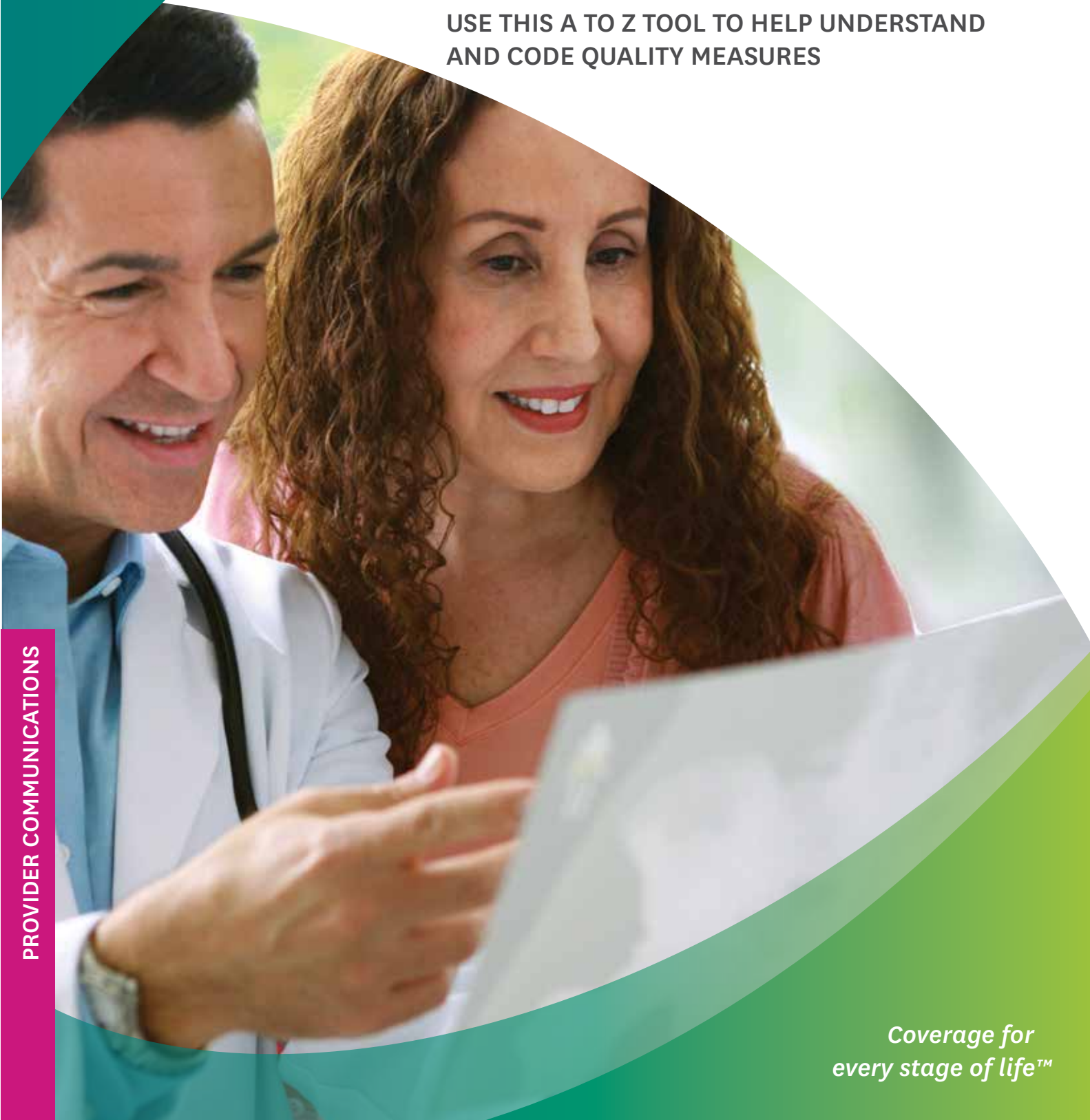




# HEDIS<sup>®</sup> Quick Reference Guide

USE THIS A TO Z TOOL TO HELP UNDERSTAND  
AND CODE QUALITY MEASURES



PROVIDER COMMUNICATIONS

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every stage of life<sup>™</sup>

*This quick reference guide (QRG) is updated with information from the July release of the HEDIS Measurement Year (MY) 2020 & 2021 Volume 2 Technical Specifications. The information provided in this HEDIS QRG is to help you improve your practice's HEDIS rates.*

## How are rates calculated?

Healthcare Effectiveness Data and Information Set (HEDIS®) rates can be calculated in two ways: administrative data or hybrid data.

- Administrative data consists of claims or encounter data submitted to the plan.
- Hybrid data consists of administrative data and a sample of medical record data. It also requires review of a random sample of member medical records to abstract data for services that were rendered but were not reported to the plan through claims or encounter data.

Submitting accurate and timely claim and encounter data reduces the need for medical record review. If services are not billed or billed accurately, they are not included in the calculation.

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## Questions?

Contact the Quality Improvement Department by email at [cqi\\_dsm@healthnet.com](mailto:cqi_dsm@healthnet.com).

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



Providers and other health care staff should document to the highest specificity to aid with the most correct coding choice.

**Ancillary staff:** Please check the tabular list for the most specific ICD-10 code choice.

## How can I improve my HEDIS scores?

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



The information in the HEDIS QRG is subject to change based on guidance and updates from the National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS) and state regulations and recommendations. Refer to the appropriate agency for additional billing guidance to ensure codes are coverable prior to submission. Codes listed are not all inclusive and can be changed, deleted or removed at any time. This document is not intended to replace professional coding standards and additional codes that meet exclusion criteria or numerator compliance may be omitted.

## Telehealth updates

NCQA updated telehealth guidance in 40 HEDIS measures for HEDIS MYs 2020 and 2021.

### PREVENTION AND SCREENING

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Breast Cancer Screening

### RESPIRATORY

- Use of Spirometry Testing in the Assessment and Diagnosis of COPD
- Asthma Medication Ratio

### CARDIOVASCULAR CONDITIONS

- Controlling High Blood Pressure
- Persistence of Beta-Blocker Treatment After a Heart Attack
- Statin Therapy for Patients with Cardiovascular Disease
- New measure: Cardiac Rehabilitation

### DIABETES

- Comprehensive Diabetes Care
- New measure: Kidney Health Evaluation for Patients with Diabetes
- Statin Therapy for Patients with Diabetes

### BEHAVIORAL HEALTH

- Antidepressant Medication Management
- Follow-up Care for Children Prescribed ADHD Medication
- Follow-up After Hospitalization for Mental Illness
- Follow-up After Emergency Department Visit for Mental Illness
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
- Diabetes Monitoring for People with Diabetes and Schizophrenia
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia

### ACCESS/AVAILABILITY OF CARE

- Prenatal and Postpartum Care
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

### UTILIZATION

- Well-Child Visits in the First 30 Months of Life
- Child and Adolescent Well Care Visits
- Mental Health Utilization

### RISK-ADJUSTED UTILIZATION

- Plan All-Cause Readmissions

### MEASURES REPORTED USING ELECTRONIC CLINICAL DATA SYSTEMS

- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
- Depression Screening and Follow-up for Adolescents and Adults
- Postpartum Depression Screening and Follow-up
- Prenatal Depression Screening and Follow-up
- Breast Cancer Screening
- Follow-up Care for Children Prescribed ADHD Medication

Refer to the NCQA website at [www.ncqa.org](http://www.ncqa.org) for telehealth revisions as outlined for each measure under *HEDIS MY 2020 & MY 2021*, Volume 2.

# A

## ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA)

The percentage of adults diagnosed with schizophrenia or schizoaffective disorder in the MY who were dispensed antipsychotic medications and remained on their antipsychotic medications for at least 80% of their treatment period.

Measure population: Members ages 18 and older as of January 1 of the MY.

**Note:** Telephone, e-visit or virtual check-ins with a mental or behavioral health provider meet outpatient visit criteria.

### Exclusions:

- Members with less than two antipsychotic medication dispensing events during the MY.
- Members diagnosed with dementia.
- Members ages 66–80 as of December 31 of the MY with frailty and advanced illness.
- Members ages 81 and older as of December 31 with frailty.

Codes	CPT	HCPCS	ICD-10
<b>Schizophrenia</b>			F20.0–F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
<b>Long acting injections</b>		J2794, J0401, J1631, J2358, J2426, J2680, C9035, C9037	
<b>Telephone visits</b>	98966–98968, 99441–99443		
<b>Online assessments (e-visit or virtual check-in)</b>	98969–98972, 99421–99423, 99444, 99458	G2010, G2012, G2061–G2063	

## ADULTS’ ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES (AAP)

The percentage of adults who had an outpatient or preventive care visit during the MY and two years prior.

- Members ages 20 and older as of December 31 of the MY who had one or more outpatient or preventive care visit.

Measure population: Members ages 20 and older as of December 31 of the MY.

Codes	CPT	CPT Modifier	HCPCS	ICD-10
<b>Ambulatory visits</b>	99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99483, 92002, 92004, 92012, 92014, 99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337, 98966–98968, 99441–99443, 98969, 99444, 99483	95, GT	G0402, G0438, G0439, G0463, T1015 S0620, S0621	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0–Z02.6, Z02.71, Z02.79, Z02.81–Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
<b>Telephone visits</b>	98966–98968, 99441–99443			
<b>Online assessments (e-visit or virtual check-in)</b>	98969–98972, 99421–99423, 99444, 99458		G2010, G2012, G2061–G2063	

## ANNUAL DENTAL VISIT (ADV)

The percentage of members who had one or more dental visits in the MY.

Measure population: Members ages 2–20 with dental care as a Medi-Cal benefit.

### ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

The percentage of adults diagnosed with major depression who were treated with an antidepressant medication and remained on their medication treatment. Two rates are reported:

- **Effective Acute Phase Treatment.** The percentage of members who remained on an antidepressant medication treatment for at least 84 days (12 weeks) within 114 days from earliest prescription dispense date.
- **Effective Continuation Phase Treatment.** The percentage of members who remained on an antidepressant medication treatment for at least 180 days (six months) within 232 days from earliest prescription dispense date.

Measure population: Members ages 18 and older as of April 30 of the MY.

#### Exclusions:

- Members who did not have an encounter with a diagnosis of major depression during the 121-day period: from 60 days prior to the Index Prescription Start Date (IPSD) through the IPSD and 60 days after.
- Members who filled a prescription for antidepressant medication 105 days before the IPSD.
- Members who are in hospice.

Codes	ICD-10
Major depression	F32.0–F32.4, F32.9, F33.0–F33.3, F33.41, F33.9

### APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

The percentage of children who received appropriate testing and care for pharyngitis.

Measure population: Members ages 3 and older who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

A higher rate represents better performance (i.e., appropriate testing).

Codes	CPT	ICD-10
Group A streptococcus test	87070, 87071, 87081, 87430, 87650–87652, 87880	
Pharyngitis		J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

### ASTHMA MEDICATION RATIO (AMR)

The percentage of members with persistent asthma who have a ratio of controller medications to total asthma medications  $\geq 0.50$  during the MY.

Measure population: Members ages 5–64 as of December 31 of the MY.

**Exclusions:** Members with a historical diagnosis of the following:

- Emphysema.
- Chronic obstructive pulmonary disease (COPD).
- Obstructive chronic bronchitis.
- Chronic respiratory conditions.
- Cystic fibrosis.
- Acute respiratory failure.

Codes	ICD-10
Mild intermittent asthma	J45.20–J.45.22
Mild persistent asthma	J45.30–J45.32
Moderate persistent asthma	J45.40–J45.42
Severe persistent asthma	J45.50–J45.52
Other and unspecified asthma	J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

### AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS (AAB)

The percentage of outpatient visits for members with a diagnosis of acute bronchitis/bronchiolitis that did not result in a dispensed antibiotic medication on that day or three days after the visit.

Measure population: Members ages 3 months and older as of the acute bronchitis/bronchiolitis event.

The measure is reported as an inverted rate  $[1 - (\text{numerator} / \text{measure population})]$ . A higher rate indicates better performance due to appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were not prescribed).

**Exclusion:** Members who had a comorbid condition diagnosis during the 12 months prior to or on the date of the acute bronchitis/bronchiolitis event.

# B

## BREAST CANCER SCREENING (BCS)

The percentage of members who screened for breast cancer with a mammogram anytime during, on, or between October 1 two years prior to the MY and December 31 of the MY.

Measure Population: Members ages 50–74 as of December 31 of the MY.

**Note:** Diagnostic screenings are not compliant.

### Exclusions:

- Members who have had a history of bilateral mastectomy.
- Members who are in hospice or received palliative care during the MY.
- Members ages 66 and older, as of December 31 of the MY with frailty and advanced illness.

Codes	CPT	Modifier	HCPCS	ICD-10
Mammography	77055–77057, 77061–77063, 77065–77067		G0202, G0204, G0206	
Bilateral mastectomy				OHTV0ZZ
History of Bilateral mastectomy				Z90.13
Unilateral mastectomy with a bilateral modifier	19180, 19200, 19220, 19240, 19303–19307	50		
Unilateral mastectomy with left/right side modifier	19180, 19200, 19220, 19240, 19303–19307	LT, RT		
Left and right unilateral mastectomy				OHTU0ZZ, OHTT0ZZ
Absence of both right and left breast				Z90.11, Z90.12
Palliative care encounter			G9054, M1017	Z51.5



# C

## CARDIAC REHABILITATION (CRE)

The percentage of members who completed rehabilitation sessions following a severe or acute qualifying cardiac event.

Four rates are reported:

- **Initiation.** The percentage of members who attended two or more cardiac rehabilitation sessions within 30 days.
- **Engagement 1.** The percentage of members who attended 12 or more cardiac rehabilitation sessions within 90 days.
- **Engagement 2.** The percentage of members who attended 24 or more cardiac rehabilitation sessions within 180 days.
- **Achievement.** The percentage of members who attended 36 or more cardiac rehabilitation sessions within 180 days.

Measure population: Members ages 18 and older as of the qualifying cardiac event that occurred on July 1 of the year prior to June 30 of the MY. The date of the most recent cardiac event is used.

### Exclusions:

- Members who had additional discharges due to cardiac event within 180 days from qualifying event.
- Members who are in hospice or receiving palliative care during MY.
- Members ages 66–80 as of December 31 of the MY with frailty and advanced illness.
- Members ages 81 and older as of December 31 with frailty.

*(continued)*

### CARDIAC REHABILITATION (CRE) (continued)

Codes	CPT	HCPCS	ICD-10
<b>Cardiac rehabilitation</b>	93797, 93798	G0422, G0423, S9472	
<b>Myocardial infarction (MI)</b>			I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0–I22.2, I22.8, I22.9, I23.0–I23.8, I25.2
<b>Coronary artery bypass grafting (CABG)</b>	33510–33519, 33521–33523, 33530, 33533–33536	S2205–S2209	
<b>Heart transplant</b>	33927, 33928, 33935, 33945		
<b>Heart valve repair or replacement</b>	33361–33369, 33390, 33391, 33404–33406, 33410–33420, 33422, 33425–33427, 33430, 33440, 33460, 33463–33465, 33468, 33470, 33471, 33474, 33475, 33476, 33477, 33478		
<b>Percutaneous coronary intervention (PCI)</b>	92920, 92924, 92928, 92933, 92937, 92941, 92943	C9600, C9602, C9604, C9606, C9607	
<b>Palliative care encounter</b>		G9054, M1017	Z51.5

### CARDIOVASCULAR MONITORING FOR PEOPLE WITH CARDIOVASCULAR DISEASE AND SCHIZOPHRENIA (SMC)

The percentage of adults diagnosed with schizophrenia or heart disease who had a cholesterol test during the MY.

Measure population: Members ages 18–64 as of December 31 of the MY.

Codes	CPT	CPT-CAT-II	HCPCS
<b>LDL-C test</b>	80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F	3048F, 3049F, 3050F	
<b>Telehealth visit</b>	98966–98968, 99441–99443		
<b>Online assessment (e-visits or virtual check-ins)</b>	98969–98972, 99421–99423, 99444, 99458		G2010, G2012, G2062, G2063

### CERVICAL CANCER SCREENING (CCS)

The percentage of women who were screened for cervical cancer with age appropriate cervical cytology and/or high-risk human papillomavirus (hrHPV) testing performed.

Measure population: Women ages 24–64 as of December 31 of the MY.

**Exclusions:** Women who received palliative care during the measurement, in hospice, or do not have a cervix are excluded.

Codes	CPT	HCPCS	ICD-10
<b>For ages 21–64, a cervical cytology is performed every three years.</b>	88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	
<b>For ages 30–64, a cervical cytology/hrHPV co-testing is performed every five years.</b>	87620–87622, 87624, 87625	G0476	
<b>Members with a hysterectomy without a residual cervix are exempt from this measure.</b>	51925, 56308, 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,		Q51.5, Z90.710, Z90.712, OUTC0ZZ, OUTC4ZZ, OUTC7ZZ, OUTC8ZZ
<b>Exclusion: Palliative care encounter</b>		G9054, M1017	Z51.5

## CHILDHOOD IMMUNIZATION STATUS (CIS)

The percentage of children age 2 who received the required childhood immunization status combination 10 vaccinations.

Measure population: Children who turn age 2 during the MY.

**Note:** Refer to the California Immunization Registry (CAIR) website at [www.cairweb.org](http://www.cairweb.org) for information on tracking and submitting patient immunization records.

- Combination 10. The percentage of children age 2 who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their 2nd birthday.

**Exclusions:** Members who are in hospice or have the following vaccine contraindications are excluded.

Codes	CPT	HCPCS	ICD-10
DTaP	90698, 90700, 90723		
HiB	90644, 90647, 90698, 90748		
HepB	90723, 90740, 90744, 90747, 90748	G0010	3E0234Z, B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.0, B19.11
IPV	90698, 90713, 90723		
MMR	90707, 90710 or combination of vaccines with all these antigens: Measles: 90705 Rubella: 90706; Mumps: 90704		
PCV	90670	G0009	
VZV	90710, 90716		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
HepA	90633		B15.0, B15.9

(continued)

Codes	CPT	HCPCS	ICD-10
Flu (one of the two flu vaccines can be a LAIV vaccine administered when child turns 2)	90655, 90657, 90660, 90661, 90672, 90685-90689		
RV (two-dose schedule)	90681		
RV (three-dose schedule)	90680		

## CHLAMYDIA SCREENING IN WOMEN (CHL)

The percentage of women identified as sexually active and had one or more chlamydia tests performed during the MY.

Measure population: Women ages 16–24 as of December 31 of the MY.

**Exclusions:** Women who are pregnant, in hospice, received palliative care during the MY are excluded.

Codes	CPT
Chlamydia tests	87110, 87270, 87320, 87490–87492, 87810

## COMPREHENSIVE DIABETES CARE (CDC)

The percentage of members with type 1 and type 2 diabetes who had each of the following:

Measure population: Members ages 18–75 as of December 31 of the MY.

- BP control (< 140/90 mm Hg).** The percentage of members with diabetes who had BP control (< 140/90 mm Hg).

Codes	CPT	CPT-CAT-II	HCPCS
Remote blood pressure monitoring	93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474		
Systolic blood pressure		3074F, 3075F, 3077F	
Diastolic blood pressure		3078F–3080F	

(continued)



**COMPREHENSIVE DIABETES CARE (CDC) (continued)**

Codes	CPT	CPT-CAT-II	HCPCS
<b>Outpatient visit</b>	99201-99205, 99211-99215, 99241-99245, 99341-99350, 99381-99387, 99391-99397, 99401-99404, 99411,99412, 99429, 99455,99456, 99483		G0402, G0438, G0439,G0463, T1015
<b>Nonacute inpatient visit</b>	99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337		
<b>Telephone visits</b>	98966-98968, 99441-99443		
<b>Online assessments (e-visits or virtual check-ins)</b>	98969-98972, 99421-99444, 99458	G2010, G2012, G2061-G2063	

- **Eye exam (retinal) performed.** The percentage of members with diabetes who had an eye exam (retinal) performed.

Codes	CPT	Modi-fier	CPT-CAT II	ICD-10	HCPCS
<b>Diabetic retinal screening with eye care professional</b>	67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110-67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260,99203-99205,99213-99215,99242-99245				S0620, S0621, S3000
<b>Diabetic retinal screening negative in prior year</b>			3072F		

(continued)

Codes	CPT	Modi-fier	CPT-CAT II	ICD-10	HCPCS
<b>Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy</b>			2022F		
<b>7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy</b>			2024F		
<b>Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy</b>			2026F		
<b>Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy</b>			2023F		

(continued)

**COMPREHENSIVE DIABETES CARE (CDC) (continued)**

Codes	CPT	Modi- fier	CPT- CAT II	ICD- 10	HCPCS
7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy			2025F		
Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy			2033F		
Diabetic retinal screening negative in prior year			3072F		
Unilateral eye enucleation (Unilateral Eye Enucleation Value Set) with a bilateral modifier (Bilateral Modifier Value Set).	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114				
Unilateral eye enucleation left				08T1XZZ	
Unilateral eye enucleation right				08T0XZZ	
Bilateral		50			

(continued)

- **Hemoglobin A1c (HbA1c) testing.** The percentage of members with diabetes who had HbA1c testing.

Codes	CPT	CPT-CAT-II
HbA1c tests	83036, 83037	
HbA1c test level less than 7.0%		3044F
HbA1c test level > = 7.0% and < 8.0		3051F
HbA1c tests level < 9.0%		3046F

- **HbA1c control (< 8.0%).** The percentage of members with diabetes who had HbA1c control (< 8.0%).

Codes	CPT-CAT-II
HbA1c test level > 7.0%	3044F
HbA1c test level > = 7.0% and < 8.0	3051F

- **HbA1c poor control (> 9.0%).** The percentage of members with diabetes who had HbA1c poor control (> 9.0%).

**Note:** A lower HbA1c poor control (> 9.0%) rate indicates better performance.

Codes	CPT-CAT-II
HbA1c tests level < 9.0%	3046F

**CONTROLLING BLOOD PRESSURE (CBP)**

The percentage of members with a diagnosis of hypertension (HTN) whose blood pressure was adequately controlled (< 140/90 mm Hg) during the MY. Members had at least two outpatient visits on or between January 1 of the year prior to the MY and June 30 of the MY.

Measure population: Members ages 18–85 with hypertension as of December 31 of the MY.

**Note:** Remote measurements by any digital device are acceptable.

**Exclusions:**

- Members who are in hospice or received palliative care in the MY.
- Members ages 81 and older as of December 31 with frailty.
- Members who have evidence of end-stage renal disease or had a kidney transplant or dialysis.

(continued)

## CONTROLLING BLOOD PRESSURE (CBP) (continued)

- Members who have a diagnosis of pregnancy.
- Members who had nonacute inpatient admission during the MY.

Codes	CPT	CPT-CAT-II	HCPCS	ICD-10
Remote blood pressure monitoring	93784, 93788, 93790, 99091, 99453, 99454, 99457			
Essential hypertension				10
Systolic < 140		3074F, 3075F		
Systolic ≥ 140 mm Hg		3077F		
Diastolic < 80 mm Hg		3078F		
Diastolic 80–89 mm Hg		3079F		
Diastolic ≥ 90 mm Hg		3080F		
Outpatient	99201–99205, 99211–99215, 99241–99245, 99341–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483		G0402, G0438, G0439, G0463, T1015	
Nonacute inpatient	99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337			
Telephone visits	98966–98968, 99441–99413			
Online assessments (e-visits or virtual check-ins)	98969–98972, 99421–99444, 99458		G2010, G2012, G2061, G2062, G2063	
Exclusion: Palliative care encounter		G9054, M1017	Z51.5	

# D

## DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS (DSF)

The percentage of members ages 12 and older who were screened for clinical depression with a standardized tool and received follow-up care on a positive screen.

- **Depression Screening.** The percentage of members who were screened for clinical depression using a standardized tool.
- **Follow-Up on Positive Screen.** The percentage of members who screened positive for depression and received follow-up care within 30 days.

Measure population: Members ages 12 and older as of January 1 of the MY.

**Note:** Telephone, e-visit, and virtual check-ins meet outpatient setting criteria for follow-up care on a positive screen.

Eligible screening instruments and thresholds for positive findings include:

- Patient Health Questionnaire (PHQ-9)<sup>®</sup> with total score ≥ 10.
- PHQ2<sup>®</sup> with total score ≥ 3.
- Beck Depression Inventory-Fast Screen (BDI-FS)<sup>®</sup> with total score ≥ 8.
- Center for Epidemiologic Studies Depression Scale-Revised (CESD-R) with total score ≥ 17.
- PROMIS Depression with total T Score ≥ 60.

**Exclusions:** Members with any of the following:

- Bipolar disorder during the measurement period or the year prior to the measurement period.
- Depression during the year prior to the measurement period.
- In hospice or using hospice services during the measurement period.

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

The percentage of adults diagnosed with schizophrenia or schizoaffective disorder and diabetes who had both diabetes and cholesterol level tests during the MY.

Measure population: Members ages 18–64 as of December 31 of the MY.

Codes	CPT	CPT-CAT-II	HCPCS
<b>HbA1c tests</b>	83036, 83037	3044F, 3046F, 3051F, 3052F	
<b>LDL-C tests</b>	80061, 83700, 83701, 83704, 83721	3048F–3050F	
<b>Telephone visits</b>	98966–98968, 99441–99443.		
<b>Online assessments (e-visits or virtual check-ins)</b>	98969–98972, 99421–99423, 99444, 99458		G2010, G2012, G2061–G2063

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

The percentage of adults diagnosed with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a test for diabetes during the MY.

Measure population: Members ages 18–64 as of December 31 of the MY.

Codes	CPT	CPT-CAT-II	HCPCS
<b>HbA1c tests</b>	83036, 83037	3044F, 3046F, 3051F, 3052F	
<b>Glucose tests</b>	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951		
<b>Telephone visits</b>	98966–98968, 99441–99443.		
<b>Online assessments (e-visits or virtual check-ins)</b>	98969–98972, 99421–99423, 99444, 99458.		G2010, G2012, G2061–G2063

# F

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

The percentage of discharges for members who were hospitalized due to mental illness or intentional self-harm and who had a timely follow-up visit with a mental health provider.

Two rates are reported for:

- Follow-up care with mental health provider within seven days after discharge.
- Follow-up care with mental health provider within 30 days after discharge.

Measure population: Members ages 6 and older as of the date of discharge.

Visit Type	CPT	HCPCS	ICD-10	POS
<b>An outpatient visit (Visit Setting Unspecified Value Set with Outpatient POS Value Set) with a behavioral health provider</b>	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255	95, GT		03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72
<b>A behavioral health (BH) outpatient visit (Behavioral Health Outpatient Value Set with a behavioral health provider)</b>	98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347, 99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99510	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015		

(continued)

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

Visit Type	CPT	HCPCS	ICD-10	POS
An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set with Partial Hospitalization POS Value Set) with a behavioral health provider	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255			52
An intensive outpatient encounter or partial hospitalization (Partial Hospitalization/ Intensive Outpatient Value Set) with a behavioral health provider		G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485		
A community mental health center visit (Visit Setting Unspecified Value Set with Community Mental Health Center POS Value Set) with a behavioral health provider, with or without a telehealth modifier (Telehealth Modifier Value Set)	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255			53
Electroconvulsive therapy (Electroconvulsive Therapy Value Set) with (Ambulatory Surgical Center POS Value Set; Community Mental Health Center POS Value Set; Outpatient POS Value Set; Partial Hospitalization POS Value Set) with a behavioral health provider	90870		GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ	24, 53, 52, 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72
A telehealth or telephone visit with a behavioral health provider (use POS value for telehealth)	98966–98968, 99441–99443			02
An observation visit (Observation Value Set) with a behavioral health provider	99217–99220			

(continued)

Visit Type	CPT	HCPCS	ICD-10	POS
Transitional care management services (Transitional Care Management Services Value Set), with a behavioral health provider, with or without a telehealth modifier (Telehealth Modifier Value Set)	99495, 99496			

**FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD)**

The percentage of children newly prescribed with attention-deficit/hyperactivity disorder (ADHD) medication who received follow-up care. Two rates are reported.

- Initiation Phase. The percentage of members with an outpatient prescription dispensed for ADHD medication, who had one follow-up visit with a prescribing practitioner within 30 days following the IPSD.
- Continuation and Maintenance (C&M) Phase. The percentage of members with an outpatient prescription dispensed for ADHD medication, who remained on the medication for 210 days or more, and who had two additional follow-up visits with a practitioner within 270 days after the end of the Initiation Phase.

Measure population: Members ages 6–12 as of the Index Prescription Start Date (IPSD), the earliest ADHD medication dispense date.

Codes	CPT	HCPCS	POS
An outpatient visit (Visit Setting Unspecified Value Set with Outpatient POS Value Set)	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221–99223, 99231–99233, 99238, 99239, 99251–99255		03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72
An outpatient visit (BH Outpatient Value Set)	98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99510, 99483	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015	

(continued)

**FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD) (continued)**

Codes	CPT	HCPCS	POS
An observation visit (Observation Value Set)	99217-99220		
A health and behavior assessment/ intervention (Health and Behavior Assessment and Intervention Value Set)	96150-96154,96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171		
An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set with Partial Hospitalization POS Value Set)	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255		
An intensive outpatient encounter or partial hospitalization (Partial Hospitalization or Intensive Outpatient Value Set)		G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	
A community mental health center visit (Visit Setting Unspecified Value Set with Community Mental Health Center POS Value Set)	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255		53
Telehealth or telephone visits (use POS value for telehealth)	98966-98968, 99441-99443		02
Online assessments (e-visits or virtual check-ins) Only one of the two outpatient visits during days 31-300 of the C&M phase can be an e-visit or virtual check-in visit	98969-98972, 99421-99423, 99444, 99458	99421, G2012, G2061-G2063	



**IMMUNIZATIONS FOR ADOLESCENTS (IMA)**

The percentage of adolescents who received the required combination 1 and combination 2 vaccinations by their 13th birthday.

Measure population: Members who turn age 13 during the MY.

**Note:** Refer to the California Immunization Registry (CAIR) website at [www.cairweb.org](http://www.cairweb.org) for information on tracking and submitting patient immunization records.

- **Combination 1.** The percentage of adolescents age 13 who had at least one dose of meningococcal vaccine and one dose of tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine.
- **Combination 2.** The percentage of adolescents age 13 who had at least one dose of meningococcal vaccine, one dose tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and the complete human papillomavirus (HPV) vaccine series by their 13th birthday.

**Exclusions:**

- Members who are in hospice.
- Members who have an anaphylactic reaction to any particular vaccine or its components anytime on or before their 13th birthday.
- Tdap: Members who have encephalopathy with a vaccine adverse-effect code.

Codes	CPT
Meningococcal serogroups A, C, W, Y vaccine (between member's 11th and 13th birthdays)	90734
Tdap vaccine (between member's 10th and 13th birthdays)	90715

(continued)

**IMMUNIZATIONS FOR ADOLESCENTS (IMA) (continued)**

Codes	CPT
<b>2 HPV vaccines (at least 146 days apart on or between the member’s 9th and 13th birthdays) Or 3 HPV vaccines (with different dates of service on or between the member’s 9th and 13th birthdays)</b>	90649–90651

**INITIATION & ENGAGEMENT OF ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE TREATMENT (IET)**

- The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:
- **Initiation of AOD Treatment.** Initiated dependence treatment within 14 days of their diagnosis.
- **Engagement of AOD Treatment.** Continued treatment with two or more additional services within 34 days of the initiation visit.

Measure population: Members ages 13 or older as of December 31 of the MY.

*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.*

(continued)

Codes	CPT	CPT Modifier	HCPCS	POS	ICD-10
<b>IET standalone visits</b>	98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99384–99387, 99394–99397, 99401–99404, 99408–99409, 99411, 99412, 99483, 99510	95, GT	G0155, G0176, G0177, G0396, G0397, G0409–G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034–H0037, H0039, H0040, H0047, H2000, H2001, H2010–H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015		Refer to the current ICD-10 manual for the appropriate IET codes.
<b>IET group 1 visits</b>	90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876	95, GT		02, 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72	Refer to the current ICD-10 manual for the appropriate IET codes.

(continued)

**INITIATION & ENGAGEMENT OF ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE TREATMENT (IET)**  
(continued)

Codes	CPT	CPT Modifier	HCPCS	POS	ICD-10
<b>IET group 2 visits</b>	99221-99223, 99231-99233, 99238, 99239, 99251-99255	95, GT		02, 52, 53	
<b>Observation visit</b>	99217-99220				
<b>Telephone visit</b>	98966-98968, 99441-99443				
<b>Online assessment</b>	98969-98972, 99421-99423, 99444, 99458		G2010, G2012, G2061-G2063		
<b>Alcohol and other drug medication treatment</b>	98970-98972, 99421, 99422, 99423, 99458		H0020, H0033, J0570, J0571-J0575, J2315, Q9991, Q9992, S0109		

Codes	CPT	HCPCS	ICD-10CM
<b>eGFR</b>	80047, 80048, 80050, 80053, 80069, 82565		
<b>Quantitative urine albumin lab test</b>	82043		
<b>Urine creatinine lab test</b>	82570		
<b>ESRD</b>			N18.5, N18.6, Z99.2
<b>Dialysis</b>	90935, 90937, 90945, 90947, 90997, 90999, 99512	G0257, S9339	
<b>Palliative care</b>		G9054, M1017	Z51.5
<b>Telephone visit</b>	98966-98968, 99441-99443		
<b>Online assessment (e-visits or virtual check-ins)</b>	98969-98972, 99421-99423, 99444, 99458	G2010, G2012, G2061-G2063	

# K

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

The percentage of members with type 1 and type 2 diabetes who received a kidney health evaluation during the MY, with evidence of the following:

- An estimated glomerular filtration rate (eGFR).
- Both a quantitative urine albumin lab test and a urine creatinine lab test with service dates four days apart or less.

Measure population: Members ages 18-85 with diabetes as of December 31 of the MY.

**Exclusions:**

- Members with ESRD, dialysis or palliative care.
- Members ages 66-80 as of December 31 of the MY with frailty and advanced illness.
- Members ages 81 and older as of December 31 with frailty.

(continued)

# L

**LEAD SCREENING IN CHILDREN (LSC)**

The percentage of children age 2 who had one or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.

Labs and health care providers should report all blood lead level test results electronically to the California Department of Public Health’s (CDPH’s) California Childhood Lead Poisoning Prevention Branch (CLPPB). Contact EBLRSupport@cdph.ca.gov or refer to the CDPH website at cdph.ca.gov for more on reporting blood lead levels as required.

Measure population: Children should be tested for lead at ages 12 months and 24 months, or when there is no documented lead testing for children up to ages 72 months.

Codes	CPT
<b>Lead test</b>	83655



# M

## METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM)

The percentage of children and adolescents who had two or more antipsychotic prescriptions and had metabolic testing.

Measure population: Members ages 1–17 as of December 31 of the MY.

Three rates are reported:

- Blood glucose or HbA1c testing.
- Cholesterol or LDL-C testing.
- Blood glucose and cholesterol testing.

Test Types	CPT	CPT-CAT-II
<b>HbA1c</b>	83036, 83037	3044F, 3046F, 3051F, 3052F
<b>Glucose</b>	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	
<b>LDL-C</b>	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F
<b>Cholesterol</b>	82465, 83718, 83722, 84478	

# N

## NON-RECOMMENDED CERVICAL CANCER SCREENING IN ADOLESCENT FEMALES (NCS)

The percentage of adolescent females who were screened unnecessarily for cervical cancer.

Measure population: Women ages 16–20 as of December 31 of the MY.

(continued)

**Note:** A lower rate indicates better performance.

Codes	CPT	HCPCS
<b>Cervical cytology</b>	88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175	G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091
<b>HPV tests</b>	87620–87622, 87624, 87625	G0476

# P

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

The percentage of members hospitalized and discharged from July 1 of the year prior to the MY to June 30 of the MY due to acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge. This measure is based on a calculation and there are no codes associated with beta-blocker medications.

Measure population: Members ages 18 and older as of December 31 of the MY.

### Exclusions:

- Members ages 66–80 as of December 31 of the MY with frailty and advanced illness,
- Members age 81 and older as of December 31 with frailty during the MY.
- Members having the following:
  - Asthma.
  - Chronic obstructive pulmonary disease (COPD).
  - Obstructive chronic bronchitis.
  - Chronic respiratory conditions due to fumes and vapors.
  - Hypotension, heart block > 1 degree or sinus bradycardia.
  - A medication dispensing event indicative of a history of asthma.
  - Intolerance or allergy to beta-blocker therapy.

Codes	ICD-10
<b>Acute myocardial infarction (AMI)</b>	I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4

## PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

The percentage of chronic obstructive pulmonary disease (COPD) exacerbations resulting in an acute inpatient discharge or emergency department (ED) visit for the member and had appropriate medications dispensed. The inpatient discharge or ED visit due to COPD occurred between January 1–November 30 of the MY with the following actions:

- 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.

Measure population: Members ages 40 or older as of January 1 of the MY.

## PRENATAL AND POSTPARTUM CARE (PPC)

The percentage of deliveries of live births that received timely perinatal care visits.

Measure population: Members who had deliveries or live birth that occurred between October 8 of the year prior to October 7 of the MY.

- **Timeliness of Prenatal Care.** The percentage of deliveries that received a prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.

Codes	CPT	CPT-CAT-II	HCPCS	ICD-10
<b>Standalone prenatal visits</b>	99500	0500F, 0501F, 0502F,	H1000–H1004,	
<b>Prenatal visits</b>	99201–99205, 99211–99215, 99241–99245, 99483		G0463, T1015	

(continued)

Codes	CPT	CPT-CAT-II	HCPCS	ICD-10
<b>Pregnancy diagnosis</b>				Refer to the current ICD-10 manual for the appropriate pregnancy diagnosis codes.
<b>Prenatal bundle services</b>	59400, 59425, 59426, 59510, 59618		H1005	
<b>Telephone visits</b>	98966–98968, 99441–99443			
<b>Online assessments (e-visits or virtual check-ins) with pregnancy-related diagnosis code</b>	98969–98972, 99421–99423, 99444, 99458		G2010, G2012, G2061–G2063	

- **Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 21 and 84 days after delivery.

Codes	CPT	CPT-CAT-II	HCPCS	ICD-10
<b>Postpartum visits</b>	57170, 58300, 59430, 99501	0503F	G0101	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
<b>Cervical cytology</b>	88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175		G0123, G0124, G0141, G0143–G0148, P3000, P3001, Q0091	
<b>Postpartum bundled services</b>	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622			

# S

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

The percentage of members who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who received and adhered to statin therapy.

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

Measure population: Members, males ages 21–75 and females ages 40–75 as of December 31 of the MY.

### Exclusions:

- Members diagnosed with myalgia, myositis, myopathy or rhabdomyolysis, or receiving palliative care during the MY.
- Members diagnosed with cardiovascular disease, pregnancy, cirrhosis, ESRD or dialysis, in vitro fertilization, or who were dispensed one or more prescriptions for clomiphene during the MY and the year prior.
- Members ages 66 and older as of December 31 of the MY with frailty and advanced illness.

*There are no codes for numerator compliance, just that the member be on a high- or moderate-intensity statin medication during the MY.*

## STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

The percentage of adults with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.\*

- **Received Statin Therapy:** Members who were dispensed at least one statin medication of any intensity during the MY.\*
- **Statin Adherence 80%:** Members who remained on a statin medication of any intensity for at least 80% of the treatment period.\*

(continued)

Measure population: Members ages 40–75 as of December 31 of the MY.

### Exclusions:

- Members diagnosed with myalgia, myositis, myopathy or rhabdomyolysis, or receiving palliative care during the MY.
- Members diagnosed with cardiovascular disease, pregnancy, cirrhosis, ESRD or dialysis, in vitro fertilization, or was dispensed one or more prescriptions for clomiphene during the MY and the year prior.
- Members ages 66 or older as of December 31 of the MY with frailty and advanced illness.

*\* There are no codes for numerator compliance, just that the member be on a statin medication during the MY.*

# U

## USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Measure population: Members age 18 as of January 1 of the MY to age 50 as of December 31 of the MY.

The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Codes	CPT	ICD-10
<b>Imaging study (plain X-ray, MRI, CT scan)</b>	72020, 72052, 72100, 72110, 72114, 72120, 72131–72133, 72141–72142, 72146–72149, 72156, 72158, 72200, 72202, 72220	

(continued)

**USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)**  
(continued)

Codes	CPT	ICD-10
<b>Uncomplicated low back pain</b>		M47.26–M47.28, M47.816–M47.818, M47.896–M47.898, M48.06, M48.061–M48.062, 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, M54.89, M54.9, M99.03–M99.04, M99.23, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110S, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS



**WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (WCC)**

The percentage of children and adolescents who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the MY.

- **BMI percentile documentation.** Medical record documentation must include height, weight and the BMI percentile as a specific value (e.g., 80th percentile) or plotted on an age-growth chart.
- **Counseling for nutrition.\*** Medical record documentation must include either discussion or counseling of nutrition.

(continued)

- **Counseling for physical activity.\*** Medical record documentation must include either discussion or counseling of physical activity.

\*Services rendered do not require specific settings, a telephone visit, e-visit or virtual check-in meet criteria.

Measure population: Members ages 3–17 as of December 31 of the MY.

Codes	CPT	HCPCS	ICD-10
<b>BMI percentile documentation</b>			Z68.51–Z68.54
<b>Nutrition counseling</b>	97802–97804	G0270, G0271, G0447, S9449, S9452, S9470	Z71.3
<b>Physical activity Counseling</b>		G0447, S9451	Z02.5, Z71.82
<b>Outpatient</b>	99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015	
<b>Telehealth visit</b>	98966–98968, 99441–99443		
<b>Online assessment (e-visits or virtual check-ins)</b>	98969–98972, 99421–99423, 99444, 99458		G2010, G2012, G2062, G2063



**WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE (W30)**

The percentage of children who had the required number of comprehensive well-child visits with a PCP during the first 30 months of life.

- **Well-Child Visits in the First 15 Months.** Children who turned 15 months old during the MY with six or more well-child visits.
- **Well-Child Visits for Ages 15–30 Months.** Children who turned 30 months old during the MY with two or more well-child visits.

Measure population: Children who turn 15 or 30 months of age during the MY.

(continued)

**WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE (W30) (continued)**

CPT	HCPCS	ICD-10/ICD-10CM
99381–99385, 99391–99395, 99461	G0438, G0439, S0302	Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.00, Z00.01, Z00.2, Z00.3, Z76.1, Z76.2

**CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)**

The percentage of children and adolescents who had one or more comprehensive well-care visits with a PCP or an OB/GYN practitioner during the MY.

Measure population: Members ages 3–21 as of December 31 of the MY.

Codes	CPT	HCPCS	ICD-10
<b>Well-care visit</b>	99381–99385, 99391–99395, 99461	G0438, G0439, S0302	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

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