



# HEDIS® 2021

## Quick Reference Guide

### (Measurement Year 2020)



# HEDIS 2021 Quick Reference Guide

PA Health & Wellness strives to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We are excited to present to you the HEDIS® Quick Reference Guide to help you increase your practice's HEDIS® rates and to use to address care opportunities for your patients.

Included in this document are important updates and notes for HEDIS 2021, including tips on how you can increase your HEDIS scores, which are tied into our Pay for Performance program and incentive payouts.

Please always follow the State and/or CMS billing guidance and ensure the HEDIS® codes are covered prior to submission.

If you have any questions about HEDIS, the PA Health & Wellness HEDIS Operations department is happy to collaborate with you. Please reach out to your Provider Relations Representative for assistance in arranging a discussion or presentation for your team.

We wish you well and thank you for your partnership.

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## **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.

## **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.

## **A NOTE ABOUT MEDICAL RECORDS AND EMR ACCESS**

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.

PA Health & Wellness appreciates your efforts to return medical records to us within 7-10 business days of our initial request to you.

We understand that there is a substantial amount of work involved in responding to medical record requests. If you are interested in decreasing your administrative burden, please talk to us about the possibility of granting PA Health & Wellness access to your EMR system. We would ask for read-only access to the medical records of our panel of members, and the ability to download the records to be securely stored for the purpose of reviews and audits.

Your Provider Relations team can give you more information about this important initiative if you are interested.

## **HOW CAN I IMPROVE MY HEDIS SCORES?**

### **PHW HEDIS Reference Documentation**

- PA Health & Wellness has created this document, along with measure specific tip sheets and a medical coding guide for your team to refer to.
- These documents are based on the actual NCQA HEDIS 2021 measure specifications.

### **Charting, Medical Coding and Billing**

- Providers and other health care staff should document to the highest specificity to aid with the most correct coding choice.
- Submit claim or 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 and encounter data are submitted in an accurate and timely manner
- Consider including CPT II codes to provide additional details and reduce record requests.

### **PHW HEDIS Care Gap Reports**

- Work with your Provider Relations Representative to learn how to access your HEDIS data. Training is available to help you understand your data and how to address your care gaps.

### **Data and Medical Records**

- Provide PA Health & Wellness with read-only access to your EMR. Your Provider Relations Representative can provide more information to you about this important initiative.
- Consider submitting your data to an HIE (Health Information Exchange).
- For more information on HIEs, please visit this link: <https://www.healthit.gov/topic/health-it-basics/getting-started-hie>

### **Staff and Team Education**

- Stay on top of the latest information about HEDIS at [www.ncqa.org](http://www.ncqa.org).
- PA Health & Wellness has education modules, presentations and documentation for you and your team. Let us know how we can help.

## **PAY FOR PERFORMANCE (P4P)**

Physician-specific HEDIS scores are 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 via Pay for Performance (P4P).

P4P is an activity-based reimbursement, with a bonus payment based on achieving defined and measurable goals related to access, continuity of care, patient satisfaction and clinical outcomes.

For more information on Pay for Performance, please reach out to your PA Health & Wellness Provider Relations Representative.

## **QUESTIONS?**



**PAHealthWellness.com**



**1-844-626-6813**

This guide has been updated with information from the release of the HEDIS® 2021 (HEDIS® MY 2020) Volume 2 Technical Specifications by NCQA and is subject to change.

Last update: October 2020

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# NOTABLE CHANGES FOR HEDIS 2021

- Due to the COVID crisis, the NCQA and CMS have agreed to allow telemedicine visits to count towards compliance for multiple HEDIS measures. The following documentation will define which measures now include this allowance.
- Several first year measures were introduced for HEDIS 2021. They include a new measure to evaluate kidney health in diabetics, cardiovascular rehabilitation after a cardiovascular event, and osteoporosis screening for women. We have called these new measures out for you in the attached guide.
- In an effort to reduce confusion about HEDIS® measurement year and reporting year, the NCQA has introduced a new naming convention for HEDIS®. Going forward, the NCQA references HEDIS® documentation by the measurement year rather than the reporting year.

In this Quick Reference Guide, both reporting year and measurement year are listed; i.e. HEDIS reporting year 2021 and Measurement Year 2020. In this document, Measurement Year is abbreviated as MY.



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

# GENERAL HEALTH



## Contents

- (AAP) Adult Access to Preventative/Ambulatory Services
- (ABA) Adult BMI Assessment
- (CDC) Comprehensive Diabetes Care
- (KED) Kidney Health Evaluation for Patients with Diabetes
- (COA) Care for Older Adults
- (COL) Colorectal Cancer Screening
- (SPR) Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- (CBP) Controlling High BP
- (TRC) Transitions of Care

## **(AAP) ADULT ACCESS TO PREVENTATIVE / AMBULATORY SERVICES**

### **Lines of Business: Medicare, Medicaid, Marketplace**

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

- Medicare and Medicaid members: visits during 2020
- Marketplace members: visits between 2018 and 2020

DESCRIPTION	CODES
Ambulatory Visits	<b>CPT:</b> 99381-99387, 99391-99397, <b>ICD-10:</b> Z00.00, Z00.01, <b>CPT-CAT-II:</b> G0402, G0438, G0439, G0463, G0468, T1015
Online Assessments	<b>CPT:</b> 98969, 99444
Telephone Visits	<b>CPT:</b> 98966 - 98968, 99441 - 99443
Telephone Modifier	95, GT

\*codes subject to change

## **(ABA) ADULT BMI ASSESSMENT**

### **Lines of Business: Medicare, Medicaid, Marketplace**

*This measure is retired for HEDIS 2021® (MY 2020), but remains important for data collection purposes.*

This measure looks for the percentage of members ages 18 to 74 who had an outpatient visit and whose weight, height and calculated body mass index (BMI) were documented in 2020. BMI percentiles are also acceptable.

DESCRIPTION	CODES
BMI	<b>ICD-10:</b> Z68.1, Z68.20-Z68.45
BMI Percentile	<b>ICD-10:</b> Z68.51-Z68.54

\*codes subject to change

## (CDC) COMPREHENSIVE DIABETES CARE

### Lines of Business: Medicare, Medicaid, Marketplace

This measure evaluates the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
- HgbA1c control (<8.0%)
- Eye exam (retinal) performed
- BP control (<140/90 mm Hg)
- HgA1c poor control (>9.0%)
- Medical attention for nephropathy

DESCRIPTION	CODES
<b>Outpatient Codes</b>	<b>CPT:</b> 99201 - 99205, 99211 - 99215, 99241-99245, 99347 -99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015
<b>Non-acute Inpatient</b>	<b>CPT:</b> 99304 - 99310, 99315, 99316, 99318
<b>Remote BP Monitoring</b>	<b>CPT:</b> 93784, 93788, 93790, 99091
<b>Diastolic 80-89</b>	<b>CPT-CAT-II:</b> 3079F
<b>Diastolic Greater Than/Equal To 90</b>	<b>CPT-CAT-II:</b> 3080F
<b>Diastolic Less Than 80</b>	<b>CPT-CAT-II:</b> 3078F
<b>Systolic Greater Than/Equal To 140</b>	<b>CPT-CAT-II:</b> 3077F
<b>Systolic Less Than 140</b>	<b>CPT-CAT-II:</b> 3074F, 3075F
<b>Diabetic Retinal Screening With Eye Care Professional</b>	<b>CPT-CAT-II:</b> 2022F, 2024F, 2026F
<b>Unilateral Eye Enucleation with a bilateral modifier</b>	<b>CPT:</b> 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 <b>CPT Modifier:</b> 50
<b>HbA1C</b>	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3044F, 3045F, 3046F
<b>Urine Protein Tests</b>	<b>CPT:</b> 81000 - 81003, 81005, 82042 - 82044, 84156 <b>CPT-CAT-II:</b> 3060F, 3061F, 3062F
<b>Nephropathy Treatment</b>	<b>CPT-CAT-II:</b> 3066F, 4010F
<b>A1C greater than 9.0</b>	<b>CPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3046F

\*codes subject to change

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

### **Lines of Business: Medicare, Medicaid, Marketplace**

#### **First year measure HEDIS® 2021 (MY 2020)**

This measure evaluates the percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by *both* an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during 2020.

Two elements are required during the measurement year on same or different dates of service:

1. At least one estimated Glomular Filtration Rate (eGFR) lab test.
2. At least one uACR identified by both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart.

DESCRIPTION	CODES
<b>Estimated Glomular Filtration Rate lab test</b>	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82565
<b>Quantitative Urine Albumin lab test</b>	<b>CPT:</b> 82043
<b>Urine creatinine lab test</b>	<b>CPT:</b> 82570

\*codes subject to change

## (COA) CARE FOR OLDER ADULTS

### Lines of Business: Medicare

This measure evaluates percentage of adults 66 years and older who had each of the following during 2020. Services provided in an acute inpatient setting are excluded from measure compliance.

**New for HEDIS® 2021 (MY 2020)** - Services rendered for any of the following items during a telephone visit, e-visit, or virtual check-in meet criteria.

**New for HEDIS® 2021 (MY 2020):** Specific to Medication Review, the member does not need to be present

1. **Advance care planning** - Evidence of an advanced care plan in the medical record or documentation of an advanced care planning discussion and the date of discussion
2. **Medication review** - A review of the member's medication in the medical record and the presence of a medication list in the medical record.
3. **Functional status assessment** – At least one functional assessment during the measurement year
4. **Pain assessment** – At least one pain assessment in the measurement year

DESCRIPTION	CODES
<b>Advanced Care Planning</b>	<b>CPT:</b> 99483, 99497 <b>CPT-CAT-II:</b> 1123F, 1124F, 1157F, 1158F <b>HCPCS:</b> S0257 <b>ICD-10:</b> Z66
<b>Medication Review</b>  Would need both CPT-CAT II codes to get credit. 1159F (Medication List) & 1160F (Medication Review)	<b>CPT:</b> 90863, 99483, 99605, 99606 <b>CPT-CAT-II:</b> 1159F, 1160F <b>HCPCS:</b> G8427
<b>Functional Status Assessment</b>	<b>CPT:</b> 99483 <b>CPT-CAT-II:</b> 1170F <b>HCPCS:</b> G0438, G0439
<b>Pain Assessment</b>	<b>CPT-CAT-II:</b> 1125F, 1126F

\*codes subject to change

## **COLORECTAL CANCER SCREENING (COL)**

### **Lines of Business: Medicare, Marketplace**

This measure evaluates the percentage of members 50-75 years of age who had appropriate screening for colorectal cancer.

DESCRIPTION	CODES
<b>Colonoscopy</b> <i>Between 2011 and 2020</i>	<b>CPT:</b> 44388 - 44394, 44397, 44401 - 44408, 45355, 45378 - 45393, 45398 <b>HCPCS:</b> G0105, G0121
<b>CT Colonography</b> <i>Between 2015 and 2020</i>	<b>CPT:</b> 74261 – 74263
<b>Flexible Sigmoidoscopy</b> <i>Between 2015 and 2020</i>	<b>CPT:</b> 45330 - 45335, 45337 - 45342, 45345 - 45347, 45349 – 45350 <b>HCPCS:</b> G0104
<b>FIT - DNA (Cologuard®) Test</b> <i>Between 2018 and 2020</i>	<b>CPT:</b> 81528 <b>HCPCS:</b> G0464
<b>Fecal Occult Blood Test (FOBT)</b> <i>During 2020</i>	<b>CPT:</b> 82270, 82274 <b>HCPCS:</b> G0328
<b>Exclusion: Colorectal Cancer</b>	<b>HCPCS:</b> G0213, G0214, G0215, G0231 ICD-10: C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
<b>Exclusion: Total Colectomy</b>	<b>CPT:</b> 44150 - 44153, 44155 - 44158, 44210 - 44212

\*codes subject to change

## **(SPR) USE OF SPIROMETRY TESTING IN THE ASSESSMENT AND DIAGNOSIS OF COPD**

### **Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the percentage of members 40 years of age and older with a new diagnosis of COPD, emphysema, or chronic bronchitis who received appropriate spirometry testing to confirm the diagnosis.

- Spirometry testing should be done within six (6) months from the date of service of newly diagnosed COPD.
- Documentation of testing should include date of service and clear evidence, such as the results, that the spirometry test was completed.

DESCRIPTION	CODES
Spirometry Testing	<b>CPT:</b> 94010, 94014, 94015, 94016, 94060, 94070, 94375, 94620

\*codes subject to change

## (CBP) CONTROLLING HIGH BLOOD PRESSURE

### Lines of Business: Medicare, Medicaid, Marketplace

This measure evaluates the percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg).

Adequate control is both systolic BP <140 mm Hg and diastolic <90 mm Hg. The most recent BP reading during 2020 on or after the second diagnosis of hypertension is used to calculate compliance.

Two rates are reported:

1. **Documented diagnosis of HTN:** The member needs at least 2 visits on different dates of service with a diagnosis of HTN on or between January 1, 2019 and June 30, 2020. New for HEDIS® 2021 (MY 2020): *A diagnosis documented during a telehealth, telephone, e-visit or virtual check-in can count towards rate compliance.*
2. **Representative BP:** The most recent BP reading taken in an outpatient setting during 2020 on or after the second diagnosis of HTN.
  - *Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record.*
  - *If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.*

**New for HEDIS® 2021 (MY 2020):** A blood pressure reading taken by the member with a DIGITAL device during a telehealth or telephone visit is acceptable and will count towards compliance. A blood pressure reading taken by the member with a non-digital device will not meet criteria.

DESCRIPTION	CODES
Hypertension	<b>ICD-10:</b> I10
Systolic greater than/equal to 140	<b>CPT-CAT-II:</b> 3077F
Systolic less than 140	<b>CPT-CAT-II:</b> 3074F, 3075F
Diastolic greater than/equal to 90	<b>CPT-CAT-II:</b> 3080F
Diastolic 80-89	<b>CPT-CAT-II:</b> 3079F
Diastolic less than 80	<b>CPT-CAT-II:</b> 3078F
Remote Blood Pressure Monitoring codes	<b>CPT:</b> 93784, 93788, 93790, 99091
Outpatient codes	<b>CPT:</b> 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015
Non-acute Inpatient codes	<b>CPT:</b> 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337

\*codes subject to change

## (TRC) TRANSITIONS OF CARE

### Line of Business: Medicare

This measure evaluates the percentage of inpatient (IP) discharges for adults 18 & older who had each of the following:

1. **Notification of IP Admission** (acute & nonacute) - Documentation of receipt of notification of IP admission on the day of admission through 2 days after the admission (3 total days).  
**Admission** refers to the date of acute or nonacute inpatient admission or the date of inpatient admission for an observation stay that turned into an inpatient admission.
2. **Receipt of Discharge Information** - Documentation of receipt of discharge information on the day of discharge through 2 days after discharge (3 total days).
3. **Patient Engagement after IP Discharge** - Documentation of patient engagement provided within 30 days after discharge, excluding day of discharge. New for HEDIS® 2021 (MY 2020): Telehealth, e-visits and virtual check-ins are acceptable.
4. **Medication Reconciliation Post-Discharge** - Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days). A Medication List in the medical record is also required. New for HEDIS® 2021 (MY 2020): **Member does not need to be present.**

DESCRIPTION	CODES
<b>Outpatient visit</b>	<b>CPT:</b> 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, <b>CPT-CAT-II:</b> G0402, G0438, G0439, G0463
<b>Telephone Visits</b>	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443
<b>Transitional Care Management Services</b>	<b>CPT:</b> 99495, 99496
<b>Medication Reconciliation</b>	<b>CPT:</b> 99483, 99495, 99496 <b>CPT-CAT-II:</b> 1111F <b>SNOMED CT US Edition:</b> 430193006

\*codes subject to change



# WOMEN'S HEALTH



## Contents

- (BCS) Breast Cancer Screening
- (CCS) Cervical Cancer Screening
- (CHL) Chlamydia Screening in Women
- (OMW) Osteoporosis Management in Women who had a Fracture
- (OSW) Osteoporosis Screening in Older Women

## BREAST CANCER SCREENING (BCS)

### Lines of Business: Medicare, Medicaid, Marketplace

This measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

This measure assesses the use of imaging to detect early breast cancer in women. All types and methods of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis) qualify for compliance.

*MRI, ultrasounds, biopsies do not count for this measure because 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.*

DESCRIPTION	CODES
<b>Mammography</b>	<b>CPT:</b> 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067 <b>HCPCS:</b> G0202, G0204, G0206
<b>Mastectomy (exclusion)</b>	<b>ICD-10:</b> Z90.11 and Z90.12, or Z90.13

\*subject to change

## (CCS) CERVICAL CANCER SCREENING

### Lines of Business: Medicaid, Marketplace

This measure demonstrates 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 in 2018, 2019, or 2020
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed in 2016, 2017, 2018, 2019, or 2020
- Women 30-64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing in 2016, 2017, 2018, 2019, or 2020

Required documentation includes both of the following:

1. A note indicating the date when the cytology or testing was performed and
2. The results or findings.

DESCRIPTION	CODES
<b>Cervical Cytology (20-64)</b>	<b>CPT:</b> 88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175 <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

<b>HPV Tests (30-64)</b>	<b>CPT:</b> 87620 - 87622, 87624, 87625 <b>HCPSCS:</b> G0476
<b>Absence of Cervix (exclusion)</b>	<b>CPT:</b> 51925, 56308, 57540, 57545, 50, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58267, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58285, 58290, 58291, 58292, 58293, 582558548, 58550, 58552-58554, 58570-58573, 58294, 58548, 58550, 58552, 58553, 58554, 58575, 58951, 58953, 58954, 59856, 59135 <b>ICD-10:</b> Q51.5, Z90.710, Z90.712

\*subject to change

## (CHL) CHLAMYDIA SCREENING IN WOMEN

### Lines of Business: Medicaid, Marketplace

This measure evaluates the percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during 2020.

DESCRIPTION	CODES
<b>Chlamydia Testing</b>	<b>CPT:</b> 87110, 87270, 87320, 87490, 87491, 87810

\*codes subject to change

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

### Line of Business: Medicare

This measure evaluates the percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Intake period begins on July 1, 2019 and ends on June 30, 2020. Intake period is used to capture the first fracture.

Identify members who had during the Intake Period either:

- Outpatient visit, Observation visit, or ED visit for fracture, or
- Acute or nonacute IP discharge with a fracture on discharge claim

DESCRIPTION	CODES
<b>Bone Mineral Density Tests</b>	<b>CPT:</b> 76977, 77078, 77080 - 77082, 77085, 77086
<b>Osteoporosis Medications</b>	<b>HCPSCS:</b> J0897, J1740, J3110, J3489
<b>Long-Acting Osteoporosis Medications during Inpatient Stay</b>	<b>HCPSCS:</b> J0897, J1740, J3489

\*codes subject to change

### **Osteoporosis Medications**

DESCRIPTION	CODES
<b>Bisphosphonates</b>	<ul style="list-style-type: none"><li>• Alendronate</li><li>• Ibandronate</li><li>• Zoledronic acid</li></ul> <ul style="list-style-type: none"><li>• Alendronate-cholecalciferol</li><li>• Risedronate</li></ul>
<b>Other agents</b>	<ul style="list-style-type: none"><li>• Abaloparatide</li><li>• Raloxifene</li><li>• Teriparatide</li></ul> <ul style="list-style-type: none"><li>• Denosumab</li><li>• Romosozumab</li></ul>

\*subject to change

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

#### **Line of Business: Medicare**

##### **First year measure HEDIS® 2021 (MY 2020)**

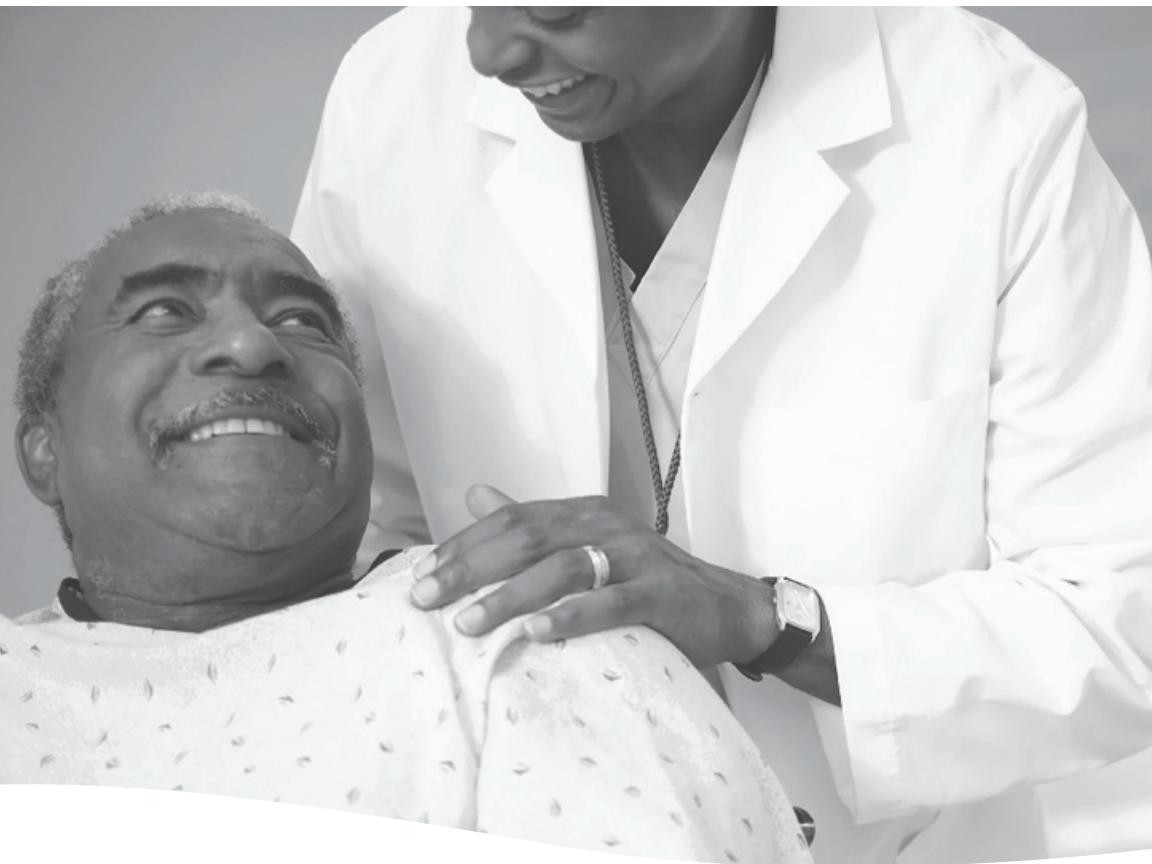
This measure evaluates the percentage of women 65-75 years of age who received osteoporosis screening. Measurement looks for one or more screening tests done between the member's 65th birthday and December 31, 2020.

DESCRIPTION	CODES
<b>Osteoporosis Screening Tests</b>	<b>CPT:</b> 76977, 77078, 77080, 77081, 77085

\*subject to change



# MEDICATION MANAGEMENT



## Contents

- (SPD) Statin Therapy for Patients with Diabetes
- (SPC) Statin Therapy for Patients with Cardiovascular Disease
- (CWP) Appropriate Testing for Pharyngitis
- (AMR) Asthma Medication Ratio
- (PBH) Persistence of Beta-Blocker Treatment after a Heart Attack
- (PCE) Pharmacotherapy Management of COPD Exacerbation
- (URI) Appropriate Treatment for URI
- (AAB) Avoidance of Antibiotics for Acute Bronchitis/Bronchiolitis
- (HDO) Use of Opioids at High Dose
- (UOP) Use of Opioids from Multiple Providers
- (COU) Risk of Continued Opioid Use

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

### **Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the percentage of members 40-75 years of age with diabetes and who do not have clinical atherosclerotic cardiovascular disease (ASCVD).

The following criteria must be met:

1. Members dispensed at least one statin medication of any intensity during 2020
2. Members on statin medication of any intensity for at least 80% of the treatment period

DESCRIPTION	PRESCRIPTIONS
High-intensity statin therapy	<ul style="list-style-type: none"><li>• Atorvastatin 40-80 mg</li><li>• Amlodipine-atorvastatin 40-80 mg</li><li>• Ezetimibe-atorvastatin 40-80 mg</li><li>• Rosuvastatin 20-40 mg</li><li>• Simvastatin 80 mg</li><li>• Ezetimibe-simvastatin 80 mg</li></ul>
Moderate-intensity statin therapy	<ul style="list-style-type: none"><li>• Atorvastatin 10-20 mg</li><li>• Amlodipineatorvastatin 10-20 mg</li><li>• Ezetimibe-atorvastatin 10-20 mg</li><li>• Rosuvastatin 5-10 mg</li><li>• Simvastatin 20-40 mg</li><li>• Ezetimibe-simvastatin 20-40 mg</li><li>• Niacin-simvastatin 20-40 mg</li><li>• Sitagliptin-simvastatin 20-40 mg</li><li>• Pravastatin 40-80 mg</li><li>• Lovastatin 40 mg</li><li>• Niacinlovastatin 40 mg</li><li>• Fluvastatin XL 80 mg</li><li>• Fluvastatin 40 mg bid</li><li>• Pitavastatin 2-4 mg</li></ul>
Low-intensity statin therapy	<ul style="list-style-type: none"><li>• Simvastatin 10 mg</li><li>• Ezetimibesimvastatin 10 mg</li><li>• Sitagliptinsimvastatin 10 mg</li><li>• Pravastatin 10-20 mg</li><li>• Lovastatin 20 mg</li><li>• Niacinlovastatin 20 mg</li><li>• Fluvastatin 20-40 mg</li><li>• Pitavastatin 1 mg</li></ul>

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

### **Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the percentage of males (21–75 years) and females (40–75 years) who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD).

The following criteria must be met:

1. Members dispensed at least one high-intensity or moderate-intensity statin medication during 2020
2. Members on statin medication of any intensity for at least 80% of the treatment period

DESCRIPTION	PRESCRIPTIONS
High-intensity statin therapy	<ul style="list-style-type: none"><li>• Atorvastatin 40-80 mg</li><li>• Amlodipine-atorvastatin 40-80 mg</li><li>• Ezetimibe-atorvastatin 40-80 mg</li><li>• Rosuvastatin 20-40 mg</li><li>• Simvastatin 80 mg</li><li>• Ezetimibe-simvastatin 80 mg</li></ul>
Moderate-intensity statin therapy	<ul style="list-style-type: none"><li>• Atorvastatin 10-20 mg</li><li>• Amlodipineatorvastatin 10-20 mg</li><li>• Ezetimibe-atorvastatin 10-20 mg</li><li>• Rosuvastatin 5-10 mg</li><li>• Simvastatin 20-40 mg</li><li>• Ezetimibe-simvastatin 20-40 mg</li><li>• Niacin-simvastatin 20-40 mg</li><li>• Sitagliptin-simvastatin 20-40 mg</li><li>• Pravastatin 40-80 mg</li><li>• Lovastatin 40 mg</li><li>• Niacinlovastatin 40 mg</li><li>• Fluvastatin XL 80 mg</li><li>• Fluvastatin 40 mg bid</li><li>• Pitavastatin 2-4 mg</li></ul>

\* Medications subject to change

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

### **Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the percentage of males (21–75 years) and females (40–75 years) who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD).

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

**New for HEDIS® 2021 (MY 2020): Visits that resulted in an inpatient stay will not be included**

DESCRIPTION	CODE
<b>Group A Strep tests</b>	<b>CPT:</b> 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880

\* codes subject to change

## **(AMR) ASTHMA MEDICATION RATIO**

### **Lines of Business: Medicaid, Marketplace**

This measure evaluates 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 medication of 0.50 or greater during 2020.

Patients are in the measure if they met at least one of the following during both 2019 and 2020. Criteria does not need to be the same across both years:

- At least one ED visit with a principal diagnosis of asthma.
  - At least one acute inpatient encounter with a principal diagnosis of asthma
  - At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim.
  - At least 4 outpatient, observation, telephone visits, e-visits, or virtual check-ins, on different dates of service, with any asthma diagnosis and at least 2 asthma medication dispensing events for any controller or reliever medication.
- New for HEDIS® 2021 (MY 2020): All 4 visits may be a telehealth visit, a telephone visit or an online assessment.**
- At least 4 asthma medication-dispensing events for any controller or reliever medication.

## *Codes to Identify Asthma*

DESCRIPTION	ICD-10 CODES
<b>Mild Intermittent Asthma</b>	J45.20 - J45.22
<b>Mild Persistent Asthma</b>	J45.30 - J45.32
<b>Moderate Persistent Asthma</b>	J45.40 - J45.42
<b>Severe Persistent Asthma</b>	J45.50 - J45.52
<b>Other and Unspecified Asthma</b>	J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

\* codes subject to change

Use all the medication lists in the tables below to identify asthma controller and reliever medications.

### *Asthma Controller Medications*

DESCRIPTION	PRESCRIPTIONS	ROUTE
<b>Antiasthmatic combinations</b>	· Dyphylline-guaifenesin	Oral
<b>Antibody inhibitors</b>	· Omalizumab	Injection
<b>Anti-interleukin-4</b>	· Dupilumab	Injection
<b>Anti-interleukin-5</b>	· Benralizumab	Injection
<b>Anti-interleukin-5</b>	· Mepolizumab	Injection
<b>Anti-interleukin-5</b>	· Reslizumab	Injection
<b>Inhaled steroid combinations</b>	· Budesonide-formoterol	Inhalation
<b>Inhaled steroid combinations</b>	· Fluticasone-salmeterol	Inhalation
<b>Inhaled steroid combinations</b>	· Fluticasone-vilanterol	Inhalation
<b>Inhaled steroid combinations</b>	· Formoterol-mometasone	Inhalation
<b>Inhaled steroid combinations</b>	· Beclomethasone	Inhalation
<b>Inhaled corticosteroids</b>	· Budesonide	Inhalation
<b>Inhaled corticosteroids</b>	· Ciclesonide	Inhalation
<b>Inhaled corticosteroids</b>	· Flunisolide	Inhalation
<b>Inhaled corticosteroids</b>	· Fluticasone	Inhalation
<b>Inhaled corticosteroids</b>	· Mometasone	Inhalation
<b>Leukotriene modifiers</b>	· Montelukast	Oral
<b>Leukotriene modifiers</b>	· Zafirlukast	Oral
<b>Leukotriene modifiers</b>	· Zileuton	Oral
<b>Methylxanthines</b>	· Theophylline	Oral

\* Medications subject to change

## **(MMA) MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA**

This measure demonstrates the percentage of members 5–64 years of age during 2020 who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.

- The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.
- The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period

### ***Asthma Controller Medications***

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Antiasthmatic combinations	• Dyphylline-guaifenesin	Dyphylline Guaifenesin Medications List	Oral
Antibody inhibitors	• Omalizumab	Omalizumab Medications List	Subcutaneous
Anti-interleukin-5	• Benralizumab	Benralizumab Medications List	Subcutaneous
Anti-interleukin-5	• Mepolizumab	Mepolizumab Medications List	Subcutaneous
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Intravenous
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

\*Medications continue on next page

### **Asthma Reliever Medications**

DESCRIPTION	PRESCRIPTIONS	ROUTE
Short-acting, inhaled beta-2 agonists	Albuterol	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Inhalation

\*medications subject to change

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

#### **Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the percentage of members 18 years of age and older who had an acute inpatient discharge from July 1, 2019 to June 30, 2020 with any diagnosis of Acute Myocardial Infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge.

Compliance is measured by at least 135 days of treatment with beta-blockers 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.

#### **Beta-Blocker Medications**

DESCRIPTION	PRESCRIPTION
Noncardioselective beta-blockers	<ul style="list-style-type: none"><li>• Carvedilol</li><li>• Labetalol</li><li>• Nadolol</li><li>• Pindolol</li><li>• Propranolol</li><li>• Timolol</li><li>• Sotalol</li></ul>
Cardioselective beta-blockers	<ul style="list-style-type: none"><li>• Acebutolol</li><li>• Atenolol</li><li>• Betaxolol</li><li>• Bisoprolol</li><li>• Metoprolol</li><li>• Nebivolol</li></ul>
Antihypertensive combinations	<ul style="list-style-type: none"><li>• Atenolol-chlorthalidone</li><li>• Bendroflumethiazide-nadolol</li><li>• Bisoprolol-hydrochlorothiazide</li><li>• Hydrochlorothiazide-metoprolol</li><li>• Hydrochlorothiazide-propranolol</li></ul>

\*Medications subject to change

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

#### **Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit with a

primary diagnosis of COPD, emphysema or chronic bronchitis on or between January 1, 2020 and November 30, 2020 and were dispensed appropriate medications.

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

### ***Systemic Corticosteroid Medications***

DESCRIPTION	PRESCRIPTION
Glucocorticoids	<ul style="list-style-type: none"><li>• Cortisone-acetate</li><li>• Dexamethasone</li><li>• Hydrocortisone</li><li>• Methylprednisolone</li><li>• Prednisolone</li><li>• Prednisone</li></ul>

\*Medications subject to change

### ***Bronchodilator Medications***

DESCRIPTION	PRESCRIPTION
Anticholinergic agents	<ul style="list-style-type: none"><li>• Aclidinium-bromide</li><li>• Ipratropium</li><li>• Tiotropium</li><li>• Umeclidinium</li></ul>
Beta 2-agonists	<ul style="list-style-type: none"><li>• Albuterol</li><li>• Arformoterol</li><li>• Formoterol</li><li>• Indacaterol</li><li>• Levalbuterol</li><li>• Metaproterenol</li><li>• Salmeterol</li></ul>
Antiasthmatic combinations	<ul style="list-style-type: none"><li>• Albuterol-ipratropium</li><li>• Budesonide-formoterol</li><li>• Dyphylline-guaifenesin</li><li>• Fluticasone-salmeterol</li><li>• Fluticasone-vilanterol</li><li>• Formoterol-acidinium</li><li>• Fluticasone furoate-umeclidinium-vilanterol</li><li>• Formoterol-glycopyrrrolate</li><li>• Formoterol-mometasone</li><li>• Indacaterol-glycopyrrrolate</li><li>• Olodaterol hydrochloride</li><li>• Olodaterol-tiotropium</li><li>• Umeclidinium-vilanterol</li></ul>

\*Medications subject to change

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

### **Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the percentage of members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

The proportion of episodes that did not result in an antibiotic dispensing event indicates appropriate upper respiratory infection treatment.

DESCRIPTION	CODES
<b>Upper Respiratory Infection</b>	<b>ICD-10:</b> J00, J06.0, J06.0, J06.9 <b>SNOWMED CT US Ed:</b> 43692000, 54398005, 82272006

\*codes subject to change

## **(AAB) AVOIDANCE OF ANTIBIOTICS FOR ACUTE BRONCHITIS/ BRONCHIOLITIS**

### **Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the percentage of episodes for members 3 months of age & older with a diagnosis of acute bronchitis/bronchiolitis that did not result in antibiotic dispensing event.

The proportion of episodes that did not result in an antibiotic dispensing event indicates appropriate acute bronchitis/bronchiolitis treatment.

DESCRIPTION	CODES
<b>Acute Bronchitis</b>	<b>ICD-10:</b> J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9

\*codes subject to change

## **(HDO) USE OF OPIOIDS AT HIGH DOSE**

### **Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the proportion of adults 18 & older who received Rx opioids at a high dosage for  $\geq 15$  days during 2020.

Average Morphine Milligram Equivalents (MME)  $\geq 90$  during the treatment period.

DESCRIPTION	CODES
<b>Sample diagnoses</b>	<b>ICD-10:</b> D57.00-D57.02, D57.1, C34.01, C48.0-C48.00

\*codes subject to change

**(UOP) USE OF OPIOIDS FROM MULTIPLE PROVIDERS**  
**Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the proportion of adults 18 & older who received prescription Rx opioids for ≥ 15 days during 2020 from multiple providers.

Members in hospice are excluded.

DESCRIPTION	CODES
Hospice Encounter ( <i>exclusion</i> )	HCPCS: Q5004-Q5010

\*codes subject to change

**(COU) RISK OF CONTINUED OPIOID USE**  
**Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the percentage of adults 18 & older with 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.

Members in hospice are excluded.

DESCRIPTION	CODES
Hospice Encounter ( <i>exclusion</i> )	HCPCS: Q5004-Q5010

\*codes subject to change



# BEHAVIORAL HEALTH



## Contents

- (AMM) Antidepressant Medication Management
- (FUH) Follow-up after Hospitalization for Mental Illness
- (FUM) Follow-up after ER Visit for Mental Illness
- (FUA) Follow-up after ED Visit for Alcohol and Other Drug Abuse or Dependence
- (SMD) Diabetes Monitoring for People with Diabetes and Schizophrenia
- (SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication

## (AMM) ANTIDEPRESSANT MEDICATION MANAGEMENT

### Lines of Business: Medicare, Medicaid, Marketplace

This measure evaluates the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported:

**Effective Acute Phase Treatment:** percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)

**Effective Continuation Phase Treatment:** percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

**New for HEDIS® 2021 (MY 2020):** E-visits and virtual check-ins with any diagnosis of major depression meet criteria

#### **Antidepressant Medications\***

Description	Prescription		
Miscellaneous antidepressants	• Bupropion	• Vilazodone	• Vortioxetine
Monoamine oxidase inhibitors	• Isocarboxazid	• Phenelzine	• Selegiline • Tranylcypromine
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine • Fluoxetine-olanzapine		
SNRI antidepressants	• Desvenlafaxine	• Duloxetine • Levomilnacipran	• Venlafaxine
SSRI antidepressants	• Citalopram	• Escitalopram	• Fluoxetine • Fluvoxamine
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic antidepressants	• Amitriptyline • Desipramine • Nortriptyline	• Amoxapine • Doxepin (>6 mg) • Clomipramine • Imipramine • Protriptyline • Trimipramine	

\*subject to change

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

### **Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses *and* who had a follow-up visit with a mental health provider.

Two rates are reported:

1. The percentage of discharges for which the member received a follow-up visit within 7 days after discharge. Do not include visits that occur on the date of discharge.
2. The percentage of discharges for which the member received a follow-up visit within 30 days after discharge. Do not include visits that occur on the date of discharge.

**New for HEDIS® 2021 (MY 2020):** *A telephone visit with a mental health provider meets criteria.*

#### **Follow-up Visits**

DESCRIPTION	CODES
<b>Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Provider</b>	<b>CPT:</b> 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 – 99255 <b>POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
<b>BH Outpatient Visit with Mental Health Provider</b>	<b>CPT:</b> 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 – 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015
<b>Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Provider</b>	<b>CPT:</b> 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 – 99255 <b>POS:</b> 52
<b>Partial Hospitalization/ Intensive Outpatient</b>	<b>HCPCS:</b> G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

<b>Visit Setting Unspecified Value Set with Community Mental Health Center POS</b>	<b>CPT:</b> 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 <b>POS:</b> 53
<b>Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/ Partial Hospitalization POS</b>	<b>CPT:</b> 90870 <b>Ambulatory POS:</b> 24 <b>Comm. POS:</b> 53 <b>Partial Hosp. POS:</b> 52 <b>Outpatient POS:</b> 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 52
<b>Telehealth Visit</b>	<b>CPT:</b> 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 <b>POS:</b> 02
<b>Observation</b>	<b>CPT:</b> 99217-99220
<b>Transitional Care Management</b>	<b>CPT:</b> 99495, 99496

\*codes subject to change

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

### Lines of Business: Medicare, Medicaid, Marketplace

This measure evaluates the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses *and* who had a follow-up visit with a mental health provider.

Two rates are reported:

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

**New for HEDIS® 2021 (MY 2020):** A telephone visit, e-visit and virtual check-in with a mental health provider for a principal diagnosis of substance abuse disorder meets criteria.

DESCRIPTION	CODES
<b>7-day follow-up indicator</b>	<b>CPT:</b> 99496
<b>BH Outpatient Visit with Mental Health Provider</b>	<b>CPT:</b> 99495
<b>Telehealth modifier</b>	95, GT

\* codes subject to change

**(FUA) FOLLOW- UP AFTER EMERGENCY DEPARTMENT VISIT FOR  
ALCOHOL & OTHER DRUG ABUSE OR DEPENDENCE**  
**Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD with any practitioner.

Two rates are reported:

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

*A telephone visit, e-visit, or virtual check-in for principal diagnosis of AOD or dependence is acceptable.*

DESCRIPTION	CODES
<b>7-day follow-up indicator</b>	<b>CPT: 99496</b>
<b>30-day follow-up indicator</b>	<b>CPT: 99495</b>
<b>Telehealth modifier</b>	95, GT

\* codes subject to change

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

**Lines of Business: Medicaid**

This 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 during 2020.

DESCRIPTION	PRESCRIPTION
<b>HHbA1C Tests</b>	<b>CPT: 83036, 83037</b> <b>CPT-CAT-II: 3044F, 3045F, 3046F</b>
<b>LDL-C Tests</b>	<b>CPT: 80061, 83700, 83701, 83704, 83721</b> <b>CPT-CAT-II: 3048F, 3049F, 3050F</b>

\*subject to change

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

**Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates the 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 during 2020.

***Diabetes Screening*** - a glucose test or an HbA1C test performed during 2020.

DESCRIPTION	CODES
HbA1C Tests	<b>CCPT:</b> 83036, 83037 <b>CPT-CAT-II:</b> 3044F, 3045F, 3046F
Glucose Tests	<b>CPT:</b> 80047, 80048, 80050, 80053, 80069, 82947, 82950

\*codes subject to change



# UTILIZATION



## Contents

- (CRE) Cardiac Rehabilitation
- (IPU) Inpatient Utilization - General Hospital/Acute Care
- (PCR) Plan All Cause Readmission
- (EDU) Emergency Department Utilization

## **(CRE) CARDIAC REHABILITATION**

### **Lines of Business: Medicare, Medicaid, Marketplace**

#### **First year measure HEDIS 2021® (MY 2020)**

This measure evaluates the percentage of members 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart transplantation, heart/lung transplantation or heart valve repair/replacement.

Four rates are reported:

1. **Initiation** - 2 or more sessions of cardiac rehabilitation within 30 days
2. **Engagement 1** - 12 or more sessions of cardiac rehabilitation within 90 days
3. **Engagement 2** - 24 or more sessions of cardiac rehabilitation within 180 days.
4. **Achievement** - 36 or more sessions of cardiac rehabilitation within 180 days

DESCRIPTION	CODES
<b>Cardiac Rehabilitation</b>	<b>CPT:</b> 93797, 93798 <b>HCPGS:</b> G0422, G0423, S9472 <b>SNOMED CT US Ed:</b> 24050008, 229822009, 313395003, 385979001, 385980003, 395696000, 395697009, 395698004, 395699007

\* codes subject to change

## **(IPU) INPATIENT UTILIZATION - GENERAL HOSPITAL/ACUTE CARE**

### **Line of Business: Medicaid**

This measure summarizes utilization of acute inpatient care and services in the following categories:

- **Maternity**
- **Surgery**
- **Medicine**
- **Total inpatient** (the sum of Maternity, Surgery and Medicine)

## **(PCR) PLAN ALL-CAUSE READMISSION**

### **Lines of Business: Medicare, Medicaid, Marketplace**

This measure evaluates, for adults 18 and older, the number of acute inpatient or observation stays during 2020 followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

DESCRIPTION	CODES
<b>Observation</b>	<b>CPT:</b> 99217-99220
<b>Acute Inpatient</b>	<b>CPT:</b> 99221-99223

\* codes subject to change

## **(EDU) EMERGENCY DEPARTMENT UTILIZATION**

### **Lines of Business: Medicare, Marketplace**

This measure evaluates, for members 18 years of age and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during 2020.

DESCRIPTION	PRESCRIPTION
<b>ED</b>	<b>CPT:</b> 99281-99285
<b>ED</b>	<b>POS:</b> 23

\*codes subject to change

