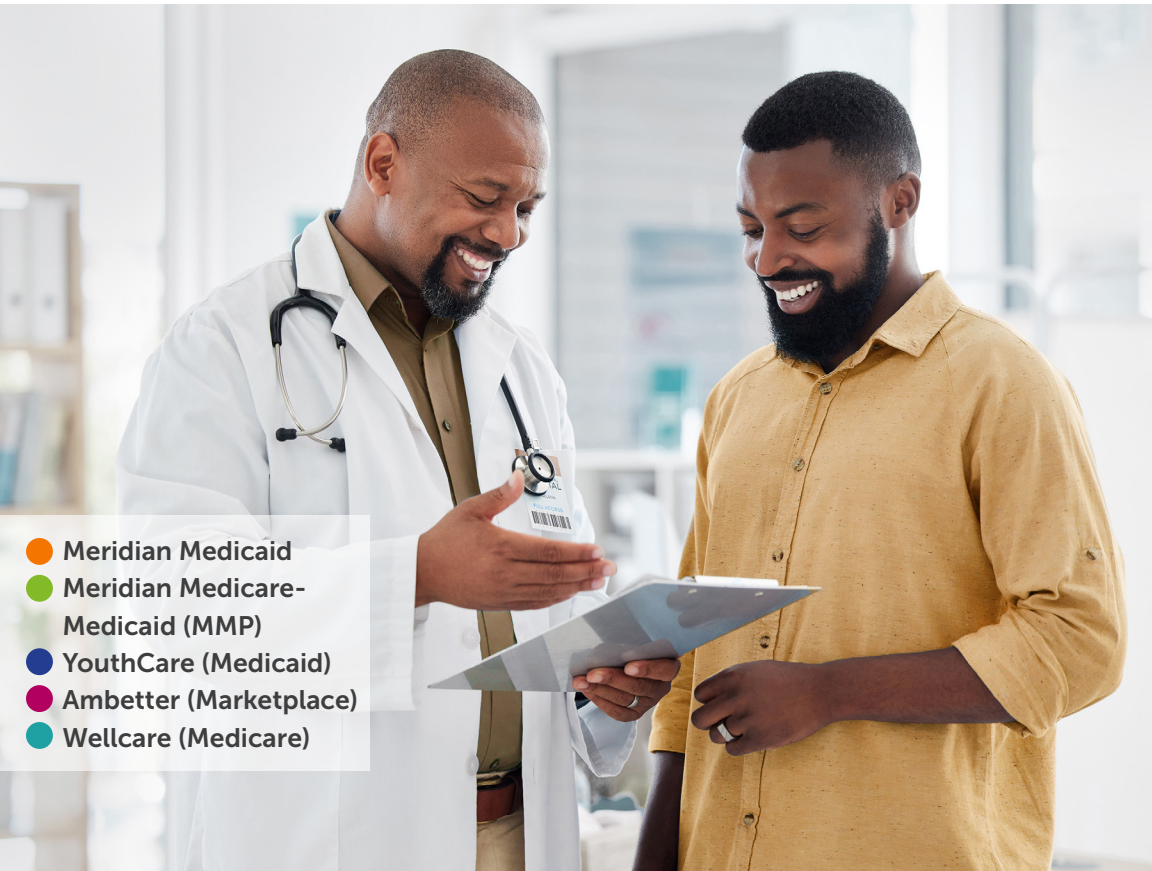




# Quick Reference Guide HEDIS<sup>®</sup> MY 2024



-  Meridian Medicaid
-  Meridian Medicare-Medicaid (MMP)
-  YouthCare (Medicaid)
-  Ambetter (Marketplace)
-  Wellcare (Medicare)

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

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# HEDIS<sup>®</sup> MY 2024 Quick Reference Guide

Updated to reflect NCQA HEDIS<sup>®</sup> MY 2024  
Technical Specifications

We strive to provide quality healthcare to our membership as measured through HEDIS<sup>®</sup> quality metrics. We created the HEDIS<sup>®</sup> MY 2024 Quick Reference Guide to help you increase your practice's HEDIS<sup>®</sup> rates and to use to address care opportunities for your patients. Please always follow the state and/or CMS billing guidance and ensure the HEDIS<sup>®</sup> codes are covered prior to submission.

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## What is HEDIS<sup>®</sup>?

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

## What Are the Scores Used For?

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

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS<sup>®</sup> score

determines your rates for physician incentive programs that pay you an increased premium — for example Pay for Performance or Quality Bonus Funds.

## How Are Rates Calculated?

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

## How Can I Improve My HEDIS® Scores?

- Submit claim/encounter data for each and every service rendered
- Make sure that chart documentation reflects all services billed
- Bill (or report by encounter submission) for all delivered services, regardless of contract status
- Ensure that all claim/encounter data is submitted in an accurate and timely manner
- Include CPT II codes to provide additional details and reduce medical record requests

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This guide has been updated with information from the release of the HEDIS® MY 2024 Volume 2 Technical Specifications by NCQA and is subject to change.

### Contact Information For Provider Services:

- [ilmeridian.com](https://ilmeridian.com) 866-606-3700
- [mmp.ilmeridian.com](https://mmp.ilmeridian.com) 855-580-1689
- [ILYouthCare.com](https://ILYouthCare.com) 844-289-2264
- [ambetterofillinois.com](https://ambetterofillinois.com) 1-855-745-5507
- [wellcare.com/en/illinois](https://wellcare.com/en/illinois) 1-855-538-0454 (TTY 711)

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

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# Partnering with the Health Plan



## Introduction

This guide contains information about the quality measures for the following Meridian lines of business:

- **Meridian Medicaid Plan (Medicaid)**

The Meridian Medicaid Plan in Illinois provides government-sponsored managed care services to families, children, seniors and individuals with complex medical needs through Medicaid across the state.

- **Meridian Medicare-Medicaid Plan**

The Meridian Medicare-Medicaid Plan is a Medicare-Medicaid Alignment Initiative (MMAI) for beneficiaries eligible for both Medicaid and Medicare in Illinois.

- **YouthCare (Medicaid)**

The HealthChoice Illinois YouthCare program is a specialized healthcare program built cooperatively with parents and other stakeholders to improve access, continuity of care and healthcare outcomes for Department of Children and Family Services (DCFS) youth in care and former youth in care.

- **Ambetter of Illinois (Marketplace)**

Ambetter offers quality and affordable health insurance in Illinois that fits various needs and budgets.



- **Wellcare (Medicare)**

Medicare Advantage (MA) plans that provide Medicare Parts A and B benefits.

## Partnership for Quality ●●●

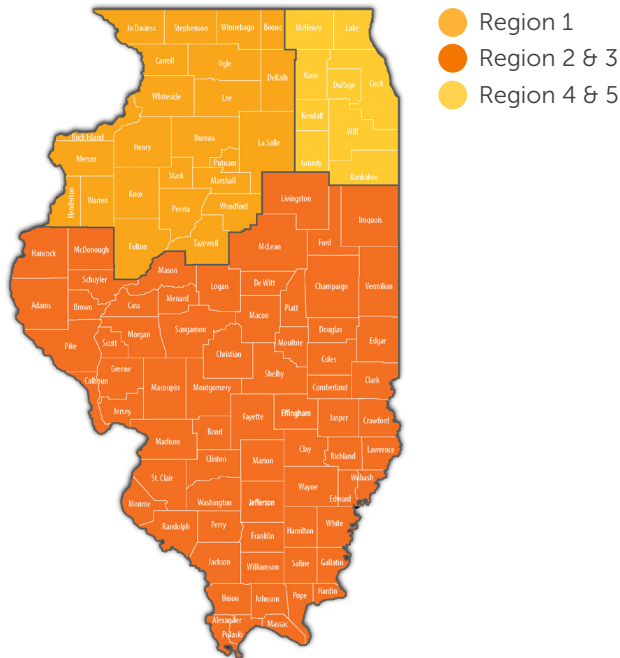
Partnership for Quality (P4Q) measures are on the provider portal. Visit our [Provider Portal](#) to view the recent P4Q measures available to our Meridian provider partners.

For other provider incentive programs, please contact your assigned Provider Relations Specialist. If you do not have an assigned provider relations specialist, you can contact the provider relations department using the following region email inboxes.

Region1PR: [Region1PR@Centene.com](mailto:Region1PR@Centene.com)

Region2-3PR: [Region2-3PR@Centene.com](mailto:Region2-3PR@Centene.com)

Region4-5PR: [Region4-5PR@Centene.com](mailto:Region4-5PR@Centene.com)



P4Q Programs apply to non-risk contractual providers only.

# HEDIS MY 2024 Summary of Changes

The following changes are effective to Measurement Year (MY) 2024.

This guide has been updated with information from the release of the HEDIS 2024 Volume 2 Technical Specifications by NCQA and is subject to change.

## Retired Measures:

- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)
- Ambulatory Care (AMB)
- Inpatient Utilization (IPU)

## Revised Measures:

Glycemic Status Assessment for Patients with Diabetes (GSD) – Formerly Hemoglobin A1C Control for Patients with Diabetes to include a glucose management indicator with hemoglobin A1C

NCQA reassessed how the following seven measures identify individuals with diabetes. The new method implemented for MY 2024 simplifies the specification and mitigates inclusion of individuals who take diabetes-related medications for reasons other than diabetes (e.g., weight loss) by adding a diabetes diagnosis requirement in the pharmacy method.

- Glycemic Status Assessment for Patients with Diabetes
- Blood Pressure Control for Patients with Diabetes
- Eye Exam for Patients with Diabetes
- Kidney Health Evaluation for Patients with Diabetes
- Statin Therapy for Patients with Diabetes
- Diabetes Monitoring for People with Diabetes and Schizophrenia
- Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes

## New Measures:

There were not any new measures implemented for MY 2024.



## Consumer Assessment of Healthcare Providers and Systems (CAHPS®) ●●●●

Every year, a random sample of patients are surveyed about their experience with their providers, services, and health plan. It is an important component of ensuring that patients are satisfied, not only with their health outcomes but also with their healthcare experience.

The CAHPS survey is applicable to **Meridian**, **Wellcare**, and **YouthCare**. For **Ambetter**, the CAHPS survey is referred to as the Qualified Health Plan (QHP) Enrollee Survey. The CAHPS and the QHP surveys allow patients to evaluate the aspects of care delivery that matter the most to them. At Meridian, we are committed to partnering with our providers to deliver outstanding patient experience.

As a provider, you are the most critical component of that experience. We want to ensure that you know exactly how your patients are evaluating your care. Please take a moment to review and to familiarize yourself with some of the key topics included in the survey.

Survey Measure	Description	Daily Practice Tips
Getting Needed Care	This measure assesses the ease with which patients received the care, tests, or treatment they needed. It also assesses how often they were able to get a specialist appointment scheduled when needed.	<ul style="list-style-type: none"> <li>• Office staff should help coordinate specialty appointments for urgent cases</li> <li>• Encourage patients and caregivers to view results on the patient portal when available</li> <li>• Inform patients of what to do if care is needed after hours</li> <li>• Offer appointments or refills via text and/or email</li> <li>• Offer alternative appointment types to expand access to care (e.g., telephone, telehealth, telemedicine, and patient portals)</li> </ul>

Survey Measure	Description	Daily Practice Tips
Getting Care Quickly	This measure assesses how often patients got the care they needed as soon as they needed it and how often appointment wait times exceeded 15 minutes.	<ul style="list-style-type: none"> <li>• Ensure a few appointments each day are available to accommodate urgent visits</li> <li>• Offer appointments with a nurse practitioner or physician assistant for short notice appointments</li> <li>• Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away or provided alternate care via phone and urgent care</li> <li>• Keep patients informed if there is a longer wait time than expected and give them an option to reschedule</li> </ul>
Care Coordination	This measure assesses providers' assistance with managing the disparate and confusing health care system, including access to medical records, timely follow-up on test results, and education on prescription medications.	<ul style="list-style-type: none"> <li>• Ensure there are open appointments for patients recently discharged from a facility</li> <li>• Integrate PCP and specialty practices through EMR or fax to get reports promptly</li> <li>• Ask patients if they have seen any other providers; discuss visits to specialty care as needed</li> <li>• Encourage patients to bring in their medications to each visit</li> <li>• Share test results and explain what they mean</li> <li>• Provide instructions for follow-up questions or concerns</li> </ul>

Survey Measure	Description	Daily Practice Tips
How Well Doctors Communicate	This measure assesses patients' perception of the quality of communication with their doctor. Consider using the Teach-Back Method to ensure patients understand their health information.	<ul style="list-style-type: none"> <li>• Use body language to show you are engaged and listening to the patient (sit down and face the patient; maintain eye contact)</li> <li>• Don't rush; explain things in a way the patient can understand</li> <li>• Be empathetic with bad news. Be sensitive and acknowledge family members or caregivers in the room with the patient</li> <li>• Summarize the visit and next steps in a way the patient can understand</li> <li>• Let the patient know when you will see them next</li> </ul> <p>What is Teach-back?</p> <ul style="list-style-type: none"> <li>• Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way</li> <li>• A way to check for understanding and, if needed, re-explain and check again</li> </ul>
Rating of Health Care Quality	The CAHPS® survey asks patients to rate the overall quality of their health care on a 0-10 scale.	<ul style="list-style-type: none"> <li>• Encourage patients to make their routine appointments for checkups or follow up visits as soon as they can – weeks or even months in advance</li> <li>• Ensure that open care gaps are addressed during each patient visit</li> <li>• Make use of the provider portal when requesting prior authorizations</li> </ul>

On the following page are examples of **satisfaction categories and survey questions** for which your patients are asked to respond; provider discussion questions; and Provider Tips. We hope this tool will provide reinforcement opportunities for your relationship with the patients you serve.

Sample Questions	Provider Tips
<p><b>Health Promotion Discussion Questions</b></p> <p>Any problems with your work or daily activities due to physical problems?</p> <p>Any problems with your work or daily activities due to stress?</p> <p>Anything bothering you or stressful?</p> <p>Are you sad or depressed?</p> <p>Do you use tobacco? (Always/Sometimes/Never)</p> <p>Do you drink alcohol? (Always/Sometimes/Never)</p> <p>Do you exercise? (Always/Sometimes/Never)</p> <p>Do you take aspirin? (Always/Sometimes/Never)</p> <p>Do you or anyone in your family have high blood pressure, high cholesterol or had a heart attack?</p> <p>Have you had a flu shot in the past calendar year? If not, Why?</p>	<ul style="list-style-type: none"> <li>• Complete and document any health assessment on patient</li> <li>• Discuss with patient the benefits of exercise and encourage them to start, increase or maintain physical activity and document discussion</li> <li>• Discuss the risks of tobacco use and recommend medication to assist in stopping</li> <li>• Discuss issues associated with drinking too much alcohol, if necessary</li> <li>• Discuss the risks and benefits of aspirin to prevent heart attack or stroke</li> <li>• Screen patient for high blood pressure and cholesterol</li> <li>• Recommend and/or administer the flu shot during flu season</li> </ul>
<p><b>Medication Discussion Questions</b></p> <p>Are you currently on any prescription medications from another doctor? If so, what?</p> <p>How long have you been on the medication?</p>	<ul style="list-style-type: none"> <li>• Document all prescription medication patient is taking</li> <li>• Discuss options and reasons to take alternate medications if patient is not getting positive results for symptoms</li> <li>• Discuss reasons with patient why they may need to stop taking a particular medication</li> <li>• Discuss the benefits and risks of taking a medicine</li> <li>• Discuss patient's preference on what medication they feel would be best for them</li> <li>• Review medications prescribed by PCP and specialists and verify results</li> </ul>

Sample Questions	Provider Tips
<p><b>Access to Care Discussion Questions</b></p> <p>Are you satisfied with the timeframe it took to schedule your appointment?</p> <p>Were you able to get your appointment as soon as you needed?</p> <p>Are you satisfied with the coordination of care you receive, coordinating visits with specialists, non-emergency transportation (if needed) and providing lab or test results?</p>	<ul style="list-style-type: none"> <li>• Evaluate office procedures to improve getting patients scheduled as quickly as possible for their symptoms</li> <li>• Determine why patient perceives difficulty in getting timely care, if necessary</li> <li>• Educate patient on timeframes for getting appointments according to their symptoms</li> <li>• Assist in coordination of non-emergency transportation, if necessary</li> <li>• Use patient experience surveys or post-visit survey results to identify opportunities for improvement</li> </ul>

## Critical Incidents (CI) ●●●

A critical incident (CI) is any alleged or actual event that poses a risk of serious harm, injury or death of the member.

Critical incidents include, but are not limited to:

- Abuse
- Fraud
- Neglect
- Exploitation
- Behavioral Health
- Unanticipated Death
- Legal/Criminal Activity
- Medication Management
- Restraint/Seclusion/or Other Restrictive Intervention
- Medical Emergency/Injury/Illness
- Missing Person/Elopement
- Environmental/Unsafe Housing/Displacement

*Types of abuse can include physical abuse, verbal abuse, sexual abuse, or harassment, and mental or emotional abuse.*

### Reporting Critical Incidents

1. Identify the appropriate CI type
2. Complete a Critical Incident Reporting Form if incident occurred within the past year
  - Submit within 48 hours of discovering the incident
3. Email Critical Incident Reporting Form to [criticalincidents@mhplan.com](mailto:criticalincidents@mhplan.com)

The Critical Incident Reporting Form can be found here:

<https://www.ilmeridian.com/providers/resources/forms-resources.html>.

## Cultural Competence ●●

Cultural Competence is a set of attitudes, behaviors, and policies that enable people to work effectively in cross-cultural situations. We serve a diverse patient population. The ability to understand and relate to different cultures can help you communicate effectively with your patients. All Meridian network providers are contractually required to complete the on-line Cultural Competence training module annually.

Medicaid and MMP: <https://www.ilmeridian.com/providers/resources/provider-training/annual-training.html>

### Tips for Providing Culturally Competent Care

**Consider population-specific conditions:** Low-income/low-literacy, race, disability, spirituality, age, sexuality, and gender identity.

**Ask about cultural practices:** Spiritual traditions, dietary restrictions, and more may impact a patient's clinical experience.

**Practice transcultural techniques:** Approach a new patient slowly, be respectful, sit in a quiet setting, and sit a comfortable distance away.

**Ensure patient's understanding of care:** Lack of accessible medication instructions in a patient's language can impact quality of care. Ensure a patient's comprehension by utilizing translated handouts and/or make use of a translator.

### Things to Remember

- 1 in 4 Americans live with a disability and are twice as likely to find his or her provider's skills or facilities inadequate.
- 1 in 5 Americans speak a language other than English at home. Language barriers can prevent patients from effectively conveying their ailments and understanding their care plans.
- 3.6 million Americans miss or delay medical care because they lack reliable transportation.
- Invest in Americans with Disabilities Act (ADA)-approved renovations and train staff on disabilities, challenges, and rights.
- Speak slowly, summarize, demonstrate, and use appropriate terminology when providing instructions. Ensure that patients understand the instructions at the end of the visit.
- Call Meridian transportation at 866-796-1165 at least three business days prior to a patient's appointment.

Sources: [CDC.gov](https://www.cdc.gov), [census.gov](https://www.census.gov), [ncbi.nlm.nih.gov](https://www.ncbi.nlm.nih.gov)

## Quality Education Webinar (QEW) ●●●●●

To support our providers in their quality improvement efforts, Meridian's Quality Improvement team hosts a series of webinars on topics related to improving patients' quality of care.

We hope these sessions will assist provider teams to improve HEDIS® scores and drive better incentive payments to your practice.

All office staff can attend including providers, administrative staff, and quality teams. Participants can watch the webinars remotely using the Zoom call-in number sent each month via email. If you are interested in receiving a copy of the webinar schedule or to be added to the invite distribution list, please email [ILHEDISOps@mhplan.com](mailto:ILHEDISOps@mhplan.com).

### Sample webinar topics include:

- HEDIS® Pay for Quality (P4Q) Program
- HEDIS® Exclusions
- Adult, Children, and Behavioral Health HEDIS® Measures
- Best Practices for Closing Care Gaps
- CAHPS Survey and Patient Satisfaction
- Health Outcomes Survey
- Patient-Centered Medical Homes
- Overview of the Illinois lines of business – Meridian Health Plans, Wellcare Medicare, YouthCare and Ambetter
- Risk Adjustment



## Access & Availability

Annually, Meridian assesses the appointment availability and after-hours access of its contracted provider offices to ensure patients are served based on their level of need.

Each year, our Quality Improvement team conducts a telephone audit using the standards below set forth by NCQA, CMS and/or State regulations. These audits are conducted in an effort to monitor provider compliance with Illinois Medicaid contract requirements. The process of conducting the annual audits is outlined below.

**IDENTIFY** Meridian audits a sample of its contracted PCPs, behavioral health practitioners and specialists.

**OUTREACH** Conducted by a Third-Party Vendor via phone, up to three attempts are made to reach a live person.

**ANALYZE** Analysis is performed based on all data collected.

**REPORT** Letters are mailed to offices indicating the results of the audit. Any offices who did not meet the standards are placed on a corrective action plan and are asked to identify ways to improve their appointment availability.

### PCP Appointment Availability Standards

Appointment Types	Population	Standard
Preventive/ Routine Care	Child ≤ 6 Months	Medicaid: 2 weeks Marketplace: 30 calendar days Medicare: 1 month MMAI: 5 weeks
Preventive/ Routine Care	Child > 6 Months	Medicaid: 5 weeks Marketplace: 30 calendar days Medicare: 1 month MMAI: 5 weeks
Preventive/ Routine Care	Adult	Medicaid: 5 weeks Marketplace: 30 calendar days Medicare: 1 month MMAI: 5 weeks
Urgent/Non- Emergent (Medically Necessary Care)	Adult or Child	Medicaid: 1 business day (24 hours) Marketplace: 24 hours Medicare: 24 hours MMAI: Not Listed
Non-Urgent/ Non-Emergent Conditions	Adult or Child	Medicaid: 3 weeks Marketplace: Not listed Medicare: 3 weeks MMAI: 3 weeks

**PCP Appointment Availability Standards (continued)**

Appointment Types	Population	Standard
Initial Prenatal w/o Problems (First Trimester)	Enrollees of Childbearing Age	Medicaid: 2 weeks Marketplace: Not Listed Medicare: Not Listed MMAI: 2 weeks
Prenatal (Second Trimester)	Enrollees of Childbearing Age	Medicaid: 1 week Marketplace: Not Listed Medicare: Not Listed MMAI: 1 week
Prenatal (Third Trimester)	Enrollees of Childbearing Age	Medicaid: 3 days Marketplace: Not Listed Medicare: Not Listed MMAI: 3 days
Office Wait Time	All	Medicaid: 30 minutes Marketplace: 30 minutes YouthCare: 60 minutes Medicare: 15 minutes MMAI: Not Listed
Hours Different for Medicaid Recipients	All	Medicaid: No; must be the same Marketplace: No; must be the same Medicare: No; must be the same MMAI: No; must be the same

*Medical coverage 24 hours a day, 7 days a week*

**Behavioral Health Appointment Availability Standards**

Appointment Types	Standard
Life Threatening Emergency	Medicaid: Immediately, or referred to the Emergency Room Marketplace: Immediately, or referred to the Emergency Room Medicare: Immediately, or referred to the Emergency Room MMAI: 1 day
Non-Life-Threatening Emergencies	Medicaid: 6 hours Marketplace: 6 hours Medicare: 6 hours MMAI: Not Listed
Urgent Care	Medicaid: 48 hours Marketplace: 48 hours Medicare: 48 hours MMAI: Not Listed

## Behavioral Health Appointment Availability Standards (continued)

Appointment Types	Standard
Initial Visit for Routine Care	Medicaid: 10 business days Marketplace: 10 business days Medicare: 10 business days MMAI: Not Listed
Follow-Up Visit for Routine Care	Medicaid: 14 business days Marketplace: 10 business days Medicare: 10 business days MMAI: Not Listed
Office Wait Time	Medicaid: 30 minutes Marketplace: 30 minutes YouthCare: 60 minutes Medicare: 15 minutes MMAI: Not Listed
Different Hours for Medicaid	Medicaid: No; must be the same Marketplace: No; must be the same Medicare: No; must be the same MMAI: No; must be the same

*Medical coverage 24 hours a day, 7 days a week*

## Specialist Appointment Availability Standards

Appointment Types	Population	Standard
General Specialty Visit	All	Medicaid: Not Listed Marketplace: 30 calendar days Medicare: 30 calendar days MMAI: 5 weeks
Routine Office Visit	Adult	Medicaid: 45 calendar days Marketplace: Not Listed Medicare: Not Listed MMAI: Not Listed
Routine Office Visit	Child	Medicaid: 21 calendar days Marketplace: Not Listed Medicare: Not Listed MMAI: Not Listed
Urgent Visit	All	Medicaid: 72 hours Marketplace: 48 hours Medicare: Not Listed MMAI: Not Listed
Office Wait Time	All	Medicaid: 30 minutes Marketplace: 30 minutes YouthCare: 60 minutes Medicare: 15 minutes MMAI: Not Listed

## Specialist Appointment Availability Standards (continued)

Appointment Types	Population	Standard
Different Hours for Member Plans	All	Medicaid: No; must be the same Marketplace: No; must be the same Medicare: No; must be the same MMAI: No; must be the same

*Medical coverage 24 hours a day, 7 days a week*

### After-hours standards

All specialist contracts require practitioners to ensure coverage for their respective practices 24 hours a day, seven days a week.

### Acceptable after-hours access mechanisms include:

- Answering service
- On-call pager/cellular
- Call forwarded to practitioner's home or other location
- Published after-hours telephone number and recorded voice message directing patients to a practitioner for urgent and non-life-threatening conditions. The message should not instruct patients to obtain treatment at the Emergency Room for non-life-threatening emergencies.

### Message Components

- Message MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room or Urgent Care.

### Message Must Contain ONE of the Following:

- Message forwards to on-call practitioner
  - Message forwards to an answering service
  - Message gives the on-call practitioner's number
  - Message gives the on-call practitioner's pager
  - Message refers patient to another office, practitioner, or on-call service
- Message may not only direct patient to Emergency Room. The patient must be able to leave a message for an on-call doctor, speak with an on-call doctor or be forwarded to an on-call doctor.

## Patient-Centered Medical Home (PCMH) ●

Meridian appreciates the commitment required for PCMH recognition. PCMHs can provide a patient with access to a personal clinician and care team that offers individualized, high quality comprehensive primary care and coordinates specialty and other needed services. The National Committee for Quality Assurance's (NCQA) PCMH recognition program is the most widely adopted PCMH evaluation program in the country.

### Practice Benefits

- Helps practice sites understand their current level of patient-centered care and identify opportunities for improvement
- PCMH recognition is a hallmark of high-quality care. Meridian offers incentives for recognized practices and for practices seeking to become recognized\*
- The PCMH model is associated with better staff satisfaction
- NCQA publishes recognized practices and clinicians in its online directory

### Patient Benefits

- The PCMH model helps to better manage and improve patients' chronic conditions
- PCMHs emphasize health information technology (HIT) and after-hours access to improve overall access to care. Care is provided when and where the patients need it the most
- The PCMH model focuses on team-based care and communication with patients and their families/caregivers

Contact your Provider Relations Specialist at 1-855-580-1689 to learn more about earning recognition as a PCMH and the Meridian PCMH Incentive Program.

*\* Incentive program is for the Meridian Medicare-Medicaid Plan line of business only*

## Caring for and Communicating with Individuals with Intellectual and Developmental Disabilities (IDD) ●●●●●

As a provider, it is important to be aware of the following health disparities individuals with intellectual and developmental disabilities may face:

- Fewer preventive screenings than the general population
- Financial and transportation limitations
- Lack of access to specialized training or experience with caring for individuals in these populations

### Complete an Annual Functional Status Assessment:

This assessment measures the patient's ability to perform daily tasks and helps to identify any functional decline. For Meridian patients, please indicate one of the following in the medical record:

- Notation and date that Activities of Daily Living (ADL) were assessed - Bathing, dressing, eating, transferring, using toilet, walking
- Notation and date that Instrumental Activities of Daily Living (IADL) were assessed - Shopping, driving or using public transportation, meal preparation, housework, taking medications, using the telephone
- Result of a standardized functional status assessment and the date it was performed - Assessment of Living Skills and Resources (ALSAR), Barthel ADL Index Physical Self-Maintenance (ADLS) Scale, Bayer Activities of Daily Living (B-ADL) Scale, Extended Activities of Daily Living (EADL) Scale
- Chronic conditions at a younger age
- A higher risk of obesity
- A greater incidence of mental illness
- An accelerated aging process

It is important that providers and health plans adapt and coordinate care for this population by communicating appropriately and respectfully about individuals with disabilities.

Individuals with intellectual and developmental disabilities often go through cognitive and behavioral changes. These include anxiety, depression, dementia, self-injurious behavior, and other factors. These changes may result from pain and discomfort related to other medical issues.

As a provider, it is important to be aware of the following ways to communicate, to emphasize the person first, and not the disability:

- Emphasize abilities, not limitations
- Do not use language that suggests the lack of something
- Emphasize the need for accessibility, not the disability
- Do not use offensive language
- Avoid language that implies negative stereotypes

- Do not portray people with disabilities as inspirational only because of their disability

## Tips on Using People-First Language

This chart provides tips on what language to use when communicating with an individual with a disability.

Tips	Use	Do Not Use
Emphasize abilities, not limitations	Person who uses a wheelchair	Confined or restricted to a wheelchair, wheelchair bound
	Person who uses a device to speak	Can't talk, mute
Do not use language that suggests the lack of something	Person with a disability	Disabled, handicapped
	Person of short stature	Midget
	Person with cerebral palsy	Cerebral palsy victim
	Person with epilepsy or seizure disorder	Epileptic
Person with multiple sclerosis	Afflicted by multiple sclerosis	
Emphasize the need for accessibility, not the disability	Accessible parking or bathroom	Handicapped parking or bathroom
Do not use offensive language	Person with a physical disability	Crippled, lame, deformed, invalid, spastic
	Person with an intellectual, cognitive, developmental disability	Slow, simple, moronic, defective, afflicted, special person
	Person with an emotional or behavioral disability, a mental health impairment, or a psychiatric disability	Insane, crazy, psycho, maniac, nuts
Avoid language that implies negative stereotypes	Person without a disability	Normal person, healthy person
Do not portray people with disabilities as inspirational only because of their disability	Person who is successful, productive	Has overcome his/her disability, is courageous

Source: <https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/communicating-with-people.pdf>



## Medicare-Medicaid Plan Codes

Description	CPT Category*	CPT II Category*	HCPCS*
Functional Status Assessment	9483	1170F	G0438, G0439

*\*Codes subject to change*

### Resources for Patients and Providers:

Illinois Department of Healthcare and Family Services (HFS):  
[www.illinois.gov/hfs/MedicalClients/HCBS/Pages/support\\_cyadd.aspx](http://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/support_cyadd.aspx)

Illinois Department of Human Services (IDHS): 217-782-3075

For a copy of current clinical practice guidelines, visit our website at  
[www.ilmeridian.com](http://www.ilmeridian.com) and <https://mmp.ilmeridian.com/>.

Provider Resources: <https://www.ilmeridian.com/providers/resources.html>

## Early Periodic Screening, Diagnosis, and Treatment (EPSDT) ●●

The Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program promotes the physical, mental, social, emotional, and behavioral health of children under the age of 21 through recommended well-child screenings.

These services give children early access to preventative and comprehensive health care to help prevent disease and identify medical, developmental, and social-emotional concerns in their early stages – when they are more effectively treated.

### Mandatory Screening Components

An EPSDT screening for Medicaid members must include:

- **Initial and interval history**, including a comprehensive health and developmental history of physical and mental development
- **An unclothed physical exam**, documented in the member’s medical chart
- **Measurements**: Weight, length, head circumference, body mass index (BMI) percentile and blood pressure
- **Nutrition/obesity prevention**: Assess and educate, with specific documentation on nutrition and physical activity\*
- **Oral health assessment\*** and age-appropriate fluoride varnish application

### Specific Screenings

- Caregiver and/or adolescent depression screening
- Developmental surveillance/screening
- Autism screening
- Psychosocial/behavioral assessment
- Alcohol and drug use assessment
- Sensory screenings for vision and hearing\*

### Immunizations and Age-Appropriate Screenings

- Review immunization history and administer immunizations at recommended ages or as needed
- Offer anticipatory guidance and health education at every visit
- Conduct age-appropriate laboratory tests, including:
  - Lipid screening
  - Hemoglobin/hematocrit
  - Lead blood testing (2)/risk screening
  - Newborn screening: blood, hearing, critical congenital heart disease
  - Sexually transmitted infections and HIV screening
  - Cervical dysplasia screening
  - TB testing
- Provide other medically necessary health care, diagnostic services, and treatment measures

\* These areas are frequently non-compliant or not properly documented to show compliance during medical record reviews.

### Billing Codes for New or Established Patients

Ages	New	Established
<1	99381	99391
1–4	99382	99392
5–11	99383	99393
12–17	99384	99394
18–21	99385	99395
Fluoride Varnish: 99188		

### Online Resources

- Provider resources: [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf?\\_ga=2.267893575.817482867.1686682266-4679424.1686682266](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.267893575.817482867.1686682266-4679424.1686682266)
- Centers for Disease Control and Prevention (CDC) vaccination schedules: <https://www.cdc.gov/vaccines/index.html>



## Supplemental Data ●●●●●

Supplemental data is the transfer of data from one computer system to another by standardized message formatting in real time, without the need for human intervention.

### Supplemental Data Benefits

- Improve accuracy by minimizing human intervention & error through chart reviews and data entry
- Increase efficiency of data retrieval to support real-time intervention with patients for gaps in care
- Cost efficient
- Eliminate the burden on provider staff submitting high volumes of medical records
- Increase provider incentive earnings & improve provider performance
- Captures lab results and blood pressure readings, if CPT II codes are not captured on claims

### Supplemental Data Implementation

If you are interested in setting up a supplemental data file, please contact our HEDIS Operations team at [ILHEDISOps@mhplan.com](mailto:ILHEDISOps@mhplan.com)

Please include the following information:

- Main point of contact regarding the data feed
- Tax ID Number(s)
- Product lines you plan to submit data for (Ambetter, Meridian, Wellcare, and/or YouthCare)
- List of individuals to be involved in the implementation communication
  - Please include the person responsible for generating the file and submitting the data

## Electronic Clinical Data Systems (ECDS) ●●●●●

ECDS (Electronic Clinical Data Systems) are the network of data containing a patient's personal health information and records of their experiences within the health care system. They may also support other care-related activities directly or indirectly, including evidence-based decision support, quality management and outcome reporting. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed, providing results quickly and efficiently to the team responsible for the care of the patients.

Establishing an enterprise network of interoperable electronic data systems will foster a patient-centered, team-based approach to improving health care quality and better communication across health care service providers.

ECDS reporting is part of NCQA's larger strategy to enable a Digital Quality System and is aligned with the industry's move towards greater interoperability of health information. Visit [www.ncqa.org/ecds](http://www.ncqa.org/ecds) for more information and frequently asked questions about ECDS reporting.

The goal is to promote the integration of clinical information by automatically transferring data for gap closure. ECDS measures allow for plans to view quality care prospectively as opposed to reviewing quality care retrospectively.

### ECDS data sources include:

- Enrollment
- Claims
- Encounters
- EHRs
- HIEs
- Registries
- Case Management

### Tips for successful gap closure for all measures include:

- Establish electronic data transfers, such as supplemental data files
  - Refer to [Supplemental Data source section](#)
- Include CPT II codes on claims
- CPT II, LOINC, and SNOMED codes are all linked in your provider EMR system
  - LOINC and SNOMED value sets are transferred electronically, not on claims
- Develop and execute a data strategy prior to HEDIS transitioning to ECDS only

### ECDS Reporting Highlights:

Breast Cancer Screening measure (BCS-E) transitioned to ECDS only reporting for MY 2023.

The following measures transitioned to ECDS only reporting for MY 2024:

- Colorectal Cancer Screening (COL-E)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

The following measures have been proposed to transition to ECDS in MY 2025:

- Childhood Immunization Status (CIS-E)
- Immunizations for Adolescents (IMA-E)
- Cervical Cancer Screening (CCS-E)

Other ECDS measures developed that are currently being measured and reported include:

- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Prenatal Immunization Status (PRS-E)
- Prenatal Depression Screening and Follow-up (PND-E)
- Postpartum Depression Screening and Follow-Up (PDS-E)
- Adult Immunization Status (AIS-E)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
- Depression Remission or Response for Adolescents and Adults (DRR-E)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)
- Social Need Screening and Intervention (SNS-E)

Visit [www.ncqa.org/ecds](http://www.ncqa.org/ecds) for more information and FAQs about ECDS reporting.



# Adult Health



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

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

### AAP Measure Codes

Description	CPT*	HCPCS*	ICD-10CM*
Ambulatory Visits	92002, 92004, 92012, 92014, 98968, 98970-98972, 98980-98981, 99304-99202-99205, 99211-99215, 99241-99245, 99310, 99315-99316, 99318, 99324-99328, 99334-99337, 99421-99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99423, 99441-99443, 99429, 99483, 98966-99457-99458	G0402, G0438, G0439, G0463, G0071, G2010, G2012, G2250-G2252, S0620-S0621, T1015	

## AAP Measure Codes (continued)

Description	CPT*	HCPCS*	ICD-10CM*
Reason for Ambulatory Visit			Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

\*Codes subject to change

## Advanced Care Planning (ACP) ●●

The ACP measure evaluates percentage of adults 66 to 80 years of age with advanced illness, an indication of frailty, or who are receiving palliative care and had advance care planning and adults 81 years of age or older who had advanced care planning during the measurement year.

A discussion or documentation about preferences for resuscitation, life-sustaining treatment and end of life care.

### ACP Measure Codes

Description	Codes*
Advanced Care Planning	CPT: 99483, 99497 CPT-CAT-II: 1123F, 1124F, 1157F, 1158F HCPCS: S0257 ICD-10: Z66

\*Codes subject to change

## Appropriate Treatment for Upper Respiratory Infection (URI) ●●●●

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

### AAB Antibiotic Medications

Description	Prescription
Aminoglycosides	<ul style="list-style-type: none"> <li>• Amikacin</li> <li>• Gentamicin</li> <li>• Streptomycin</li> <li>• Tobramycin</li> </ul>
Aminopenicillins	<ul style="list-style-type: none"> <li>• Amoxicillin</li> <li>• Ampicillin</li> </ul>
Beta-lactamase inhibitors	<ul style="list-style-type: none"> <li>• Amoxicillin-clavulanate</li> <li>• Ampicillin-sulbactam</li> <li>• Piperacillin-tazobactam</li> </ul>

### AAB Antibiotic Medications (continued)

Description	Prescription
First-generation cephalosporins	<ul style="list-style-type: none"> <li>• Cefadroxil</li> <li>• Cefazolin</li> <li>• Cephalexin</li> </ul>
Fourth-generation cephalosporins	<ul style="list-style-type: none"> <li>• Cefepime</li> </ul>
Lincomycin derivatives	<ul style="list-style-type: none"> <li>• Clindamycin</li> <li>• Lincomycin</li> </ul>
Macrolides	<ul style="list-style-type: none"> <li>• Azithromycin</li> <li>• Clarithromycin</li> <li>• Erythromycin</li> </ul>
Miscellaneous antibiotics	<ul style="list-style-type: none"> <li>• Aztreonam</li> <li>• Chloramphenicol</li> <li>• Dalfopristin-quinupristin</li> <li>• Daptomycin</li> <li>• Linezolid</li> <li>• Metronidazole</li> <li>• Vancomycin</li> </ul>
Natural penicillins	<ul style="list-style-type: none"> <li>• Penicillin G benzathine-procaine</li> <li>• Penicillin G potassium</li> <li>• Penicillin G procaine</li> <li>• Penicillin G sodium</li> <li>• Penicillin V potassium</li> <li>• Penicillin G benzathine</li> </ul>
Penicillinase resistant penicillins	<ul style="list-style-type: none"> <li>• Dicloxacillin</li> <li>• Nafcillin</li> <li>• Oxacillin</li> </ul>
Quinolones	<ul style="list-style-type: none"> <li>• Ciprofloxacin</li> <li>• Gemifloxacin</li> <li>• Levofloxacin</li> <li>• Moxifloxacin</li> <li>• Ofloxacin</li> </ul>
Rifamycin derivatives	<ul style="list-style-type: none"> <li>• Rifampin</li> </ul>
Second-generation cephalosporin	<ul style="list-style-type: none"> <li>• Cefaclor</li> <li>• Cefotetan</li> <li>• Cefoxitin</li> <li>• Cefprozil</li> <li>• Cefuroxime</li> </ul>
Sulfonamides	<ul style="list-style-type: none"> <li>• Sulfadiazine</li> <li>• Sulfamethoxazole-trimethoprim</li> </ul>
Tetracyclines	<ul style="list-style-type: none"> <li>• Doxycycline</li> <li>• Minocycline</li> <li>• Tetracycline</li> </ul>
Third-generation cephalosporins	<ul style="list-style-type: none"> <li>• Cefdinir</li> <li>• Cefixime</li> <li>• Cefotaxime</li> <li>• Cefpodoxime</li> <li>• Ceftazidime</li> <li>• Ceftriaxone</li> </ul>
Urinary anti-infectives	<ul style="list-style-type: none"> <li>• Fosfomycin</li> <li>• Nitrofurantoin</li> <li>• Nitrofurantoin macrocrystals-monohydrate</li> <li>• Trimethoprim</li> </ul>

Comprehensive Diabetes Care (CDC) has been replaced by the following three measures: Glycemic Status Assessment for Patients with Diabetes (GSD), Blood Pressure Control for Patients with Diabetes (BPD), and Eye Exam for Patients with Diabetes (EED).

## Blood Pressure Control for Patients with Diabetes (BPD) ●●●

The BPD measure evaluates the percentage of patients 18 to 75 years of age with diabetes (types 1 and 2) whose last blood pressure (BP) reading of the year was adequately controlled (<140/90 mm Hg) during the measurement year.

- Consider taking two readings at each office visit. Sometimes a second blood pressure reading is lower
- Do not round blood pressure; always use exact numbers
- Include CPT-CAT-II codes on claims to ensure the blood pressure reading is received by the health plan

### BPD Measure Codes

Description	Codes*
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Greater Than or Equal to 90	CPT-CAT-II: 3080F
Diastolic Less Than 80	CPT-CAT-II: 3078F
Systolic Greater Than or Equal to 140	CPT-CAT-II: 3077F
Systolic Less Than 130	CPT-CAT-II: 3074F
Systolic 130-139	CPT-CAT-II: 3075F

\*Codes subject to change

## Eye Exam for Patients with Diabetes (EED) ●●●●

The EED measure evaluates percentage of patients 18 to 75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

- Include CPT-CAT-II codes on claims to ensure the eye exam result is received by the health plan

### EED Measure Codes

Description	Codes*
Unilateral Eye Enucleation with a Bilateral Modifier 50	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Automated Eye Exam	CPT: 92229
Eye Exam with Retinopathy	CPT-CAT-II: 2022F, 2024F, 2026F
Eye Exam Without Retinopathy	CPT-CAT-II: 2023F, 2025F, 2033F
Diabetes Mellitus Without Complications	ICD-10: E10.9, E11.9, E13.9

## EED Measure Codes (continued)

Description	Codes*
Diabetic Retinal Screening	CPT: 67028, 67030, 67031, 67036, 67039, 67040-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 HCPCS: S0620, S0621, S3000

\*Codes subject to change

## Glycemic Status Assessment for Patients with Diabetes (GSD) ●●●●

The GSD measure evaluates patients 18-75 years of age with diabetes (type 1 and 2) whose most recent glycemic status (hemoglobin A1C [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year.

Two rates are reported:

- Glycemic Status <8.0%
- Glycemic Status >9.0%

### GSD Measure Codes

Description	Codes*
HbA1c Lab Test	CPT: 83036, 83037
HbA1c Level Greater Than 9.0	CPT-CAT-II: 3046F
HbA1c Level Greater Than or Equal to 7.0 and Less Than 8.0	CPT-CAT-II: 3051F
HbA1c Level Greater Than or Equal to 8.0 and Less Than or Equal to 9.0	CPT-CAT-II: 3052F
HbA1c Level Less Than 7.0	CPT-CAT-II: 3044F

\*Codes subject to change

## Cardiac Rehabilitation (CRE) ●●●

The CRE measure evaluates percentage of patients 18 years of age and older who attended cardiac rehabilitation following a qualifying cardiac event such as:

- Coronary artery bypass grafting
- Heart or heart/lung transplantation
- Heart valve repair/replacement
- Myocardial infarction
- Percutaneous coronary intervention

It is important patients have the following schedule of cardiac rehabilitation:

- **Initiation:** At least 2 sessions within 30 days after the event
- **Engagement:**
  - At least 12 sessions within 90 days after the event
  - At least 24 sessions within 180 days after the event
- **Achievement:**
  - At least 36 sessions within 180 days after the event
  - Encourage patients to have annual testing

### CRE Measure Codes

Description	CPT Category*	HCPCS*
Cardiac Rehabilitation	93797, 93798	G0422, G0423, S9472

*\*Codes subject to change*

## Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC) ●

The SMC measure evaluates the percentage of patients 18-64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had a LDL-C test during the measurement year.

### SMC Measure Codes

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

*\*Codes subject to change*

## Care for Older Adults (COA) ●

The COA measure evaluates percentage of adults 66 years and older who had each of the following in the measurement year:

- Medication review
  - Perform an annual medication review of the patient’s medications, including prescription medications, over-the-counter medications and herbal or supplemental therapies.
- Functional status assessment
  - This assessment measures the patient’s ability to perform daily tasks and helps to identify any functional decline. For Meridian Medicare-Medicaid Plan patients, please indicate in the medical record:
    - Activities of Daily Living (ADL) — Note and date when activities like bathing, dressing, eating, transferring, using toilet and walking were assessed.
    - Instrumental Activities of Daily Living (IADL) — Note and date when activities like shopping, driving or using public transportation, meal preparation, housework, taking medications, and using the telephone were assessed.
    - Standardized functional status assessments — Note results and dates of assessments like the Assessment of Living Skills and Resources (ALSAR), The Barthel Index and The Physical Self-Maintenance Scale, Bayer Activities of Daily Living (B-ADL) Scale, or Extended Activities of Daily Living (EADL) Scale.
- Pain assessment
  - Perform an annual comprehensive pain assessment to screen the patient for the presence of pain and to assess pain intensity.

### COA Measure Codes

Description	Codes*
Medication Review Would need both CPT-CAT II codes to get credit. 1159F (Medication List) & 1160F (Medication Review)	CPT: 90863, 99605, 99606, 99483 CPT-CAT-II: 1159F, 1160F HCPCS: G8427
Functional Status Assessment	CPT: 99483 CPT-CAT-II: 1170F HCPCS: G0438, G0439
Pain Assessment	CPT-CAT-II: 1125F, 1126F
Medication Reconciliation Encounter	CPT: 99483, 99495, 99496

\*Codes subject to change

## Controlling High Blood Pressure (CBP) ●●●●

The CBP measure evaluates the percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose last blood pressure (BP) reading of the year was adequately controlled (<140/90 mm Hg).

- Consider taking two readings at each office visit. Sometimes a second blood pressure reading is lower
- Do not round blood pressure; always use exact numbers
- Include CPT-CAT-II codes on claims to ensure the blood pressure reading is received by the health plan

### CBP Measure Codes

Description	Codes*
Hypertension	ICD-10: I10
Systolic Greater Than/Equal to 140	CPT-CAT-II: 3077F
Systolic 130-139	CPT-CAT-II: 3075F
Systolic Less Than 130	CPT-CAT-II: 3074F
Diastolic Greater Than/Equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Less Than 80	CPT-CAT-II: 3078F

\*Codes subject to change



## Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) ●

The SMD measure evaluates the percentage of patients 18 to 64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test.

### SMD Measure Codes

Description	Codes*
<b>HbA1C Lab Tests</b>	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	CPT-CAT-II: 3044F
Most recent hemoglobin A1c level greater than 9.0% (DM)	CPT-CAT-II: 3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	CPT-CAT-II: 3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	CPT-CAT-II: 3052F
<b>LDL-C Lab Tests</b>	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F, 3049F, 3050F
Most recent LDL-C less than 100 mg/dL (CAD) (DM)	CPT-CAT-II: 3048F
Most recent LDL-C 100-129 mg/dL (CAD) (DM)	CPT-CAT-II: 3049F
Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	CPT-CAT-II: 3050F

\*Codes subject to change

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

The SSD measure evaluates percentage of patients 18 to 64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test.

### SSD Measure Codes

Description	Codes*
HbA1C Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	CPT-CAT-II: 3044F
Most recent hemoglobin A1c level greater than 9.0% (DM)	CPT-CAT-II: 3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	CPT-CAT-II: 3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	CPT-CAT-II: 3052F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

\*Codes subject to change

## Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC) ●●

The FMC measure evaluates emergency department (ED) visits for patients 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit on or between January 1 and December 24 of the measurement year where the patient was 18 years or older on the date of the visit.

### FMC Measure Codes

Description	Codes
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
Case Management Encounter	CPT: 99366 HCPCS: T1016, T1017, T2022, T2023
Complex Care Management Services	CPT: 99439, 99487, 99489-99491 HCPCS: G0506
Electroconvulsive Therapy	CPT: 90870 ICD10 PCS: GZB0ZZZ-GZB4ZZZ
Substance Use Disorder Services	CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Transitional Care Management Services	CPT: 99495, 99496
Visit Setting Unspecified	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255
Outpatient and Telehealth	CPT: 98966-98968, 98970-98972, 98980-98981, 99202-992005, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 HCPCS: G0071, G0402, G0438-G0439, G0463, G2010, G2012, G2250-G2252, T1015

FMC Measure Codes (continued)

Description	Codes
<p>Outpatient, ED, Telehealth, and Nonacute Inpatient</p>	<p>CPT: 98966-98972, 98980-98981, 99202-99205, 99211-99215, 99241-99245, 99281-99285, 99304-99310, 99315-99316, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483                      HCPCS: G0071, G0402, G0438-G0439, G0463, G2010, G2012, G2250-G2252, T1015</p>
<p>Substance Use Counseling and Surveillance</p>	<p>ICD10CM: Z71.41, Z71.51</p>

*\*Codes subject to change. Refer to the Appendix for POS codes.*

## Kidney Health Evaluation for Patients with Diabetes (KED) ●●●●

The KED measure evaluates the percentage of patients 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.

### KED Measure Codes

Description	Codes*
Estimated Glomerular Filtration Rate (eGFR)	CPT: 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin-Creatinine Ratio (uACR)	CPT: 82043, 82570

\*Codes subject to change

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

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

### Beta-Blocker Medications

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

## Pharmacotherapy Management of COPD Exacerbation (PCE) ●●●

The PCE measure evaluates percentage of COPD exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 and 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

### Systemic Corticosteroid Medications

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

### Bronchodilator Medications

Description	Prescription
Anticholinergic agents	<ul style="list-style-type: none"> <li>• Acclidinium-bromide</li> <li>• Ipratropium</li> <li>• Tiotropium</li> <li>• Umeclidinium</li> </ul>
Beta 2-agonists	<ul style="list-style-type: none"> <li>• Albuterol</li> <li>• Arformoterol</li> <li>• Formoterol</li> <li>• Indacaterol</li> <li>• Levalbuterol</li> <li>• Metaproterenol</li> <li>• Olodaterol</li> <li>• Salmeterol</li> </ul>
Bronchodilator combinations	<ul style="list-style-type: none"> <li>• Albuterol-ipratropium</li> <li>• Formoterol-aclidinium</li> <li>• Budesonide-formoterol</li> <li>• Formoterol-glycopyrrolate</li> <li>• Formoterol-mometasone</li> <li>• Fluticasone furoate - umeclidinium-vilanterol</li> <li>• Fluticasone-salmeterol</li> <li>• Fluticasone-vilanterol</li> <li>• Indacaterol-glycopyrrolate</li> <li>• Olodaterol hydrochloride</li> <li>• Olodaterol-tiotropium</li> <li>• Umeclidinium-Vilanterol</li> </ul>

## Plan All Cause Readmissions (PCR) ●●●●

The PCR measure evaluates patients 18 years of age and older who had an acute inpatient and observation stay that was followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

### What Providers Can Do:

- See the patient within seven days of discharge
- Educate the patient and family about the diagnosis and care plan
- Review medication list
- Establish care goals with the patient
- Identify barriers for the patient and address his or her concerns

### How Meridian Can Help:

- Meridian will notify PCPs during the Transition of Care (TOC) process
- A TOC letter is faxed to the PCP within 24 hours of discharge
- Meridian's Interdisciplinary Care Team (ICT) reviews individual care plans
- Educate patients on appropriate emergency department utilization

## Transitions of Care (TRC) ●●

The TRC measure evaluates the percentage of discharges for patients 18 years of age and older who had each of the following:

- Notification of Inpatient Admission
- Receipt of Discharge Information
- Patient Engagement After Inpatient Discharge
- Medication Reconciliation Post-Discharge

### Remember to:

- Document receipt of notification of inpatient admission on the day of admission through two days after admission (for a total of 3 days)
- Record receipt of notification of discharge on the day of discharge through two days after discharge (for a total of 3 days)
- Document patient engagement within 30 days after discharge (e.g., office visits, visits to the home, telehealth)
- Document medication reconciliation on the date of discharge through 30 days after discharge (for a total of 31 days)

Patient engagement provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge. The following meet criteria for patient engagement:

- An outpatient visit
- A telephone visit
- Transitional care management services
- An e-visit or virtual check-in

Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse on the date of discharge through 30 days after discharge (31 total days).

### TRC Measure Codes

Description	Codes*
Transitional Care Management Services	CPT: 99495-99496
Medication Reconciliation	CPT: 99483, 99495-99496 CPT-CAT-II: 1111F
Medication Reconciliation Intervention	SNOMED CT: 430193006, 428701000124107



## TRC Measure Codes (continued)

Description	Codes*
Outpatient and Telehealth	<p>CPT: 98966, 98967, 98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483</p> <p>HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p>

\*Codes subject to change

## Use of Imaging Studies for Low Back Pain (LBP) ●●●●

The LBP measure evaluates patients 18 to 75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

**Numerator:** An imaging study with a diagnosis of uncomplicated low back pain on the IESD or in the 28 days following the IESD.

### LBP Measure Codes

Description	Codes*
Imaging Study	<p>CPT: 72020, 72052, 72083, 72084, 72100, 72110, 72114, 72040, 72050, 72070, 72072, 72074, 72080-72082, 72100, 72120, 72125-72130, 72131-72133, 72141, 72142, 72146-72149, 72156-72158, 72200, 72202, 72220</p>
Uncomplicated Low Back Pain	<p>ICD-10: 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</p> <p>CPT: 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, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS</p>

\*Codes subject to change

According to the National Committee for Quality Assurance (NCQA), 75 percent of American adults will experience low back pain at some time in their lives, making it one of the most common reasons patients seek healthcare services.

**Please consider imaging studies for lower back pain only if red flags are present or if there is no improvement after four weeks.**

### **Alternative Recommendations**

Meridian encourages its providers to refer to the Agency for Healthcare Research and Quality website ([www.ahrq.gov](http://www.ahrq.gov)) or the Meridian website ([www.ilmeridian.com](http://www.ilmeridian.com)) for standards and guidelines in managing your patients' acute lower back pain.

Source: [www.ncqa.org](http://www.ncqa.org)

# Behavioral Health



## Adherence to Antipsychotic Medications for People with Schizophrenia (SAA) ●●●

The SAA measure evaluates patients 18 years of age and older in 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.

### Antipsychotic Medications

Description	
Antipsychotic agents – Oral	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Asenapine</li> <li>• Brexpiprazole</li> <li>• Cariprazine</li> <li>• Clozapine</li> <li>• Haloperidol</li> <li>• Iloperidone</li> <li>• Loxapine</li> <li>• Lumateperone</li> <li>• Lurasidone</li> <li>• Molindone</li> <li>• Molindone</li> <li>• Olanzapine</li> <li>• Paliperidone</li> <li>• Quetiapine</li> <li>• Risperidone</li> <li>• Ziperidone</li> </ul>
Phenthiazine Antipsychotic – Oral	<ul style="list-style-type: none"> <li>• Chlorpromazine</li> <li>• Fluphenazine</li> <li>• Perphenazine</li> <li>• Prochlorperazine</li> <li>• Thioridazine</li> <li>• Trifluoperazine</li> </ul>
Psychotherapeutic combinations – Oral	<ul style="list-style-type: none"> <li>• Amitriptyline-perphenazine</li> </ul>
Thioxanthenes – Oral	<ul style="list-style-type: none"> <li>• Thiothixene</li> </ul>
Long Acting Injections	<ul style="list-style-type: none"> <li>• Risperidone</li> <li>• Aripiprazole</li> <li>• Anripiprazole lauroxil</li> <li>• Fluphenazine decanoate</li> <li>• Haloperidol decanoate</li> <li>• Olanzapine</li> <li>• Paliperidone palmitate</li> <li>• Risperidone</li> </ul>

# Antidepressant Medication Management (AMM) ●●●●

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

Two rates are reported:

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

## Antidepressant Medications

Description	Prescription
Miscellaneous antidepressants	<ul style="list-style-type: none"> <li>• Bupropion</li> <li>• Vortioxetine</li> <li>• Vilazodone</li> </ul>
Monoamine oxidase inhibitors	<ul style="list-style-type: none"> <li>• Isocarboxazid</li> <li>• Phenelzine</li> <li>• Selegiline</li> <li>• Tranylcypromine</li> </ul>
Phenylpiperazine antidepressants	<ul style="list-style-type: none"> <li>• Nefazodone</li> <li>• Trazodone</li> </ul>
Psychotherapeutic combinations	<ul style="list-style-type: none"> <li>• Amitriptyline-chlordiazepoxide</li> <li>• Fluoxetine-olanzapine</li> <li>• Amitriptyline-perphenazine</li> </ul>
SNRI antidepressants	<ul style="list-style-type: none"> <li>• Desvenlafaxine</li> <li>• Venlafaxine</li> <li>• Duloxetine</li> <li>• Levomilnacipran</li> </ul>
SSRI antidepressants	<ul style="list-style-type: none"> <li>• Citalopram</li> <li>• Fluoxetine</li> <li>• Paroxetine</li> <li>• Escitalopram</li> <li>• Fluvoxamine</li> <li>• Sertraline</li> </ul>
Tetracyclic antidepressants	<ul style="list-style-type: none"> <li>• Maprotiline</li> <li>• Mirtazapine</li> </ul>
Tricyclic antidepressants	<ul style="list-style-type: none"> <li>• Amitriptyline</li> <li>• Clomipramine</li> <li>• Doxepin (&gt;6 mg)</li> <li>• Nortriptyline</li> <li>• Trimipramine</li> <li>• Amoxapine</li> <li>• Desipramine</li> <li>• Imipramine</li> <li>• Protriptyline</li> </ul>

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

The FUM measure evaluates patients six years of age and older with a principal diagnosis of mental illness or self-harm who had a follow-up visit for mental illness after an emergency department (ED) visit.

Two rates are reported:

- The percentage of ED visits where patients received follow-up within 7 days of the visit (8 total days)
- The percentage of ED visits where patients received follow-up within 30 days of the visit (31 total days)

### FUM 7 & 30 Day Follow-up Measure Codes

Description	Codes
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, H2013-2020, T1015
Electroconvulsive Therapy	CPT: 90870 ICD-10: GZB0ZZZ-ZB4ZZZ
Online Assessment (e-visit or virtual check-in)	CPT: 98970-98972, 98980, 98981, 99421-99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2252
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telephone Visits	CPT: 98966-98968, 99441-99443
Visit Setting Unspecified with outpatient POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255

\*Codes subject to change. Refer to the Appendix for POS codes.

## Follow-Up After Emergency Department Visit for Substance Use (FUA) ●●●●

The percentage of emergency department (ED) visits among patients aged 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

Two rates are reported:

- The percentage of ED visits where patients received follow-up within 30 days of the visit (31 total days)
- The percentage of ED visits where patients received follow-up within 7 days of the visit (8 total days)

### FUA 7 & 30 Day Follow-up Measure Codes

Description	Codes
Behavioral Health Assessment	CPT: 99408, 99409 HCPCS: G0211, G0396, G0397, G0442, H0001, H0002, H0031, H0049
Online Assessments	CPT: 98970-98972, 98980-98981, 99421-99423, 99457 HCPCS: G0071, G2010, G2012, G2250-G2252
ODU Weekly Drug Treatment Service	HCPCS: G2067-G2070, G2072, G2073
ODU Weekly Non Drug Service	HCPCS: G2071, G2074-G2077, G2080
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Peer Support Services	HCPCS: G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016
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
Visit Setting Unspecified include POS code	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72
ODU Monthly Office Based Treatment	HCPCS: G2086-G2087

FUA 7 & 30 Day Follow-up Measure Codes (continued)

Description	Codes
Substance Use Counseling and Surveillance	ICD10CM: Z71.41, Z71.51
BH Outpatient	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510 HCPCS: G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0034, H0036, H0037, H0039, H0040, H2000, H2011, H2013-H2020, T1015
Residential Behavioral Health Treatment	HCPCS: H0017-H0019, H2048
Residential Program Detoxication	HCPCS: H0010-H0011

*\*Codes subject to change. Refer to the Appendix for POS codes.*

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

The FUI measure evaluates the percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among patients 13 years of age and older that result in a follow-up visit or service for substance use disorder.

FUI measure reports two rates:

- 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.

### FUI Measure Codes

Description	Codes
BH Outpatient	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 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
Online Assessment	CPT: 98970-98972, 98980-98981, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2252
Outpatient Visit Setting Unspecified	CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Residential Behavioral Health Treatment	HCPCS: H0017-H0019, T2048
Substance Use Disorder Services	CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Telephone Visits	CPT: 98966-98968, 99441-99443
ODU Monthly Office Based Treatment	HCPCS: G2086-G2087



FUI Measure Codes (continued)

Description	Codes
ODU Weekly Drug Treatment Service	HCPCS: G2067-G2070, G2072-G2073
ODU Weekly Non Drug Service	HCPCS: G2071, G2074-G2077, G2080
Substance Use Counseling and Surveillance	ICD10CM: Z71.41, Z71.51

\*Codes subject to change. Refer to the Appendix for POS codes.

## Follow-Up After Hospitalization for Mental Illness (FUH) ●●●●

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

Two rates are reported:

- Discharges for which the member received follow-up within 7 days after discharge
- Discharges for which the member received follow-up within 30 days after discharge

### FUH Measure Codes

Description	Codes*
Visit Setting Unspecified Value Set with Outpatient POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255
BH Outpatient Visit	CPT: 98960-98962, 99202-99205, 99078, 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

## FUH Measure Codes (continued)

Description	Codes*
Visit Setting Unspecified Value Set with Partial Hospitalization POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255
Partial Hospitalization/ Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255
Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/ Partial Hospitalization POS	CPT: 90870 ICD-10: GZB0ZZZ-GZB4ZZZ
Transitional Care Management	CPT: 99495, 99496
Telephone Visit with Telehealth POS	CPT: 98966-98968, 99441-99443
Psychiatric Collaborative Care Management	CPT: 99492-99494 HCPCS: G0512

\*Codes subject to change. Refer to the Appendix for POS codes.

## Initiation and Engagement of Substance Use Disorder (IET) ●●●●●

The IET measure evaluates percentage of patients age 13 years of age and older with a new episode of substance use disorder that resulted in treatment initiation and engagement who received the following:

- Initiation of substance use disorder treatment: percentage of patients who initiate treatment through an inpatient new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days
- Engagement of substance use disorder treatment: percentage of patients who had new SUD episodes that have evidence of treatment engagement within 34 days of the initiation

### Alcohol Use Disorder Treatment Medications

Description	Prescription
Aldehyde dehydrogenase inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosate (oral; delayed-release tablet)

### Opioid Use Disorder Treatment Medications

Description	Prescription	Medication Lists
Antagonist	Naltrexone (oral)	Naltrexone Oral Medication List
Antagonist	Naltrexone (injectable)	Naltrexone Injection Medication List
Partial Agonist	Buprenorphine (sublingual tablet)	Buprenorphine Oral Medication List
Partial Agonist	Buprenorphine (injection)	Buprenorphine Injection Medication List
Partial Agonist	Buprenorphine (implant)	Buprenorphine Implant Medication List
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)	Buprenorphine Naloxone Medication List

### IET Medications

Description	Codes*
Buprenorphine Implant	HCPCS: G2070, G2072, J0570
Buprenorphine Injection	HCPCS: G2069, Q9991, Q9992
Buprenorphine Naloxone	HCPCS: J0572-J0575
Buprenorphine Oral	HCPCS: H0033, J0571
Buprenorphine Oral Weekly	HCPCS: G2068, F2079
Detoxification	HCPCS: H0008, H0009, H0010-H0014
Methadone Oral	HCPCS: H0020, S0109
Methadone Oral Weekly	HCPCS: G2067, G2078
Naltrexone Injection	HCPCS: G2073, J2315

\*Codes subject to change

## IET OP Measure Codes

Description	Codes*
BH Outpatient	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99349, 99350, 99381-99383, 99384-99387, 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 Note: Include ICD-10 code for Alcohol abuse and other drug dependence diagnosis
Online Assessments	CPT: 98970-98972, 98980, 98981, 99421-99523, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2251
Visit Setting Unspecified that requires Outpatient POS Code	CPT: 90791, 90792, 90832-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255
Partial Hospitalization or Intensive Outpatient	HCPCS: H0035, H2001, H2012, G0410, G0411
Substance Use Disorder Services	CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
ODD Monthly Office Based Treatment	HCPCS: G2086, G2087
Telephone Visits	HCPCS: 98966-98968, 99441-99443
ODD Weekly Drug Treatment Services	HCPCS: G2067, G2070, G2072, G2073
ODD Weekly Non Drug Service	HCPCS: G2071, G2074-G2077, G2080

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

*\* Codes listed are subject to change, Meridian recognizes that the circumstances around the services provided may not always directly support/match the codes. It is crucial that the medical record documentation describes the services rendered in order to support the medical necessity and use of these codes. Refer to the Appendix for POS codes*

## Pharmacotherapy for Opioid Use Disorder (POD) ●●●●

The POD measure evaluates patients 16 years of age and older with a diagnosis of Opioid Use Disorder (OUD) and a new OUD pharmacotherapy.

Patient with Opioid Use Disorder (OUD) pharmacotherapy events with OUD pharmacotherapy of 180 days or more without a gap in treatment of 8 or more consecutive days.

### Opioid Use Disorder Treatment Medications

Description	Prescription	Medication Lists
Antagonist	• Naltrexone (oral)	• Naltrexone Oral Medications List
Antagonist	• Naltrexone (injectable)	• Naltrexone Injection Medications List
Partial agonist	• Buprenorphine (sublingual tablet)	• Buprenorphine Oral Medications List
Partial agonist	• Buprenorphine (injection)	• Buprenorphine Injection Medications List
Partial agonist	• Buprenorphine (implant)	• Buprenorphine Implant Medications List
Partial agonist	• Buprenorphine/ naloxone (sublingual tablet, buccal film, sublingual film)	• Buprenorphine Naloxone Medications List
Agonist	• Methadone (oral)	• NA (refer to Note below)

*Methadone is not included on the medication lists for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.*

## Screening for Depression and Follow-Up Plan (CDF-AD) ●

This is a CMS core set measure. For more information, visit [cms.gov](https://www.cms.gov).

The CDF-AD measure evaluates patients aged 18 and older screened for depression who have never had a diagnosis of depression or bipolar disorder on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool. If positive, a follow-up plan is documented on the date of the eligible encounter

### CDF-B Codes to Document Depression Screen

Code	Description
G8431	Screening for depression is documented as being positive and a follow-up plan is documented
G8510	Screening for depression is documented as negative, a follow-up plan is not required

*\*Codes subject to change*

## Screening for Depression and Follow-Up Plan (CDF-CH) ●

This is a CMS core set measure. For more information, visit [cms.gov](https://www.cms.gov).

The CDF-CH Measure evaluates members aged 12 to 17 years screened for depression who have never had a diagnosis of depression or bipolar disorder on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool. If positive, a follow-up plan is documented on the date of the eligible encounter.

### CDF-B Codes to Document Depression Screen

Code	Description
G8431	Screening for depression is documented as being positive and a follow-up plan is documented
G8510	Screening for depression is documented as negative, a follow-up plan is not required

*\*Codes subject to change*

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

The APP measure evaluates patients one to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first line treatment.

### Antipsychotic Medications

Miscellaneous Antipsychotic Agents		
• Aripiprazone	• Iloperidone	• Pimozide
• Asenapine	• Loxapine	• Quetiapine
• Brexpiprazole	• Lurasidone	• Risperidone
• Cariprazine	• Molindone	• Ziprasidone
• Clozapine	• Olanzapine	
• Haloperidol	• Paliperidone	
Phenothiazine Antipsychotics		
• Chlorpromazine	• Perphenazine	• Trifluoperazine
• Fluphenazine	• Thioridazine	
Thioxanthenes		
• Thiothixene		
Long-Acting Injections		
• Arripiprazole	• Haloperidol decanoate	• Risperidone
• Arripiprazole lauroxil	• Olanzapine	
• Fluphenazine decanoate	• Paliperidone palmitate	

### Antipsychotic Combination Medications

Psychotherapeutic Combinations
• Fluoxetine-olanzapine
• Perphenazine-amitriptyline

### APP Measure Codes

Description	CPT*	HCPCS*
Psychosocial Care	90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880	G0176, G0177, G0409, G0410, G0411, H0004, H0035-H0040, H2000, H20001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485

\*Codes subject to change

# General Health



## Appropriate Testing for Pharyngitis (CWP) ●●●●

The CWP measure evaluates the percentage of episodes for patients 3 years and older where the patient was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

### CWP Measure Codes

Description	ICD-10-CM Diagnosis*
Acute pharyngitis	J02.9
Acute tonsillitis	J03.90
Streptococcal sore throat	J02.0

\*Codes subject to change

### Group A Strep Test Codes

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

\*Codes subject to change

## Asthma Medication Ratio (AMR) ●●

The AMR measure evaluates the percentage of patients 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater.

**Oral medication dispensing event:** One prescription of an amount lasting 30 days or less. Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events.

**Inhaler dispensing event:** All inhalers of the same medication dispensed on the same day count as one dispensing event. Different inhaler medications dispensed on the same day are counted as different dispensing events.



**Injection dispensing event:** Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.

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

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

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

- For each member, calculate ratio using the below:

- Units of Controller Medications/Units of Total Asthma Medications

### Asthma Controller Medications

Description	Prescriptions	Medication Lists	Route
Antibody inhibitors	• Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	• Dupilumab	Dupilumab Medications List	Injection
Anti-interleukin-5	• Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	• Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Injection
Inhaled steroid combinations	• Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	• Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	• Budesonide	Budesonide Medications List	Inhalation

### Asthma Controller Medications (continued)

Description	Prescriptions	Medication Lists	Route
Inhaled corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	• Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	• Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	• Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	• Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	• Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	• Zileuton	Zileuton Medications List	Oral
Methylxanthines	• Theophylline	Theophylline Medications List	Oral

### Asthma Reliever Medications

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

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

The AAB measure evaluates patients 3 months of age and older that have a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

## Treating Uncomplicated Acute Bronchitis

- Avoid prescribing antibiotics
- Treat presented symptoms only
- Prescribe antitussive agents for short-term relief of coughing

## AAB Antibiotic Medications Table

Description	Prescriptions
Aminoglycosides	<ul style="list-style-type: none"> <li>• Amikacin</li> <li>• Gentamicin</li> <li>• Streptomycin</li> <li>• Tobramycin</li> </ul>
Aminopenicillins	<ul style="list-style-type: none"> <li>• Amoxicillin Ampicillin</li> </ul>
Beta-lactamase inhibitors	<ul style="list-style-type: none"> <li>• Amoxicillin-clavulanate</li> <li>• Ampicillin-sulbactam</li> <li>• Piperacillin-tazobactam</li> </ul>
First-generation cephalosporins	<ul style="list-style-type: none"> <li>• Cefadroxil</li> <li>• Cefazolin</li> <li>• Cephalexin</li> </ul>
Fourth-generation cephalosporins	<ul style="list-style-type: none"> <li>• Cefepime</li> </ul>
Lincomycin derivatives	<ul style="list-style-type: none"> <li>• Clindamycin</li> <li>• Lincomycin</li> </ul>
Macrolides	<ul style="list-style-type: none"> <li>• Azithromycin</li> <li>• Clarithromycin</li> <li>• Erythromycin</li> </ul>
Miscellaneous antibiotics	<ul style="list-style-type: none"> <li>• Aztreonam</li> <li>• Chloramphenicol</li> <li>• Dalfopristin-quinupristin</li> <li>• Daptomycin</li> <li>• Linezolid</li> <li>• Metronidazole</li> <li>• Vancomycin</li> </ul>

AAB Antibiotic Medications Table (continued)

Description	Prescriptions
Natural penicillins	<ul style="list-style-type: none"> <li>• Penicillin G benzathine-procaine</li> <li>• Penicillin G potassium</li> <li>• Penicillin G procaine</li> <li>• Penicillin G sodium</li> <li>• Penicillin V potassium</li> <li>• Penicillin G benzathine</li> </ul>
Penicillinase resistant penicillins	<ul style="list-style-type: none"> <li>• Dicloxacillin</li> <li>• Nafcillin</li> <li>• Oxacillin</li> </ul>
Quinolones	<ul style="list-style-type: none"> <li>• Ciprofloxacin</li> <li>• Gemifloxacin</li> <li>• Levofloxacin</li> <li>• Moxifloxacin</li> <li>• Ofloxacin</li> </ul>
Rifamycin derivatives	<ul style="list-style-type: none"> <li>• Rifampin</li> </ul>
Second-generation cephalosporin	<ul style="list-style-type: none"> <li>• Cefaclor</li> <li>• Cefotetan</li> <li>• Cefoxitin</li> <li>• Cefprozil</li> <li>• Cefuroxime</li> </ul>
Sulfonamides	<ul style="list-style-type: none"> <li>• Sulfadiazine</li> <li>• Sulfamethoxazole-trimethoprim</li> </ul>
Tetracyclines	<ul style="list-style-type: none"> <li>• Doxycycline</li> <li>• Minocycline</li> <li>• Tetracycline</li> </ul>
Third-generation cephalosporins	<ul style="list-style-type: none"> <li>• Cefdinir</li> <li>• Cefixime</li> <li>• Cefotaxime</li> <li>• Cefpodoxime</li> <li>• Ceftazidime</li> <li>• Ceftriaxone</li> </ul>
Urinary anti-infectives	<ul style="list-style-type: none"> <li>• Fosfomycin</li> <li>• Nitrofurantoin</li> <li>• Nitrofurantoin macrocrystals-monohydrate</li> <li>• Trimethoprim</li> </ul>

# Pediatric Health



## Childhood Immunization Status (CIS) (CIS-E) ●●●

The CIS-E measure evaluates the percentage of children 2 years of age who completed the following immunizations on or before child's second birthday.

Immunization	Required Doses
DTaP (Diphtheria, Tetanus, Acellular Pertussis)	4 doses
PCV (Pneumococcal Conjugate)	4 doses
HiB Haemophiles Influenza Type B)	3 doses
Hep B (Hepatitis B)	3 doses
IPV (Polio; Inactivated Polio Virus)	3 doses
Flu (Influenza)	2 doses
RV (Rotavirus)	2 or 3 dose series
Hep A (Hepatitis A)	1 dose on or between the 1st and 2nd birthday
MMR (Measles, Mumps, Rubella)	1 dose on or between the 1st and 2nd birthday
VZV (Chicken Pox; Varicella zoster)	1 dose on or between the 1st and 2nd birthday

## CIS/CIS-E Measure Codes

Description	Codes*
DTaP Immunization	CVX: 20, 50, 106, 107, 110, 120, 146
DTaP Vaccine Procedure	CPT: 90697, 90698, 90700, 90723 SNOMED CT: 310306005, 310307001, 310308006, 312870000, 313383003, 390846000, 390865008, 399014008, 412755006, 412756007, 412757003, 412762002, 412763007, 412764001, 414001002, 414259000, 414620004, 415507003, 415712004, 770608009, 770616000, 770617009, 770618004, 787436003, 866158005, 866159002, 866226006, 868273007, 868274001, 868276004, 868277008, 1162640003, 428251000124104, 571571000119105, 572561000119108, 16290681000119103
Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED CT: 428281000124107, 428291000124105
Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED CT: 192710009, 192711008, 192712001
HiB Immunization	CVX: 17, 46, 47, 48, 49, 50, 51, 120, 146, 148
HiB Vaccine Procedure	CPT: 90644, 90647, 90648, 90697, 90698, 90748 SNOMED CT: 127787002, 170343007, 170344001, 170345000, 170346004, 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 414001002, 414259000, 415507003, 415712004, 428975001, 712833000, 712834006, 770608009, 770616000, 770617009, 770618004, 786846001, 787436003, 1119364007, 1162640003, 16292241000119109
Anaphylaxis due to the HiB vaccine	SNOMED CT: 433621000124101
Newborn Hepatitis B Vaccine Administered	ICD10PCS: 3E0234Z ICD9PCS: 99.55
Hepatitis B Immunization	CVX: 08, 44, 45, 51, 110, 146

CIS/CIS-E Measure Codes (continued)

Description	Codes*
Hepatitis B Vaccine Procedure	CPT: 90697, 90723, 90740, 90744, 90747, 90748 HCPCS: G0010 SNOMED CT: 16584000, 170370000, 170371001, 170372008, 170373003, 170374009, 170375005, 170434002, 170435001, 170436000, 170437009, 312868009, 396456003, 416923003, 770608009, 770616000, 770617009, 770618004, 786846001, 1162640003, 572561000119108
History of hepatitis B illness	ICD10CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 SNOMED CT: 1116000, 13265006, 26206000, 38662009, 50167007, 53425008, 60498001, 61977001, 66071002, 76795007, 111891008, 165806002, 186624004, 186626002, 186639003, 235864009, 235865005, 235869004, 235871004, 271511000, 313234004, 406117000, 424099008, 424340000, 442134007, 442374005, 446698005, 838380002, 1230342001, 153091000119109, 551621000124109
Anaphylaxis due to the hepatitis B vaccine	SNOMED CT: 428321000124101
IPV Immunization	CVX: 10, 89, 110, 120, 146
IPV Procedure	CPT: 90697, 90698, 90713, 90723 SNOMED CT: 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 390865008, 396456003, 412762002, 412763007, 412764001, 414001002, 414259000, 414619005, 414620004, 415507003, 415712004, 416144004, 416591003, 417211006, 417384007, 417615007, 866186002, 866227002, 868266002, 868267006, 868268001, 868273007, 868274001, 868276004, 868277008, 870670004, 572561000119108, 16290681000119103
Anaphylaxis due to IPV vaccine	SNOMED CT: 471321000124106
MMR Immunization	CVX: 03, 94
MMR Vaccine Procedure	CPT: 90707, 90710 SNOMED CT: 38598009, 170431005, 170432003, 170433008, 432636005, 433733003, 871909005, 571591000119106, 572511000119105

CIS/CIS-E Measure Codes (continued)

Description	Codes*
History of Measles illness	ICD10CM: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9 SNOMED CT: 14189004, 28463004, 38921001, 60013002, 74918002, 111873003, 161419000, 186561002, 186562009, 195900001, 240483006, 240484000, 359686005, 371111005, 406592004, 417145006, 424306000, 105841000119101
History of Mumps illness	ICD10CM: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9 SNOMED CT: 10665004, 17121006, 31524007, 31646008, 36989005, 40099009, 44201003, 63462008, 72071001, 74717002, 75548002, 78580004, 89231008, 89764009, 111870000, 161420006, 235123001, 236771002, 237443002, 240526004, 240527008, 240529006, 371112003, 1163539003, 105821000119107
History of Rubella illness	ICD10CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9 SNOMED CT: 10082001, 13225007, 19431000, 36653000, 51490003, 64190005, 79303006, 128191000, 161421005, 165792000, 186567003, 186570004, 192689006, 231985001, 232312000, 240485004, 253227001, 406112006, 406113001, 1092361000119109, 10759761000119100
Anaphylaxis due to the MMR vaccine	SNOMED CT: 471331000124109
Pneumococcal Conjugate Immunization	CVX: 109, 133, 152, 215
Pneumococcal Conjugate Vaccine Procedure	CPT: 90670, 90671 HCPCS: G0009 SNOMED CT: 1119368005, 434751000124102
Anaphylaxis due to the pneumococcal vaccine	SNOMED CT: 471141000124102
Varicella Zoster (VZV) Immunization	CVX: 21, 94
Varicella Zoster (VZV) Vaccine Procedure	CPT: 90710, 90716 SNOMED CT: 425897001, 428502009, 432636005, 433733003, 737081007, 871898007, 871899004, 871909005, 572511000119105



CIS/CIS-E Measure Codes (continued)

Description	Codes*
<p>History of varicella zoster (chicken pox) illness</p>	<p>ICD10CM: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9            SNOMED CT: 4740000, 10698009, 21954000, 23737006, 24059009, 36292003, 38907003, 42448002, 49183009, 55560002, 87513003, 111859007, 111861003, 161423008, 186524006, 195911009, 230176008, 230198004, 230262004, 230536009, 232400003, 235059009, 240468001, 240470005, 240471009, 240472002, 240473007, 240474001, 309465005, 371113008, 397573005, 400020001, 402897003, 402898008, 402899000, 410500004, 410509003, 421029004, 422127002, 422446008, 422471006, 422666006, 423333008, 423628002, 424353002, 424435009, 424801004, 424941009, 425356002, 426570007, 428633000, 713250002, 713733003, 713964006, 715223009, 723109003, 838357005, 1163465001, 1163483009, 1179456002, 12551000132107, 12561000132105, 12571000132104, 98541000119101, 331071000119101, 681221000119108, 1087131000119102, 15678761000119105, 15678801000119102, 15678841000119100, 15680201000119106, 15680241000119108, 15680281000119103, 15681321000119100, 15681401000119101, 15685081000119102, 15685121000119100, 15685201000119100, 15685281000119108, 15936581000119108, 15936621000119108, 15989271000119107, 15989311000119107, 15989351000119108, 15991711000119108, 15991751000119109, 15991791000119104, 15992351000119104, 16000751000119105, 16000791000119100, 16000831000119106</p>
<p>Anaphylaxis due to the VZV vaccine</p>	<p>SNOMED CT: 471341000124104</p>
<p>Hep A Immunization</p>	<p>CVX: 31, 83, 85</p>

CIS/CIS-E Measure Codes (continued)

Description	Codes*
Hepatitis A Vaccine Procedure	CPT: 90633 SNOMED CT: 170378007, 170379004, 170380001, 170381002, 170434002, 170435001, 170436000, 170437009, 243789007, 312868009, 314177003, 314178008, 314179000, 394691002, 871752004, 871753009, 871754003, 571511000119102
History of Hepatitis A illness	ICD10CM: B15.0, B15.9 SNOMED CT: 16060001, 18917003, 25102003, 40468003, 43634002, 79031007, 111879004, 165997004, 206373002, 278971009, 310875001, 424758008, 428030001, 105801000119103
Anaphylaxis due to hepatitis A vaccine	SNOMED CT: 471311000124103
Influenza Immunization	CVX: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186
Influenza Vaccine Procedure	CPT: 90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756 HCPCS: G0080 SNOMED CT: 86198006
Influenza Virus LAIV Immunization (Recommended for children 2 years and older, administered on the child's second birthday meets the criteria for one of the two required vaccinations)	CVX: 111, 149
Influenza Virus LAIV Vaccine Procedure:	CPT: 90660, 90672 SNOMED CT: 787016008
Anaphylaxis due to the influenza vaccine	SNOMED CT: 471361000124100
Combination 3	DTaP, IPV, MMR, HiB, hepatitis B, VZV, and pneumococcal indicators
Combination 7	DTaP, IPV, MMR, HiB, hepatitis B, VZV, pneumococcal, hepatitis A, and rotavirus indicators
Combination 10	DTaP, IPV, MMR, HiB, hepatitis B, VZV, pneumococcal, hepatitis A, rotavirus and influenza indicators

### CIS/CIS-E Measure Codes (continued)

Description	Codes*
Rotavirus Immunization (2 Dose schedule)	CPT: 90681 CVX: 119 SNOMED CT: 434741000124104
Rotavirus immunization (3 dose schedule)	CVX: 116, 122
Rotavirus Procedure (3 dose schedule)	CPT: 90680 SNOMED CT: 434731000124109
Anaphylaxis due to the rotavirus vaccine	SNOMED CT: 428331000124103

\*Codes subject to change

NOTE: Rotavirus is either 2 dose OR 3 dose for compliancy

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

Beginning in measurement year 2024, ADD transitioned to ADD-E, an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](http://ncqa.org/ecds).

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

Two rates are reported:

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

ADD-E Measure Codes

Description	Codes*
Outpatient POS	POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483, 99492-99494 HCPC: G0512 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Health and Behavior Assessment/Intervention	CPT: 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Online Assessments	CPT: 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 HCPC: G0071, G2010, G2012, G2250-G2252
Partial Hospitalization/Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 SNOMED CT: 7133001, 305345009, 305346005, 305347001, 391038005, 391042008, 391043003, 391046006, 391047002, 391048007, 391054008, 391055009, 391056005, 391133003, 391150001, 391151002, 391152009, 391153004, 391170007, 391185001, 391186000, 391187009, 391188004, 391191004, 391192006, 391194007, 391195008, 391207001, 391208006, 391209003, 391210008, 391211007, 391228005, 391229002, 391232004, 391252003, 391254002, 391255001, 391256000
Telehealth POS	POS: 02, 10
Telephone Visits	CPT: 98966-98968, 99441-99443 SNOMED CT: 185317003, 314849005, 386472008, 386473003, 401267002
Visit Setting Unspecified Value Set	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 POS: 52, 53

\*Codes subject to change

## CNS Stimulants

<ul style="list-style-type: none"> <li>• Dexmethylphenidate</li> <li>• Dextroamphetamine</li> <li>• Lisdexamfetamine</li> </ul>	<ul style="list-style-type: none"> <li>• Methamphetamine</li> <li>• Methylphenidate</li> </ul>
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## Immunizations for Adolescents (IMA) (IMA-E) ●●●

The IMA-E measure evaluates percentage of adolescents 13 years of age who completed the following immunizations on or before member's 13th birthday.

Immunization	Required Doses
Meningococcal	1 dose between the 11th and 13th birthdays
Tdap (Tetanus, Diphtheria Toxoids and Acellular Pertussis)	1 dose between the 10th and 13th birthdays
HPV (Human Papillomavirus)	2 or 3 doses between the 9th and 13th birthdays

*Note: HPV is either two doses with 146 days between the first and second dose OR three doses on different dates of service for compliancy*

## IMA/IMA-E Measure Codes

Description	Codes*
Meningococcal-serogroup A,C,W, and Y Immunization	CVX: 32, 108, 114, 136, 147, 167, 203
Meningococcal Vaccine Procedure	CPT: 90619, 90733, 90734 SNOMED CT: 871874000, 428271000124109, 16298691000119102
Anaphylaxis due to the meningococcal vaccine	SNOMED CT: 428301000124106
Tdap Immunization	CVX: 115
Tdap Vaccine Procedure	CPT: 90715 SNOMED CT: 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105
Anaphylaxis due to the tetanus, diphtheria, or pertussis vaccine	SNOMED CT: 428281000124107, 428291000124105
Encephalitis due to the tetanus, diphtheria, or pertussis vaccine	SNOMED CT: 192710009, 192711008, 192712001
HPV Immunization	CVX: 62, 118, 137, 165

## IMA/IMA-E Measure Codes (continued)

Description	Codes*
HPV Vaccine Procedure	CPT: 90649, 90650, 90651 SNOMED CT: 428741008, 428931000, 429396009, 717953009, 724332002, 734152003, 761841000, 1209198003
Anaphylaxis due to the HPV vaccine	SNOMED CT: 428241000124101

\*Codes subject to change

## Lead Screening in Children (LSC) ●

The LSC measure evaluates percentage of children 2 years of age in the measurement year who had one or more capillary or venous lead blood test for lead poisoning on or before patient's second birthday.

### LSC Measure Code

CPT*
83655

\*Codes subject to change

In order to ensure that children receive appropriate public health follow-up services, physicians and other health providers have an obligation to report blood lead results greater than or equal to 10mg/dL within 48 hours to the Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Reporting System. Providers using the IDPH laboratory are not required to report blood lead results.

Illinois Department of Public Health  
Illinois Lead Program  
535 W. Jefferson Street  
Springfield, IL 62761  
P: 217-782-3517  
[www.idph.state.il.us](http://www.idph.state.il.us)

The Illinois Department of Healthcare and Family Services (HFS) encourages providers to send all blood lead specimens to the IDPH laboratory for analysis. Providers who utilize the state laboratory for blood lead analysis can order supplies for blood lead specimen collection free of charge by calling the IDPH Laboratory Shipping Section at 217-524-6222, or by downloading the Clinical Supplies Requisition Form from the HFS website: <https://www.dph.illinois.gov/>.

## Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) ●●

Beginning in measurement year 2024, APM transitioned to APM-E, an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](https://ncqa.org/ecds).

The APM-E measure evaluates the percentage of children and adolescents one to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates are reported:

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

### APM-E Measure Codes

Description	Codes*
HbA1C Lab Tests	ICD-10: 83036, 83037 LOINC: 17855-8, 17856-6, 4548-4, 4549-2, 96595-4 SNOMED CT: 43396009, 313835008
HbA1c Level Greater Than 9.0	CPT-CAT-II: 3046F
HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0	CPT-CAT-II: 3051F
HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0	CPT-CAT-II: 3052F
HbA1c Level Less Than 7.0	CPT-CAT-II: 3044F
HbA1c Test Result or Finding	CPT-CAT-II: 3044F, 3046F, 3051F, 3052F SNOMED CT: 165679005, 451061000124104

APM-E Measure Codes (continued)

Description	Codes*
Glucose Lab Tests	<p>CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>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, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7</p> <p>SNOMED CT: 22569008, 33747003, 52302001, 72191006, 73128004, 88856000, 104686004, 167086002, 167087006, 167088001, 167095005, 167096006, 167097002, 250417005, 271061004, 271062006, 271063001, 271064007, 271065008, 275810004, 302788006, 302789003, 308113006, 313474007, 313545000, 313546004, 313624000, 313626003, 313627007, 313628002, 313630000, 313631001, 313697000, 313698005, 313810002, 412928005, 440576000, 443780009, 444008003, 444127006</p>
Glucose Lab Test Results or Finding	<p>SNOMED CT: 166890005, 166891009, 166892002, 166914001, 166915000, 166916004, 166917008, 166918003, 166919006, 166921001, 166922008, 166923003, 442545002, 444780001, 1179458001</p>
LDL-C Lab Tests	<p>ICD-10: 80061, 83700, 83701, 83704, 83721</p> <p>LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7</p> <p>SNOMED CT: 113079009, 166833005, 166840006, 166841005, 167074000, 167075004, 314036004</p>
LDL-C Test Result or Finding	<p>CPT-CAT-II: 3048F, 3049F, 3050F</p>
Most recent LDL-C less than 100 mg/dL (CAD) (DM)	<p>CPT-CAT-II: 3048F</p>



APM-E Measure Codes (continued)

Description	Codes*
Most recent LDL-C 100-129 mg/dL (CAD) (DM)	CPT-CAT-II: 3049F
Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	CPT-CAT-II: 3050F
Cholesterol Lab Tests	CPT: 82465, 83718, 83722, 84478 LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1 SNOMED CT: 14740000, 28036006, 77068002, 104583003, 104584009, 104586006, 104784006, 104990004, 104991000, 121868005, 166832000, 166838001, 166839009, 166849007, 166850007, 167072001, 167073006, 167082000, 167083005, 167084004, 271245006, 275972003, 314035000, 315017003, 390956002, 412808005, 412827004, 443915001
Cholesterol Test Result or Finding	SNOMED CT: 166830008, 166848004, 259557002, 365793008, 365794002, 365795001, 365796000, 439953004, 707122004, 707123009, 1162800007, 1172655006, 1172656007, 67991000119104

\*Codes subject to change

**Oral Evaluation, Dental Services (OED) ●●●**

The OED measure evaluates the percentage of patients under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

OED Measure Codes

Description	Codes*
Comprehensive or periodic oral evaluation with a dental provider	CDT: D0120, D0145, D0150

\*Codes subject to change

## Topical Fluoride for Children (TFC) ●●

The TFC measure evaluates the percentage of patients one to 4 years of age who received at least two fluoride varnish applications during the measurement year.

### TFC Measure Codes

Description	Codes*
Varnish	CPT: 99188 CDT: D1206

\*Codes subject to change

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

The WCC measure evaluates the percentage of patients 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of each of the following during the measurement year:

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

### WCC Measure Codes

Description	Codes*
BMI Percentile	ICD-10: Z68.51, Z68.52, Z68.53, Z68.54 LOINC: 59574-4, 59575-1, 59576-9
Nutrition Counseling	CPT: 97802-97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity Counseling	HCPCS: G0447, S9451

\*Codes subject to change

## Well-Child and Adolescent Well-Care Visits (W30 ●●/WCV ●●●)

The W30/WCV measure evaluates the percentage of patients within designated ages who had comprehensive well-care visit(s) as defined in each measure, with a PCP or an OB/GYN practitioner during the measurement year.

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

Months of Life: The percentage of patients who had the following number of well-child visits with a PCP during the last 15 months.

Two 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–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

### W30 Measure Codes

CPT*	HCPCS*	ICD-10*
99381, 99382, 99383-99385, 99391, 99393-99395 99391, 99392, 99461	G0438, G0439, S0302	Z76.2

\*Codes subject to change

(WCV) Child and Adolescent Well-Care Visits: Patients 3 to 21 years of age who had a least one comprehensive well-care visit with a PCP or an OB/GYN

### WCV Measure Codes

CPT*	HCPCS*	ICD-10*
99382-99385, 99381, 99391, 99461	G0438, G0439, S0302, S0610, S0612, S0613	Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

\*Codes subject to change

When a well-child visit and a sick visit occur on the same day, Modifier 25 must be appended to the sick visit office E&M code to close the care gap for well-child visits. In addition, there must be a diagnosis code for the sick visit.

# Pharmacy Measures



## Adherence to Cholesterol Medications (STAT) ●

The STAT measure evaluates the percentage of members 18 years of age and older with the CHOL medication with a Proportion of Days Covered (PDC)  $\geq$  80%.

PDC is calculated utilizing total days supplied of CHOL pharmacy claims/date of first RASA fill to the end of the reporting period.

Each medication claim must be submitted to the health plan (cash payment/samples/filled at out of network pharmacy do not count).

### CHOL Medications

- |                           |                            |
|---------------------------|----------------------------|
| • Atorvastatin (Lipitor®) | • Pravastatin (Pravachol®) |
| • Fluvastatin (Lescol®)   | • Rosuvastatin (Crestor®)  |
| • Lovastatin (Mevacor®)   | • Simvastatin (Zocor®)     |

## Adherence to Diabetes Medications (DIAB) ●

The DIAB measure evaluates the percentage of members 18 years of age and older with a diabetes medication with a Proportion of Days Covered (PDC)  $\geq$  80%.

PDC is calculated utilizing total days supplied of diabetes pharmacy claims/ date of first diabetes fill to the end of the reporting period.

Each medication claim must be submitted to the health plan (cash payment/ samples/filled at out of network pharmacy do not count).

### Diabetes Medications:

Category	Medication
Sulfonylureas	Glipizide and glyburide
Biguanides	Metaform
Thiazolidinediones	Actos (pioglitazone)
Alpha-glucosidase inhibitors	Precose (acarbose)
Glucagon-like peptide 1 (GLP-1) agonists	Adlyxin (lixisenatide), Byetta, Bydureon (exenatide), Ozempic (semaglutide), Tanzeum (albiglutide), Trulicity (dulaglutide) and Victoza (liraglutide)
Sodium-glucose cotransporter 2 (SGLT2) inhibitors	Farxiga (dapagliflozin), Invokana (canagliflozin) and Jardiance (empagliflozin)

## Adherence to Hypertensive Medications (RASA) ●

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

PDC calculated utilizing total days supplied of hypertensive pharmacy claims/ date of first RASA fill to the end of the reporting period.

Each medication claim must be submitted to the health plan (cash payment/ samples/filled at out of network pharmacy do not count).

### RASA Medications

Description	Prescription
Direct Renin Inhibitor	<ul style="list-style-type: none"> <li>• aliskiren (+/- hydrochlorothiazide)</li> </ul>
ARB Medications and Combinations	<ul style="list-style-type: none"> <li>• Azilsartan (+/- chlorthalidone)</li> <li>• candesartan (+/- hydrochlorothiazide)</li> <li>• eprosartan (+/- hydrochlorothiazide)</li> <li>• Irbesartan (+/- hydrochlorothiazide)</li> <li>• losartan (+/- hydrochlorothiazide)</li> <li>• olmesartan (+/- amlodipine, hydrochlorothiazide)</li> <li>• Telmisartan (+/- amlodipine hydrochlorothiazide)</li> <li>• valsartan (+/- amlodipine, hydrochlorothiazide nebivolol)</li> </ul>
ACE Inhibitor Medications	<ul style="list-style-type: none"> <li>• benazepril (+/- amlodipine, hydrochlorothiazide)</li> <li>• captopril (+/- hydrochlorothiazide)</li> <li>• enalapril (+/- hydrochlorothiazide)</li> <li>• fosinopril (+/- hydrochlorothiazide)</li> <li>• lisinopril (+/- hydrochlorothiazide)</li> <li>• moexipril (+/- hydrochlorothiazide)</li> <li>• perindopril (+/- amlodipine)</li> <li>• quinapril (+/- hydrochlorothiazide)</li> <li>• ramipril</li> <li>•trandolapril (+/- verapamil)</li> </ul>

## Statin Therapy for Patients with Cardiovascular Disease (SPC) ●●●●

The SPC measure evaluates males 21 to 75 years of age and females 40 to 75 years of age who were identified as having Clinical Atherosclerotic Cardiovascular Disease (ASCVD).

Two 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:** Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period

### SPC Medications

Description	Prescription
High-intensity statin therapy	• Atorvastatin 40-80 mg
High-intensity statin therapy	• Amlodipine-atorvastatin 40-80 mg
High-intensity statin therapy	• Rosuvastatin 20-40 mg
High-intensity statin therapy	• Simvastatin 80 mg
High-intensity statin therapy	• Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10-20 mg
Moderate-intensity statin therapy	• Amlodipine-atorvastatin 10-20 mg
Moderate-intensity statin therapy	• Rosuvastatin 5-10 mg
Moderate-intensity statin therapy	• Simvastatin 20-40 mg
Moderate-intensity statin therapy	• Ezetimibe-simvastatin 20-40 mg
Moderate-intensity statin therapy	• Pravastatin 40-80 mg
Moderate-intensity statin therapy	• Lovastatin 40 mg
Moderate-intensity statin therapy	• Fluvastatin 40-80 mg
Moderate-intensity statin therapy	• Pitavastatin 1-4 mg

# Statin Therapy for Patients with Diabetes (SPD) ●●●●

The SPD measure evaluates patients 40 to 75 years of age with diabetes (types 1 and 2) who do not have clinical atherosclerotic cardiovascular disease (ASCVD).

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

## SPD Medications

Description	Prescription
Alpha-glucosidase inhibitors	<ul style="list-style-type: none"> <li>• Acarbose</li> <li>• Miglitol</li> </ul>
Amylin analogs	<ul style="list-style-type: none"> <li>• Pramlintide</li> </ul>
Antidiabetic combinations	<ul style="list-style-type: none"> <li>• Alogliptin-metformin</li> <li>• Alogliptin-pioglitazone</li> <li>• Canagliflozin-metformin</li> <li>• Dapagliflozin-metformin</li> <li>• Dapagliflozin-saxagliptin</li> <li>• Empagliflozin-linagliptin</li> <li>• Empagliflozin-linagliptin-metformin</li> <li>• Empagliflozin-metformin</li> <li>• Ertugliflozin-metformin</li> <li>• Ertugliflozin-sitagliptin</li> <li>• Glimepiride-pioglitazone</li> <li>• Glipizide-metformin</li> <li>• Glyburide-metformin</li> <li>• Linagliptin-metformin</li> <li>• Metformin-pioglitazone</li> <li>• Metformin-repaglinide</li> <li>• Metformin-rosiglitazone</li> <li>• Metformin-saxagliptin</li> <li>• Metformin-sitagliptin</li> </ul>



SPD Medications (continued)

Description	Prescription
Insulin	<ul style="list-style-type: none"> <li>• Insulin aspart</li> <li>• Insulin aspart-insulin aspart protamine</li> <li>• Insulin degludec</li> <li>• Insulin degludec-liraglutide</li> <li>• Insulin detemir</li> <li>• Insulin glargine</li> <li>• Insulin glargine-lixisenatide</li> <li>• Insulin glulisine</li> <li>• Insulin isophane human</li> <li>• Insulin isophane-insulin regular</li> <li>• Insulin lispro</li> <li>• Insulin lispro-insulin lispro protamine</li> <li>• Insulin regular human</li> <li>• Insulin human inhaled</li> </ul>
Meglitinides	<ul style="list-style-type: none"> <li>• Nateglinide</li> <li>• Repaglinide</li> </ul>
Biguanides	<ul style="list-style-type: none"> <li>• Metformin</li> </ul>
Glucagon-like peptide-1 (GLP1) agonists	<ul style="list-style-type: none"> <li>• Albiglutide</li> <li>• Dulaglutide</li> <li>• Exenatide</li> <li>• Liraglutide</li> <li>• Lixisenatide</li> <li>• Semaglutide</li> </ul>
Sodium glucose cotransporter 2 (SGLT2) inhibitor	<ul style="list-style-type: none"> <li>• Canagliflozin</li> <li>• Dapagliflozin</li> <li>• Empagliflozin</li> <li>• Ertugliflozin</li> </ul>
Sulfonylureas	<ul style="list-style-type: none"> <li>• Chlorpropamide</li> <li>• Glimepiride</li> <li>• Glipizide</li> <li>• Glyburide</li> <li>• Tolazamide</li> <li>• Tolbutamide</li> </ul>
Thiazolidinediones	<ul style="list-style-type: none"> <li>• Pioglitazone</li> <li>• Rosiglitazone</li> </ul>
Dipeptidyl peptidase-4 (DDP-4) inhibitors	<ul style="list-style-type: none"> <li>• Alogliptin</li> <li>• Linagliptin</li> <li>• Saxagliptin</li> <li>• Sitagliptin</li> </ul>

# Women's Health



## Cervical Cancer Screening (CCS/CCS-E) ●●

The CCS/CCS-E measure evaluates the percentage of patients recommended for routine cervical cancer screening 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

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

### CCS Measure Codes

Description	Codes*
Cervical Cytology Lab Test (20-64)	<p>CPT: 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175</p> <p>HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5</p> <p>SNOMED CT: 171149006, 416107004, 417036008, 440623000, 448651000124104</p>

## CCS Measure Codes (continued)

Description	Codes*
Cervical Cytology Result or Finding	SNOMED CT: 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 1155766001, 62051000119105, 62061000119107, 98791000119102
High Risk HPV Lab Tests (30-64)	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 SNOMED CT: 35904009, 448651000124104, 718591004

\*Codes subject to change

## Chlamydia screening in Women (CHL) ●●

The CHL measure evaluates 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.

Meridian covers all types of chlamydia screenings. This includes traditional methods, as well as urine screening (bill with CPT code 87110) for men and women. The advantage to urine screening is that it is simple, quick and has a higher accuracy rate than other methods.

### CHL Measure Codes

CPT*
87110, 87270, 87320, 87490-87492, 87810, 0353U

\*Codes subject to change

## Osteoporosis Management in Women Who Had a Fracture (OMW) ●●

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

### OMW Measure Codes

Description	Codes*
Bone Mineral Density Tests	CPT: 76977, 77078, 77080, 77081, 77085, 77086 ICD10PSC: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BP4MZZ1, PB4NZZ1, BP4PZZ1, BQ00ZZ1, BR01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
Osteoporosis Medications	HCPCS: J0897, J1740, J3110, J3111, J3489
Long-Acting Osteoporosis Medications during Inpatient Stay	HCPCS: J0897, J1740, J3489

\*Codes subject to change

### Osteoporosis Medications

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

## Osteoporosis Screening in Older Women (OSW) ●●

The OSW measure evaluates the percentage of women 65 to 75 years of age who received osteoporosis screening.

### OSW Measure Codes

Description	Codes*
Osteoporosis Screening Tests	CPT: 76977, 77078, 77080, 77081, 77085

\*Codes subject to change

## Prenatal and Postpartum Care (PPC) ●●

The PPC measure evaluates percentage of 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 patients, the measure assesses the following facets of prenatal and postpartum care.

**Timeliness of Prenatal Care:** 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:** percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

### PPC Measure Codes

Description	Codes*
<b>Prenatal Visits</b> (Visit must be performed in the first trimester (13 weeks), on or before the enrollment start date, or within 42 days of enrollment if already pregnant at the time of enrollment with Meridian)	CPT: 98966-98968, 98970-98972, 98980-98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99421-99423, 99441-99443, 99457, 99458, 99483 HCPCS: G0463, T1015, G0071, G2010, G2012, G2250, G2251, G2252
<b>Stand-Alone Prenatal Visits</b>	CPT: 99500 CPT-CAT-II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004
<b>Cervical Cytology Lab Test</b>	CPT: 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
<b>Encounter for Postpartum Care</b> (must be on or between 7 days and 84 days after delivery)	ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

PPC Measure Codes (continued)

Description	Codes*
Prenatal Bundled Services	CPT: 59400, 59425, 59426, 59510, 59610, 59610, 59618 HCPCS: H1005
Postpartum Bundled Services	CPT: 59400, 59410, 59515, 59610, 59614, 59618, 59622
Postpartum Care	CPT: 58300, 59430, 99501 CPT-CAT II: 0503F HCPCS: G0101

\*Codes subject to change

NOTE: When using the Online Assessment, Telephone Visit, or Prenatal Visit codes, remember to also include a Pregnancy Diagnosis code.

For information about Global Maternity Billing, please refer to the HFS website (<http://www.hfs.illinois.gov>) for more information.

# Electronic Clinical Data Systems Measures



## Adult Immunization Status (AIS-E) ●●●●

AIS-E is an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](https://ncqa.org/ecds).

AIS-E evaluates the percentage of patients 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

Influenza:

- Patients who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period

Td/Tdap:

- Patients who received at least one Td vaccine or one Tdap vaccine between 9 years prior to the start of the measurement period and the end of the measurement period

Zoster:

- Patients who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart, any time on or after the patient's 50th birthday and before or during the measurement period

Pneumococcal:

- Patients who were administered at least one dose of an adult pneumococcal vaccine on or after their 19th birthday and before or during the measurement period

## AIS-E Measure Codes

Description	Codes*
Adult Influenza Immunization	CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205
Adult Influenza Vaccine Procedure	CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 SNOMED CT: 86198006
Influenza Virus LAIV Immunization	CVX: 111, 149
Influenza Virus LAIV Vaccine Procedure	CPT: 90660, 90672 SNOMED CT: 787016008
Members with anaphylaxis due to influenza vaccine	SNOMED CT: 471361000124100
Td Immunization	CVX: 09, 113, 115, 138, 139
Td Vaccine Procedure	CPT: 90714 SNOMED CT: 73152006, 312869001, 395178008, 395179000, 395180002, 395181003, 414619005, 416144004, 416591003, 417211006, 417384007, 417615007, 866161006, 866184004, 866185003, 866186002, 866227002, 868266002, 868267006, 868268001, 870668008, 870669000, 870670004, 871828004, 632481000119106
Tdap Vaccine Procedure	CVX: 115 CPT: 90715 SNOMED CT: 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105
Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED CT: 428281000124107, 428291000124105
Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED CT: 192710009, 192711008, 192712001
Herpes Zoster Live Vaccine Procedure (at least 1 dose)	CVX: 121 CPT: 90736 SNOMED CT: 871898007, 871899004
Herpes Zoster Recombinant Vaccine Procedure (2 doses)	CVX: 187 CPT: 90750 SNOMED CT: 722215002
Anaphylaxis Due to Herpes Zoster Vaccine	SNOMED CT: 471371000124107, 471381000124105



AIS-E Measure Codes (continued)

Description	Codes*
Adult Pneumococcal Immunization	CVX: 33, 109, 133, 152, 215, 216
Adult Pneumococcal Vaccine Procedure	CPT: 90670, 90671, 90677, 90732 HCPCS: G0009 SNOMED CT: 12866006, 394678003, 871833000, 1119366009, 1119367000, 1119368005, 434751000124102
Members with anaphylaxis due to the pneumococcal vaccine	SNOMED CT: 471141000124102

\*Codes subject to change

## Breast Cancer Screening (BCS-E) ●●●●

Beginning in measurement year 2023, BCS transitioned to BCS-E, an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](https://ncqa.org/ecds).

The BCS-E measure evaluates the percentage of patients 50 to 74 years of age who were recommended for routine breast cancer screening had a mammogram to screen for breast cancer any time on or between October 1 two years prior to the measurement period and the end of the measurement period.

Patients recommended for routine breast cancer screening include:

- Administrative Gender of Female at any time in the patient’s history
- Sex Assigned at Birth of Female at any time in the patient’s history
- Sex Parameter for Clinical Use of Female during the measurement period

### BCS-E Measure Codes

Description	Codes*
Mammogram	<p><b>LOINC:</b> 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 39150-8, 39152-4, 39153-2, 39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46342-2, 46350-5, 46351-3, 46354-7, 46355-4, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3</p> <p><b>CPT:</b> 77061-77063, 77065-77067</p> <p><b>HCPCS:</b> G0202, G0204, G0206</p> <p><b>SNOMED CT:</b> 12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006, 723778004, 723779007, 723780005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102</p>

\*Codes subject to change

## Colorectal Cancer Screening (COL-E) ●●●●

Beginning in measurement year 2024, COL transitioned to COL-E, an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](https://ncqa.org/ecds).

The COL-E measure evaluates the percentage of patients 45 to 75 years of age who has had one or more appropriate screenings for colorectal cancer.

Appropriate screenings are defined by one of the following:

- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- CT colonography during the measurement year or the four years prior to the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- FIT-DNA during the measurement year or the two years prior to the measurement year.
- FOBT during the measurement year.

### COL-E Measure Codes

Description	Codes*
Colonoscopy	CPT: 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 HCPCS: G0105, G0121 SNOMED CT: 8180007, 12350003, 25732003, 34264006, 73761001, 174158000, 174185007, 235150006, 235151005, 275251008, 302052009, 367535003, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 789778002, 1209098000, 851000119109
CT Colonography	CPT: 74261-74263 LOINC: 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3 SNOMED CT: 418714002
sDNA FIT Lab Test	CPT: 81528 LOINC: 77353-1, 77354-9 SNOWMED CT: 708699002
Flexible Sigmoidoscopy	CPT: 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350 HCPCS: G0104 SNOMED CT: 44441009, 396226005, 425634007, 841000119107

## COL-E Measure Codes (continued)

Description	Codes*
FOBT Lab Test	CPT: 82270, 82274 HCPCS: G0328 LOINC: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 SNOMED CT: 104435004, 441579003, 442067009, 442516004, 442554004, 442563002
FOBT Test Results or Finding	SNOMED CT: 59614000, 167667006, 389076003

\*Codes subject to change

## Depression Remission or Response for Adolescents and Adults (DRR-E) ●●●●

DRR-E is an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](http://ncqa.org/ecds).

DRR-R evaluates the percentage of patients 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 120–240 days (4 to 8 months) of the elevated score.

- **Follow-Up PHQ-9:** The percentage of members who have a follow-up PHQ-9 score documented within 120–240 days (4 to 8 months) after the initial elevated PHQ-9 score.
- **Depression Remission:** The percentage of patients who achieved remission of depression symptoms, as demonstrated by the most recent PHQ-9 total score of <5 during the depression follow-up period (Within 120–240 days (4–8 months) after the initial elevated PHQ-9 score).
- **Depression Response:** The percentage of patients who showed response to treatment for depression, as demonstrated by the most recent PHQ-9 total score of at least 50% lower than the PHQ-9 score associated with the diagnosis, documented during the depression follow-up period (Within 120–240 days (4–8 months) after the initial elevated PHQ-9 score).

### DRR-E Codes

Depression / PHQ-9 Follow-Up, Remission, and Response	LOINC Codes*
Members 12 years of age and older	44261-6
Members 12–17 years of age (Teens)	89204-2 or 44261-6

\*Codes subject to change

## Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) ●●●●

DSF-E is an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](https://ncqa.org/ecds).

DSF-E evaluates the percentage of patients 12 years of age and older who were screened for clinical depression between January 1 and December 1 of the measurement year, using a standardized instrument and, if screened positive, received follow-up care within 30 days

*\* Refer to the Appendix for a list of Approved Depression Screening Instruments, Codes, and Positive Findings*

## Postpartum Depression Screening and Follow-Up (PDS-E) ●

PDS-E is an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](https://ncqa.org/ecds).

PDS-E evaluates the percentage of deliveries in which patients were screened for clinical depression during the postpartum period (7 to 84 days following delivery), using a standardized instrument and, if screened positive, received follow-up care within 30 days.

*\* Refer to the Appendix for a list of Approved Depression Screening Instruments, Codes, and Positive Findings*

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

PND-E is an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](https://ncqa.org/ecds).

PND-E evaluates the percentage of deliveries, in which patients were screened for clinical depression while pregnant, using a standardized instrument and, if screened positive, received follow-up care within 30 days.

- **Deliveries between January 1 and December 1 of the measurement period:** Screening should be performed between the pregnancy start date and the delivery date (including on the delivery date).
- **Deliveries between December 2 and December 31 of the measurement period:** Screening should be performed between the pregnancy start date and December 1 of the measurement period.

*\* Refer to the Appendix for a list of Approved Depression Screening Instruments, Codes, and Positive Findings*

## Prenatal Immunization Status (PRS-E) ●

PRS-E is an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](http://ncqa.org/ecds).

PRS-E evaluates the percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

Influenza:

- Patients who received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date

Tdap:

- Patients who received at least one Tdap vaccine during the pregnancy (including on the delivery date)

### PRS-E Codes

Description	Codes*
Adult Influenza Immunization	CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205
Adult Influenza Vaccine Procedure	CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 SNOMED CT: 86198006
Deliveries where members had anaphylaxis due to the influenza vaccine on or before the delivery date.	SNOMED CT: 471361000124100
Tdap Vaccine Procedure	CVX: 115 CPT: 90715 SNOMED CT: 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105
Anaphylaxis Due to Diphtheria, Tetanus, or Pertussis Vaccine	SNOMED CT: 428281000124107, 428291000124105
Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine	SNOMED CT: 192710009, 192711008, 192712001

\*Codes subject to change

Advisory Committee on Immunization Practices (ACIP) clinical guidelines recommend that all women who are pregnant or who might be pregnant in the upcoming influenza season receive inactivated influenza vaccines. ACIP

also recommends that pregnant women receive one dose of Tdap during each pregnancy, preferably during the early part of gestational weeks 27–36, regardless of prior history of receiving Tdap.

## Social Need Screening and Intervention

### (SNS-E) ●●●

SNS-E is an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](https://ncqa.org/ecds).

SNS-E evaluates the percentage of patients who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention within one month, if they screened positive.

**Food Screening:** Patients with a documented result for food insecurity screening performed between January 1 and December 1 of the measurement period

Eligible screening instruments with thresholds for positive findings include:

Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
Health Leads Screening Panel <sup>®1</sup>	95251-5	LA33-6
Hunger Vital Sign <sup>™1</sup> (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] <sup>®1</sup>	93031-3	LA30125-1
Safe Environment for Every Kid (SEEK) <sup>®1</sup>	95400-8	LA33-6
	95399-2	LA33-6
U.S. Household Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6

Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
U.S. Adult Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Child Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Household Food Security Survey– Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

<sup>1</sup> Proprietary; may be cost or licensing requirement associated with use.

\*Codes subject to change

**Food Intervention:** Patients who received a food insecurity on or up to 30 days after the date of the first positive food insecurity screen (31 days total)



## Food Insecurity Procedures Codes\*

CPT: 96156, 96160, 96161, 97802, 97803, 97804

HCPCS: S5170, S9470

SNOMED CT: 1759002, 61310001, 103699006, 308440001, 385767005, 710824005, 710925007, 711069006, 713109004, 1002223009, 1002224003, 1002225002, 1004109000, 1004110005, 1148446004, 1162436000, 1230338004, 441041000124100, 441201000124108, 441231000124100, 441241000124105, 441251000124107, 441261000124109, 441271000124102, 441281000124104, 441291000124101, 441301000124100, 441311000124102, 441321000124105, 441331000124108, 441341000124103, 441351000124101, 445291000124103, 445301000124102, 445641000124105, 461481000124109, 462481000124102, 462491000124104, 464001000124109, 464011000124107, 464021000124104, 464031000124101, 464041000124106, 464051000124108, 464061000124105, 464071000124103, 464081000124100, 464091000124102, 464101000124108, 464111000124106, 464121000124103, 464131000124100, 464141000124105, 464151000124107, 464161000124109, 464171000124102, 464181000124104, 464191000124101, 464201000124103, 464211000124100, 464221000124108, 464231000124106, 464241000124101, 464251000124104, 464261000124102, 464271000124109, 464281000124107, 464291000124105, 464301000124106, 464311000124109, 464321000124101, 464331000124103, 464341000124108, 464351000124105, 464361000124107, 464371000124100, 464381000124102, 464401000124102, 464411000124104, 464421000124107, 464431000124105, 464611000124102, 464621000124105, 464631000124108, 464641000124103, 464651000124101, 464661000124104, 464671000124106, 464681000124109, 464691000124107, 464701000124107, 464721000124102, 467591000124102, 467601000124105, 467611000124108, 467621000124100, 467631000124102, 467641000124107, 467651000124109, 467661000124106, 467671000124104, 467681000124101, 467691000124103, 467711000124100, 467721000124108, 467731000124106, 467741000124101, 467751000124104, 467761000124102, 467771000124109, 467781000124107, 467791000124105, 467801000124106, 467811000124109, 467821000124101, 468401000124109, 470231000124107, 470241000124102, 470261000124103, 470281000124108, 470291000124106, 470301000124107, 470311000124105, 470321000124102, 470591000124109, 470601000124101, 470611000124103, 471111000124101, 471121000124109, 471131000124107, 472151000124109, 472331000124100, 551101000124107

\*Codes subject to change

**Housing Screening:** Patients with a documented result for housing instability, homelessness or housing inadequacy screening performed between January 1 and December 1 of the measurement period

Eligible screening instruments with thresholds for positive findings include:

Housing Instability and Homelessness Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	71802-3	LA31994-9 LA31995-6
	98976-4	LA33-6
Children’s Health Watch Housing Stability Vital Signs™ <sup>1</sup>	98977-2	≥3
	98978-0	LA33-6
Health Leads Screening Panel <sup>®1</sup>	99550-6	LA33-6
Protocol for Responding to and Assessing Patients’ Assets, Risks and Experiences [PRAPARE] <sup>®1</sup>	93033-9	LA33-6
	71802-3	LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

\*Codes subject to change

Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA28580-1 LA31996-4 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2 LA32691-0

Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	LA28580-1 LA31996-4 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2 LA33-6
Norwalk Community Health Center Screening Tool [NCHC]	99134-9	LA33-6
	99135-6	LA28580-1 LA31996-4 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2

<sup>1</sup> Proprietary; may be cost or licensing requirement associated with use.

\*Codes subject to change

**Housing Intervention:** Patients who received an intervention corresponding to the type of housing need identified on or up to 30 days after the date of the first positive housing screen (31 days total).

Inadequate Housing Procedures Codes*
<p>CPT: 96156, 96160, 96161</p> <p>SNOMED CT: 49919000, 308440001, 710824005, 711069006, 1148446004, 1148813002, 1148815009, 1148823006, 1162436000, 1230338004, 461481000124109, 462481000124102, 462491000124104, 464001000124109, 464011000124107, 464021000124104, 464131000124100, 464161000124109, 464291000124105, 464301000124106, 464311000124109, 464611000124102, 470231000124107, 470431000124106, 470441000124101, 470451000124104, 470461000124102, 470591000124109, 470601000124101, 470611000124103, 471111000124101, 471121000124109, 471131000124107, 472151000124109, 472201000124100, 472211000124102, 472231000124108, 472251000124101, 472331000124100, 472371000124102, 480881000124103, 480891000124100, 480911000124103, 480951000124102, 551041000124105, 551051000124107, 551061000124109, 551071000124102, 551081000124104, 551101000124107</p>

\*Codes subject to change

**Transportation Screening:** Patients with a documented result for transportation insecurity screening performed between January 1 and December 1 of the measurement period.

Eligible screening instruments with thresholds for positive findings include:

Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
	99594-4	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	LA30134-3 LA33093-8
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
Health Leads Screening Panel <sup>①</sup>	99553-0	LA33-6
Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI)—version 4.0 [CMS Assessment]	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]	93030-5	LA30133-5 LA30134-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] <sup>①</sup>	93030-5	LA30133-5 LA30134-3
PROMIS <sup>①</sup>	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

<sup>①</sup> Proprietary; may be cost or licensing requirement associated with use.

\*Codes subject to change

**Transportation Intervention:** Patients who received a transportation insecurity intervention on or up to 30 days after the date of the first positive transportation screen (31 days total).

## Transportation Insecurity Procedures Codes\*

CPT: 96156, 96160, 96161

SNOMED CT: 308440001, 710824005, 711069006, 1148446004, 1162436000, 1230338004, 461481000124109, 462481000124102, 462491000124104, 464001000124109, 464011000124107, 464021000124104, 464131000124100, 464161000124109, 464291000124105, 464301000124106, 464311000124109, 464611000124102, 470231000124107, 470591000124109, 470601000124101, 470611000124103, 4711111000124101, 471121000124109, 471131000124107, 472151000124109, 472331000124100, 551101000124107, 551111000124105, 551121000124102, 551141000124109, 551161000124108, 551191000124100, 551201000124102, 551211000124104, 551221000124107, 551231000124105, 551241000124100, 551251000124103, 551261000124101, 551271000124108, 551281000124106, 551291000124109, 551301000124105, 551311000124108, 551321000124100, 551331000124102, 551341000124107, 551351000124109, 551361000124106, 551371000124104, 551381000124101, 551401000124101, 551421000124106, 551431000124109, 610961000124100, 610971000124107, 610981000124105, 610991000124108, 611001000124109, 611011000124107, 611021000124104, 611031000124101, 611041000124106, 611051000124108, 611061000124105, 611071000124103, 611081000124100, 611101000124108, 611121000124103, 611281000124107, 611291000124105, 611301000124106, 611311000124109, 611321000124101, 611331000124103, 611341000124108, 611351000124105, 611361000124107, 611371000124100, 611381000124102, 611391000124104, 611401000124102, 611411000124104, 611421000124107, 611431000124105, 611441000124100

*\*Codes subject to change*

## Unhealthy Alcohol Use Screening and Follow-Up (ASF-E) ●●●●

ASF-E is an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](http://ncqa.org/ecds).

ASF-E evaluates the percentage of patients 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care within 2 months (61 days total).

Eligible standard assessment instruments, that have been normalized and validated for the adult patient population with thresholds for positive findings include:

Screening Instrument	Total Score LOINC Codes*	Positive Finding
Alcohol Use Disorders Identification Test (AUDIT) screening instrument	75624-7	Total score $\geq 8$
Alcohol Use Disorders Identification Test Consumption (AUDIT-C) screening instrument	75626-2	Total score $\geq 4$ for men Total score $\geq 3$ for women
Single-question screen (for men): "How many times in the past year have you had 5 or more drinks in a day?"	88037-7	Response $\geq 1$
Single-question screen (for women and all adults older than 65 years): "How many times in the past year have you had 4 or more drinks in a day?"	75889-6	Response $\geq 1$

\*Codes subject to change

Description	Codes*
Alcohol Counseling or Other Follow-Up Care	<b>ICD-10-CM:</b> Z71.41 <b>CPT:</b> 99408, 99409 <b>HCPCS:</b> G0396, G0397, G0443, G2011, H0005, H0007, H0015, H0016, H0022, H0050, H2035, H2036, T1006, T1012 <b>SNOMED CT:</b> 20093000, 23915005, 24165007, 64297001, 386449006, 408945004, 408947007, 408948002, 413473000, 707166002, 429291000124102

\*Codes subject to change

## Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E) ●●●

DMS-E is an Electronic Clinical Data Systems (ECDS) measure. Only the ECDS reporting method will be used for this measure. For further information, please visit [ncqa.org/ecds](http://ncqa.org/ecds)

DMS-E evaluates the percentage of patients 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

The measurement period is divided into three assessment periods with specific dates of service:

- Assessment period 1: January 1–April 30
- Assessment period 2: May 1–August 31
- Assessment period 3: September 1–December 31

### DMS-E Codes

Utilization of PHQ-9	LOINC Codes*
Members 12 years of age and older	44261-6
Members 12–17 years of age (Teens)	89204-2, 44261-6

*\*Codes subject to change*

# Appendix

## Antidepressant Medication List ●●●●

Description	Prescription
Miscellaneous antidepressants	<ul style="list-style-type: none"> <li>• Bupropion</li> <li>• Vortioxetine</li> <li>• Vilazodone</li> </ul>
Monoamine oxidase inhibitors	<ul style="list-style-type: none"> <li>• Isocarboxazid</li> <li>• Phenelzine</li> <li>• Selegiline</li> <li>• Tranylcypromine</li> </ul>
Phenylpiperazine antidepressants	<ul style="list-style-type: none"> <li>• Nefazodone</li> <li>• Trazodone</li> </ul>
Psychotherapeutic combinations	<ul style="list-style-type: none"> <li>• Amitriptyline-chlordiazepoxide</li> <li>• Amitriptyline-perphenazine</li> <li>• Fluoxetine-olanzapine</li> </ul>
SNRI antidepressants	<ul style="list-style-type: none"> <li>• Desvenlafaxine</li> <li>• Duloxetine</li> <li>• Levomilnacipran</li> <li>• Venlafaxine</li> </ul>
SSRI antidepressants	<ul style="list-style-type: none"> <li>• Citalopram</li> <li>• Escitalopram</li> <li>• Fluoxetine</li> <li>• Fluvoxamine</li> <li>• Paroxetine</li> <li>• Sertraline</li> </ul>
Tetracyclic antidepressants	<ul style="list-style-type: none"> <li>• Maprotiline</li> <li>• Mirtazapine</li> </ul>
Tricyclic antidepressants	<ul style="list-style-type: none"> <li>• Amitriptyline</li> <li>• Amoxapine</li> <li>• Clomipramine</li> <li>• Desipramine</li> <li>• Doxepin (&gt;6 mg)</li> <li>• Imipramine</li> <li>• Nortriptyline</li> <li>• Protriptyline</li> <li>• Trimipramine</li> </ul>



## Approved Depression Screening Instruments, Codes, and Positive Findings ●●●●●

A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes*	Positive Finding
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ- 9M) <sup>®</sup>	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) <sup>®1</sup>	55758-7	Total score ≥3
Beck Depression Inventory— Fast Screen (BDI-FS) <sup>®1,2</sup>	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

<sup>1</sup> Brief screening instrument. All other instruments are full-length.

<sup>2</sup> Proprietary; may be cost or licensing requirement associated with use.

\*Codes subject to change

Instruments for Adults (18+ years)	Total Score LOINC Codes*	Positive Finding
Patient Health Questionnaire (PHQ-9) <sup>®</sup>	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) <sup>®1</sup>	55758-7	Total score ≥3
Beck Depression Inventory—Fast Screen (BDI-FS) <sup>®1,2</sup>	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD) <sup>®2</sup>	90853-3	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
My Mood Monitor (M-3) <sup>®</sup>	71777-7	Total score ≥5

Instruments for Adults (18+ years)	Total Score LOINC Codes*	Positive Finding
PROMIS Depression	71965-8	Total score (T Score) $\geq 60$
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score $\geq 31$

<sup>1</sup> Brief screening instrument. All other instruments are full-length.

<sup>2</sup> Proprietary; may be cost or licensing requirement associated with use.

\*Codes subject to change

## Depression or Other Behavioral Health Condition ●●●●

Description	Codes*
An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition. Follow-Up Visit	<p><b>CPT:</b> 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483</p> <p><b>HCPCS:</b> G0071, G0463, G2010, G2012, G2250-G2252 T1015</p> <p><b>SNOMED CT:</b> 42137004, 50357006, 86013001, 90526000, 108220007, 108221006, 185317003, 185389009, 281036007, 314849005, 386472008, 386473003, 390906007, 401267002, 406547006, 870191006</p>

\*Codes subject to change

## Depression or Other Behavioral Health Condition Codes\*

ICD10CM: F01.51, F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0, F20.1, F20.2, 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, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345

\*Codes subject to change

## Depression or Other Behavioral Health Condition Codes\*

SNOMED CT: 109006, 162004, 281004, 600009, 832007, 899001, 1145003, 1196001, 1376001, 1380006, 1383008, 1499003, 1686006, 1816003, 1855002, 1973000, 2312009, 2403008, 2506003, 2618002, 2815001, 3109008, 3158007, 3530005, 3914008, 4306003, 4441000, 4926007, 4932002, 4997005, 5095008, 5158005, 5444000, 5464005, 5507002, 5509004, 5510009, 5703000, 6348008, 7025000, 7052005, 7200002, 7291006, 7397008, 7461003, 7794004, 8185002, 8635005, 8837000, 9167000, 9340000, 9674006, 9760005, 10278007, 10327003, 10586006, 10875004, 10981006, 11806006, 11941006, 12939007, 12969000, 13127006, 13313007, 13438001, 13581000, 13601005, 13670005, 13746004, 14070001, 14077003, 14144000, 14183003, 14291003, 14495005, 14784000, 15193003, 15277004, 15639000, 15945005, 15977008, 16295005, 16506000, 16805009, 16966009, 16990005, 17155009, 17226007, 17262008, 17496003, 17782008, 17961008, 18003009, 18085000, 18260003, 18478005, 18573003, 18653004, 18689007, 18818009, 18941000, 19300006, 19445006, 19527009, 19694002, 19766004, 20010003, 20250007, 20385005, 20876004, 20960007, 21586000, 21634003, 21897009, 21900002, 22121000, 22230001, 22407005, 22419002, 23148009, 23560001, 23645006, 24121004, 24125008, 24315006, 24781009, 25501002, 25766007, 25922000, 26025008, 26203008, 26453000, 26472000, 26516009, 26530004, 26665006, 26714005, 27387000, 27544004, 27956007, 28357009, 28368009, 28475009, 28663008, 28676002, 28864000, 28884001, 29212009, 29599000, 29733004, 29929003, 30059008, 30310000, 30336007, 30491001, 30509009, 30520009, 30605009, 30687003, 30935000, 31027006, 31177006, 31358003, 31373002, 31446002, 31611000, 31648009, 31658008, 31715000, 31781004, 32009006, 32174002, 32358001, 32388005, 32552001, 32721004, 32875003, 32880007, 33078009, 33135002, 33323008, 33380008, 33449004, 33736005, 33871004, 34116005, 34315001, 34938008, 35218008, 35252006, 35253001, 35481005, 35489007, 35607004, 35722002, 35827000, 35846004, 35919005, 36170009, 36217008, 36474008, 36583000, 36622002, 36923009, 37331004, 37739004, 37746008, 37868008, 37872007, 37941009, 38295006, 38328002, 38368003, 38451003, 38547003, 38694004, 39003006, 39465007, 39610001, 39807006, 39809009, 39951001, 40379007, 40568001, 40571009, 40673001, 40926005, 40987004, 41021005, 41083005, 41526007, 41552001, 41832009, 41836007, 42344001, 42594001, 42810003, 42868002, 42925002, 43150009, 43497001, 43568002, 43614003, 43769008, 44031002, 44124003, 44376007, 44966003, 45479006, 45677003, 45912004, 46206005, 46229002, 46244001, 46721000, 46975003, 47372000, 47447001, 47505003, 47664006, 47916000, 48500005, 48589009, 48826008, 48937005, 49271002, 49468007, 49481000, 49512000, 49564006, 50026000, 50320000, 50705009, 50722006, 50933003, 50983008, 51133006, 51443000, 51493001, 51637008, 51771007, 52702003, 52824009,

## Depression or Other Behavioral Health Condition Codes\*

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## Depression or Other Behavioral Health Condition Codes\*

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## Depression or Other Behavioral Health Condition Codes\*

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\*Codes subject to change

Depression or Other Behavioral Health Condition Codes*	
Depression Case Management Encounter	<p><b>CPT:</b> 99366, 99492-99494  <b>HCPCS:</b> T1016, T1017, T2022, T2023  <b>SNOMED CT:</b> 182832007, 225333008, 385828006, 386230005, 409022004, 410216003, 410219005, 410328009, 410335001, 410346003, 410347007, 410351009, 410352002, 410353007, 410354001, 410356004, 410360001, 410363004, 410364005, 410366007, 416341003, 416584001, 424490002, 425604002, 737850002, 621561000124106, 661051000124109, 662081000124106, 662541000124107</p>
Behavioral Health Encounter	<p><b>CPT:</b> 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493  <b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485  <b>SNOMED CT:</b> 5694008, 10197000, 10997001, 38756009, 45392008, 79094001, 88848003, 90407005, 91310009, 165171009, 165190001, 225337009, 370803007, 372067001, 385721005, 385724002, 385725001, 385726000, 385727009, 385887004, 385889001, 385890005, 401277000, 410223002, 410224008, 410225009, 410226005, 410227001, 410228006, 410229003, 410230008, 410231007, 410232000, 410233005, 410234004, 439141002  <b>ICD10-CM:</b> Z71.82</p>
A dispensed antidepressant medication.  Antidepressant Medications List	See <a href="#">Antidepressant Medications List</a> .
Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument. ***	

\*Codes subject to change



## Exclusions ● ● ● ● ●

Exclusions	Applicable Measures	Codes*
Hospice	All Measures	CPT: 99377, 99378 HCPCS: G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046, G0182
Palliative Care	BCS-E, BPD, CBP, CCS, COL-E, CRE, EED, GSD, KED, LBP, OMW, OSW, SPC, SPD	HCPCS: G9054, M1017 ICD-10: Z51.5
Colorectal Cancer	COL-E	ICD-10: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total Colectomy	COL-E	CPT: 44150-44153, 44155-44158, 44210-44212
Bilateral Mastectomy	BCS-E	ICD-10: 0HTV0ZZ
Unilateral Mastectomy with Bilateral Modifier	BCS-E	CPT: 19180, 19200, 19220, 19240, 19303-19307
Bilateral Procedure/ Bilateral Modifier	BCS-E	<b>Modifier:</b> 50 – Used for bilateral procedure
History of Bilateral Mastectomy	BCS-E	ICD-10: Z90.13
Complete Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis	CCS	CPT: 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135 ICD-10: Q51.5, Z90.710, Z90.712
ESRD Diagnosis	CBP, KED, SPC, SPD	ICD-10: N18.5-N18.6, Z99.2

Exclusions	Applicable Measures	Codes*
Kidney Transplant	CBP	CPT: 50360, 50365, 50380 HCPCS: S2065 ICD-10: OTY00Z0, OTY00Z1, OTY00Z2, OTY10Z0, OTY10Z1, OTY10Z2
Partial Nephrectomy	CBP	CPT: 50240 ICD-10: OTB00ZZ, OTB04ZZ, OTB07ZZ, OTB08ZZ, OTB10ZZ, OTB13ZZ, OTB14ZZ, OTB17ZZ, OTB18ZZ
Total Nephrectomy	CBP	CPT: 50220, 50225, 50230, 50234, 50236, 50340, 50370, 50543, 50545, 50546, 50548 ICD-10: OTT00ZZ, OTT04ZZ, OTT10ZZ, OTT14ZZ, OTT20ZZ, OTT24ZZ
Non-Live Births	PPC	ICD-10: Z37.1, Z37.4, Z37.7

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis	WCC, CHL* <i>*With a prescription of isotretinoin or an X-Ray within 6 days after pregnancy test, CBP, SPC, &amp; SPD</i>	<b>ICD-10:</b> 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, O09.621-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, O11.2, 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-O16.3, O16.9, O20.0, O20.8, O20.9, O21.0-O21.2, O21.8-O21.9, O22.00-O22.03, 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-O23513, 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,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O26.11-O26.13, O26.20-O26.23, O26.30-O26.33, O26.40-O26.43, O26.50-O26.53, O26.611-O26613, 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-O285, O28.8-O28.9, O29.011-O29.013, O29.019, O29.021-O29.23, O29.029, O29.091-O29.093, O29.099, O229.111-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, O30.231-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,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O30.891-O30.893, O30.899, O30.90-O30.93, O31.00X0-O30.00X5, 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, O31X0-O31.32X5, O31.32X9, O33X0-O31.33X5, O31.33X9, O31.8X10-O32.8X15, O31.8X19, O31.8X20-O31.8X25, O31.8X29, O31.8X30-O31.8X35, O31.8X39, 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, O33.7, O33.7XX0-O33.7XX5, O33.7XX9, O33.8, O33.9, 34.00-O34.030, O34.10-O34.13, O34.21, O34.211-O34.212, O34.218-O34.219, O34.22, O34.29-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,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O34.80-O34.83, O34.90-O34.93, O35.0XX0-O35.0XX5, O35.0XX9, O35.1XX0-O35.1XX5, O35.1XX9, 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, O36.1920-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-O36.5125, O36.5129-O36.5135, O36.5139, O36.5190-O36.5195, O36.5199, O36.5910-O36.5915, O36.5919-O36.5925, O36.5929-O36.5935, O36.5939, O36.5990-O36.5995, O36.5999, O36.60X0-O36.60X5, O36.60X9, O36.61X0-O36.61X5, O36.61X9, O36.62X0-O36.621X5, O36.62X9, O36.63X0-O36.63X5, O36.63X9,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		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, O36.8320-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, O4.31XX0-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-O41.1025, O41.1029-O41.1035, O41.1039, O41.1090-O41.1095, O41.1099, O41.1210-O41.1215, O41.1219-O41.1225, O41.1229-O41.1235, O41.1239, O41.1290-O41.1295, O41.1299, O41.1410-O41.1415, O41.1419-O41.1425, O41.1429-O41.1435, O41.1439, O41.1490-O41.1495, O41.1499,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O41.8X10-O41.8X15, O41.8X19-O41.8X25, O41.8X29-O41.8X35, O41.8X39, O41.8X91-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, O42.011-O42.013, O42.019, O42.02, O42.10, O42.111-O42.113, O42.119, O42.12, O42.011-O42.013, 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, 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-O47.03, O47.1, O47.9, O48.0-O48.1, O60.00, O60.02-O60.03, O71.00-O71.02-O71.03, O71.1-O71.7, O71.81-O71.82, O71.89, O71.9, O88.011-O88.013, O88.019, O88.111-O88.113, O88.119, O88.211-O88.213, O88.219,



Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O88.311-O88.313, O88.319, O88.811-O88.813, O88.819, O91.011-O91.013, O91.019, O91.13, O91.211-O91.213, O91.219, O91.23, O92.011-O92.013, O92.019, O92.03, O92.111-O92.113, O92.119, O92.3-O92.6, O92.70, O92.79, O98.011-O98.013, O98.019, O98.111-O98.113, O98.119, O98.211-O98.213, O98.219, O98.311-O98.313, O98.319, O98.411-O98.413, O98.419, O98.511-O98.513, O98.519, O98.611-O98.613, O98.619, O98.711-O98.713, O98.719, O98.811-O98.813, O98.819, O98.911-O98.913, O98.919, O99.011-O99.013, O99.019, O99.111-O99.113, O99.119, O99.210-O99.213, O99.280-O99.283, O99.310-O99.313, O99.320-O99.323, O99.330-O99.333, O99.340-O99.343, O99.350-O99.353, O99.411-O99.413, O99.419, O99.511-O99.513, O99.519, O99.611-O99.613, O99.619, O99.711-O99.713, O99.719, O99.810, O99.820, O99.830, O99.840-O99.843, O99.891, O9A.111-O9A.113, O9A.119, O9A.211-O9A.213, O9A.219, O9A.311-O9A.313, O9A.319, O9A.411-O9A.413, O9A.419, O9A.511-O9A.513, O9A.519, Z03.71-Z03.75, Z03.79, Z32.01, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, Z36.0-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9
Dialysis Procedure	KED, SPC, SPD	CPT: 90935, 90937, 90945, 90947, 90997, 091999 HCPCS: G0257, S9339 ICD-10: 3E1M39Z, 5A1D00Z, 5A1D50Z, 5A1D70Z, 5A1D80Z, 5A1D90Z
Narcolepsy	ADD	ICD-10: G47.411, G47.419, G47.421, G47.429

Exclusions	Applicable Measures	Codes*
Contraindications to Childhood Vaccines		<p>ICD10CM: B20, B97.35, C81.00, C81.01-C81.49, C81.70-C81.79, C81.90-C81.99, C82.00-C82.69, C82.80-C82.99, C83.00-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70-C83.99, C84.00-C84.19, C84.40-C84.49, C84.60-C84.79, C84.7A, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.29, C85.80-C85.99, C86.0-C88.9, C90.00-C90.02, C90.10-C90.12, C90.20-C90.22, C90.30-C90.32, C91.00-C91.02, C91.10-C91.12, C91.30-C91.32, C91.40-C91.42, C91.50-C91.52, C91.60-C91.62, C91.90-C91.92, C91.A0-C91.A2, C91.Z0-C91.Z2, C92.00-C92.02, C92.10-C92.12, C92.20-C92.22, C92.30-C92.32, C92.40-C92.42, C92.50-C92.52, C92.60-C92.62, C92.90-C92.92, C92.A0-C92.A2, C92.Z0-C92.Z2, C93.00-C93.02, C93.10-C93.12, C93.30-C93.32, C93.90-C93.92, C93.Z0-C93.Z2, C94.00-C94.02, C94.20-C94.22, C94.30-C94.32, C94.80-C94.82, C95.00-C95.02, C95.10-C95.12, C95.90-C95.92, C96.0, C96.20-C96.22, C96.29, C96.4, C96.9, C96.A, C96.Z, D80.0-D80.9, D81.0, D81.1, D81.2, D81.4, D81.6, D81.7, D81.82, D81.89, D81.9, D82.0-D82.4, D82.8-D82.9, D83.0-D83.2, D83.8-D83.9, D84.0-D84.1, D84.8, D84.81, D84.821, D84.822, D84.89, D84.9, D89.3, D89.810, D89.811, D89.812, D89.813, D89.82, D89.831, D89.832, D89.833, D89.834, D89.835, D89.839, D89.89, D89.9, K56.1, Z21</p>

\*Codes listed are subject to change, Meridian recognizes that the circumstances around the services provided may not always directly support/match the codes. It is crucial that the medical record documentation describes the services rendered in order to support the medical necessity and use of these codes.

## Point of Service Code Definitions

Code	Description
02	Telehealth Provided Other than in Patient's Home
03	School
05	Indian Health Service Free-standing Facility
07	Tribal 638 Free-standing Facility
09	Prison/Correctional Facility
10	Telehealth Provided in Patient's Home
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-in Retail Health Clinic
18	Place of Employment-Worksite
19	Off Campus-Outpatient Hospital
20	Urgent Care Facility
21	Inpatient Hospital
22	On Campus-Outpatient Hospital
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility
58	Non-residential Opioid Treatment Facility
71	Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory