



Quick Reference Guide HEDIS[®] MY 2021



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HEDIS® MY 2021 Quick Reference Guide

Updated to reflect NCQA HEDIS® MY 2021 Technical Specifications

WellCare strives to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the HEDIS® MY 2021 Quick Reference Guide to help you increase your practice's HEDIS® rates and to use to 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
- ✓ Consider including CPT II codes to provide additional details and reduce medical record requests



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



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Adult Health



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

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

CPT	HCPCS	ICD-10
99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337, 98966 - 98968, 99441 - 99443, 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99483	G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063, T1015, S0620, S0621	Z00.00, Z00.01, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

NOTE: Codes subject to change



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(AMM) Antidepressant Medication Management

Measure evaluates 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:

- 1 | Effective Acute Phase Treatment:** percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- 2 | Effective Continuation Phase Treatment:** percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

Antidepressant Medications

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





(CBP) Controlling High Blood Pressure

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).

Description	Codes
Hypertension	ICD-10: I10
Systolic Greater Than/Equal to 140	CPT-CAT-II: 3077F
Systolic Less Than 140	CPT-CAT-II: 3074F, 3075F
Diastolic Greater Than/Equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Less Than 80	CPT-CAT-II: 3078F
Remote Blood Pressure Monitoring Codes	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474
Outpatient Codes	CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341 - 99345 HCPCS: G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient Codes	CPT: 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337
Online Assessments	CPT: 98969 - 98972, 99421 - 99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Telephone Visits	CPT: 98966 - 98968, 99441 - 99443
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

*Codes subject to change





(CDC) Comprehensive Diabetes Care

Measure evaluates 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
- Eye exam (retinal) performed
- Medical attention for nephropathy (Medicare only)
- HgA1c poor control (>9.0%)
- HgbA1c control (<8.0%)
- BP control (<140/90 mm Hg)

Description	Codes
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Outpatient Codes	CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341 - 99345 HCPCS: G0402, G0438, G0439, G0463, G9054, M1017, ICD-10: Z51.5, T1015
Non-Acute Inpatient	CPT: 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337
Remote BP Monitoring	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Greater Than/Equal To 90	CPT-CAT-II: 3080F
Diastolic Less Than 80	CPT-CAT-II: 3078F
Systolic Greater Than/Equal To 140	CPT-CAT-II: 3077F
Systolic Less Than 140	CPT-CAT-II: 3074F, 3075F
Unilateral Eye Enucleation With a Bilateral Modifier	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 CPT Modifier: 50
HbA1c Lab Test	CPT: 83036, 83037
HbA1c Level Less than 7 Codes	CPT-CAT-II: 3044F
HbA1c Level Greater Than/Equal to 7 and Less than 8	CPT-CAT-II: 3051F
HbA1c Level Greater Than/Equal to 8 and Less than/equal to 9	CPT-CAT-II: 3052F

(CDC) Comprehensive Diabetes Care (Continued)

Description	Codes
HbA1c Greater than 9.0	CPT: 83036, 83037 CPT-CAT-II: 3046F
Urine Protein Tests	CPT: 81000 - 81003, 81005, 82042 - 82044, 84156 CPT-CAT-II: 3060F, 3061F, 3062F
Nephropathy Treatment	CPT-CAT-II: 3066F, 4010F
Automated Eye Exam	CPT: 92229
Diabetic Retinal Screening negative in Prior Year	CPT-CAT-II: 3072F
Eye Exam with Retinopathy	CPT-CAT-II: 2022F, 2024F, 2026F
Eye Exam without Retinopathy	CPT-CAT-II: 2023F, 2025F, 2033F

*Codes subject to change



(COA) Care for Older Adults

Measure evaluates percentage of adults 66 years and older who had each of the following:

- Advanced care planning
- Medication review
- Functional status assessment
- Pain assessment

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

*Codes subject to change





(COL) Colorectal Cancer Screening

Measure evaluates the percentage of members 50-75 years of age who has had an appropriate screening for colorectal cancer.

Description	Codes
Colonoscopy	CPT: 44388 - 44394, 44397, 44401 - 44408, 45355, 45378 - 45393, 45398 HCPCS: G0105, G0121
CT Colonography	CPT: 74261 - 74263
FIT- DNA Lab Test	CPT: 81528 HCPCS: G0464
Flexible Sigmoidoscopy	CPT: 45330 - 45335, 45337 - 45338, 45340 - 45342 , 45346 - 45347, 45349 - 45350 HCPCS: G0104
FOBT Lab Test	CPT: 82270, 82274 HCPCS: G0328
Colorectal Cancer	HCPCS: G0213, G0214, G0215, G0231 ICD-10: C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Total Colectomy	CPT: 44150 - 44153, 44155 - 44158, 44210 - 44212

*Codes subject to change



(KED) Kidney Health Evaluation for Patients With Diabetes

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.

Description	Codes
Estimated Glomerular Filtration Rate (eGFR)	CPT: 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin-Creatinine Ratio (uACR)	CPT: 82043, 82570
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

*Codes subject to change





Pediatric Health



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

Measure evaluates percentage of children newly prescribed attention deficit hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two rates are reported:

- 1 Initiation Phase:** percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase
- 2 Continuation and Maintenance (C&M) Phase:** percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase

Description	Codes
An Outpatient Visit	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72



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

Description	Codes
BH Outpatient Visit	CPT: 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Observation Visit	CPT: 99217 - 99220
Health and Behavior Assessment/Intervention	CPT: 96150 - 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Visit Setting Unspecified Value Set with Partial Hospitalization POS	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 52
Partial Hospitalization/ Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telehealth Visit	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 02
Telephone Visits	CPT: 98966 - 98968, 99441 - 99443
E-visit/Virtual Check-In	CPT: 98969 - 98972, 99421 - 99423, 99444, 99457 HCPCS: G2010, G2012, G2061, G2062, G2063
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 53

NOTE: Codes subject to change





(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics

This measure demonstrates the percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates reported:

- 1 Percentage of children and adolescents on antipsychotics who received blood glucose testing
- 2 Percentage of children and adolescents on antipsychotics who received cholesterol testing
- 3 Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

Description (Need either A1c or Glucose and LCL-C or Cholesterol)	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
LDL-C Lab Tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F, 3049F, 3050F
Cholesterol Lab Tests	CPT: 82465, 83718, 83722, 84478

*Codes subject to change



(CIS) Childhood Immunization Status

This measure demonstrates the percentage of children 2 years of age who completed immunizations on or before child's second birthday.

Description	Codes
DTaP (4 dose)	CPT: 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120
HIB (3 dose)	CPT: 90644, 90647, 90648, 90698, 90748 CVX: 17, 46, 47, 48, 49, 50, 51, 120, 148

(CIS) Childhood Immunization Status (Continued)

Description	Codes
Newborn Hep B (3 dose)	CPT: 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110 HCPCS: G0010 ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
IPV (3 dose)	CPT: 90698, 90713, 90723 CVX: 10, 89, 110, 120
MMR (1 dose)	CPT: 90704 - 90708, 90710 CVX: 05, 03, 94, 04, 07, 06 ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Pneumococcal Conjugate PCV (4 dose)	CPT: 90670 CVX: 133, 152 HCPCS: G0009
Varicella VZV (1 dose)	CPT: 90710, 90716 CVX: 21, 94 ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
Hep A (1 dose)	CPT: 90633 CVX: 31, 83, 85 ICD-10: B15.0, B15.9
Influenza Flu (2 dose) LAIV vaccination must be administered on the child's 2nd birthday	CPT: 90655, 90657, 90660, 90661, 90672, 90673, 90685 - 90689 CVX: 88, 140, 141, 150, 153, 155, 158, 161, 111, 149 HCPCS: G0008
Rotavirus (2 Dose)	CPT: 90681 CVX: 119
Rotavirus (3 Dose)	CPT: 90680 CVX: 116, 122

NOTE: Codes subject to change NOTE: Rotavirus is either 2 dose **OR** 3 dose for compliancy





(IMA) Immunizations for Adolescents

Measure evaluates percentage of adolescents 13 years of age who completed immunizations on or before member's 13th birthday

Description	Codes
Meningococcal -serogroup A,C,W, and Y: (1 dose)	CPT: 90619, 90734 CVX: 108, 114, 136, 147, 167, 203
Tdap (1 dose)	CPT: 90715 CVX: 115
HPV (2 or 3 dose series)	CPT: 90649 - 90651 CVX: 62, 118, 137, 165

*Codes subject to change



(LSC) Lead Screening in Children

Measure evaluates percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday

CPT
83655

*Codes subject to change



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

The percentage of members who had the following number of well-child visits with a PCP during the measurement year.

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



(WCV) Child and Adolescent Well-Care Visits

Members 3-21 years of age who had a least one comprehensive well-care visit with a PCP or an OB/GYN

CPT	HCPCS	ICD-10
99381, 99382, 99391, 99392, 99461	G0438, G0439, S0302	Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2

*Codes subject to change

CPT	HCPCS	ICD-10
99382 - 99385, 99391 - 99395	G0438, G0439, S0302	Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2

*Codes subject to change



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

This measure demonstrates the percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:

- BMI Percentile
- Counseling for Nutrition
- Counseling for physical activity

Description	Codes
BMI Percentile	ICD-10: Z68.51, Z68.52, Z68.53, Z68.54
Description	Codes
Nutrition Counseling	CPT: 97802 - 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 ICD-10: Z71.3
Physical Activity	HCPCS: G0447, S9451 ICD-10: Z02.5, Z71.82

*Codes subject to change





General Health



(AMR) Asthma Medication Ratio

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.

Step 1: For each member, count the units of asthma controller medications (Asthma Controller Medications List) dispensed during the measurement year.

Step 2: For each member, count the units of asthma reliever medications (Asthma Reliever Medications List) dispensed during the measurement year.

- For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications
- For each member, calculate ratio using the below:
- Units of Controller Medications/Units of Total Asthma Medications

Asthma Controller Medications

Description	Prescriptions	Medication Lists	Route
Antiasthmatic combinations	• Dyphylline-guaifenesin	Dyphylline Guaifenesin Medications List	Oral
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



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(AMR) Asthma Medication Ratio (Continued)

Asthma Controller Medications (Continued)

Description	Prescriptions	Medication Lists	Route
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

(AMR) Asthma Medication Ratio (Continued)

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



(CWP) Appropriate Testing for Pharyngitis

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

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

NOTE: Codes subject to change



(FUH) Follow-Up After Hospitalization for Mental Illness

Measure evaluates 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 Discharges for which the member received **follow-up within 30 days after discharge**
- 2 Discharges for which the member received **follow-up within 7 days after discharge**

(FUH) Follow-Up After Hospitalization for Mental Illness (Continued)

Description	Codes*
Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Provider	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with Mental Health Provider	CPT: 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013 - H2020, T1015
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Provider	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 52
Partial Hospitalization/Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 53
Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/Partial Hospitalization POS	CPT: 90870 Ambulatory POS: 24 Comm. POS: 53 Partial Hosp. POS: 52 Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Telehealth Visit	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 02
Observation	CPT: 99217-99220

*Please refer to HEDIS Volume 2/Value sets for additional codes. Codes listed in this

(FUH) Follow-Up After Hospitalization for Mental Illness (Continued)

Description	Codes*
Transitional Care Management	CPT: 99495, 99496
Telephone Visit	CPT: 98966 - 98968, 99441 - 99443

NOTE: Codes subject to change

*Please refer to HEDIS Volume 2/Value sets for additional codes. Codes listed in this document are provided as examples.



(IET) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

Measure evaluates percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- ✓ **Initiation of AOD Treatment:** percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis
- ✓ **Engagement of AOD Treatment:** percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit

Description	Codes
Initiation and Engagement/Treatment	<p>CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99217 - 99220, 99221 - 99223, 99231, 99233, 99238, 99239, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99251 - 99255, 99384 - 99387, 99394 - 99397, 99401 - 99404, 99408, 99409, 99411, 99412, 99483, 99510,</p> <p>HCPS: G0155, G0176, G0177, G0396, G0397, G0409 - G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034 - H0037, H0039, H0040, H0047, H2000, H2001, H2010 - H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015</p> <p>POS: 02, 03, 05, 07, 09, 11-20, 22, 33, 49-50, 52-53, 57, 58, 71-72</p>

(IET) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Continued)

Description	Codes
Telephone Visits	CPT: 98966 - 98968, 99441 - 99443
E-visit/Virtual Check-In	CPT: 98969 - 98972, 99421 - 99423, 99444, 99457 HCPCS: G0071 G2010, G2012, G2061 - G2063

NOTE: Codes subject to change

***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.**



