HEDIS®
Quick Reference Guide

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

PROVIDER COMMUNICATIONS

Coverage for every stage of life™

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.

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.

Questions?

Contact the Quality Improvement Department by email at **cqi_dsm@healthnet.com** or **cqi_medicare@healthnet.com**.

For more information, visit **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.

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
- Colorectal Cancer Screening
- Care for Older Adults

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

MUSCULOSKELETAL CONDITIONS

- Osteoporosis Management in Women Who Had a Fracture
- New measure: Osteoporosis Screening in Older Women

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

CARE COORDINATION

- Transitions of Care
- Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions

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
- Hospitalization Following Discharge from a Skilled Nursing Facility
- Acute Hospital Utilization
- Emergency Department Utilization
- Hospitalization for Potentially Preventable Complications

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
- Colorectal Cancer Screening
- Follow-up Care for Children Prescribed ADHD Medication

Refer to the NCQA website at 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: Commercial, Medi-Cal and Medicare 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.
- Medicare members ages 66 and older as of December 31 of the MY who were enrolled in an Institutional SNP (I-SNP) or living long term in an institution during the 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.

Codes	CPT	HCPCS	ICD-10
Schizophrenia			F20.0–F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Long acting injections		J2794, J0401, J1631, J2358, J2426, J2680, C9035, C9037	
Telephone visits	98966–98968, 99441–99443		
Online assessments (e-visit or virtual check-in)	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.

- Medicaid and Medicare members ages 20 and older as of December 31 of the MY who had one or more outpatient or preventive care visit.
- Commercial members ages 20 and older as of December 31 of the MY who had one or more outpatient or preventive care visit during the MY and two years prior.

Measure population: Commercial, Medi-Cal and Medicare members ages 20 and older as of December 31 of the MY.

Codes	CPT	CPT Modifier	HCPCS	ICD-10
Ambulatory visits	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
Telephone visits	98966–98968, 99441–99443			
Online assessments (e-visit or virtual check-in)	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: Commercial, Medi-Cal and Medicare 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: Commercial, Medi-Cal and Medicare 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

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

Measure population: Commercial and Medi-Cal 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: Commercial, Medi-Cal and Medicare members ages 3 months and older as of the acute bronchitis/bronchiolitis event.

The measure is reported as an inverted rate [1 – (numerator/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: Commercial, Medi-Cal and Medicare 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.
- Medicare members ages 66 and older as of December 31 of the MY who were enrolled in I-SNP or living long term in an institution.
- 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				0HTV0ZZ
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				0HTU0ZZ, 0HTT0ZZ
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: Commercial, Medi-Cal and Medicare 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.
- Medicare members ages 66 and older as of December 31 of the MY who were enrolled in I-SNP or living long term in an institution.
- 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.

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CARDIAC REHABILITATION (CRE) (continued)

Codes	CPT	HCPCS	ICD-10
Cardiac rehabilitation	93797, 93798	G0422, G0423, S9472	
Myocardial infarction (MI)			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
Coronary artery bypass grafting (CABG)	33510–33519, 33521–33523, 33530, 33533–33536	S2205–S2209	
Heart transplant	33927, 33928, 33935, 33945		
Heart valve repair or replacement	33361–33369, 33390, 33391, 33404–33406, 33410–33420, 33422, 33425–33427, 33430, 33440, 33460, 33463–33465, 33468, 33470, 33471, 33474, 33475, 33476, 33477, 33478		
Percutaneous coronary intervention (PCI)	92920, 92924, 92928, 92933, 92937, 92941, 92943	C9600, C9602, C9604, C9606, C9607	
Palliative care encounter		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: Medi-Cal members ages 18–64 as of December 31 of the MY.

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

CARE FOR OLDER ADULTS (COA)

The percentage of older adults who received the following services during the MY:

- Advance care planning*
- Medication review
- Functional status assessment*
- Pain assessment*

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

Measure population: Only Medicare Special Needs Plan (SNP) and Medicare-Medi-Cal Plan members ages 66 and older as of December 31 of the MY.

Codes	CPT	CPT–CAT–11	HCPCS	ICD-10
Advance care planning	99483, 99497	1123F, 1124F, 1157F, 1158F	S0257	Z66
Medication review	90863, 99605, 99606, 99483	1160F		
Medication list		1159F	G8427	
Functional status assessment	99483	1170F	G0438, G0439	
Pain assessment		1125F, 1126F		
Transitional care management services	99495, 99496			
Telehealth visit	98966–98968, 99441–99443			
Online assessment (e-visits or virtual check-ins)	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: Commercial and Medi-Cal 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
For ages 21–64, a cervical cytology is performed every three years	88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	
For ages 30–64, a cervical cytology/ hrHPV co-testing is performed every five years	87620–87622, 87624, 87625	G0476	
Members with a hysterectomy without a residual cervix are exempt from this measure	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, 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ
Exclusion: Palliative care encounter		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: Commercial and Medi-Cal children who turn age 2 during the MY.

Note: Refer to the California Immunization Registry (CAIR) website at 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

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CHILDHOOD IMMUNIZATION STATUS (CIS) (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: Commercial and Medi-Cal 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

COLORECTAL CANCER SCREENING (COL)

The percentage of members who had appropriate screening for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test (FOBT) during the MY: guaiac-based (gFOBT) / immunochemical FOBT or fecal immunological test (FIT)
- Flexible sigmoidoscopy during the MY or the four years prior to the MY.
- Colonoscopy during the MY or the nine years prior.
- Computerized tomography (CT) colonography during the MY or four years prior.
- Fecal immunochemical test (FIT)-DNA (Cologuard®) test during the MY or two years prior.

Measure population: Commercial and Medicare members ages 50–75 as of December 31 of the MY.

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Exclusions

- Members who have a history of colorectal cancer (cancer of the small intestine does not count).
- Members who had a total colectomy (partial or hemicolectomies do not count).
- Members who are in hospice or received palliative care in the MY.
- Medicare members ages 66 and older enrolled in I-SNP or living long-term in an institution.
- Members ages 66 and older with frailty and advanced illness.

CODES	CPT	HCPCS	ICD-10
Colonoscopy	44388–44394, 44397, 44401–44408, 45355, 45378–45393, 45398	G0105, G0121	
CT colonography	74261–74263		
FIT-DNA test	81528	G0464	
Flexible sigmoidoscopy	45330–45335, 45337–45342, 45345–45347, 45349–45350	G0104	
Fecal occult blood test (FOBT)	82270, 82274	G0328	
Colorectal cancer		G0213, G0214, G0215, G0231	C18.0–C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total colectomy	44150–44153, 44155–44158, 44210–44212		0DTE0ZZ, 0DTE4ZZ, 0DTE8ZZ, 0DTE7ZZ
Palliative care		G9054, M1017	Z51.5

COMPREHENSIVE DIABETES CARE (CDC)

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

Measure population: Commercial, Medi-Cal Medicare 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	
Outpatient visit	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 visit	99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337		
Telephone visits	98966–98968, 99441–99443		
Online assessments (e-visits or virtual check-ins)	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.

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Codes	CPT	Modi-fier	CPT-CAT II	ICD–10	HCPCS
Diabetic retinal screening with eye care professional	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
Diabetic retinal screening negative in prior year			3072F		
Dilated retinal eye exam with interpretation by an ophthalmol-ogist or optometrist documented and reviewed; with evidence of retinopathy			2022F		
7 standard field stereoscopic retinal photos with interpretation by an ophthalmol-ogist or optometrist documented and reviewed; with evidence of retinopathy			2024F		

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COMPREHENSIVE DIABETES CARE (CDC) (continued)

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

(continued)

Codes	CPT	Modi-fier	CPT-CAT II	ICD–10	HCPCS
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			

- **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

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COMPREHENSIVE DIABETES CARE (CDC) (continued)

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

- Medical attention for nephropathy.* The percentage of members with diabetes who had medical attention for nephropathy.

A member who is being treated for nephropathy (on ACE/ARB), has evidence of end-stage renal disease (ESRD), stage 4 chronic kidney disease, has history of a kidney transplant, or is being seen by a nephrologist is compliant for this sub-measure.

*Medical attention for nephropathy is only reported for the Medicare product line.

Codes	CPT	CPT-CAT-II	ICD-10	HCPCS
Urine protein tests	81000–81003, 81005, 82042–82044, 84156	3060F, 3061F, 3062F		
Nephropathy treatment		3066F, 4010F	E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0,I13.10,I13.11, I13.2, I15.0, I15.1, N00.0–N00.9, N01.0–N01.9, N02.0–N02.9, N03.0–N03.9, N04.0–N04.9, N05.0–N05.9, N06.0–N06.9, N07.0–N07.9, N08, N14.0–N14.4, N17.0–N17.2, N17.8, N17.9, N18.1-N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89,N25.9, N26.1, N26.2, N26.9, Q60.0–Q60.6, Q61.00–Q61.02, Q61.11, Q61.19, Q61.2–Q61.5, Q61.8, Q61.9, R80.0–R80.3, R80.8, R80.9	
Nephrectomy	50340, 50370		0TB00ZX, 0TB00ZZ, 0TB03ZX, 0TB03ZZ, 0TB04ZX, 0TB04ZZ, 0TB07ZX, 0TB07ZZ, 0TB08ZX, 0TB08ZZ, 0TB10ZX, 0TB10ZZ, 0TB13ZX, 0TB13ZZ, 0TB14ZX, 0TB14ZZ, 0TB17ZX, 0TB17ZZ, 0TB18ZX, 0TB18ZZ	
Dialysis	90935, 90937, 90945, 90947, 90997, 90999, 99512			G0257, S9339
Chronic kidney disease, stage 4			N18.4	
Kidney transplant	50360, 50635, 50380			
End-stage renal disease (ESRD) diagnosis			N18.5, N18.6, Z99.2	

(continued)

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: Commercial, Medi-Cal and Medicare 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.
- Medicare members ages 66 and older as of December 31 of the MY who were enrolled in I-SNP or living long term in an institution. Members ages 66–80 as of December 31 of the MY with frailty and advanced illness.

(continued)

CONTROLLING BLOOD PRESSURE (CBP) (continued)

- 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.
- 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: Commercial, Medi-Cal and Medicare 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)® with total score ≥ 10.
- PHQ2® with total score ≥ 3.
- Beck Depression Inventory-Fast Screen (BDI-FS)® 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: Medi-Cal members ages 18–64 as of December 31 of the MY.

Codes	CPT	CPT-CAT-II	HCPCS
HbA1c tests	83036, 83037	3044F, 3046F, 3051F, 3052F	
LDL-C tests	80061, 83700, 83701, 83704, 83721	3048F–3050F	
Telephone visits	98966–98968, 99441–99443.		
Online assessments (e-visits or virtual check-ins)	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: Medi-Cal members ages 18–64 as of December 31 of the MY.

Codes	CPT	CPT-CAT-II	HCPCS
HbA1c tests	83036, 83037	3044F, 3046F, 3051F, 3052F	
Glucose tests	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951		
Telephone visits	98966–98968, 99441–99443.		
Online assessments (e-visits or virtual check-ins)	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: Commercial, Medi-Cal and Medicare members ages 6 and older as of the date of discharge.

Visit Type	CPT	HCPCS	ICD-10	POS
An outpatient visit (Visit Setting Unspecified Value Set with Outpatient 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	95, GT		03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72
A behavioral health (BH) outpatient visit) (Behavioral Health Outpatient Value Set with a behavioral health provider)	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			
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: Commercial and Medi-Cal 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 (Behavioral Health 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	

H

HOSPITALIZATIONS FOR POTENTIALLY PREVENTABLE COMPLICATIONS (HPC)

For older adults, the rate of discharges for ambulatory care sensitive conditions (ACSC) per 1,000 members and the risk-adjusted ratio of observed to expected discharges for ACSC by chronic and acute conditions.

Measure population: Medicare members ages 67 and older as of December 31 of the MY.

This measure is based on a calculation and there are no codes associated.

I

IMMUNIZATIONS FOR ADOLESCENTS (IMA)

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

Measure population: Commercial and Medi-Cal members who turn age 13 during the MY.

Note: Refer to the California Immunization Registry (CAIR) website at 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.

(continued)

IMMUNIZATIONS FOR ADOLESCENTS (IMA) (continued)

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
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)	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: Commercial, Medi-Cal, and Medicare 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
IET standalone visits	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.
IET group 1 visits	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.
IET group 2 visits	99221–99223, 99231–99233, 99238, 99239, 99251–99255	95, GT		02, 52, 53	
Observation visit	99217–99220				
Telephone visit	98966–98968, 99441–99443				

(continued)

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

Codes	CPT	CPT Modifier	HCPCS	POS	ICD-10
Online assessment	98969–98972, 99421–99423, 99444, 99458		G2010, G2012, G2061–G2063		
Alcohol and other drug medication treatment	98970–98972, 99421, 99422, 99423, 99458		H0020, H0033, J0570, J0571–J0575, J2315, Q9991, Q9992, S0109		

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: Commercial, Medi-Cal and Medicare members ages 18–85 with diabetes as of December 31 of the MY.

Exclusions:

- Members with ESRD, dialysis or palliative care.
- Medicare members ages 66 and older as of December 31 of the MY who were enrolled in I-SNP or living long term in an institution.
- 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)

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

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: Medi-Cal, 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
Lead test	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: Commercial and Medi-Cal 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
HbA1c	83036, 83037	3044F, 3046F, 3051F, 3052F
Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	
LDL-C	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F
Cholesterol	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: Commercial and Medi-Cal women ages 16–20 as of December 31 of the MY.

Note: A lower rate indicates better performance.

(continued)

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

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

NON-RECOMMENDED PSA-BASED SCREENING IN OLDER MEN (PSA)

The percentage of older men who were screened unnecessarily for prostate cancer using a prostate-specific antigen (PSA)-based screening.

Measure population: Medicare men ages 70 and older as of December 31 of the MY.

Exclusions: PSA screening performed where clinically appropriate:

- Member had a previous abnormal or elevated PSA lab result during the year prior to the MY.
- Member diagnosed with prostate cancer or prostate dysplasia.
- Member had a dispensed 5-alpha reductase inhibitor medication during the MY.
- Member had a previous abnormal or elevated PSA lab result during the year prior to the MY.

Codes	CPT	HCPCS	ICD-10CM
PSA lab test	84152–84154	G0103,	
Prostate cancer		C61, D07.5, D40.0, Z15.03, Z85.46	
Prostate dysplasia			N42.3, N42.30–N42.32, N42.39

O

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

The percentage of older women who suffered a fracture and who had either a bone mineral density (BMD) test or were treated for osteoporosis in the six months after the fracture.

Measure population: Medicare members ages 67–85 as of December 31 of the MY.

Exclusions:

- Members who are in hospice or receiving palliative care during the MY.
- Medicare members ages 67 and older as of December 31 of the MY who were enrolled in I-SNP or living long term in an institution.
- Members ages 67–80 as of December 31 of the MY with frailty and advanced illness.
- Members ages 81 and older as of December 31 with frailty.

Test Types	CPT	HCPCS
Bone mineral density tests	76977, 77078, 77080, 77081, 77085, 77086	G0130
Osteoporosis medications		J0897, J1740, J3110, J3489
Long-acting osteoporosis medications during an inpatient stay		J0897, J1740, J3489

OSTEOPOROSIS SCREENING IN OLDER WOMEN (OSW)

The percentage of women ages 65–75 who received osteoporosis screening.

Measure population: Medicare members ages 65–75 as of December 31 of the MY.

Exclusions:

- Members who had a claim/encounter for osteoporosis therapy (Osteoporosis Medication Therapy Value Set; Long-Acting Osteoporosis Medications Value Set) any time in the member's history through December 31 of the year prior to the measurement year.
- Members who had a dispensed prescription to treat osteoporosis (Osteoporosis Medications List) anytime on or between January 1 three years prior to the measurement year through December 31 of year prior to measurement year.
- Members receiving palliative care (Palliative Care Assessment Value Set, Palliative Care Encounter Value Set, Palliative Care Intervention Value Set) during the measurement year.
- Members ages 66 and older as of December 31 of the measurement year who are enrolled in I-SNP any time during the measurement year or living long-term in an institution any time during the measurement year.
- Members ages 66 and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness.

Test Types	CPT	HCPCS
Osteoporosis screening tests	76977, 77078, 77080, 77081, 77085	
Osteoporosis medications		J0897, J1740, J3110, J3489
Long-acting osteoporosis medications during an inpatient stay		J0897, J1740, J3489

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: Commercial, Medi-Cal and Medicare members ages 18 and older as of December 31 of the MY.

Exclusions:

- Medicare members ages 66 and older as of December 31 of the MY who were enrolled in I-SNP or living long term in an institution.
- Members ages 66–80 as of December 31 of the MY with frailty and advanced illness,
- Member ages 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
Acute myocardial infraction (AMI)	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: Commercial, Medi-Cal and Medicare members ages 40 or older as of January 1 of the MY.

There are no codes for numerator compliance; this is the reason why the list of bronchodilator medications was the only information in previous QRGs.

PLAN ALL – CAUSE READMISSION (PCR)

The number of acute inpatient stay discharges between January 1 and December 1 during the MY that were followed by an unplanned acute readmission within 30 days. Includes the predicted probability of an acute readmission.

Data for this measure are reported in the following categories:

- Count of Index Hospital Stays (IHS) (denominator).
- Count of Observed 30-Day Readmissions (numerator).
- Count of Expected 30-Day Readmissions.

Measure population:

- Commercial and Medi-Cal members ages 18-64 as of January 1 of the MY
- Medicare members ages 18 and older as of January 1 of the MY.

Note: A lower rate indicates better performance.

This measure is based on a calculation and there are no codes associated.

PRENATAL AND POSTPARTUM CARE (PPC)

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

Measure population: Commercial and Medi-Cal 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
Standalone prenatal visits	99500	0500F, 0501F, 0502F,	H1000–H1004,	
Prenatal visits	99201–99205, 99211–99215,99241–99245, 99483		G0463, T1015	
Pregnancy diagnosis				Refer to the current ICD–10 manual for the appropriate pregnancy diagnosis codes.
Prenatal bundle services	59400, 59425, 59426, 59510, 59618		H1005	
Telephone visits	98966–98968, 99441–99443			
Online assessments (e-visits or virtual check-ins) with pregnancy-related diagnosis code	98969–98972, 99421–99423, 99444, 99458		G2010, G2012, G2061–G2063	

(continued)

- **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
Postpartum visits	57170, 58300, 59430, 99501	0503F	G0101	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Cervical cytology	88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175		G0123, G0124, G0141, G0143–G0148, P3000, P3001, Q0091	
Postpartum bundled services	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: Commercial, Medi-Cal and Medicare males ages 21–75 and females ages 40–75 as of December 31 of the MY.

(continued)

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

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.
- Medicare members ages 66 and older as of December 31 of the MY who were enrolled in I-SNP or living long term in an institution.
- 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.*

Measure population: Commercial, Medi-Cal and Medicare 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.
- Medicare members ages 66 and older as of December 31 of the MY who were enrolled in I-SNP or living long term in an institution.

(continued)

- 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.*

T

TRANSITIONS OF CARE (TRC)

The percentage of discharges for members who had each of the following:

Four rates reported:

- Notification of Inpatient Admission. Documentation of receipt of notification admission on the day of admission through two days after the admission (three total days).
- Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge through two days after the discharge (three total days).
- Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
- Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

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

(continued)

TRANSITIONS OF CARE (TRC) (continued)

Codes	CPT	Modifier	CPT-CAT-11	HCPCS
Outpatient visits	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
Telephone visits	98966–989688, 99441–99443			
Online assessment (e-visits or virtual check-ins)	98969–98972, 99421–99423, 99444, 99458			G2010, G2012, G2061–G2063
Telehealth modifier		95, GT		
Transitional care management services				99495, 99496
Medication reconciliation post-discharge	99483, 99495, 99496		1111F	

USE OF HIGH RISK MEDICATIONS IN ELDERLY (DAE)

The percentage of older adults inappropriately treated with high-risk medications from the same drug class (two or more dispensing events on different dates of service of the same drug or same drug class).

- Percentage of members with two or more dispensing events of high-risk medication from the same drug class.
- Percentage of members with two or more dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses.
- Total rate (the sum of the two numerators (duplicating members) above divided by the denominator).

Measure population: Medicare members ages 67 or older as of December 31 of the MY.

Note: A lower rate represents better performance.

Exclusion: Members who are in hospice or receiving palliative care.

Measure is based on a calculation of medication and number of dispensing events.

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: Commercial and Medi-Cal 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).

(continued)

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

Codes	CPT	ICD-10
Imaging study	72020, 72052, 72100, 72110, 72114, 72120, 72131–72133, 72141–72142, 72146–72149, 72156, 72158, 72200, 72202, 72220	
Uncomplicated low back pain		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.
- **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: Commercial and Medi-Cal children and adolescents ages 3–17 as of December 31 of the MY.

Codes	CPT	HCPCS	ICD-10
BMI percentile documentation			Z68.51–Z68.54
Nutrition counseling	97802–97804	G0270, G0271, G0447, S9449, S9452, S9470	Z71.3
Physical activity counseling		G0447, S9451	Z02.5, Z71.82
Outpatient	99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99429, 99455, 99456, 99483		
Telehealth visit	98966–98968, 99441–99443		
Online assessment (e-visits or virtual check-ins)	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: Commercial and Medi-Cal children who turn 15 or 30 months of age during the MY.

CPT	HCPCS	ICD-10
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: Commercial and Medi-Cal members ages 3–21 as of December 31 of the MY.

Codes	CPT	HCPCS	ICD-10
Well-care visit	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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20-846/BRO047818EH00 (12/20)