POS: 52</p>

(continued)

(FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder *(continued)*

Lines of Business: ● Medicaid

Description	Codes*
Non-residential Substance Abuse Treatment Facility with any Diagnosis of SUD or Drug Overdose	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>ICD-10: F10.xx-F19.xx or T40. xxxx-T43.xxxx, T51.xxxx</p> <p>POS: 57, 58</p>
Community Mental Health Center Visit with any Diagnosis of SUD or Drug Overdose	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>ICD-10: F10.xx-F19.xx or T40. xxxx-T43.xxxx, T51.xxxx</p> <p>POS: 53</p>
Observation Visit with any Diagnosis of SUD or Drug Overdose	<p>CPT: 99217, 99218, 99219, 99220</p> <p>ICD-10: F10.xx-F19.xx or T40. xxxx-T43.xxxx, T51.xxxx</p>
Peer Support Service with any Diagnosis of SUD or Drug Overdose	<p>HCPCS: G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016</p> <p>ICD-10: F10.xx-F19.xx or T40. xxxx-T43.xxxx, T51.xxxx</p>
Opioid Treatment Service That Bills Monthly or Weekly with any Diagnosis of SUD or Drug Overdose	<p>HCPCS: G2086, G2087, G2071, G8074-G2077, G2080</p> <p>ICD-10: F10.xx-F19.xx or T40. xxxx-T43.xxxx, T51.xxxx</p>

(continued)

(FUA) Follow-Up After Emergency Department Visit with Substance Use Disorder *(continued)*

Lines of Business: ● Medicaid

Description	Codes*
Telehealth Visit with any Diagnosis of SUD or Drug Overdose	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>ICD-10: F10.xx-F19.xx or T40.xxxx-T43.xxxx, T51.xxxx</p> <p>POS: : 02, 10</p>
Telephone Visit with any Diagnosis of SUD or Drug Overdose	<p>CPT: 98966-98968, 99441-99443</p> <p>ICD-10: F10.xx-F19.xx or T40.xxxx-T43.xxxx, T51.xxxx</p>
E-Visit or Virtual Check In with any Diagnosis of SUD or Drug Overdose	<p>CPT: 98969-98972, 99421-99444, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252</p>
Substance Use and Substance Use Disorder Services	<p>CPT: 99408, 99409</p> <p>HCPCS: T1012, G0396, G0397, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, H0006, H0028</p>
Behavioral Health Screening or Assessment for SUD or Mental Health Disorders	<p>CPT: 99408, 99409</p> <p>HCPCS: G0396, G0397, G0442, H2011, H0001, H0002, H0031, H0049</p>
Pharmacotherapy Dispensing Event or Medication Treatment Event	<p>Medications: Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet), Buprenorphine (implant, injection, or sublingual tablet), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p> <p>HCPCS: G2069, G2070, G2072, G2073, H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109</p>



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

Lines of Business: ● Medicaid

Measure evaluates percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.

Two rates are reported:

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

Note: Follow-up does not include withdrawal management.

Description	Codes*
An Acute or Nonacute Inpatient Admission or Residential Behavioral Health Stay with a Principal Diagnosis of SUD on the Discharge Claim	F10.xx-F19.xx

(continued)

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

Lines of Business: ● Medicaid

Description	Codes*
<p>Outpatient Visit with a Principal Diagnosis of SUD</p>	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 98960-98962, 99078, 99201-99205, 99211- 99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 994883, 99492</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017-H2020, T1015</p> <p>ICD-10: F10.xx-F19.xx</p> <p>POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p>
<p>Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of SUD</p>	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>ICD-10: F10.xx-F19.xx</p> <p>POS: 52</p>

(continued)

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

Lines of Business: ● Medicaid

Description	Codes*
Non-residential Substance Abuse Treatment Facility with a Principal Diagnosis of SUD	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>ICD-10: F10.xx-F19.xx</p> <p>POS: 57, 58</p>
Community Mental Health Center Visit with a Principal Diagnosis of SUD	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>ICD-10: F10.xx-F19.xx</p> <p>POS: 53</p>
Telehealth Visit with a Principal Diagnosis of SUD	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>ICD-10: F10.xx-F19.xx</p> <p>POS: 02, 10</p>
Substance use Disorder Services with a Principal Diagnosis of SUD	<p>CPT: 99408, 99409</p> <p>HCPCS: : T1012, G0396, G0397, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, H0006, H0028</p>
Opioid Treatment Service that Bills Monthly or Weekly with a Principal Diagnosis of SUD	<p>HCPCS: G2086, G2087, G2071, G8074-G2077, G2080</p> <p>ICD-10: F10.xx-F19.xx</p>
Observation Visit with a Principal Diagnosis of SUD	<p>CPT: 99217, 99218, 99219, 99220</p> <p>ICD-10: F10.xx-F19.xx</p>

(continued)

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

Lines of Business: ● Medicaid

Description	Codes*
Residential Behavioral Health Treatment with a Principal Diagnosis of SUD	HCPCS: H0017, H0018, H0019, T2048 ICD-10: F10.xx-F19.xx
Telephone Visit with a Principal Diagnosis of SUD	CPT: 98966-98968, 99441-99443 ICD-10: F10.xx-F19.xx
E-Visit or Virtual Check in with a Principal Diagnosis of SUD	CPT: 98969-98972, 99421-99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252
Pharmacotherapy Dispensing Event or Medication Treatment Event	Medications: Disulfiram (oral), Naltrexone (oral and injectable), Acamprosate (oral; delayed-release tablet), Buprenorphine (implant, injection, or sublingual tablet), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) HCPCS: G2069, G2070, G2072, G2073, H0020, H0033, J0570-J0575, J2315, Q9991, Q9992, S0109



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

Applicable Foster Care Measure:

Lines of Business: ● Medicaid

Measure evaluates the percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

Two rates are reported:

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

Description	Codes*
Outpatient Visit with a Principal Diagnosis of a Mental Health Disorder	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 98960-98962, 99078, 99201-99205, 99211- 99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 994883, 99492</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017-H2020, T1015</p> <p>ICD-10: F10.xx-F99</p> <p>POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p>

(continued)

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

Lines of Business: ● Medicaid

Description	Codes*
Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of a Mental Health Disorder	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>ICD-10: F10.xx-F99</p> <p>POS: 52</p>
Community Mental Health Center Visit with a Principal Diagnosis of a Mental Health Disorder	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>ICD-10: F10.xx-F99</p> <p>POS: 53</p>
Electroconvulsive Therapy with a Principal Diagnosis of a Mental Health Disorder	<p>CPT: 90780</p> <p>POS: 03, 05, 07, 09, 11- 20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>
Telehealth Visit with a Principal Diagnosis of a Mental Health Disorder	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>ICD-10: F10.xx-F99</p> <p>POS: 02, 10</p>
Observation Visit with a Principal Diagnosis of a Mental Health Disorder	<p>CPT: 99217, 99218, 99219, 99220</p> <p>ICD-10: F10.xx-F99</p>
Telephone Visit with a Principal Diagnosis of a Mental Health Disorder	<p>CPT: 98966-98968, 99441-99443</p> <p>ICD-10: F10.xx-F99</p>

(continued)

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

Lines of Business: ● Medicaid

Description	Codes*
E-Visit or Virtual Check in with a Principal Diagnosis of a Mental Health Disorder	<p>CPT: 98969-98972, 99421-99444, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252</p>
An Outpatient with a Principal Diagnosis of Intentional Self-Harm with any Diagnosis of a Mental Health Disorder	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 98960-98962, 99078, 99201-99205, 99211- 99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 994883, 99492</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H2000, H2010, H2013, H2015, H2017-H2020, T1015</p> <p>ICD-10: T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99</p> <p>POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72</p>
Intensive Outpatient Encounter or Partial Hospitalization with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>ICD-10: T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99</p> <p>POS: 52</p>

(continued)

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

Lines of Business: ● Medicaid

Description	Codes*
Community Mental Health Center Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>ICD-10: T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99</p> <p>POS: 53</p>
Electroconvulsive Therapy with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	<p>CPT: 90780</p> <p>ICD-10: T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99</p> <p>POS: 03, 05, 07, 09, 11- 20, 22, 24, 33, 49, 50, 52, 53, 71, 72</p>
Telehealth Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	<p>CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>ICD-10: T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99</p> <p>POS: 02, 10</p>
Observation Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	<p>CPT: 99217, 99218, 99219, 99220</p> <p>ICD-10: T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99</p>
Telephone Visit with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	<p>CPT: 98966-98968, 99441-99443</p> <p>ICD-10: T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99</p>

(continued)

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

Lines of Business: ● Medicaid

Description	Codes*
E-Visit or Virtual Check In with a Principal Diagnosis of Intentional Self-harm with any Diagnosis of a Mental Health Disorder	CPT: 98969-98972, 99421-99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252 ICD-10: T40.xxxx-T43.xxxx, T51.xxxx with F10.xx-F99



(PND-E) Prenatal Depression Screening and Follow-Up

Lines of Business: ● Medicaid

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

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

Instruments for Adolescents (≤17 years)	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ- 9M) [®]	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	Total score ≥8
Center for Epidemiologic Studies Depression Scale- Revised (CESD-R)	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10
PROMIS Depression	Total score (T Score) ≥60

(PND-E) Prenatal Depression Screening and Follow-Up *(continued)*

Lines of Business: ● Medicaid

Instruments for Adults (18+ years)	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	Total score ≥8
Beck Depression Inventory (BDI-II)	Total score ≥20
Center for Epidemiologic Studies Depression Scale- Revised (CESD-R)	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD) ^{®2}	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10
My Mood Monitor (M-3) [®]	Total score ≥5
PROMIS Depression	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	Total score ≥31

¹Brief screening instrument. All other instruments are full-length.

²Proprietary; may be cost or licensing requirement associated with use.

(continued)

(PND-E) Prenatal Depression Screening and Follow-Up *(continued)*

Lines of Business: ● Medicaid

Description	LOINC Code Used to Identify Screening Results
Beck Depression Inventory Fast Screen total score [BDI]	'89208-3' from "LOINC" display 'Beck Depression Inventory Fast Screen total score [BDI]'
Beck Depression Inventory II total score [BDI]	'89209-1' from "LOINC" display 'Beck Depression Inventory II total score [BDI]'
Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R]	'89205-9' from "LOINC" display Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R]'
Edinburgh Postnatal Depression Scale [EPDS]	'71354-5' from "LOINC" display 'Edinburgh Postnatal Depression Scale [EPDS]'
Final score [DUKE-AD]	'90853-3' from "LOINC" display 'Final score [DUKE-AD]'
Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]	'55758-7' from "LOINC" display 'Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]'
Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]	'44261-6' from "LOINC" display 'Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]'
Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]	'89204-2' from "LOINC" display 'Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]'
PROMIS-29 Depression score T-score	'71965-8' from "LOINC" display 'PROMIS-29 Depression score T-score

(continued)

(PND-E) Prenatal Depression Screening and Follow-Up *(continued)*

Lines of Business: ● Medicaid

Description	LOINC Code Used to Identify Screening Results
Total score [CUDOS]	'90221-3' from "LOINC" display 'Total score [CUDOS]'
Code Total score [M3]	'71777-7' from "LOINC" display 'Total score [M3]'



(POD) Pharmacotherapy for Opioid Use Disorder

Lines of Business: ● Medicaid

Evaluates the percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Description	Codes*
Opioid Use Disorder (OUD)	F11.10, F11.120-122, F11.129, F11.13-14, F11.150-151, F11.159, F11.181-182, F11.188, F11.19-20, F11.220-222, F11.229, F11.23-24, F11.250-251, F11.259, F11.281-282, F11.288, F11.29
Description	Prescription
Antagonist	Naltrexone (oral or injectable)
Partial Agonist	Buprenorphine (sublingual tablet, injection, or implant)
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
Agonist	Methadone (oral, medical claim codes H0020, S10109, G2067, G2078)



(SAA) Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Lines of Business: ● Medicaid

Evaluates percentage of members 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.

Oral Antipsychotics

• Aripiprazole	• Lumateperone	• Chlorpromazine
• Asenapine	• Lurasidone	• Fluphenazine
• Brexpiprazole	• Molindone	• Perphenazine
• Cariprazine	• Olanzapine	• Prochlorperazine
• Clozapine	• Paliperidone	• Thioridazine
• Haloperidol	• Quetiapine	• Trifluoperazine
• Iloperidone	• Risperidone	• Amitriptyline-perphenazine
• Loxapine	• Ziprasidone	• Thiothixene

Long-Acting Injections

Description	Prescription
Long-acting Injections 14 Days Supply	Risperidone (excluding Perseris®)
Long-acting Injections 28 Days Supply	<ul style="list-style-type: none"> • Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate
Long-acting Injections 30 days Supply	Risperidone (Perseris®)



(SMC) Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

Lines of Business: ● Medicaid

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

Description	Codes*
LDL-C Test	80061, 83700, 83701, 83704, 83721

*Codes subject to change



(SMD) Diabetes Monitoring for People with Diabetes and Schizophrenia

Lines of Business: ● Medicaid

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

Tips:

- Order diabetes and a cholesterol panel every year.
- Communicate and coordinate care between behavioral health and primary care providers to communicate test results.
- Educate members on the need for continuous monitoring.
- Help members with scheduling appointments.

Description	Codes*
HbA1c Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
LDL-C Lab Tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F, 3049F, 3050F

*Codes subject to change



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

Lines of Business: ● Medicaid

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

Tips:

- Provide members with HbA1c or glucose test orders to be completed yearly.
- Educate the member about the risks associated with taking antipsychotic medications and the importance of regular follow up care.
- Submit applicable codes.

Description	Codes*
HbA1c Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

*Codes subject to change



(UOP) Use of Opioids from Multiple Providers

Lines of Business: ● Medicaid

Assesses the percentage of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, who received opioids from multiple providers.

Three rates reported:

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

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

Opioid Medications

- | | |
|--|---------------|
| • Benzhydrocodone | • Meperidine |
| • Buprenorphine
(transdermal patch and buccal film) | • Methadone |
| • Codeine | • Morphine |
| • Dihydrocodeine | • Opium |
| • Fentanyl | • Oxycodone |
| • Hydrocodone | • Oxymorphone |
| • Hydromorphone | • Pentazocine |
| • Levorphanol | • Tapentadol |
| | • Tramadol |

(Opioid medications exclude injectables and opioid-containing cough and cold products)

***For the follow-up treatments, include an ICD-10 diagnosis for Alcohol or Other Drug Dependence from the Mental, Behavioral and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation, and management consultation or counseling service.**

