



HEDIS Benchmarks and Coding Guidelines for Quality Care

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* LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth services on behalf of the health plan.

<https://providers.anthem.com/nv>

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NVBCBS-CD-016412-22 February 2023

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

This HEDIS® measure looks at the percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did **not** result in an antibiotic dispensing event.

Exclusions:

- Members diagnosed with pharyngitis or a competing diagnosis are excluded if during the period 30 days prior to the episode date through three days after the episode date (34 days total).
- Members with a diagnosis of the following during the 12 months prior to or on the episode date are excluded:
 - HIV
 - HIV type 2
 - Other malignant neoplasms of skin
 - Malignant neoplasms
 - Emphysema
 - Chronic obstructive pulmonary disease (COPD)
 - Comorbid conditions
 - Disorders of the immune system
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Description	CPT®/HCPCS/ICD10CM
Acute bronchitis	ICD10CM: J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- If a patient insists on an antibiotic:
 - Refer to the illness as a chest cold rather than bronchitis; members tend to associate the label with a less-frequent need for antibiotics.
 - Write a prescription for symptom relief, such as an over-the-counter cough medicine.
 - Treat with antibiotics if associated comorbid diagnosis.
- If utilizing an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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How can we help?

We help you with avoidance of antibiotic treatment for members with acute bronchitis/bronchiolitis by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Other available resources

Go to <https://www.cdc.gov/antibiotic-use/index.html>

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

This HEDIS measure looks at the percentage of members 20 years of age and older who had an ambulatory or preventive care visit. The organization reports percentages for members who had an ambulatory or preventive care visit during the measurement year.

Exclusions:

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

Description	CPT/HCPCS/ICD10CM
Ambulatory Visits	CPT: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 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, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015 ICD10CM: Z00.00, Z00.01, Z00.121, Z00.129, 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
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Notes

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

This measure looks at the 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:

- **Initiation phase:** The percentage of members 6 to 12 years of age as of the index prescription start date (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.
- **Continuation and maintenance (C&M) phase:** The percentage of members 6 to 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 (nine months) after the initiation phase ended.

Record your efforts

When prescribing a new ADHD medication:

- Be sure to schedule a follow-up visit right away — within 30 days of ADHD medication initially prescribed or restarted after a 120-day break.
- Schedule follow-up visits while members are still in the office.
- Have your office staff call members at least three days before appointments.
- After the initial follow-up visits, schedule at least two more office visits in the next nine months to monitor patient's progress.

Be sure that follow-up visits include the diagnosis of ADHD.

Exclusions:

- Exclude members who had an acute inpatient encounter for a mental, behavioral, or neurodevelopmental disorder during the 300 days (10 months) after the IPSD.
- Members with a diagnosis of narcolepsy.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Description	CPT/HCPCS
Behavioral health (BH) outpatient	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

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Helpful tips:

- Telehealth can be used for 30 day follow up and only one of the two visits (during days 31 through 300) may be an e-visit or virtual check-in.
- Educate your members and their parents, guardians, or caregivers about the use of and compliance with long-term ADHD medications and the condition.
- Collaborate with other organizations to share information, research best practices about ADHD interventions and appropriate standards of practice and their effectiveness and safety.
- Contact your Provider Relationship Management representative for copies of our ADHD-related patient materials.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.
- We help you with follow-up care for children who are prescribed ADHD medications by:
 - Providing *Clinical Practice Guidelines* on our provider self-service website.
 - Providing the *HEDIS Measure Physician Desktop Reference Guide* and other helpful tools on our website.
 - Helping you schedule appointments for your members if needed.
 - Educating our members on ADHD through newsletters and health education fliers.

Other available resources

You can find more information and tools online at:

- www.healthychildren.org
- www.brightfutures.org
- www.chadd.org

Notes

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Antidepressant Medication Management (AMM)

This measure looks at 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:** The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
- **Effective continuation phase treatment:** The percentage of members who remained on an antidepressant medication for at least 180 days (six months).

Record your efforts:

- Identify all acute and nonacute inpatient stays.
- Identify the admission and discharge dates for the stay. Either an admission or discharge during the required time frame meets criteria.

Exclusions:

- Members who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the index prescription start date (IPSD), through the IPSD and the 60 days after the IPSD.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Description	CPT/HCPCS/ICD10CM/PCS
Major depression	ICD10CM: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
BH outpatient	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Electroconvulsive therapy	CPT: 90870 ICD10PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips

Educate your members and their spouses, caregivers, and/or guardians about the importance of:

- Complying with long-term medications.
- Not abruptly stopping medications without consulting you.
- Contacting you immediately if they experience any unwanted/adverse reactions so that their treatment can be re-evaluated.

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- Scheduling and attending follow-up appointments to review the effectiveness of their medications.
- Calling your office if they cannot get their medications refilled.
- Discuss the benefits of participating in a BH case management program.
- Ask your members who have a BH diagnosis to provide you access to their BH records if you are their primary care provider.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

We help you with antidepressant medication management by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.

Other available resources

You can find more information and tools online at:

- www.ahrq.gov
- www.ncbi.nlm.nih.gov

Notes

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Asthma Medication Ratio (AMR)

This HEDIS measure looks at the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.

Record your efforts:

- **Oral medication dispensing event:** Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events — if multiple prescriptions for the same medication are dispensed on the same day, sum up the days' supply and divide by 30. Use the drug ID to determine if the prescriptions are the same or different.
- **Inhaler dispensing event:** All inhalers (for example, canisters) of the same medication dispensed on the same day count as one dispensing event — medications with different drug IDs dispensed on the same day are counted as different dispensing events.
- **Injection dispensing events:** Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.
- **Units of medications:** When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication.

Exclusions:

- Members who had no asthma controller or reliever medications dispensed during the measurement year.
- Members in hospice or using hospice services during the measurement year.
- Members who died during the measurement year.
- Member with any of the below listed conditions:
 - Emphysema
 - Other emphysema
 - Chronic obstructive pulmonary disease (COPD)
 - Obstructive chronic bronchitis
 - Chronic respiratory conditions due to fumes or vapors
 - Cystic fibrosis
 - Acute respiratory failure

Description	CPT/HCPCS/ICD10CM
Asthma	ICD10CM: J45.21, J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.991, J45.998
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
CDC race and ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American

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Description	CPT/HCPCS/ICD10CM
	2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing you with individual reports of your members overdue for services if needed.
- Assisting with patient scheduling if needed.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Notes

[illegible]

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Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

This HEDIS measure looks at the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

- The percentage of children and adolescents on antipsychotics who received blood glucose testing.
- The percentage of children and adolescents on antipsychotics who received cholesterol testing.
- The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

Record your efforts:

- At least one test for blood glucose or HbA1c.
- At least one test for LDL-C or cholesterol.
- If your office does not perform in-house lab testing, make sure your members labs results are recorded in the medical record with your initials where you have acknowledged review of results.

Exclusions:

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

Description	CPT/CAT II/LOINC
Cholesterol lab test	CPT: 82465, 83718, 83722, 84478 LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1
Glucose lab test	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c lab test	CPT: 83036, 83037 LOINC: 17856-6, 4548-4, 4549-2
HbA1c lab test results or findings	CAT II: 3044F, 3046F, 3051F, 3052F
LDL-C lab test	CPT: 80061, 83700, 83701, 83704, 83721 LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7
LDL-C lab test results or findings	CAT II: 3048F, 3049F, 3050F

Note: The logical observation identifiers names and codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Helpful tip

- If utilizing an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

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

This HEDIS measure looks at the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Record your efforts

Documentation of psychosocial care in the 121-day period from 90 days prior to the IPSP through 30 days after the IPSP.

Exclusions:

- At least one acute inpatient encounter during the measurement year with a diagnosis of:
 - Schizophrenia
 - Schizoaffective disorder
 - Bipolar disorder
 - Psychotic disorder
 - Autism
 - Other developmental disorder
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Description	CPT/HCPCS
Psychosocial care	CPT: 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 HCPCS: G0176, G0177, G0409, G0410, G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485
BH outpatient	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
BH stand-alone nonacute inpatient	CPT: 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316 HCPCS: H0017-H0019, T2048
Visit setting unspecified	CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tip

- If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

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How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing you with individual reports of your members overdue for services if needed.
- Assisting with patient scheduling if needed.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Notes

This image shows a full page of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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Blood Pressure Control for Patients With Diabetes (BPD)

This HEDIS measure looks at the percentage of members 18 to 75 years of age with diabetes (type 1 and 2) whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.

Record your efforts:

- Members 18 to 75 years of age whose BP is < 140/90 mm Hg.

What does not count?

Do not include BP readings:

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

Exclusions:

- Members who do not have a diagnosis of diabetes.
- Members in hospice or using hospice services anytime during the measurement year.
- Members receiving palliative care.
- Members 66 years of age and with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty.
 - At least two outpatient visits with an advanced illness diagnosis.
- Members who died during the measurement year.

Description	CPT/HCPCS/CAT II/LOINC
Diastolic BP	CAT II: 3078F-3080F LOINC: 75995-1, 8453-3, 8454-1, 8455-8, 8462-4, 8496-2, 8514-2, 8515-9, 89267-9
Diastolic 80 to 89	CAT II: 3079F
Diastolic greater than/equal to 90	CAT II: 3080F
Diastolic Less Than 80	CAT II: 3078F
Systolic BP	CAT II: 3074F, 3075F, 3077F LOINC: 75997-7, 8459-0, 8460-8, 8461-6, 8480-6, 8508-4, 8546-4, 8547-2, 89268-7
Systolic greater than/equal to 140	CAT II: 3077F
Systolic less than 140	CAT II: 3074F, 3075F
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The LOINC are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

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Helpful tips:

- Improve the accuracy of BP measurements performed by your clinical staff by:
 - Providing training materials from the American Heart Association.
 - Conducting BP competency tests to validate the education of each clinical staff member.
 - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all members with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in member's medical records.
- Refer high-risk members to our hypertension programs for additional education and support.
- Educate members and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
 - Heart-healthy eating and a low-salt diet.
 - Smoking cessation and avoiding secondhand smoke.
 - Adding regular exercise to daily activities.
 - Home BP monitoring.
 - Ideal body mass index (BMI).
 - The importance of taking all prescribed medications as directed.
- Include the applicable category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We support you in helping members control high blood pressure by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Reaching out to our hypertensive members through our programs.
- Helping identify your hypertensive members.
- Helping you schedule, plan, implement and evaluate a health screening clinic day; call your Provider Relationship Management representative to find out more.
- Educating our members on high blood pressure through health education materials if available.
- Supplying copies of healthy tips for your office.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Other available resources

You can find more information and tools online at:

- www.nhlbi.nih.gov
- <https://www.cdc.gov/bloodpressure/index.htm>

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Controlling High Blood Pressure (CBP)

This HEDIS measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.

Record your efforts

Document blood pressure and diagnosis of HTN. Members whose BP is adequately controlled include:

- Members 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of hypertension:
 - If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading.
 - If no BP is recorded during the measurement year, assume that the member is *not controlled*.

What does not count?

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

Exclusions:

- ESRD
- Kidney transplant
- Pregnancy
- Non acute inpatient stay
- Members 81 and above with frailty
- Members receiving palliative care
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year
- Members 66 years of age and with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty.
 - At least two outpatient visits with an advanced illness diagnosis.

Description	CPT/HCPCS/ICD10CM/CAT II
Essential HTN	ICD10CM: I10
Diastolic BP	CAT II: 3078F-3080F LOINC: 8453-3, 8454-1, 8455-8, 8462-4, 8496-2, 8514-2, 8515-9, 89267-9
Diastolic 80 to 89	CAT II: 3079F
Diastolic greater than/equal to 90	CAT II: 3080F
Diastolic Less Than 80	CAT II: 3078F
Systolic BP	CAT II: 3074F, 3075F, 3077F

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Description	CPT/HCPCS/ICD10CM/CAT II
	LOINC: 75997-7, 8459-0, 8460-8, 8461-6, 8480-6, 8508-4, 8546-4, 8547-2, 89268-7
Systolic greater than/equal to 140	CAT II: 3077F
Systolic less than 140	CAT II: 3074F, 3075F
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
CDC race and ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Note: The LOINC are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Improve the accuracy of BP measurements performed by your clinical staff by:
 - Providing training materials from the American Heart Association.
 - Conducting BP competency tests to validate the education of each clinical staff member.
 - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all members with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in member's medical records.
- Refer high-risk members to our hypertension programs for additional education and support.
- Educate members and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
 - Heart-healthy eating and a low-salt diet.
 - Smoking cessation and avoiding secondhand smoke.
 - Adding regular exercise to daily activities.
 - Home BP monitoring.
 - Ideal body mass index (BMI).
 - The importance of taking all prescribed medications as directed.
- Include the applicable category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We support you in helping members control high blood pressure by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.

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- Reaching out to our hypertensive members through our programs.
- Helping identify your hypertensive members.
- Helping you schedule, plan, implement and evaluate a health screening clinic day; call your Provider Relationship Management representative to find out more.
- Educating our members on high blood pressure through health education materials if available.
- Supplying copies of healthy tips for your office.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Other available resources

You can find more information and tools online at:

- www.nhlbi.nih.gov
- <https://www.cdc.gov/bloodpressure/index.htm>

Notes

This image shows a full page of blank handwriting practice paper. It features multiple sets of horizontal lines spaced evenly down the page. Each set typically consists of three lines: a solid top line, a dashed middle line, and a solid bottom line, providing a guide for letter height and placement. The paper is otherwise completely blank, with no text or other markings.

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Cervical Cancer Screening (CCS)

This HEDIS measure looks at the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

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

Record your efforts

Make sure your medical records reflect:

- The date when the cervical cytology was performed.
- The results or findings.
- Notes in patient's chart if patient has a history of hysterectomy:
 - Complete details if it was a complete, total or radical abdominal, vaginal, or unspecified hysterectomy with no residual cervix; also, document history of cervical agenesis or acquired absence of cervix (include, at a minimum, the year the surgical procedure was performed).

Exclusions

Members who have one of the following in their history can be excluded:

- Absence of cervix.
- Hysterectomy with not residual cervix, cervical agenesis or acquired absence of a cervix.
- Members receiving palliative care.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Description	CPT/HCPCS/LOINC/ICD10CM/PCS
Cervical cytology lab test	CPT: 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
hrHPV lab test	CPT: 87624, 87625 HCPCS: G0476 LOINC: 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3
Absence of cervix diagnosis	ICD10CM: Q51.5, Z90.710, Z90.712
Hysterectomy with no residual cervix	CPT: 51925, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956 ICD10PCS: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ

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Note: The LOINC are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Discuss the importance of well-woman exams, mammograms, Pap tests and HPV testing with all female members between ages 21 to 64 years.
- Be a champion in promoting women's health by reminding them of the importance of annual wellness visits.
- Refer members to another appropriate provider if your office does not perform Pap tests and request copies of Pap test/HPV co-testing results be sent to your office.
- For members who get their screening with other providers, remember to document the screening date in the members medical records along with the date and results if known.
- Talk to your Provider Relationship Management representative to determine if a health screening clinic day has been scheduled in your community. Our staff may be able to help plan, implement and evaluate events for a particular preventive screening, like a cervical cancer screening or a complete comprehensive women's health screening event (only if this is offered in your practice area).
- Train your staff on the use of educational materials to promote cervical cancer screening.
- Use a tracking mechanism, (for example, EMR flags and/or manual tracking tool) to identify members due for cervical cancer screening.
- Display posters and educational messages in treatment rooms and waiting areas to help motivate members to initiate discussions with you about screening.
- Train your staff on preventive screenings or find out if we provide training.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We help you get our members this critical service by:

- Offering you access to our *Clinical Practice Guidelines* on our provider self-service website.
- Coordinating with you to plan and focus on improving health awareness for our members by providing health screenings, activities, materials, and resources if available or as needed.
- Educating members on the importance of cervical cancer screening through various sources, such as phone calls, post cards, newsletters, and health education fliers if available.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Other available resources

You can find more information and tools online at www.uspreventiveservicestaskforce.org.

Notes

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Childhood Immunization Status (CIS)

This measure looks at the percentage of children turning 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday:

- Hep B *initial dose* is the only vaccine that can be given before 42 days after birth.
- Influenza cannot be given until infant is 6 months of age.
- MMR, VZV and Hep A can only be given between 1st and 2nd birthday to close the gap.
- Second Influenza vaccination may be the LAIV given on members 2nd birthday.

Immunization	Dose(s)
DTaP	Four
IPV	Three
MMR	One
Hib	Three
Hep B	Three
VZV	One
PCV	Four
Hep A	One
Rotavirus	<ul style="list-style-type: none"> • Two-dose (Rotarix) • Three-dose (Rotateq) vaccine
Influenza	Two; Second dose may be LAIV given on second birthday

Record your efforts

Once you give our members their needed immunizations, let us and the state know by:

- Recording the immunizations in your state registry.
- Documenting the immunizations (historic and current) within medical records to include:
 - A note indicating the name of the specific antigen and the date of the immunization.
 - The certificate of immunization prepared by an authorized health care provider or agency.
 - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses, or seropositive test result.
 - The date of the first hepatitis B vaccine given at the hospital and name of the hospital if available.
 - A note that the member is up to date with all immunizations but which does not list the dates of all immunizations and the names of the immunization agents does not constitute sufficient evidence of immunization for HEDIS reporting.

Exclusions:

- Anaphylactic reaction due to vaccination
- Disorders of the immune system
- Encephalopathy due to the vaccination
- Immunocompromising Conditions
- HIV

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- HIV type 2
- Intussusception
- Malignant neoplasm of lymphatic tissue
- Severe combined immunodeficiency
- Vaccine causing adverse effect
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Codes to identify immunizations:

Immunization	CPT	CVX
DTaP	CPT: 90697, 90698, 90700, 90723	20, 50, 106, 107, 110, 120, 146
IPV	CPT: 90697, 90698, 90713, 90723	10, 89, 110, 120, 146
MMR	CPT: 90707, 90710	03, 94
Hib	CPT: 90644, 90647, 90648, 90697, 90698, 90748	17, 46, 47, 48, 49, 50, 51, 120, 146, 148
Hep B	CPT: 90697, 90723, 90740, 90744, 90747, 90748	08, 44, 45, 51, 110, 146
VZV	CPT: 90710, 90716	21, 94
PCV	CPT: 90670,	109, 133, 152
Hep A	CPT: 90633	31, 83, 85
Rotavirus (two- or three-dose)	Two-dose: 90681 Three-dose: 90680	Two-dose: 119 Three-dose: 116, 122
Influenza	CPT: 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689	88, 140, 141, 150, 153, 155, 158, 161
Influenza: live attenuated for intranasal use	CPT: 90660, 90672	111-Influenza virus vaccine, live attenuated, for intranasal 149- Influenza, live, intranasal, quadrivalent

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- If you use an EMR, create a flag to track members due for immunizations.
- Extend your office hours into the evening, early morning, or weekends to accommodate working parents.
- Develop or implement standing orders for nurses and physician assistants in your practice to allow staff to identify opportunities to immunize.
- Enroll in the Vaccines for Children (VFC) program to receive vaccines. For questions about enrollment and vaccine orders, contact your state VFC coordinator. Find your coordinator when you visit www.cdc.gov/vaccines/programs/vfc/contacts-state.html or call **800-CDC-INFO (800-232-4636)**.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

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How can we help?

We can help you get children in for their immunizations by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing you with individual reports of your members overdue for services if needed.
- Assisting with patient scheduling if needed.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Notes

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Chlamydia Screening in Women (CHL)

This HEDIS measure looks at the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Record your efforts

Indicate the date the test was performed and the results.

Exclusions:

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

Based on a pregnancy test alone and who meet either of the following:

- A pregnancy test and a prescription for isotretinoin on the date of the pregnancy test or the six days after.
- A pregnancy test and an x-ray on the date of the pregnancy test or the six days after.

Description	CPT/LOINC
Chlamydia testing	CPT: 87110, 87270, 87320, 87490-87492, 87810 LOINC: 14463-4, 14464-2, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 91860-7

Note: The LOINC are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Helpful resource:

- www.cdc.gov/std/chlamydia/default.htm

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

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Colorectal Cancer Screening (COL)

This HEDIS® measure evaluates the percentage of members 45 to 75 years of age who had appropriate screening for colorectal cancer:

- **Colonoscopy** during measurement year or 9 years prior.
- **Fecal occult blood test (FOBT)** during measurement year.
- **Computed tomography (CT) colonography** during measurement year or 4 years prior.
- **Fecal immunochemical test (FIT)-DNA test** during measurement year or 2 years prior.
- **Flexible sigmoidoscopy** during measurement year or 4 years prior \.

Note: A FIT DNA is a Cologuard test. A FIT test is the fecal occult blood test (FOBT) immunochemical test. They are not the same.

Record your efforts

Acceptable:

- Colonoscopy indicating *poor bowel prep* or *incomplete exam* with documentation of scope advancing past splenic flexure for a colonoscopy or advancing into sigmoid colon for flexible sigmoidoscopy.
- Two types of FOBT tests: guaiac (gFOBT) and immunochemical (iFOBT/FIT). Depending on the type of FOBT test, a certain number of samples are required for numerator compliance:
 - For FIT test: as long as the medical record indicates that a FIT was done, the member meets criteria regardless of how many samples were returned.
 - For gFOBT and unspecified type of test:
 - If the medical record does not indicate the number of samples (assume correct number returned) or indicates three or more samples were returned, the member meets criteria.
- The FOBT test must be processed, and results reported by a lab.
- The advanced illness exclusion can be identified from a telephone visit, e-visit, or virtual check-in.
- Documentation in the medical record of *Colon Cancer Screening Done in 2021* without notation of type of screening can only be used as evidence of FOBT.
- Ensure chart captures members' ethnicity.

Not Acceptable:

- Tests performed in an office setting or from any specimen collected during a digital rectal exam.
- CT scan of the abdomen and pelvis.
- Unclear documentation in medical record as *COL* or *COLON 20XX* by provider without mention of the actual screening test completed.

Exclusions:

- Diagnosis of colorectal cancer.
- Total colectomy.
- Members receiving palliative care.
- Members enrolled in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

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- Members receiving palliative care.
- Members 66 years of age and with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty.
 - At least two outpatient visits with an advanced illness diagnosis.

Description	CPT/HCPCS
Colonoscopy	CPT: 44388-44394, 44401-44408, 45378, 45379, 45380-45393, 45398 HCPCS: G0105, G0121
FOBT lab test	CPT: 82270, 82274 HCPCS: G0328
CT colonography	CPT: 74261-74263
Fit DNA lab test	CPT: 81528
Flexible sigmoidoscopy	CPT: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 HCPCS: G0104
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
CDC race and ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Helpful tips and resources:

- Best practice to have the actual screening test and result. However, result is not required as long as documentation is part of the medical record and clearly indicates screening was completed and not merely ordered.
- Stress importance of screening.
- Always include a date of service and place of service if known.
- If utilizing an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements.
- Educate the members about the importance of early detection and encourage screening.
- Submit claims and encounter data in a timely manner.
- Centers for Disease Control and Prevention (CDC), Colorectal Cancer Screening Tests, https://www.cdc.gov/cancer/colorectal/basic_info/screening/tests.htm
- www.cdc.gov/cancer/colorectal/index.htm

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Risk of Continued Opioid Use (COU)

These HEDIS measures look at members 18 years of age and older who a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

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

A lower rate indicates better performance.

Exclusions:

- Cancer.
- Sickle cell disease.
- Palliative care.
- Members in hospice or using hospice services any time during the measurement year.
- Members who died any time during the measurement year.

Description	HCPCS
Hospice Encounter	HCPCS: G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Be sure to include the appropriate diagnosis on the claim for the treatment visits.
- Discuss the benefits of participating in our BH case management program.
- Ask your patients who have a BH diagnosis to provide you access to their BH records if you are their primary care provider.
- Some of the barriers to members starting and engaging in substance abuse treatment include:
 - Lack of member knowledge on importance and availability of treatment services.
 - Lack of coordination of care between physical and BH practitioners.
 - Denial of patients in addressing their drug dependence.
 - Resistance to seeking treatment due to social stigma.
 - No support from family, friends, peer or other community groups.
 - Little emphasis from providers in addressing these issues during a regular wellness visit.

How can we help?

- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

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Appropriate Testing for Pharyngitis (CWP)

This HEDIS measure evaluates the 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.

Record your efforts:

- Document results of all strep tests or refusal for testing in medical record.
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.

Exclusions:

- Visits that result in an inpatient stay.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Description	CPT/HCPCS/ICD10CM
Pharyngitis	ICD10CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Group A streptococcal tests	CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880 LOINC: 11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The LOINC are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- If a patient tests negative for group A strep but insists on an antibiotic:
 - Refer to the illness as a sore throat due to a cold; members tend to associate the label with a less-frequent need for antibiotics.
 - Write a prescription for symptom relief, like over-the-counter medications.
- Educate members on the difference between bacterial and viral infections. This is the key point in the success of this measure. Use CDC handouts or education tools as needed.
- Discuss with members ways to treat symptoms:
 - Get extra rest.
 - Drink plenty of fluids.
 - Use over-the-counter medications.
 - Use the cool-mist vaporizer and nasal spray for congestion.
 - Eat ice chips or use throat spray/lozenges for sore throats.
- Educate members and their parents or caregivers that they can prevent infection by:
 - Washing hands frequently.
 - Disinfecting toys.

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- Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Helpful resources:

- www.CDC.gov/antibiotic-use

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Eye Exam for Patients With Diabetes (EED)

This HEDIS measure looks at the percentage of members 18 to 75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Record your efforts:

- 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.

Exclusions:

- Members who do not have a diagnosis of diabetes.
- Members in hospice or using hospice services anytime during the measurement year.
- Members receiving palliative care.
- Members 66 years of age and with frailty and advanced illness. Members must meet **both** of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty.
 - At least two outpatient visits with an advanced illness diagnosis.
- Members who died during the measurement year.

Unilateral eye enucleation left

ICD10PCS
08T1XZZ

Unilateral eye enucleation right

ICD10PCS
08T0XZZ

Services	CPT/HCPCS/CAT II
Diabetic retinal screenings	CPT: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 HCPCS: S0620, S0621, S3000
Diabetic retinal screening negative in prior year	CAT II: 3072F
Eye exam with evidence of retinopathy	CAT II: 2022F, 2024F, 2026F

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Services	CPT/HCPCS/CAT II
Eye exam without evidence of retinopathy	CAT II: 2023F, 2025F, 2033F
Unilateral eye enucleation	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- For the recommended frequency of testing and screening, refer to the *Clinical Practice Guidelines* for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call members to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results, eye exam results or any specialist referral and document on your chart.
- Refer members to the network of eye providers for their annual diabetic eye exam.
- Educate your members and their families, caregivers, and guardians on diabetes care, including:
 - Taking all prescribed medications as directed.
 - Adding regular exercise to daily activities.
 - Having a diabetic eye exam each year with an eye care provider.
 - Regularly monitoring blood sugar and blood pressure at home.
 - Maintaining healthy weight and ideal body mass index.
 - Eating heart-healthy, low-calorie and low-fat foods.
 - Stopping smoking and avoiding second-hand smoke.
 - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings, and tests to improve compliance.
- Include the applicable category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We can help you with comprehensive diabetes care by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Providing programs that may be available to our diabetic members.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Providing education at your office if available in your area.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

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Follow-up After Emergency Department Visit for Substance Use (FUA)

This HEDIS measure evaluates the percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow up visit for SUD. Two rates are reported:

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

Record your efforts:

- *30-day follow-up:* A member has a follow-up visit or a pharmacotherapy dispensing event 30 days after the ED visit (31 total days). Include events and visits that occur on the date of the ED visit.
- *Seven-day follow-up:* A member has a follow-up visit or a pharmacotherapy dispensing event seven days after the ED visit (8 total days). Include events and visits that occur on the date of the ED visit.

Exclusions:

- ED visits that result in an inpatient stay.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Services	CPT/HCPCS/ICD10CM
AOD abuse and dependence	ICD10CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19,

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Services	CPT/HCPCS/ICD10CM
	F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29
AOD medication treatment	HCPCS: H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109
BH assessment	CPT: 99408, 99409 HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Substance induced disorders	ICD10CM: F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.90, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99, F14.90, F14.920, F14.921, F14.922, F14.929, F14.93, F14.94, F14.950, F14.951, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99, F15.90, F15.920, F15.921, F15.922, F15.929, F15.93, F15.94, F15.950, F15.951, F15.959, F15.980, F15.981, F15.982, F15.988, F15.99, F16.90, F16.920, F16.921, F16.929, F16.94, F16.950, F16.951, F16.959, F16.980, F16.983, F16.988, F16.99, F18.90, F18.920, F18.921, F18.929, F18.94, F18.950, F18.951, F18.959, F18.97, F18.980, F18.988, F18.99, F19.90, F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99
Substance use disorder services	CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Substance use services	HCPCS: H0006, H0028
OUD monthly office-based treatment	HCPCS: G2086, G2087
OUD weekly drug treatment service	HCPCS: G2067, G2068, G2069, G2070, G2072, G2073
OUD weekly nondrug service	HCPCS: G2071, G2074, G2075, G2076, G2077, G2080
Residential BH treatment	HCPCS: H0017, H0018, H0019, T2048

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Services	CPT/HCPCS/ICD10CM
Online assessments	CPT®: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
CDC race and ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Other available resources

You can find more information and tools online at:

- www.qualityforum.org

Helpful tip

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

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Follow-Up After Hospitalization for Mental Illness (FUH)

This HEDIS measure evaluates the percentage of discharges for members ages 6 years 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:

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

Exclusions:

- Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Services	CPT
Transitional care management services	CPT: 99495, 99496
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	02
Visit setting unspecified	CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255

Description	ICD10CM
Mental illness	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.9, F44.89, F53.0, F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9
Mental health diagnosis	F03.90, F03.91, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00-F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230-F40.233, F40.240-F40.243, F40.248, F40.29, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.0-F44.2, F44.4-F44.7,

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Description	ICD10CM
	F44.81, F44.89, F44.9, F45.0, F45.1, F45.20-F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00-F50.02, F50.2, F50.82, F50.89, F50.9, F51.01-F51.05, F51.09, F51.11-F51.13, F51.19, F51.3-F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F64.0-F64.2, F64.8, F64.9, F65.0-F65.4, F65.5-F65.52, F65.81, F65.89, F65.9, F66, F68.10-F68.13, F68.8, F69, F80.0-F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9, F95.0-F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3-F98.5, F98.8, F98.9, F99

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Educate your members and their spouses, caregivers, or guardians about the importance of compliance with long-term medications, if prescribed.
- Encourage members to participate in our BH case management program for help getting a follow-up discharge appointment within seven days and other support.
- Teach member's families to review all discharge instructions for members and ask for details of all follow-up discharge instructions, such as the dates and times of appointments. The post discharge follow up should optimally be within seven days of discharge.
- Ask members with a mental health diagnosis to allow you access to their mental health records if you are their primary care provider.
- Telehealth services that are completed by a qualified mental health provider can be used for this measure.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Notes

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

This HEDIS measure evaluates the 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:

- 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.
- 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.

Exclusions:

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

Services	CPT/HCPCS
BH outpatient	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Telehealth POS	02
Visit setting unspecified	CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Other available resources

You can find more information and tools online at:

- www.qualityforum.org

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

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

This HEDIS measure evaluates the percentage of emergency department (ED) visits for members ages 6 years 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:

- The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
- The percentage of ED visits for which the member received follow-up within seven days of the ED visit (eight total days).

Exclusions:

- ED visits that result in an inpatient stay.
- ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days).
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Services	CPT/HCPCS
BH outpatient	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Telehealth POS	02
Visit setting unspecified	CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Description	ICD10CM
Mental illness	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.89, F53.0, F53.1, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0-F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9

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Description	ICD10CM
Mental health diagnosis	F03.90, F03.91, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78, F31.81, F31.89, F31.9, F32.0-F32.5, F32.81, F32.89, F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00-F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230-F40.233, F40.240-F40.243, F40.248, F40.29, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2-F42.4, F42.8, F42.9, F43.0, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.0-F44.2, F44.4-F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20-F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00-F50.02, F50.2, F50.82, F50.89, F50.9, F51.01-F51.05, F51.09, F51.11-F51.13, F51.19, F51.3-F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0-F63.3, F63.81, F63.89, F63.9, F64.0 – F64.2, F64.8, F64.9, F65.0-F65.4, F65.5-F65.52, F65.81, F65.89, F65.9, F66, F68.10-F68.13, F68.8, F69, F80.0-F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0-F94.2, F94.8, F94.9, F95.0-F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3 – F98.5, F98.8, F98.9, F99

Note: The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Other available resources

You can find more information and tools online at:

- www.qualityforum.org

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

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Hemoglobin A1c Control for Patients With Diabetes (HBD)

This measure looks at the percentage of members 18 to 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%).

Record your efforts:

- Document the date when the HbA1c test was performed and the result.

Exclusions:

- Members who do not have a diagnosis of diabetes.
- Members in hospice or using hospice services anytime during the measurement year.
- Members receiving palliative care.
- Members 66 years of age and with frailty and advanced illness. Members must meet **both** of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty.
 - At least two outpatient visits with an advanced illness diagnosis.
- Members who died during the measurement year.

Description	CPT/CAT II/LOINC/HCPCS
HbA1c level greater Than 9	CAT II: 3046F
HbA1c Level Less Than 7	CAT II: 3044F
HbA1c level greater than or equal to 7 or less than 8	CAT II: 3051F
HbA1c Level greater than or equal to 8 or less than 9	CAT II: 3052F
HbA1c Tests Results or Findings:	CAT II: 3044F, 3046F, 3051F, 3052F
HbA1c Lab Test	CPT: 83036, 83037 LOINC: 17856-6, 4548-4, 4549-2
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

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Note: The LOINC are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- For the recommended frequency of testing and screening, refer to the *Clinical Practice Guidelines* for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call members to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results and document on your chart.
- Draw labs in your office if accessible or refer members to a local lab for screenings.
- Educate your members and their families, caregivers, and guardians on diabetes care, including:
 - Taking all prescribed medications as directed.
 - Adding regular exercise to daily activities.
 - Regularly monitoring blood sugar and blood pressure at home.
 - Maintaining healthy weight and ideal body mass index.
 - Eating heart-healthy, low-calorie and low-fat foods.
 - Stopping smoking and avoiding second-hand smoke.
 - Fasting prior to having blood sugar and lipid panels drawn to ensure accurate results.
 - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings and tests to improve compliance.
- Include the applicable category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We can help you with comprehensive diabetes care by:

- Providing online *Clinical Practice Guidelines* on our provider self-service website.
- Providing programs that may be available to our diabetic members.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Scheduling Clinic Days or providing education at your office if available in your area.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Notes

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Use of Opioids at High Dosage (HDO)

These HEDIS measures look at members 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose MME ≥ 90) for ≥ 15 days during the measurement year.

A lower rate indicates better performance

Exclusions:

- Cancer.
- Sickle cell disease.
- Palliative care.
- Members in hospice or using hospice services any time during the measurement year.
- Members who died any time during the measurement year.

Description	HCPCS
Hospice Encounter	HCPCS: G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Be sure to include the appropriate diagnosis on the claim for the treatment visits.
- Discuss the benefits of participating in our BH case management program.
- Ask your patients who have a BH diagnosis to provide you access to their BH records if you are their primary care provider.
- Some of the barriers to members starting and engaging in substance abuse treatment include:
 - Lack of member knowledge on importance and availability of treatment services.
 - Lack of coordination of care between physical and BH practitioners.
 - Denial of patients in addressing their drug dependence.
 - Resistance to seeking treatment due to social stigma.
 - No support from family, friends, peer or other community groups.
 - Little emphasis from providers in addressing these issues during a regular wellness visit.

How can we help?

- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Notes

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Initiation and Engagement of Substance Use Disorder Treatment (IET)

This measure looks at the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:

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

Exclusions:

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

Initiation and engagement of alcohol and other drug dependence treatment (IET) codes:

Description	CPT/HCPCS/ICD10CM/PCS
Alcohol abuse and dependence	ICD10CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29
AOD abuse and dependence	ICD10CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280,

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Description	CPT/HCPCS/ICD10CM/PCS
	F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29
Detoxification	HCPCS: H0008-H0014 ICD10PCS: HZ2ZZZZ
Opioid abuse and dependence	ICD10CM: F11.10, F11.120-F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29,
Other drug abuse and dependence	ICD10CM: F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180-F14.182, F14.188, F14.19, F14.20, F14.220-F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280-F14.282, F14.288, F14.29, F15.10, F15.120-F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280-F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180-F19.182, F19.188, F19.19, F19.20, F19.220-F19.222, F19.229, F19.230-F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280-F19.282, F19.288, F19.29
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
CDC race and ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American

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Description	CPT/HCPCS/ICD10CM/PCS
	2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

We can help you with monitoring initiation and engagement of alcohol and other drug dependence treatment by:

- Reaching out to providers to be advocates and providing the resources to educate our members.
- Calling our BH Provider Relationship Management for additional information.
- Guiding with the above noted services to drive member success in completing alcohol and other drug dependence treatment.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Helpful tip:

- If utilizing an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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Immunizations for Adolescents (IMA)

This measure reviews the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Vaccines administered on or before their 13th birthday:

- One MCV/meningococcal vaccine on or between 11th and 13th birthdays, and one Tdap or one Td vaccine on or between their 10th and 13th birthdays.
- At least two doses of HPV vaccine with DOS at 146 days apart on or between the 9th and 13th birthdays:
 - Or at least three HPV vaccines with different dates of service on or between the ninth and 13th birthdays.

Record your efforts

Immunization information obtained from the medical record:

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

Two-dose HPV vaccination series:

- There must be at least 146 days between the first and second dose of the HPV vaccine.

Meningococcal:

- *Do not count* meningococcal recombinant (serogroup B) (MenB) vaccines.

Exclusions:

- Anaphylactic reaction to serum/vaccination.
- Encephalopathy due to vaccination.
- Vaccine causing adverse effect.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Description	CPT	CVX
Meningococcal	90733, 90619, 90734	108, 114, 136, 147, 167
Tdap	90715	115
HPV	90649, 90650, 90651	62, 118, 137, 165
CDC race and ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino	

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Note: The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Helpful tip

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.
- Start HPV vaccinations at age 9 and refer to the HPV Provider and Health Systems Toolbox, Implement Standing orders.

Notes

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Kidney Health Evaluation for Patients with Diabetes (KED)

This measure evaluates members 18 to 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.

Exclusions:

- Members with evidence of ESRD.
- Dialysis.
- Member who did not have a diagnosis of diabetes in any setting during the measurement year or the year prior to the measurement year and had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid induced diabetes in any setting during the measurement year.
- Members receiving palliative care.
- Members 66 years of age and with frailty and advanced illness. Members must meet **both** of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty.
 - At least two outpatient visits with an advanced illness diagnosis.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Description	CPT/HCPCS/LOINC
Estimated glomerular filtration rate lab test	CPT: 80047, 80048, 80050, 80053, 80069, 82565 LOINC: 48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1
Urine albumin creatinine ratio lab test	LOINC: 13705-9, 14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
Urine creatinine lab test	CPT: 82570 LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
Online assessments	CPT®: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The LOINC are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

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Use of Imaging Studies for Low Back Pain (LBP)

This HEDIS measure looks at the percentage of members 18 years as of January 1 of the measurement year to 75 years as of December 31 of the measurement year with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

The measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain (for example, the proportion for whom imaging studies did not occur).

Exclusions:

- Cancer
- Recent trauma
- Intravenous drug abuse
- Neurological impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids
- Osteoporosis
- Lumbar surgery
- Spondylopathy
- Fragility fractures
- Palliative care
- Advanced illness
- Frailty
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year
- Members 66 years of age and with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty
 - At least two outpatient visits with an advanced illness diagnosis

Services	CPT/HCPCS/ICD10CM
Uncomplicated low back pain	ICD10CM: M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS
Imaging study	CPT: 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220
Osteopathic and chiropractic manipulative treatment	CPT: 98925-98929, 98940-98942
Physical therapy	CPT: 97110, 97112, 97113, 97124, 97140, 97161-97164

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Services	CPT/HCPCS/ICD10CM
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Helpful tip

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.
- Remember to continue to code for chronic conditions.

Notes

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Lead Screening in Children (LSC)

This HEDIS measure looks at the percentage of children 2 years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.

Record your efforts

When documenting lead screening, include:

- Date the test was reported.
- Results or findings.

Exclusions

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

Codes to identify lead test:

Services	CPT/LOINC
Lead tests	CPT: 83655 LOINC: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7

Note: The LOINC are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Draw patient's blood while they are in your office instead of sending them to the lab.
- Consider performing finger stick screenings in your practice.
- Assign one staff member to follow up on results when members are sent to a lab for screening.
- Develop a process to check medical records for lab results to ensure previously ordered lead screenings have been completed and documented.
- Use sick and well-child visits as opportunities to encourage parents to have their child tested.
- Include a lead test reminder with lab name and address on your appointment confirmation/reminder cards.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We help you with lead screening in children by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Other available resources

<https://www.cdc.gov/nceh/lead/audience/healthcare-providers.html>

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Medical Assistance With Smoking and Tobacco Use Cessation (MSC)

The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:

- *Advising Smokers and Tobacco Users to Quit:* A rolling average¹ represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year.
- *Discussing Cessation Medications:* A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.
- *Discussing Cessation Strategies:* A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.

Question		Response choices
Q31	Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	Every day Some days Not at all? If Not at all, Go to Question 35 Don't know? If Don't know, Go to Question 35
Q32	In the last six months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	Never Sometimes Usually Always
Q33	In the last six months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	Never Sometimes Usually Always

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Q34

In the last six months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

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Oral Evaluation, Dental Services (OED)

This HEDIS measure looks at the percentage of members under 21 of age who received a comprehensive oral evaluation with a dental provider during the measurement year.

Record your efforts:

- Date of evaluation.

Exclusions:

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

Codes to identify lead test:

Services	CDT
Oral evaluation	CDT: D0120, D0145, D0150

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Notes

[illegible]

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Pharmacotherapy Management of COPD Exacerbation (PCE)

This HEDIS measure looks at chronic obstructive pulmonary disease (COPD) exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency department (ED) visit on or between January 1 and November 30 of the current year and who were dispensed appropriate medications. Two rates are reported:

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

Record your efforts

Make sure that medical record reflects all of the following:

- Your review of the discharge summary along with the discharge medications for both a systemic corticosteroid and a bronchodilator.
- A schedule of regular follow-up visits to review the medication management/compliance.
- Record of any new prescriptions written at follow-up visits.
- All discussions about the COPD disease process — medication management along with proper use of inhalers and other medications, such as systemic corticosteroids, patient compliance and availability of smoking cessation assistance.

Exclusions:

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

Description	ICD10CM
Chronic Bronchitis	ICD10CM: J41.0, J41.1, J41.8
COPD	ICD10CM: J44.0, J44.1, J44.9
Emphysema	ICD10CM: J43.0, J43.1, J43.2, J43.8, J43.9

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Make sure you schedule an appointment with your patient upon notification of an inpatient discharge or ED visit. Have your staff call the member prior to the visit to confirm.
- Members may be included in this measure multiple times since this measure is based on discharges and/or ED visits.
- If your patient was not given a prescription at the time of discharge, be sure to prescribe the appropriate corticosteroid within 14 days of discharge and the systemic bronchodilator within 30 days of discharge.
- Offer annual flu shots in your office or inform your patients of the importance of getting the vaccine and where they can get it.
- Educate patients about the use of and compliance with prescribed treatments, including:

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- Long-term versus quick relief medications.
 - Smoking cessation counseling. Offer solutions to assist with quitting.
 - Pharmacotherapy options.
 - Breathing training.
 - Oxygen treatments.
 - Using metered-dose inhalers.
 - Avoiding elements that trigger attacks, such as dust, pollen, smoking and secondary smoke, cold air, and pets.
- Encourage your staff to use tools within the office to promote smoking cessation.
 - Provide staff training on proper use of inhalers and breathing techniques used in patients with COPD; offer a CME course to enhance your treatment and prevention of COPD exacerbations.
 - Display posters and educational messages in treatment rooms and waiting areas to help motivate patients to initiate discussions with you about smoking cessation.
 - If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

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Plan All-Cause Readmissions (PCR)

For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

Note: Report only members 18 to 64 years of age.

Exclusions:

- Members in hospice or using hospice services any time during the measurement year.

Description	CPT/UBREV
Acute inpatient	CPT: 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255, 99291
Observation stay	UBREV: 0760, 0762, 0769
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Helpful tips:

- Discuss the discharge summary with patients and ask if they understand the instructions and filled the new prescriptions.
- Complete a thorough medication reconciliation and ask patients and caregivers to recite their new medication regimen back to you.
- Develop an action plan for chronic conditions.
- Have patients and caregivers repeat the care plan back to you to demonstrate understanding.
- Ask about barriers or issues that might have contributed to patients' hospitalization and discuss how to prevent them in the future.
- Ask patients if they completed or scheduled prescribed outpatient follow-up or other services. This could include physical therapy, home health care visits and obtaining durable medical equipment
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

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Pharmacotherapy for Opioid Use Disorder (POD)

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.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS
Buprenorphine implant	HCPCS: G2070, G2072, J0570
Buprenorphine injection	HCPCS: G2069, Q9991, Q9992
Buprenorphine naloxone	HCPCS: J0572, J0573, J0574, J0575
Buprenorphine oral	HCPCS: H0033, J0571
Buprenorphine oral weekly	HCPCS: G2068, G2079
Methadone oral	HCPCS: H0020, S0109
Methadone oral weekly	HCPCS: G2067, G2078
Naltrexone injection	HCPCS: G2073, J2315
CDC race and ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Helpful tips:

- Refer members to treatment programs and services that offer a safe, supportive, and culturally competent environment.
- The patient needs quick access to treatment, this should be taken into consideration when choosing a treatment option.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

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Prenatal and Postpartum Care (PPC)

This HEDIS measure looks at the percentage deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- **Timeliness of prenatal care:** The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
- **Postpartum care:** The percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.

Record your efforts:

Prenatal care visit must include one of the following:

- Diagnosis of pregnancy.
- A physical examination that includes one of the following:
 - Auscultation for fetal heart tone.
 - Pelvic exam with obstetric observations.
 - Measurement of fundus height.
- Evidence that a prenatal care procedure was performed such as one of the following:
 - Obstetric panel including hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing).
 - TORCH antibody panel alone.
 - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing.
 - Ultrasound of a pregnant uterus.
- Documentation of LMP, EDD or gestational age in conjunction with *either* of the following:
 - Prenatal risk assessment and counseling/education.
 - Complete obstetrical history.

Postpartum care visit on or between seven and 84 days after delivery

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and *one* of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts, and abdomen.
- Notation of *breastfeeding* is acceptable for the *evaluation of breasts* component.
- Notation of postpartum care, including, but not limited to:
 - Notation of *postpartum care, PP care, PP check, six-week check*.
 - A preprinted *Postpartum Care* form in which information was documented during the visit.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
- Glucose screening for women with gestational diabetes.
- Documentation of any of the following topics:
 - Infant care or breastfeeding.
 - Resumption of intercourse, birth spacing, or family planning.

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- Sleep/fatigue.
- Resumption of physical activity and attainment of healthy weight.

Exclusions:

- Non-live births.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Pregnancy diagnosis

ICD10CM
O09.00-O09.03, O09.10-O09.13, O09.211-O09.213, O09.219, O09.291-O09.293, O09.299, O09.30-O09.33, O09.40-O09.43, O09.511-O09.513, O09.519, O09.521-O09.523, O09.529, O09.611-O09.613, O09.619, O09.621-O09.623, O09.629, O09.70-O09.73, O09.811-O09.813, O09.819, O09.821-O09.823, O09.829, O09.891-O09.893, O09.899, O09.90-O09.93, O09.A0-O09.A3, O10.011-O10.013, O10.019, O10.111- O10.113, O10.119, O10.211-O10.213, O10.219, O10.311-O10.313, O10.319, O10.411-O10.413, O10.419, O10.911-O10.913, O10.919, O11.1-O11.3, O11.9, O12.00-O12.03, O12.10-O12.13, O12.20-O12.23, O13.1-O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12-O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.00, O15.02, O15.03, O15.1, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0-O21.1, O21.2, O21.8, O21.9, O22.00-O22.03, O22.10-O22.13, O22.20-O22.23, O22.30-O22.33, O22.40-O22.43, O22.50-O22.53, O22.8X1-O22.8X3, O22.8X9, O22.90-O22.93, O23.00-O23.03, O23.10-O23.13, O23.20-O23.23, O23.30-O23.33, O23.40-O23.43, O23.511-O23.513, O23.519, O23.521-O23.523, O23.529, O23.591-O23.593, O23.599, O23.90-O23.93, O24.011-O24.013, O24.019, O24.111-O24.113, O24.119, O24.311-O24.313, O24.319, O24.410, O24.414, O24.415, O24.419, O24.811-O24.813, O24.819, O24.911-O24.913, O24.919, O25.10-O25.13, O26.00-O26.03, O26.10-O26.13, O26.20-O26.23, O26.30-O26.33, O26.40-O26.43, O26.50-O26.53, O26.611-O26.613, O26.619, O26.711-O26.713, O26.719, O26.811-O26.813, O26.819, O26.821-O26.823, O26.829, O26.831-O26.833, O26.839, O26.841-O26.843, O26.849, O26.851-O26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891-O26.893, O26.899, O26.90-O26.93, O28.0-O28.5, O28.8-O28.9, O29.011-O29.013, O29.019, O29.021-O29.023, O29.029, O29.091-O29.093, O29.099, O29.111-O29.113, O29.119, O29.121-O29.123, O29.129, O29.191-O29.193, O29.199, O29.211-O29.213, O29.219, O29.291-O29.293, O29.299, O29.3X1-O29.3X3, O29.3X9, O29.40-O29.43, O29.5X1-O29.5X3, O29.5X9, O29.60-O29.63, O29.8X1- O29.8X3, O29.8X9, O29.90-O29.93, O30.001-O30.003, O30.009, O30.011-O30.013, O30.019, O30.021- O30.023, O30.029, O30.031-O30.033, O30.039, O30.041-O30.043, O30.049, O30.091-O30.093, O30.099, O30.101-O30.103, O30.109, O30.111-O30.113, O30.119, O30.121-O30.123, O30.129, O30.131-O30.133, O30.139, O30.191-O30.193, O30.199, O30.201-O30.203, O30.209, O30.211-O30.213, O30.219, O30.221-O30.223, O30.229, O30.291-O30.293, O30.299, O30.231-O30.233, O30.239, O30.291-O30.293, O30.299, O30.801-O30.803, O30.809, O30.811-O30.813, O30.819, O30.821-O30.823, O30.829, O30.831-O30.833, O30.839, O30.891-O30.893, O30.899, O30.90-O30.93, O31.00X0-O31.00X5, O31.00X9, O31.01X0-O31.01X5, O31.01X9, O31.02X0-O31.02X5, O31.02X9, O31.03X0-O31.03X5, O31.03X9, O31.10X0-O31.10X5, O31.10X9, O31.11X0-O31.11X5, O31.11X9, O31.12X0-O31.12X5, O31.12X9, O31.13X0-O31.13X5, O31.13X9, O31.20X0-O31.20X5, O31.20X9, O31.21X0-O31.21X5, O31.21X9, O31.22X0-O31.22X5, O31.22X9, O31.23X0-O31.23X5, O31.23X9, O31.30X0-O31.30X5, O31.30X9, O31.31X0-O31.31X5, O31.31X9, O31.32X0-O31.32X5, O31.32X9, O31.33X0-O31.33X5, O31.33X9, O31.8X10-O31.8X15, O31.8X19, O31.8X20-O31.8X25, O31.8X29, O31.8X30-O31.8X35, O31.8X39,

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ICD10CM

O31.8X90-O31.8X95, O31.8X99, O32.0XX0-O32.0XX5, O32.0XX9, O32.1XX0-O32.1XX5, O32.1XX9, O32.2XX0-O32.2XX5, O32.2XX9, O32.3XX0-O32.3XX5, O32.3XX9, O32.4XX0-O32.4XX5, O32.4XX9, O32.6XX0-O32.6XX5, O32.6XX9, O32.8XX0-O32.8XX5, O32.8XX9, O32.9XX0-O32.9XX5, O32.9XX9, O33.0-O33.2, O33.3XX0-O33.3XX5, O33.3XX9, O33.4XX0-O33.4XX5, O33.4XX9, O33.5XX0-O33.5XX5, O33.5XX9, O33.6XX0-O33.6XX5, O33.6XX9, O33.7XX0-O33.7XX5, O33.7XX9, O33.8-O33.9, O34.00-O34.03, O34.10-O34.13, O34.211, O34.212, O34.218, O34.219, O34.22, O34.29, O34.30-O34.33, O34.40-O34.43, O34.511-O34.513, O34.519, O34.521-O34.523, O34.529, O34.531-O34.533, O34.539, O34.591-O34.593, O34.599, O34.60-O34.63, O34.70-O34.73, O34.80-O34.83, O34.90-O34.93, O35.2XX0-O35.2XX5, O35.2XX9, O35.3XX0-O35.3XX5, O35.3XX9, O35.4XX0-O35.4XX5, O35.4XX9, O35.5XX0-O35.5XX5, O35.5XX9, O35.6XX0-O35.6XX5, O35.6XX9, O35.7XX0-O35.7XX5, O35.7XX9, O35.8XX0-O35.8XX5, O35.8XX9, O35.9XX0-O35.9XX5, O35.9XX9, O36.0110-O36.0115, O36.0119, O36.0120-O36.0125, O36.0129, O36.0130-O36.0135, O36.0139, O36.0190-O36.0195, O36.0199, O36.0910-O36.0915, O36.0919, O36.0920-O36.0925, O36.0929, O36.0930-O36.0935, O36.0939, O36.0990-O36.0995, O36.0999, O36.1110-O36.1115, O36.1119, O36.1120-O36.1125, O36.1129, O36.1130-O36.1135, O36.1139, O36.1190-O36.1195, O36.1199, O36.1910-O36.1915, O36.1919, O36.1925, O36.1929, O36.1930-O36.1935, O36.1939, O36.1990-O36.1995, O36.1999, O36.20X0-O36.20X5, O36.20X9, O36.21X0-O36.21X5, O36.21X9, O36.22X0-O36.22X5, O36.22X9, O36.23X0-O36.23X5, O36.23X9, O36.4XX0-O36.4XX5, O36.4XX9, O36.5110-O36.5115, O36.5119, O36.5120-O36.5125, O36.5129, O36.5130-O36.5135, O36.5139, O36.5190-O36.5195, O36.5199, O36.5910-O36.5915, O36.5919, O36.5920-O36.5925, O36.5929, O36.5930-O36.5935, O36.5939, O36.5990-O36.5995, O36.5999, O36.60X0-O36.60X5, O36.60X9, O36.61X0-O36.61X5, O36.61X9, O36.62X0-O36.62X5, O36.62X9, O36.63X0-O36.63X5, O36.63X9, O36.70X0-O36.70X5, O36.70X9, O36.71X0-O36.71X5, O36.71X9, O36.72X0-O36.72X5, O36.72X9, O36.73X0-O36.73X5, O36.73X9, O36.80X0-O36.80X5, O36.80X9, O36.8120-O36.8125, O36.8129, O36.8130, O36.8135, O36.8139, O36.8190-O36.8195, O36.8199, O36.8210-O36.8215, O36.8219, O36.8220-O36.8225, O36.8229, O36.8230-O36.8235, O36.8239, O36.8290-O36.8295, O36.8299, O36.8310-O36.8315, O36.8319-O36.8325, O36.8329-O36.8335, O36.8339, O36.8390-O36.8395, O36.8399, O36.8910-O36.8915, O36.8919, O36.8920-O36.8925, O36.8929, O36.8930-O36.8935, O36.8939, O36.8990-O36.8995, O36.8999, O36.90X0-O36.90X5, O36.90X9, O36.91X0-O36.91X5, O36.91X9, O36.92X0-O36.92X5, O36.92X9, O36.93X0-O36.93X5, O36.93X9, O40.1XX0-O40.1XX5, O40.1XX9-O40.2XX0-O40.2XX5, O40.2XX9, O40.3XX0, O40.3XX5, O40.3XX9, O40.9XX0-O40.9XX5, O40.9XX9, O41.00X0-O41.00X5, O41.00X9, O41.01X0-O41.01X5, O41.01X9, O41.02X0-O41.02X5, O41.02X9, O41.03X0-O41.03X5, O41.03X9, O41.1010-O41.1015, O41.1019, O41.1020-O41.1025, O41.1029, O41.1030-O41.1035, O41.1039, O41.1090-O41.1095, O41.1099, O41.1210-O41.1215, O41.1219, O41.1220-O41.1225, O41.1229, O41.1230-O41.1235, O41.1239, O41.1290-O41.1295, O41.1299, O41.1410-O41.1415, O41.1419, O41.1420-O41.1425, O41.1429, O41.1430-O41.1435, O41.1439, O41.1490-O41.1495, O41.1499, O41.8X10-O41.8X15, O41.8X19, O41.8X20-O41.8X25, O41.8X29, O41.8X30-O41.8X35, O41.8X39, O41.8X90-O41.8X95, O41.8X99, O41.90X0-O41.90X5, O41.90X9, O41.91X0-O41.91X5, O41.91X9, O41.92X0-O41.92X5, O41.92X9, O41.93X0-O41.93X5, O41.93X9, O42.00-O42.013, O42.019, O42.02, O42.10, O42.111-O42.113, O42.119, O42.12, O42.90, O42.911-O42.913, O42.919, O42.92, O43.011-O43.013, O43.019, O43.021-O43.023, O43.029, O43.101-O43.103, O43.109, O43.111-O43.113, O43.119, O43.121-O43.123, O43.129, O43.191-O43.193, O43.199,

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ICD10CM

O43.211-O43.213, O43.219, O43.221-O43.223, O43.229, O43.231-O43.233, O43.239, O43.811-O43.813, O43.819, O43.891-O43.893, O43.899, O43.90-O43.93, O44.00-O44.03, O44.10-O44.13, O44.20-O44.23, O44.30-O44.33, O44.40-O44.43, O44.50-O44.53, O45.001-O45.003, O45.009, O45.011-O45.013, O45.019, O45.021-O45.023, O45.029, O45.091-O45.093, O45.099, O45.8X1-O45.8X3, O45.8X9, O45.90-O45.93, O46.001-O46.003, O46.009, O46.011-O46.013, O46.019, O46.021-O46.023, O46.029, O46.091-O46.093, O46.099, O46.8X1-O46.8X3, O46.8X9, O46.90-O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O60.02, O60.03, O60.10X0-O60.10X5, O60.10X9, O60.12X0-O60.12X5, O60.12X9, O60.13X5, O60.13X9-O60.14X5, O60.14X9, O60.20X0-O60.20X5, O60.20X9, O60.22X0-O60.22X5, O60.22X9, O60.23X0-O60.23X5, O60.23X9, O61.0, O61.1, O61.8-O62.4, O62.8, O62.9, O63.0-O63.2, O63.9, O64.0XX0-O64.0XX5, O64.0XX9, O64.1XX0-O64.1XX5, O64.1XX9, O64.2XX0-O64.2XX5, O64.2XX9, O64.3XX0-O64.3XX5, O64.3XX9, O64.4XX0-O64.4XX5, O64.4XX9, O64.5XX0-O64.5XX5, O64.5XX9, O64.8XX0-O64.8XX5, O64.8XX9, O64.9XX0-O64.9XX5, O64.9XX9, O65.0-O65.5, O65.8-O66.3, O66.40, O66.41, O66.5, O66.6, O66.8, O66.9, O67.0, O67.8, O67.9, O68, O69.0XX0-O69.0XX5, O69.0XX9, O69.1XX0-O69.1XX5, O69.1XX9, O69.2XX0-O69.2XX5, O69.2XX9, O69.3XX0-O69.3XX5, O69.3XX9, O69.4XX0-O69.4XX5, O69.4XX9, O69.5XX0-O69.5XX5, O69.5XX9, O69.81X0-O69.81X5, O69.81X9-O69.82X5, O69.82X9, O69.89X0-O69.89X5, O69.89X9, O69.9XX0-O69.9XX5, O69.9XX9, O70.0-O70.4, O70.9-O71.00, O71.02-O71.03, O71.1-O71.7, O71.81-O71.82, O71.89, O71.9, O72.0-O72.3, O73.0, O73.1, O74.0-O74.9, O75.0-O75.5, O75.81, O75.82, O75.89, O75.9, O76, O77.0, O77.1, O77.8, O77.9, O80, O82, O85, O86.00-O86.04, O86.09, O86.11-O86.13, O86.19-O86.22, O86.29, O86.4, O86.81, O86.89, O87.0-O87.4, O87.8, O87.9, O88.011-O88.013, O88.019, O88.02, O88.03, O88.111-O88.113, O88.119, O88.12, O88.13, O88.211-O88.213, O88.219, O88.22, O88.23, O88.311-O88.313, O88.319, O88.32, O88.33, O88.811-O88.813, O88.819, O88.82, O88.83, O88.811-O88.813, O88.819, O88.82, O88.83, O89.01, O89.09, O89.1-O89.6, O89.8, O89.9, O90.0-O90.6, O90.81, O90.89, O90.9, O91.011-O91.013, O91.019, O91.02, O91.03, O91.111-O91.113, O91.119, O91.12, O91.13, O91.211-O91.213, O91.219, O91.22, O91.23, O92.011-O92.013, O92.019, O92.02, O92.03, O92.111-O92.113, O92.119, O92.12, O92.13, O92.20, O92.29, O92.3-O92.6, O92.70, O92.79, O98.011-O98.013, O98.019, O98.02, O98.03, O98.111-O98.113, O98.119, O98.12, O98.13, O98.211-O98.213, O98.219, O98.22, O98.23, O98.311-O98.313, O98.319, O98.32, O98.33, O98.411-O98.413, O98.419, O98.42, O98.43, O98.511-O98.513, O98.519, O98.52, O98.53, O98.611-O98.613, O98.619, O98.62, O98.63, O98.711-O98.713, O98.719, O98.72, O98.73, O98.811-O98.813, O98.819, O98.82, O98.83, O98.911-O98.913, O98.919, O98.92, O98.93, O99.011-O99.013, O99.019, O99.02, O99.03, O99.111-O99.113, O99.119, O99.12, O99.13, O99.210-O99.215, O99.280-O99.285, O99.310-O99.315, O99.320-O99.325, O99.330-O99.335, O99.340-O99.345, O99.350-O99.355, O99.411-O99.413, O99.419, O99.42, O99.43, O99.511-O99.513, O99.519, O99.52, O99.53, O99.611-O99.613, O99.619, O99.62, O99.63, O99.711-O99.713, O99.719, O99.72, O99.73, O99.810, O99.814, O99.815, O99.820, O99.824, O99.825, O99.830, O99.834, O99.835, O99.840-O99.845, O99.89, O99.891, O9A.111-O9A.113, O9A.119, O9A.12—O9A.13, O9A.211-O9A.213, O9A.219, O9A.22-O9A.23, O9A.311-O9A.313, O9A.319, O9A.32, O9A.33, O9A.411-O9A.413, O9A.419, O9A.42, O9A.43, O9A.511-O9A.513, O9A.519, O9A.52, O9A.53, Z03.71-Z03.75, Z03.79, Z32.01, Z33.1-Z33.2, Z33.3, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36.1-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9

Deliveries

ICD10CM

10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3-10D07Z8, 10E0XZZ

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Postpartum visits

ICD10CM
Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

Services	CPT/ CAT II/HCPCS
Deliveries	CPT: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622
Prenatal bundled services	CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005
Prenatal visits	CPT: 99202-99205, 99211-99215, 99242-99245, 99483 HCPCS: G0463, T1015
Stand-alone prenatal visits	CPT: 99500 CAT II: 0500F, 0501F, 0502F HCPCS: H1000-H1004
Postpartum bundles services	CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Home visit prenatal monitoring	CPT: 99500
Postpartum visit	CPT: 57170, 58300, 59430, 99501 CAT II: 0503F HCPCS: G0101
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443
CDC race and ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Note: These codes are used to capture encounter data for individual prenatal and postpartum visits. Category II codes do not generate payment but help with more accurate reporting. The designated CPT category II codes should be used in conjunction with the date of the prenatal or postpartum visit.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

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Helpful tip

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Race/Ethnicity Diversity of Membership (RDM)

An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity.

Categories for race:

- White.
- Black or African American.
- American Indian or Alaska Native.
- Asian.
- Native Hawaiian or Other Pacific Islander.
- Some other race.
- Two or more races.
- Asked but no answer.
- Unknown.
- Reporting categories for ethnicity:
 - Hispanic or Latino.
 - Not Hispanic or Latino.
 - Asked but no answer.
 - Unknown.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

[illegible]

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Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

The 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.

Record your efforts

Make sure that medical record reflects all of the following:

- A schedule of regular follow-up visits to review the medication management/compliance.
- Record of any new prescriptions written at follow-up visits.
- All lab test orders with results.

Exclusions:

- A diagnosis of dementia.
- Did not have at least two antipsychotic medication dispensing events. There are two ways to identify dispensing events: by claim/encounter data and by pharmacy data. The organization must use both methods to identify dispensing events, but an event need only be identified by one method to be counted:
 - Claim/encounter data. An antipsychotic medication.
 - Pharmacy data. Dispensed an antipsychotic medication. Use all the medication lists in the Oral Antipsychotic Medications and Long-Acting Injections tables below to identify antipsychotic medication dispensing events.
- Members in hospice or using hospice services any time during the measurement year.
- Members in hospice.
- Members who died any time during the measurement year. Refer to *General Guideline 16: Deceased Members*.
- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
 - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
 - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the *Monthly Membership Detail Data File*. Use the run date of the file to determine if a member had an LTI flag during the measurement year.
- Members 66–80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet **both** of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty with different dates of service during the measurement year.
 - Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
 - At least two outpatient visits, observation visits, ED visits, telephone visits (e-visits or virtual check-ins), nonacute inpatient encounters or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
 - Identify all acute and nonacute inpatient stays.
 - Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

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- Identify the discharge date for the stay.
- At least one acute inpatient encounter with an advanced illness diagnosis.
- At least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim. identify an acute inpatient discharge:
 - Identify all acute and nonacute inpatient stays.
 - Exclude nonacute inpatient stays.
 - Identify the discharge date for the stay.
- A dispensed dementia medication.
- Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty during the measurement year.

Description	CPT/HCPCS/POS
Long-acting injections 14 days' supply	HCPCS: J2794
Long-acting injections 28 days' supply	HCPCS: J0401, J1631, J1943, J1944, J2358, J2426, J2680
Long-acting injections 30 days' supply	HCPCS: J2798
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telehealth POS	POS: 02, 10
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- The treatment period begins when the antipsychotic medication is dispensed.
- People being treated with antipsychotics are at increased risk of developing diabetes. Periodic screening allows for early identification and treatment of diabetes. Ensure that your patients on antipsychotics are screened for diabetes every year.
- Per the NCQA, lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder can lead to worsening health and death.
- Draw labs in your office rather than referring members to a local lab for screenings. If you do refer the member, ensure follow up to receive copies of lab test results and document/keep results in your chart.
- Educate your patients and their spouses, caregivers, and/or guardians about the importance of:
 - Compliance with long-term medications.
 - Not abruptly stopping medications without consulting you.
 - Contacting you immediately if they experience any unwanted/adverse reactions so their treatment can be re-evaluated.
 - Scheduling and attending follow-up appointments to review the effectiveness of their medications.
 - Calling your office if they cannot get their medications refilled.
- Discuss the benefits of participating in our BH case management program.
- Ask your patients who have a BH diagnosis to provide you access to their BH records if you are their primary care provider.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

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Statin Therapy for Patients with Cardiovascular Disease (SPC)

This HEDIS measure looks at the percentage of males 21 to 75 years of age and females 40 to 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:

- **Received statin therapy:** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
- **Statin adherence 80%:** Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year.
- Pregnancy.
- In vitro fertilization.
- Dispensed at least one prescription for clomiphene.
- ESRD.
- Cirrhosis.
- Dialysis.
- Myalgia, myositis, myopathy, or rhabdomyolysis.
- Members 66 years of age and with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty.
 - At least two outpatient visits with an advanced illness diagnosis.
- Members receiving palliative care.
- Members who died during the measurement year.

Description	CPT/HCPCS/ICD10CM/PCS
Coronary artery bypass graft (CABG)	CPT: 33510-33514, 33516-33519, 33521-33523, 33530, 33533-33536 HCPCS: S2205-S2209 ICD10PCS: 0210083, 0210088, 0210089, 0210093, 0210098, 0210099, 0211083, 0211088, 0211089, 0211093, 0211098, 0211099, 0212083, 0212088, 0212089, 0212093, 0212098, 0212099, 0213083, 0213088, 0213089, 0213093, 0213098, 0213099, 021008C, 021008F, 021008W, 021009C, 021009F, 021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 021108C, 021108F, 021108W, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 021208C, 021208F, 021208W, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9,

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Description	CPT/HCPCS/ICD10CM/PCS
	02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 021308C, 021308F, 021308W, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF
Myocardial infarction (MI)	ICD10CM: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0-I22.2, I22.8, I22.9-I23.8, I25.2
Other revascularization	CPT: 37220, 37221, 37224-37231
Percutaneous coronary intervention (PCI)	CPT: 92920, 92924, 92928, 92933, 92937, 92941, 92943 HCPCS: C9600, C9602, C9604, C9606, C9607 ICD10PCS: 0270346, 0270356, 0270366, 0270376, 0270446, 0270456, 0270466, 0270476, 0271346, 0271356, 0271366, 0271376, 0271446, 0271456, 0271466, 0271476, 0272346, 0272356, 0272366, 0272376, 0272446, 0272456, 0272466, 0272476, 0273346, 0273356, 0273366, 0273376, 0273446, 0273456, 0273466, 0273476, 02703E6, 02704E6, 02713E6, 02714E6, 02723E6, 02724E6, 02733E6, 02734E6, 027034Z, 027035Z, 027036Z, 027037Z, 02703D6, 02703DZ, 02703EZ, 02703F6, 02703FZ, 02703G6, 02703GZ, 02703T6, 02703TZ, 02703Z6, 02703ZZ, 027044Z, 027045Z, 027046Z, 027047Z, 02704D6, 02704DZ, 02704EZ, 02704F6, 02704FZ, 02704G6, 02704GZ, 02704T6, 02704TZ, 02704Z6, 02704ZZ, 027134Z, 027135Z, 027136Z, 027137Z, 02713D6, 02713DZ, 02713EZ, 02713F6, 02713FZ, 02713G6, 02713GZ, 02713T6, 02713TZ, 02713Z6, 02713ZZ, 027144Z, 027145Z, 027146Z, 027147Z, 02714D6, 02714DZ, 02714EZ, 02714F6, 02714FZ, 02714G6, 02714GZ, 02714T6, 02714TZ, 02714Z6, 02714ZZ, 027234Z, 027235Z, 027236Z, 027237Z, 02723D6, 02723DZ, 02723EZ, 02723F6, 02723FZ, 02723G6, 02723GZ, 02723T6, 02723TZ, 02723Z6, 02723ZZ, 027244Z, 027245Z, 027246Z, 027247Z, 02724D6, 02724DZ, 02724EZ, 02724F6, 02724FZ, 02724G6, 02724GZ, 02724T6, 02724TZ, 02724Z6, 02724ZZ, 027334Z, 027335Z, 027336Z, 027337Z, 02733D6, 02733DZ, 02733EZ, 02733F6, 02733FZ, 02733G6, 02733GZ, 02733T6, 02733TZ, 02733Z6, 02733ZZ, 027344Z, 027345Z, 027346Z, 027347Z, 02734D6, 02734DZ, 02734EZ, 02734F6, 02734FZ, 02734G6, 02734GZ, 02734TZ, 02734Z6, 02734ZZ
Ischemic vascular disease (IVD)	ICD10CM: I20.0, I20.8, I20.9, I24.0, I24.8, I24.9, I25.10, I25.110, I25.111, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708-I25.711, I25.718-I25.7021, I25.728-I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.2, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221,

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Description	CPT/HCP/CD10CM/PCS
	I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.291, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.51, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.53, I70.538, I70.53, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I70.92, I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89, T82.855A, T82.855D, T82.855S, T82.856A, T82.856D, T82.856S
Online assessments	CPT®: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCP/CD10CM/PCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

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Statin Therapy for Patients With Diabetes (SPD)

This HEDIS measure looks at the percentage of members 40 to 75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.

Two rates are reported:

- **Received statin therapy:** members who were dispensed at least one statin medication of any intensity during the measurement year.
- **Statin adherence 80%:** members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Record your efforts:

- Document review of continued use of prescribed medications during member visits.
- Document evidence of exclusion criteria.

Exclusions:

- CABG
- MI
- PCI
- Other revascularization procedures
- Ischemic vascular disease (IVD)
- Pregnancy
- Members who did not diagnosis of diabetes in any setting, during the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes in any setting during the measurement year the year prior to the measurement year
- In vitro fertilization
- Prescription for clomiphene
- ESRD
- Cirrhosis
- Dialysis
- Myalgia, myositis, myopathy, or rhabdomyolysis
- Members 66 years of age and with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
 - At least two indications of frailty
 - At least two outpatient visits with an advanced illness diagnosis
- Members receiving palliative care
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Services	CPT/HCPCS/ICD10CM
Diabetes	ICD10CM: E10.10-11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211-E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311-E10.3313, E10.3319, E10.3391-E10.3393, E10.3399, E10.3411-E10.3413, E10.3419, E10.3491-E10.3493, E10.3499, E10.3511-E10.3513, E10.3519, E10.3522, E10.3523, E10.3529, E10.3531-E10.3533, E10.3539, E10.3541-E10.3543, E10.3549, E10.3551-E10.3553, E10.3559, E10.3591-E10.3593, E10.3599, E10.36, E10.37X1-E10.37X3, E10.37X9, E10.39-E10.44, E10.49, E10.51-E10.52, E10.59, E10.610, E10.618, E10.620-E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00-E11.01, E11.10-E11.11, E11.21-E11.22, E11.29, E11.311, E11.319, E11.3211-E11.3213, E11.3219, E11.3291-

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Services	CPT/HCPCS/ICD10CM
	E11.3293, E11.3299, E11.3311-E11.3313, E11.3319, E11.3391-E11.3393, E11.3399, E11.341, E11.3411-E11.3413, E11.3419, E11.3491-E11.3493, E11.3499, E11.3511-E11.3513, E11.3519, E11.3521-E11.3523, E11.3529, E11.3531-E11.3533, E11.3539, E11.3541-E11.3543, E11.3549, E11.3551-E11.3553, E11.3559, E11.359-E11.3593, E11.3599, E11.36, E11.37X1-E11.37X3, E11.37X9, E11.39-44, E11.49, E11.51-52, E11.59, E11.610, E11.618, E11.620-22, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21-22, E13.29, E13.311, E13.319, E13.3211-E13.3213, E13.3219, E13.3291-E13.3293, E13.3299, E13.3311-E13.3313, E13.3319, E13.339, E13.3391-E13.3393, E13.3399, E13.3411-E13.3413, E13.3419, E13.3491-E13.3493, E13.3499, E13.351, E13.3511-E13.3513, E13.3519, E13.3521-E13.3523, E13.3529, E13.3531-E13.3533, E13.3539, E13.3541-E13.3543, E13.3549, E13.3551-E13.3553, E13.3559, E13.3591-E13.3593, E13.3599, E13.36, E13.37X1-E13.37X3, E13.37X9, E13.39, E13.40, E13.41-44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620-22, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011-O24.013, O24.019, O24.02, O24.03, O24.111-113, O24.119, O24.12, O24.13, O24.311-313, O24.319, O24.32, O24.33, O24.811-813, O24.819, O24.82, O24.83
Online assessments	CPT®: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The codes listed are informational only; this information does not guarantee reimbursement.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

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

This HEDIS measure looks at the percentage of members 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder and who were dispensed an antipsychotic medication and had a diabetic screening test during the measurement year.

Record your efforts:

- Document review of continued use of prescribed medications during member visits.
- Document evidence of exclusion criteria.

An antipsychotic medication dispensed event during the measurement year identified by claim/encounter data or pharmacy data **and** a glucose test or an HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.

Exclusions:

- Members with diabetes by claim encounter data and by pharmacy data.
- Members who had not antipsychotic medications dispensed during the measurement year.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Services	CPT/HCPCS/ICD10CM/LOINC
Glucose lab tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 LOINC: 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c lab tests	CPT: 83036, 83037 LOINC: 17856-6, 4548-4, 4549-2
Long-acting injections	HCPCS: J0401, J1631, J1943, J1944, J2358, J2426, J2680, J2794, J2798
Bipolar disorder	ICD10CM: F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78
Other bipolar disorder	ICD10CM: F31.81, F31.89, F31.9
Schizophrenia	ICD10CM: F20.0-F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Visit setting unspecified	CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Online assessments	CPT®: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The LOINC are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

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How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

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Topical Fluoride for Children

This HEDIS measure looks at the percentage of members 1 to 4 years of age who received at least two fluoride varnish applications during the measurement year.

Record your efforts:

- Two or more fluoride varnish applications on different dates of services.

Exclusions:

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

Codes to identify lead test:

Services	CPT/CDT
Application of fluoride varnish	CPT: 99188 CDT: D1206

* The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Notes

[illegible]

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Appropriate Treatment for Upper Respiratory Infection (URI)

This HEDIS measure looks at the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in a dispensed antibiotic dispensing event

Record your efforts:

- Document results of all strep tests or refusal for testing in medical records.
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.

Exclusions:

- Visits that result in an inpatient stay.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Description	CPT/HCPCS/ICD10CM
Pharyngitis	ICD10CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
URI	ICD10CM: J00, J06.0, J06.9
Online assessments	CPT®: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- If a patient tests negative for group A strep but insists on an antibiotic:
 - Refer to the illness as a sore throat due to a cold; members tend to associate the label with a less-frequent need for antibiotics.
 - Write a prescription for symptom relief, like over-the-counter medications.
- Educate members on the difference between bacterial and viral infections. This is the key point in the success of this measure.
- Discuss with members ways to treat symptoms:
 - Get extra rest.
 - Drink plenty of fluids.
 - Use over-the-counter medications.
 - Use the cool-mist vaporizer and nasal spray for congestion.
 - Eat ice chips or use throat spray/lozenges for sore throats.
- Educate members and their parents or caregivers that they can prevent infection by:
 - Washing hands frequently.
 - Disinfecting toys.
 - Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

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How can we help?

- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Helpful resources:

- www.CDC.gov/antibiotic-use

Notes

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

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

- **Well-child visits in the first 15 months:** Children who turned 15 months old during the measurement year: Six or more well-child visits.
- **Well-child visits for age 15 months to 30 months:** Children who turned 30 months old during the measurement year: Two or more well-child visits.

Record your efforts

Documentation from the medical record must include a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of *all* of the following:

- **A health history:** Health history is an assessment of the member's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **A physical developmental history:** Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- **A mental developmental history:** Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- **A physical exam** (for example, height, weight, BMI, heart, lungs, abdomen, more than one system assessed)
- **Health education/anticipatory guidance:** Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Exclusions:

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

Description	CPT/HCPCS/ICD10CM
Well-care	CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
CDC Race and Ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

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Helpful tips:

- Use your member roster to contact members who are due for an exam or are new to your practice.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track members due or past due for a visit. If you do not use EMRs, consider creating a manual tracking method. Sick visits may be a missed opportunity for your patient to get a wellness exam.
- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents.
- Include the applicable ICD-10 code above on the claim form to help reduce the burden of HEDIS medical record review.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing individualized reports of your members overdue for services.
- Encouraging members to get preventive care through our programs. Contact your Provider Relationship Management representative for more information.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Notes

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

This HEDIS measure looks at the percentage of members ages 3 to 17 years who had an outpatient visit with a PCPs or OB/GYN and who had evidence of the following during the measurement year:

- BMI percentile documentation.
- Counseling for nutrition.
- Counseling for physical activity.

Record your efforts

Three separate rates are reported:

- Height, weight, and BMI percentile (not BMI value):
 - May be a BMI growth chart if utilized.
- Counseling for nutrition (diet):
 - Services rendered during a telephone visit, e-visit or virtual check-in meet criteria.
- Counseling for physical activity (sports participation/exercise):
 - Services rendered for obesity or eating disorders may be used to meet criteria.
 - Services rendered during a telephone visit, e-visit or virtual check-in meet criteria.

Exclusion:

- Members who have a diagnosis of pregnancy during the measurement year.
- Members in hospice or using hospice services anytime during the measurement year.
- Members who died during the measurement year.

Description	HCPCS/ICD10CM/LOINC
BMI percentile	ICD10CM: Z68.51-Z68.54 LOINC: 59574-4, 59575-1, 59576-9
Nutrition counseling	CPT: 97802, 97803, 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 ICD10CM: Z71.3
Physical activity counseling	HCPCS: G0447, S9451 ICD10CM: Z02.5, Z71.82

Note: The LOINC are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Measure height and weight at least annually and document the BMI percentile for age in the medical record.
- Consider incorporating appropriate nutritional and weight management questioning and counseling into your routine clinical practice.
- Document any advice you give the patient.
- Document face-to-face discussion of current nutritional behavior, like appetite or meal patterns, eating and dieting habits, any counselling or referral to nutrition education, any nutritional educational materials that were provided

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during the visit, anticipatory guidance for nutrition, eating disorders, nutritional deficiencies, underweight, and obesity or overweight discussion.

- Document face-to-face discussion of current physical activity behaviors, like exercise routines, participation in sports activities or bike riding, referrals to physical activity, educational material that was provided, anticipatory guidance on physical activity, and obesity or overweight discussion.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Helping identify community resources, such as health education classes that may be available in your area.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

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Child and Adolescent Well-Care Visits (WCV)

This HEDIS measure looks at the percentage of members ages 3 to 21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Record your efforts

Documentation must include a note indicating a visit to a PCP, the date when the well-child visit occurred and evidence of *all* of the following:

- **A health history:** Health history is an assessment of the member's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **A physical developmental history:** Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- **A mental developmental history:** Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- **A physical exam** (for example, height, weight, BMI, heart, lungs, abdomen, more than one system assessed)
- **Health education/anticipatory guidance:** Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Exclusions:

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

Description	CPT/HCPCS/ICD10CM
Well-care	CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
CDC race and ethnicity	1002-5: American Indian or Alaska Native 2028-9: Asian 2054-5: Black or African American 2076-8: Native Hawaiian or Other Pacific Islander 2106-3: White 2135-2: Hispanic or Latino 2186-5: Not Hispanic or Latino

Note: The codes listed are informational only; this information does not guarantee reimbursement.

Helpful tips:

- Use your member roster to contact members who are due for an annual exam.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track members due or past due for preventive services. If you do not use EMRs, consider creating a manual tracking method for well checks. Sick visits may be missed opportunities for your patient to get health checks.

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- Consider extending your office hours into the evening, early morning or weekend to accommodate working parents.
- Include the applicable ICD-10 code above on the claim form to help reduce the burden of HEDIS medical record review.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider self-service website.
- Providing individualized reports of your members overdue for services.
- Encouraging members to get preventive care through our programs.
- Members may be eligible for transportation assistance at no cost, contact Member Services for arrangement.

Notes

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across its entire width, providing a guide for handwriting or typing. The paper itself is a clean, off-white color.

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Tips to improve CAHPS® results

Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) strives to make the member's experience a positive one.

Each year, from January to May, our members receive a survey called the Consumer Assessment of Healthcare Providers and Systems (CAHPS) to rate and evaluate their healthcare experiences comprised of several categories. Both enrolled members adults and children receive a survey.

This tip guide will focus on four of those categories:

- Getting care quickly
- Coordination of care
- Getting needed care
- How well doctors communicate

The information from this survey is used to improve the quality of services we give to our members. Anthem suggests the following tips to address the above-mentioned CAHPS categories.

Getting care quickly

This category measures the member's perception of how quickly they received routine or urgent care within the last six months.

How to improve:

- Offer weekend/evening appointments to accommodate your patients' schedules.
- Include clear instruction on how to access after-hours care such as dialing **911** in the case of an emergency.
- Consider assigning staff dedicated to preliminary work-up activities.
- If possible, leave a few appointments available each day for urgent visits.
- Offer visits to members to see nurse practitioners or physician assistants.
- Understand Anthem standards for routine and urgent visit wait time for an appointment. Review our standards in your provider manual at <https://providers.anthem.com/nv>.
- Remind patients they can call the 24/7 NurseLine, located on the back of their member ID card, available seven days a week for health-related questions.
- Remind patients when you are not able to accommodate appointments, that Anthem covers visits to LiveHealth Online* telemedicine at no cost to them. They can call Member Services at **844-396-2329** (TTY **711**) if they need help using LiveHealth Online or visit www.livehealthonline.com to sign up.

Getting needed care

This category measures the member's perception of how easily they were able to get the care they needed from their doctor or specialist within the last six months, including tests, screenings, visits and treatments.

How to improve:

- Offer an appointment agenda where patients can list concerns or questions they would like to address during their visit.
- Write down details regarding visits and referrals to a specialist for the patient.

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- If possible, leave a few appointments available each day for urgent visits.
- Review all available treatment options for the patient in their language. Anthem offers both telephone and face-to-face interpreter services, which you can access by calling Provider Services at **844-396-2330**. 24 hours are required to schedule services.
- Avoid using medical terms that could confuse the patient.
- Provider offices should schedule follow-up appointments for needed screenings, treatments, and exams for patients while they are in the office for their visit.
- Patients can also schedule appointments by contacting Member Services at the number located on the back of their member ID card.

Coordination of care

This category measures the member's perception of how informed their doctor seemed regarding the care they received with other physicians or health providers within the last six months.

How to improve:

- Regularly talk to your patients about any specialists or other physicians they have seen. Ask about the care they received and if they were given any reports or notes.
- Consider implementing a reminder in the medical record to request test results or follow-up reports. This will ensure appropriate follow-up for the patient.
- Keep an open dialogue with your patient and discuss their previous medical history.
- Set an expectation for the patient so they know when they will receive a follow-up call or test results. If this process is not part of the office protocol, make sure the patient is aware so they understand how they can obtain their results or follow-up.

How well doctors communicate

This category measures the member's perception of how well their physician communicated with them within the last six months. Questions in this category consider how the physician explained things regarding the patient's health, how well the patient understood the information, if the doctor listened to the patient, if the doctor was respectful and how much time the physician spent with the patient.

How to improve:

- Offer an appointment agenda where patients can list concerns or questions they would like to address during their visit.
- Ensure there is enough time for each patient's appointment to allow time for communication between physician and patient. Allow the opportunity for patients to ask questions and check their understanding of the information provided during the visit.
- Listen to your patient's needs. Avoid using terms that could confuse the patient.
- Take feedback from your patients by providing short survey cards to see how the office can improve.
- Offer a visit summary to the patient that includes any treatment, goals or action plans that were discussed, prescriptions and what the medications are for, including side effects. Include the next appointment time or recommended next appointment time frame. If the patient is being referred to a specialist, include that information in the summary along with the option to email this information to the patient with the appropriate signatures and permissions for (HIPAA compliance, etc.) during the visit.

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- Allow the opportunity for patients to ask questions and check their understanding of the information provided during the visit. Use the teach-back method with patients to promote understanding.

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