Quick Reference Guide

HEDIS® 2024

For more information, visit www.NCQA.org

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WHAT IS HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans.

NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, healthcare providers, and policy makers.

HOW ARE RATES CALCULATED?

HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan.

Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data.

Accurate and timely claim/encounter data (administrative) reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

WHAT ARE THE SCORES USED FOR?

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

Nebraska Total Care strives to enhance quality of care through a focus on preventative and screening services while promoting engagement with our members and utilize HEDIS scores to measure impact. HEDIS scores can also be utilized to evaluate your practice's preventive care efforts.

MEDICAL RECORDS

When administrative and hybrid data are not available, organizations may use other sources to collect data about their members and about delivery of health services to members. We review medical records to find this information. Medical records may be faxed or emailed securely to the health plan. To ease burden on the provider and staff and to capture these measures throughout the year, health plans may request remote access to your EMRs.

Health plans can also receive information via Electronic Data Exchange (EDS). EDS, also referred to as supplemental data, electronically captures additional clinical information about a member, beyond *administrative* claims, that are received by Nebraska Total Care.

PAY FOR PERFORMANCE (P4P)

P4P is an activity-based reimbursement, with an incentive payment based on achieving defined and measurable goals related to access, continuity of care, member satisfaction and clinical

outcomes. Based on program performance, you are eligible to earn compensation in addition to what you are paid through your Participating Provider Agreement.

HOW CAN I IMPROVE MY HEDIS SCORES?

- Submit claim/encounter data for each and every service rendered.
- Make sure that chart documentation reflects all services billed.
- Bill (or report by encounter submission) for all delivered services, regardless of contract status.
- Ensure that all claim/encounter data is submitted in an accurate and timely manner.
- Consider including CPT® CAT-II codes to provide additional details and reduce medical record requests.
  - CPT® CAT-II codes are supplemental tracking codes than can be used for performance measurement. Use of these codes will decrease the need for some record abstraction and chart review thereby minimizing administrative burdens on providers and other healthcare staff.
  - CPT® CAT-II codes ensure gaps in care are closed in a timelier manner.
  - Improve accuracy of gaps-in-care reporting.
  - More effectively monitor quality and service delivery within a provider's practice.
  - They capture data that ICD-10 codes and CPT® Category I codes do not – so important information related to health outcome measures is relayed more efficiently.

HEDIS and HIPAA

As a reminder, protected health information (PHI) that is used or disclosed for purposes of treatment, payment or health care operations is permitted by HIPAA Privacy Rules (45 CFR 164.506) and does not require consent or authorization from the member/members. The medical record review staff and/or vendor will have a signed HIPAA-compliant Business Associate Agreement.

Glossary of Terms

Numerator – The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care, treatment, or service.

Denominator – The number of members who qualify for the measure criteria, based on NCQA technical specifications.

Measurement year – In most cases, the 12-month timeframe between which a service was rendered; generally, January 1 through December 31.

Reporting year – The timeframe when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year.

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Administrative: Measures reported as administrative use the total eligible population for the denominator. Medical, pharmacy and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.

Hybrid: Measures reported as hybrid use a random sample of 411 members from a health plan's total eligible population for the denominator. The numerator includes medical and pharmacy claims, encounters, and medical record data. In some cases, health plans use auditor-approved supplemental data for the numerator.

Electronic Clinical Data Systems (ECDS): HEDIS quality measures reported using ECDS is a secure sharing of patient medical information electronically between systems. Measures that leverage clinical data captured routinely during the care delivery can reduce the burden on providers to collect data for quality reporting.

CAHPS Survey: On an annual basis, the Consumer Assessment of Health Plans Survey (CAHPS) is sent to a group of randomly selected members.

Updates to HEDIS Measures (*effective for calendar year 2024*)

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

Retired Measures:

Colorectal Cancer Screening (COL) – Only COL-E will be reported

Follow-up Care for Children Prescribed ADHD Medication (ADD) – Only ADD-E will be reported

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) – Only APM-E will be reported

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

Ambulatory Care (AMB)

Inpatient Utilization – General Hospital / Acute Care (IPU)

New Measures:

There are no new measures for HEDIS MY 2024

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For additional information or questions related to HEDIS, please contact the Quality Improvement Department:

Provider Services Hours: Monday through Friday, 7:00 a.m. – 8:00 p.m. CT

Provider Services Phone Number: 1-844-385-2192 (TTY: 711)

Quality Website: NebraskaTotalCare.com/providers/quality-improvement.html

Provider Services Website: NebraskaTotalCare.com/providers.html

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(AMM) Antidepressant Medication Management

Admin

Summary of Changes: Required Exclusion for Members who died during the Measurement Year.

Line of Business: Commercial, Medicaid and Medicare

The measure evaluates the percentage of members 18 years of age and older as of the IPSD, who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

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

Antidepressant Medications

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

*Subject to change.

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To Improve HEDIS Measure:

- Ensure members remain adherent to antidepressant medication treatment. Ongoing monitoring is critical to adherence.
- Schedule follow-up visits prior to the member leaving the office.
- Ask for or review the Care Gap List opportunities for Nebraska Total Care members.

(APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics

Admin

ECDS

Summary of Changes: Reported as an Electronic Clinical Data (ECDS) measure.

Line of Business: Commercial and Medicaid

Measure demonstrates the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year. Both of the following are needed to be compliant: Three rates are reported:

1. The percentage of children and adolescents on antipsychotics who received blood glucose testing.
2. The percentage of children and adolescents on antipsychotics who received cholesterol testing.
3. The percentage of children and adolescents on antipsychotics who received both blood glucose and cholesterol testing.

Antipsychotic Medications

Description	Prescription	Prescription
Miscellaneous Antipsychotic Agents	Aripiprazole Asenapine Brexpiprazole Cariprazine Clozapine Haloperidol Iloperidone Loxapine	Lurisadone Molindone Olanzapine Paliperidone Pimozide Quetiapine Risperidone Ziprasidone
Phenothiazine Antipsychotics	Chlorpromazine Fluphenazine Fluphenazine hydrochloride	Perphenazine Thioridazine Trifluoperazine
Thioxanthenes	Thiothixene	
Long-Acting Injections	Aripiprazole Aripiprazole lauroxil Fluphenazine decanoate Haloperidol decanoate	Olanzapine Paliperidone palmitate Risperidone

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Antipsychotic Combination Medications

Description	Prescription
Psychotherapeutic Combinations	Fluoxetine-olanzapine Perphenazine-amitriptyline

Prochlorperazine Medications

Description	Prescription
Phenothiazine Antipsychotics	Prochlorperazine

Test Types

Description	Codes*
HbA1C Tests	**CPT®|CAT-II:** 83036, 83037, 3044F, 3046F, 3051F, 3052F **LOINC:** 17855-8, 17856-6, 4548-4, 4549-2, 96595-4
Glucose Tests	**CPT®|CAT-II**: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **LOINC:** 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
LDL-C Tests	**CPT®|CAT-II**: 80061, 83700, 83701, 83704, 83721, 3048F, 3049F, 3050F **LOINC:** 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7
Cholesterol Test Other than LDL	**CPT®|CAT-II:** 82465, 83718, 83722, 84478 **LOINC:** 2085-9, 2093-3, 2571-8, 3043-7, 9830-1

*Codes subject to change.

To Improve HEDIS Measure:

- Individual tests to measure cholesterol and blood glucose levels can be done on the same or different dates of service.
- Any location or setting is acceptable for the lab tests.
- The use of CPT® Category II codes and supplemental data helps identify clinical outcomes such as HbA1c level. It can also reduce the need for some chart review.
- Go to **NebraskaTotalCare.com** for additional resources on care management for individuals with behavioral health problems.
- Ask for or review the Care Gap List opportunities for Nebraska Total Care members.

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

Admin

Summary of Changes: Added Residential Behavioral Health Treatment to value set.

Line of Business: Commercial and Medicaid

The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment (90 days prior to new prescription through 30 days after).

Antipsychotic Medications

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

*Subject to change. Not all inclusive; see current HEDIS tech specs for specific medications.

Antipsychotic Combination Medications

Description	Prescription*
Psychotherapeutic Combinations	Fluoxetine-olanzapine Perphenazine-amitriptyline

*Subject to change.

To Improve HEDIS Measure:

- Psychosocial care, which includes behavioral interventions, psychological therapies, and skills training, among others, is the recommended first-line treatment option for children and adolescents diagnosed with nonpsychotic conditions such as attention-deficit disorder and disruptive behaviors.
- When prescribed, antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.
- Periodically review the ongoing need for continued therapy with antipsychotic medications.
- Provide credible sources to address any fears and stigma surrounding treatment.
- Offer a culturally competent environment. Understanding a patient's culture and belief system can help distinguish what type of treatment they are seeking.

(COU) Risk of Continued Opioid Use

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

The percentage of members 18 years and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

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

NOTE:

- Data is captured utilizing pharmacy claims data for opioid medications filled.
- The age population starts for members 18 years and older as of November 1 of the year prior to the measurement year.
- Inverse measure, so lower rate indicates better performance.

Members in hospice are excluded.

Risk of Continued Opioid Use

Description	Codes*
Hospice Encounter (exclusion)	**HCPCS:** G9473-G9479, Q5004-Q5010, T2042-T2046, 99377, 99378, G0182
Palliative Care (exclusion)	**HCPCS:** G9054, M1017

*Codes subject to change

To Improve HEDIS Measure:

- Work with patients who are ready to cut down on use to develop a treatment plan.
- Assist patients with identifying alternative pain management methods to lower their risk of developing dependence on opioids.
- Review the Prescription Monitoring Program Registry before prescribing opioids.
- Use the lowest effective dose of opioids for the shortest period of time needed.
- Establish follow-up appointments to assess pain management.

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

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

The percentage of Emergency Department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of a drug overdose, which there was follow-up. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
2. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

A telephone visit, e-visit, or virtual check-in for principal diagnosis of AOD or dependence is acceptable.

Follow-up Visits

Description	Codes*
Visit Setting Unspecified	**CPT®:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846,90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252. 99253, 99254, 99255 90880,
Behavioral Outpatient	**CPT®:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Behavioral Health Assessment	**CPT®:** 99408, 99409 **HCPCS:** G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
7-day follow-up indicator	**CPT®:** 99496

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Description	Codes*
30-day follow-up indicator	CPT®: 99495
Telephone Visits	**CPT®:** 98966, 98967, 98968, 99441, 99442, 99443

*List is not all inclusive and codes subject to change

To Improve HEDIS Measure:

- A principal diagnosis of substance use disorder or any diagnosis of drug overdose must be used to meet follow-up criteria.
- Explain the importance of follow-up to your patients. Reach out to patients that do not keep initial follow-up appointments and reschedule them ASAP.
- A telehealth visit with a principal diagnosis of substance use disorder or drug overdose will meet criteria for a follow-up visit.
- If you are seeing the patient for multiple issues, the substance use disorder or drug overdose diagnosis must be listed as the principal diagnosis to meet compliance for this measure.
- Work with local hospital emergency departments to obtain data exchange reports on your patient's seen in the ER for better care coordination.
- If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit.

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(FUH) Follow-Up After Hospitalization for Mental Illness

Admin

Summary of Changes: No changes.

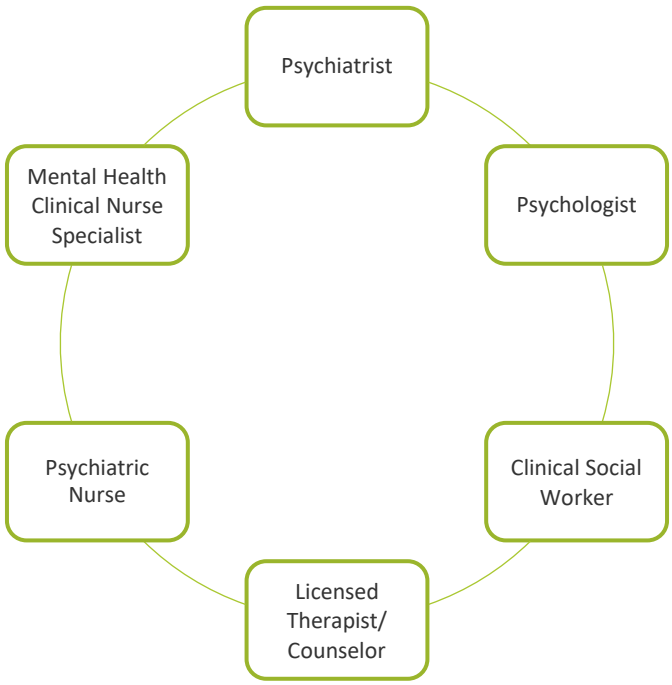
Line of Business: Commercial, Medicaid and Medicare

Measure evaluates percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit **with a mental health provider**. Two rates are reported:

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

Note: Visits that occur on the date of discharge will not count toward compliance. Telehealth visits with a behavioral health provider are acceptable to address the care opportunity.

Types of Mental Health/Behavioral Health Providers:



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Follow-up Visits

Description	Codes*
Behavioral Healthcare Setting	**UBREV:** 0513, 0900-0905, 0907, 0911-0917, 0919
BH Outpatient	**CPT®:** 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341, 99342,99344, 99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031,H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Outpatient POS	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Partial Hospitalization or Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, H2012, S0201, S9480, S9484, S9485
Psychiatric Collaborative Care Management	**CPT®:** 99492, 99493, 99494 **HCPCS:** G0512
Electroconvulsive Therapy	**CPT®:** 90870
Telehealth POS	**POS:** 02, 10
Telephone Visits	**CPT®:** 98966-98968, 99441-99443
Transitional Care Management Services	**CPT®:** 99495, 99496
Visit Setting Unspecified	**CPT®:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255

*Codes subject to change

To Improve HEDIS Measure:

- Visit must be with a mental health provider.
- Telehealth services, completed by a qualified mental health provider, do count for this HEDIS measure.
- Schedule a follow-up appointment for the patient before discharge.
- Ensure appropriate coding to capture services provided within the appropriate timeframe.
- Nebraska Total Care has resources to conquer common barriers for follow-up care for members including:
  - Transportation.
  - Interpreter needs.
  - Equipment needed for telehealth visit (cell phone, etc.).

- Refer hospitalized members to the Transitions of Care team who assist members with needed services upon discharge from the inpatient setting.

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

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

The percentage of acute inpatient hospitalizations, withdrawal management or residential treatment visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:

1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.
2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.

Follow-up Visits

Description	Codes*
Visit Setting Unspecified with Outpatient POS	**CPT®:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 **POS**: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Outpatient Visit for Substance Use Disorder	**CPT®:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255 **POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72

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Description	Codes*
BH Visit with Substance Use Disorder	**CPT®/CPT II:** 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510. **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0511 G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Telehealth Visits	**POS:** 02, 10

*Codes subject to change

To Improve HEDIS Measure:

- This visit can be with any practitioner.
- Visits may not occur on the same date of discharge.
- Visits must have a principal diagnosis of substance use disorder.
- The member is age 13 years and older as of the date of discharge, stay or event.
- Consider screening members for a personal or family history of substance use.
  - If substance abuse is identified, schedule appropriate treatment, and explain the importance of follow-up to your patients.
- Telehealth, e-visits and virtual check-ins can be used for both the 7- and 30-day follow-up visit.

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

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

The percentage of Emergency Department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

1. Percentage of ED visits for which the member received follow-up within 7 days after discharge (8 total days).
2. Percentage of ED visits for which the member received follow-up within 30 days after discharge (31 total days).

Follow-up Visits

Description	Codes*
Behavioral Health Outpatient Visits	**CPT®:** 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Partial Hospitalization/Intensive Outpatient Visits	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Partial Hospitalization with any Practitioner	**CPT®:** 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255
Electroconvulsive Therapy with any Practitioner Type	**CPT®:** 90870 **ICD CM:** GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ **POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Telehealth	**POS:** 02, 10

*Codes subject to change

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To Improve HEDIS Measure:

- Explain the importance of follow-up to your patients.
- Reach out to patients that do not keep initial follow-up appointments and reschedule them ASAP.
- A telehealth visit with a principal diagnosis of a mental health disorder or intentional self-harm will meet criteria for a follow-up visit.
- The follow-up can be with any type of provider to meet compliance. The principal diagnosis for the visit must be a mental health disorder or intentional self-harm.
- Collaborate with health plan case management on assisting with social determinants that may affect compliant follow-up visits.

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(HDO) Use of Opioids at High Dosage

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

Percentage of members ages 18 and older receiving prescription opioids at high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year.

- Treatment Period: Start data is the start date of the earliest dispensing event during the measurement year; End date is the last end date during the measurement year.
- MME: Morphine milligram equivalent. The dose of oral morphine that is the analgesic equivalent of a given dose of another opioid analgesic.
  - Opioid Dosage Unit: Opioid Quantity dispenses / Opioid Days supply.
  - A daily dose is calculated using the units per day, strength and the MME conversion factor (different for each drug).
  - A total sum of daily doses is calculated in order for an average daily dose to finally be calculated, representing all opioids dispensed to the member.
  - Average MME: Average MME for all opioids dispensed during the treatment period.

Opioid Medications

Opioid Medications	Opioid Medications	Opioid Medications
Benzhydrocodone	Fentanyl nasal spray	Opium
Butorphanol	Hydrocodone	Oxycodone
Codeine	Hydromorphone	Oxymorphone
Dihydrocodeine	Levorphanol	Pentazocine
Fentanyl oral spray	Meperidine	Tapentadol
Fentanyl buccal or sublingual tablet, transmucosal lozenge	Methadone	Tramadol
Fentanyl transdermal film/patch	Morphine	

To Improve HEDIS Measure:

- Information to help you stay informed about the latest opioid research and guidelines is also available at cdc.gov, hhs.gov or the NE Health and Human Services.
- Use the lowest dosage of opioids in the shortest length of time possible.
- Review the member's history of controlled substance prescriptions using the state prescription drug monitoring program data.

- Evaluate benefits and potential negative side effects with patients within 1–4 weeks of starting opioid therapy for chronic pain or dose escalation. Schedule a follow-up appointment before they leave the office.
- HDO is calculated as an inverse measure therefore a lower rate is desirable. A member “passes” the measure when the average daily dose of MME is < 90.

(IET) Initiation and Engagement of Substance Abuse Disorder Treatment

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement of members 13 years and older.

Initiation of SUD Treatment: The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.

Engagement of SUD Treatment: The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Follow-up Visits

Description	Codes*
Initiation and Engagement Treatment	**CPT®/CPT II:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99281-99285, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99492-99494, 99510, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 9238, 99239, 99252-99255 **HCPCS:** G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, G0512 G2086-G2087 G2067-G2077 G2080, H0001, H0002, H0004, H0005, H0007, H008, H009, H0011-H0014, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H0050, H2000, H2001, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 **POS:** 02, 10
Telephone Visits	**CPT®/CPT II:** 98966, 98968, 99441-99443

*Codes subject to change

To Improve HEDIS Measure:

- For the follow-up treatments, include an ICD-10 diagnosis for SUD, along with a procedure code for the preventive service, evaluation and management consultation or counseling service.
- Initiation of SUD treatment must take place within 14 days of the episode date.

- Claims must include the visit code, original episode diagnosis and, when applicable, a place of service code.
- Discuss the importance of timely, recommended follow-up visits with patients.
- Use the same diagnosis for substance use at each follow-up.
- Reach out to members who cancel appointments as soon as possible and assist them with rescheduling them.

Quick Reference Guide

(POD) Pharmacotherapy for Opioid Use Disorder

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members 16 years of age and older with a diagnosis of OUD.

Opioid Use Disorder Treatment Medications

Description	Medications
Antagonist	Naltrexone (oral or injectable)
Partial Agonist	Buprenorphine (sublingual tablet, injection, implant)
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
Agonist	Methadone (oral) is only acceptable when billed on a medical claim. A pharmacy claim would be indicative of treatment for pain rather than OUD.

To Improve HEDIS Measure:

To promote compliance and encourage treatment for a minimum of 180 days.

- Members can have multiple treatment period for a minimum of 180 days:
- Patients with OUD should be informed of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment.
- Identify and address any barriers to member:
  - Keeping appointments.
  - Timely medication refills.
- Provide reminder calls to confirm appointment.
- Utilize member benefits from health plan, such as transportation or cell phones for telehealth visits.
- Provide timely submission of claims.

Quick Reference Guide

(SAA) Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid, Medicare

Percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of the treatment period.

Antipsychotic Medications

Drug Category	Medications	Medications
Miscellaneous antipsychotic agents (oral)	Aripiprazole Asenapine Brexpiprazole Cariprazine Clozapine Haloperidol Iloperidone Loxapine	Lumateperone Lurisadone Molindone Olanzapine Paliperidone Quetiapine Risperidone Ziprasidone
Phenothiazine antipsychotics (oral)	Chlorpromazine Fluphenazine Perphenazine	Prochlorperazine Thioridazine Trifluoperazine
Psychotherapeutic combinations (oral)	Amitriptyline-perphenazine	
Thioxanthenes (oral)	Thiothixene	
Long-acting injections 30-day supply	Risperidone (Perseris)	
Long-acting injections 28-day supply	Aripiprazole Aripipzole lauoxil Fluphenazine decanoate	Haloperidol decanoate Olanzapine Paliperidone palmitate
Long-acting injections 14-day supply	Risperidone (excluding Perseris)	

To Improve HEDIS Measure:

- Outreach directly to members who were recently prescribed antipsychotics or who have refills that are past due to confirm that they are taking their medications.
- Offer tips to patients, such as:
  - Taking medication at the same time each day,

  - Use a pill box,
  - Encourage patients to enroll in auto refill programs at their pharmacy,
  - Discuss potential side effects and encourage member to contact provider and not stop usage.
- Avoid giving samples; only prescriptions with a pharmacy claim are utilized to measure adherence.
- Assess if long-acting injectable is appropriate.

Quick Reference Guide

(SMD) Diabetes Monitoring for People with Diabetes and Schizophrenia

Admin

Summary of Changes: No changes.

Line of Business: Medicaid Only

Percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1C test during the measurement year.

Member must have both tests to be compliant with the measure. The organization may use a calculated or direct LDL.

Diabetes Testing Codes

Description	CPT®	CPT® | CAT-II	LOINC
HbA1c Test	83036, 83037	3044F, 3046F, 3051F, 3052F	17855-8, 17856-6, 4548-4, 4549-2, 96595-4
LDL-C Test	80061,83700, 83701,83704, 83721	3048F, 3049F, 3050F	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7

To Improve HEDIS Measure:

- Member must have both tests to meet this measure. Use appropriate documentation and correct coding.
- Teach the patient the need for follow-up appointments to empower shared decision-making between the provider and the patient.
- Ensure quality communication between behavioral and primary care providers in the coordination of care.
- Schedule an annual A1C and LDL-C test.
- Maintain appointment availability for patients with immediate concern.
- Outreach to patients that cancel appointments and reschedule as soon as possible.
- Collaborate with health plan case management on assisting with social determinant needs.

Quick Reference Guide

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

Admin

Summary of Changes: No changes.

Line of Business: Medicaid Only

Percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

Diabetes Screening

Description	CPT®	CPT® | CAT-II	LOINC
HbA1c Test	83036, 83037	3044F, 3046F, 3051F, 3052F	17855-8, 17856-6, 4548-4, 4549-2, 96595-4
Glucose Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951		10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7

*Codes subject to change.

To Improve HEDIS Measure:

- **Use appropriate documentation and correct coding.**
- Teach the patient the need for follow-up appointments to empower shared decision-making between the provider and the patient.
- Ensure quality communication between behavioral and primary healthcare providers in the coordination of care.
- Maintain appointment availability for patients.
- Outreach to patients that cancel appointments and reschedule as soon as possible.
- Collaborate with health plan case management on assisting with social determinants.
- Schedule an annual glucose or A1c test.

Quick Reference Guide

(UOP) Use of Opioids from Multiple Providers

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

The proportion of members 18 years and older, receiving prescription opioids for ≥ 15 days during the measurement year, who received opioids from multiple providers. Three rates are reported:
Three rates are reported:

- **Multiple Prescribers**. The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
- **Multiple Pharmacies.** The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
- **Multiple Prescribers and Multiple Pharmacies.** The proportion of members receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).

Note: A lower rate indicates better performance for all three rates.

Opioid Medications

Opioid Medications	Opioid Medications
Benzhydrocodone Buprenorphine transdermal patch Buprenorphine buccal film Butorphanol Codeine Dihydrocodeine Fentanyl Hydrocodone Hydromorphone Levorphanol	Meperidine Methadone Morphine Opium Oxycodone Oxymorphone Pentazocine Tapentadol Tramadol

*Subject to change

To Improve HEDIS Measure:

- Information to help you stay informed about the latest opioid research and guidelines is also available at cdc.gov, hhs.gov or the Nebraska public health department website.
- Utilize the prescription drug monitoring program (PMP).

- Consider creating a patient/provider opioid/pain contract regarding agreement that patient utilizes only one prescriber and one pharmacy.
- Assist patient with identifying alternative pain management methods to lower their risk of developing opioid dependence.

Quick Reference Guide

(CBP) Controlling High Blood Pressure

Summary of Changes: Updated code description table.

Line of Business: Commercial, Medicaid and Medicare

Admin/ Hybrid

Measure evaluates the percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.

Note: The blood pressure reading must be taken during an outpatient visit, telephone visit, e-visit or virtual check in, a non-acute inpatient encounter, or remote monitoring event. Measurement taken by the member using a non-digital device such as with a manual blood pressure cuff and stethoscope are not acceptable.

Controlling High Blood Pressure

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

*Codes subject to change.

To Improve HEDIS Measure:

- BP reading must be the last performed within the measurement year.
- BP readings reported by and taken by a member are acceptable, apart from a non-digital manual device.
- If a member's initial BP reading is elevated at the start of a visit, you can take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading.
- The use of CPT® Category II codes help to identify clinical outcomes such as systolic and diastolic BP readings. It can also reduce the need for some chart review.
- The measure looks at the lowest systolic and the lowest diastolic reading. If the initial BP is > 139/89, retake it and record each reading in the medical record.

Quick Reference Guide

(CRE) Cardiac Rehabilitation

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

Measure evaluates percentage of members 18 and older, who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement following a qualifying cardiac event between July 1 of year prior to measurement year and June 30 of measurement year.

Four rates are reported:

- **Initiation**: percentage of members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
- **Engagement 1**: percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after qualifying event.
- **Engagement 2:** percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after qualifying event.
- **Achievement**: percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after qualifying event.

Cardiac Rehabilitation

Description	Codes
Cardiac Rehabilitation	**CPT®:** 93797, 93798 **HCPCS:** G0422, G0423, S9472

*Codes subject to change.

To Improve HEDIS Measure:

- Transportation (non-emergency) may be available for rides to the member's rehabilitation sessions.

(SPC) Statin Therapy for Patients with Cardiovascular Disease

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

Percentage of males ages 21–75 and females ages 40–75 during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

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

Note: The treatment period is defined as the earliest prescription dispensing date in the measurement year for any statin medication of at least moderate intensity through the last day of the measurement year.

Statin Therapy Medications

Drug Category	Medications
High-Intensity Statin Therapy	Amlodipine-Atorvastatin 40–80 mg Atorvastatin 40–80 mg Ezetimibe-simvastatin 80 mg Rosuvastatin 20–40 mg Simvastatin 80 mg
Moderate-Intensity Statin Therapy	Amlodipine-atorvastatin 10–20 mg Atorvastatin 10–20 mg Ezetimibe-simvastatin 20–40 mg Fluvastatin 40-80 mg Pitavastatin 1–4 mg Pravastatin 40–80 mg Rosuvastatin 5–10 mg Simvastatin 20–40 mg Lovastatin 40 mg

*Subject to change.

Quick Reference Guide

To Improve HEDIS Measure:

- Encourage patients to enroll in auto-refill programs at their pharmacy.
- Avoid giving samples; only prescriptions with a pharmacy claim are utilized to measure adherence.
- Offer tips to patients such as:
  - Taking medication at the same time each day,
  - Use a pill box,
  - Discuss potential side effects and encourage member to contact provider and not stop usage.

Quick Reference Guide

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

Admin

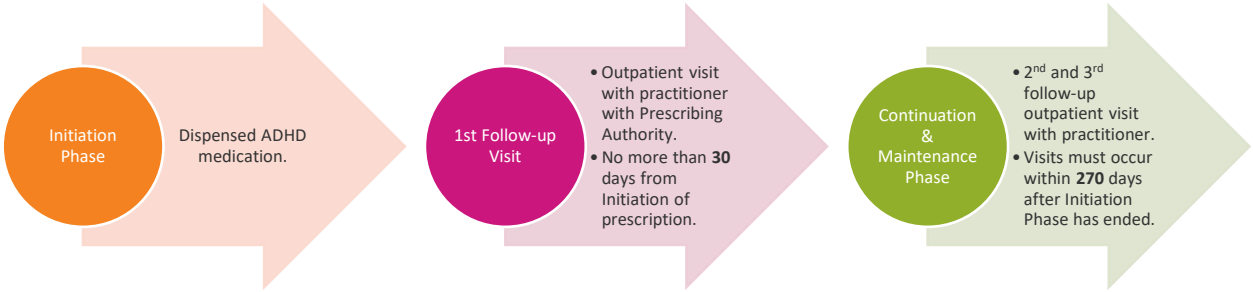
ECDS

Summary of Changes: Reported as an Electronic Clinical Data Systems (ECDS).

Line of Business: Commercial and Medicaid

The percentage of children ages 6–12 newly prescribed an ADHD medication that had **at least three** follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. The visit should be with a practitioner with prescribing authority. Two rates are reported:

- **Initiation Phase:**
  - A follow-up visit with the prescribing practitioner must be within 30 days after the date the ADHD medication was newly prescribed.
- **Continuation and Maintenance (C&M) Phase:**
  - Members 6–12 years of age who remained on the dispensed ADHD medication for at least 210 days and in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days after the Initiation Phase ended.
    - One of the two visits may be an e-visit or virtual check in with the prescribing practitioner.



To Improve HEDIS Measure:

- Prescribe only one month of medication to ensure member returns to office within 30 days.
- Consider scheduling all three follow-up appointments prior to leaving the office:
  - Within 30 days of the new prescription.
  - Three months.
  - Six to nine months.

- Educate the child and caretakers about the need to reevaluate whether the medications are working as intended after 2–3 weeks, and to regularly monitor the effects afterward.
- Submit the correct CPT® codes.
- Utilize telehealth as on option for improving compliance.
- Only one Continuation Phase visit can be an e-visit or virtual check in.
- Utilize the ADHD Appointment Card from Nebraska Total Care:
  - List of common side effects to monitor.
  - Behavior checklist (ADHD Parent Screen).
  - Most recent school update.

Quick Reference Guide

(CIS) Childhood Immunization Status

Admin/ Hybrid

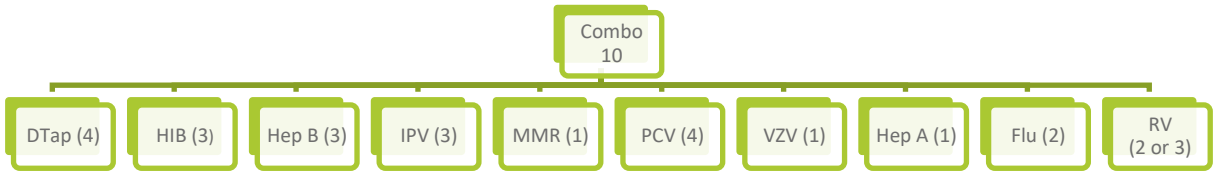
ECDS

Summary of Changes: CDC's Catch-Up Immunization Schedule.

Line of Business: Commercial and Medicaid

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

NOTE: If the child is 2 years and 1 day old, services will not count towards HEDIS scores. Parental refusal is not a valid exclusion. If the member has history of anaphylactic reaction due to vaccination, the appropriate codes should be used to account for this.



To Improve HEDIS Measure:

- Check compliance with immunizations and lead screening at 18-month well-child visit (not 2 years old).
- Schedule a visit to "catch up" on immunizations and lead screenings.
- Encourage and offer flu shots during the months of September through April.
- Complete overdue immunizations at sick visits as medically appropriate.
- If history of anaphylaxis to an immunization/immunization, submit appropriate codes.
- When documenting the rotavirus vaccine, always include "Rotarix®" or "two-dose," or "RotaTeq®" or "three-dose" with the date of administration.
  - If medical record documentation doesn't indicate whether the two-dose schedule or three-dose schedule was used, it is assumed that the three-dose regimen was used.
- For parents hesitant to give all vaccines on schedule, remind them that the schedule is timed when it works best with a child's immune system.

Quick Reference Guide

(IMA) Immunizations for Adolescents

Admin/ Hybrid

ECDS

Summary of Changes: CDC's Catch-Up Immunization Scheduled.

Line of Business: Commercial and Medicaid

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

Meningococcal
1 dose on or between 11th & 13th birthday

→

Tdap
1 dose on or between 10th & 13th birthday

→

HPV
2–3 doses* between 9th & 13th birthdays

**HPV: Either of the following meet the criteria:*

- *At least two HPV vaccines, on or before the member's 9th and 13th birthdays and with dates of service at least 146 days apart.*
- *At least three HPV vaccines, with different dates of services on or before a member's 9th and 13th birthdays.*

To Improve HEDIS Measure:

- Documentation that a member is up to date with all immunizations but doesn't include a list of the immunizations and dates they were administered, will NOT meet compliance.
- Parental refusal of vaccinations will not remove an eligible member from the denominator.
- Overdue immunizations can be administered at sick visits (as medically appropriate).
- When discussing vaccines with members and their parents:
  - Recommend the HPV vaccine in the same way and at the same visits as the Tdap and meningococcal vaccine.
  - Start recommending HPV vaccination at the age 9 well visit to both males and females. The immune response at ages 9-10 is the most robust.
  - Train all staff about the HPV vaccination, including front office staff.
- Vaccination information is available for members on the Nebraska Total Care website in the **Krames Health Library**. This can be printed off and provided to parents/guardians.
- If history of anaphylaxis to an immunization/immunization, submit appropriate codes.
- Ask for or review the Care Gap List opportunities for Nebraska Total Care members.

Quick Reference Guide

(LSC) Lead Screening in Children

Summary of Changes: No changes.

Line of Business: Medicaid Only

Admin/ Hybrid

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

Lead Testing

Description	Codes
CPT® | CAT-II	83655
LOINC	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7

*Codes subject to change.

To Improve HEDIS Measure:

- Lead screening must be performed on or before the child's 2nd birthday to be compliant.
- Medical Record documentation must have a note with the date of the test performed and the result or findings.
- A lead risk assessment does not satisfy the venous blood lead requirement for Medicaid members, regardless of the risk score.
  - EPSDT: Blood lead testing is required at 12 months and 24 months for all Medicaid-eligible children regardless of the responses to the questions in the lead screening assessment.
- Educate parents about the major sources of lead and poisoning prevention.
- Conduct necessary follow-up and explain to parents why follow-up is needed.
- Additional resources on lead screening can be found on the Nebraska Total Care website.

Quick Reference Guide

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

Admin/ Hybrid

Summary of Changes: No changes.

Line of Business: Commercial and Medicaid

This measure demonstrates the percentage of members ages 3–17 who had an outpatient visit with a primary care provider or OB-GYN and had evidence of the following during the measurement year:

- Body mass index (BMI) percentile.
- Counseling for nutrition.
- Counseling for physical activity.

Note: Services rendered for obesity or eating disorders will meet criteria for the counseling for nutrition and counseling for physical activity indicators.

Weight Assessment and Counseling

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

*Codes subject to change.

To Improve HEDIS Measure:

- Make sports/day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to provide education on physical activity and nutrition and BMI percentile calculations.
- Documentation must include height, weight and BMI percentile documented in the medical record or plotted on a BMI age-growth chart.
- Handouts given during a visit ***without evidence of a discussion*** does not meet the criteria for health education/anticipatory guidance.
- Schedule the next annual exam prior to leaving the office.
- Use of appropriate codes may close the gap in care.

Quick Reference Guide

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

Summary of Changes: Added lab exclusion for which lab claims should not be used.

Admin

Line of Business: Commercial and Medicaid

Measure evaluates percentage of members who had the following number of well-child visits with a PCP. The following rates are reported:

- Well-child visits in the first 15 months (children who turn 15 months in the measurement year).
  - Six or more well-child visits.
- Well-child visits age 15–30 months (children who turn 30 months in the measurement year).
  - Two or more well-child visits.

Components of a comprehensive well-child visit include:

- A health history.
- A physical developmental history.
- A mental developmental history.
- A physical exam.
- Health education/anticipatory guidance.

Visits must be with a PCP and assessment or treatment that are specific to an acute or chronic condition do not count towards the measure. Be sure to use age-appropriate codes.

Well-Care Visits

CPT®|CAT-II	HCPCS	ICD-10
99381-99385, 99391-99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.2

*Codes subject to change.

Quick Reference Guide

To Improve HEDIS Measure:

- Ensure documentation includes all appropriate screening requirements.
- This measure is based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health). Reference the **American Academy/Bright Futures** site for additional guidance on appropriate documentation.
- Appropriate coding for the member's age will ensure the visit is captured through claims.
- Check immunization records at every visit to ensure shots are up to date for children on or before their 2nd birthday.
- Handouts are acceptable *only* if there is evidence of discussion.
- Ask for or review the Care Gap List opportunities for Nebraska Total Care members.

Quick Reference Guide

(WCV) Child and Adolescent Well-Care Visits

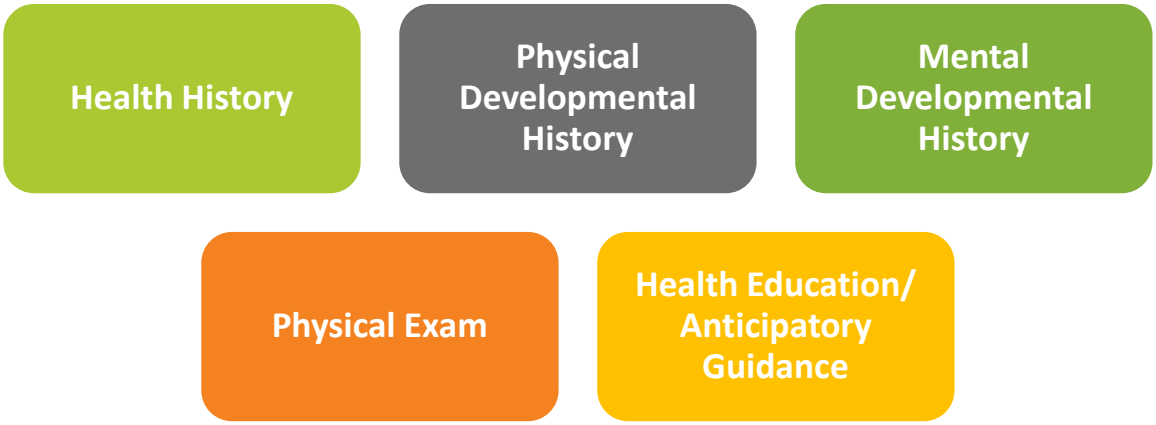
Summary of Changes: No major changes to measure.

Admin

Line of Business: Commercial and Medicaid

The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or OB-GYN practitioner during the measurement year.

Components of a comprehensive well-care visit include:



Well-Care Visits

CPT® | CAT-II	HCPCS	ICD-10
99381-99385, 99391-99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1 Z76.2

To Improve HEDIS Measure:

- A PCP must complete well-child visit but it doesn't has to be the assigned PCP.
- Make sports/day care physicals into well-care visits by performing the required services and submitting appropriate codes.
- Handouts given during a visit without evidence of discussion does not meet the criteria for health education/anticipatory guidance.
- This measure is based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health.) Visit the **American Academy/Bright Futures** site for more information about well-child visits.

Quick Reference Guide

- During every visit, it is important to discuss weight and BMI, current nutrition patterns and the importance of physical activity.
- Ask for or review the Care Gap List opportunities for Nebraska Total Care members.

Quick Reference Guide

(BPD) Blood Pressure Control for Patients with Diabetes

Admin/ Hybrid

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

Measure evaluates percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement year. Note:

- The last blood pressure reading of the measurement year is the one utilized in the measure.

Blood Pressure Screening

Description	Codes
Diastolic Less Than 80	CPT®|CAT-II: 3078F
Diastolic 80–89	CPT®|CAT-II: 3079F
Diastolic Greater Than/Equal To 90	CPT®|CAT-II: 3080F
Systolic Less Than 140	**CPT®|CAT-II:** 3074F, 3075F
Systolic Greater Than/Equal 140	CPT®|CAT-II: 3077F

*Codes subject to change.

To Improve HEDIS Measure:

- If a member's initial BP reading is elevated at the start of a visit, you can take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading. **Retake the member's BP after they've had time to rest**.
- Engage Care Management to manage high-risk members and coordinate care.
- The use of CPT® Category II (CPT®|CAT-II) codes helps identify clinical outcomes such as diastolic and systolic readings. It can also reduce the need for some chart review.
- Ask for or review the Care Gap List opportunities for Nebraska Total Care members.

(EED) Eye Exam for Patients with Diabetes

Admin/ Hybrid

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

Measure evaluates percentage of members 18–75 years of age with diabetes (Type 1 and Type 2) who had a retinal eye exam.

At a minimum, documentation in the medical record must include one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A negative retinal or dilated exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year.
- A chart or photograph indicating the date when fundus photography was performed AND one of the following:
  - Evidence an eye care professional (optometrist/ophthalmologist) reviewed the results.
  - Evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.
- Evidence results were read by a system that provides an artificial intelligence (AI) interpretation.
  - Evidence that the member had bilateral eye enucleation or acquired absence of both eyes. Look as far back as possible in the member's history through December 31 of the measurement year.
  - Documentation of a negative retinal or dilated exam by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year, where results indicate retinopathy was not present (e.g., documentation of normal findings).
  - Documentation does not have to state specifically "no diabetic retinopathy" to be considered negative for retinopathy; however, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional and that retinopathy was not present. Notation limited to a statement that indicates "diabetes without complications" or "unknown" does not meet criteria.

Quick Reference Guide

Eye Examinations

Description	Codes
Diabetic Retinal Screening with Evidence of Retinopathy	**CPT®|CAT-II:** 2022F, 2024F, 2026F
Diabetic Retinal Screening without Evidence of Retinopathy	**CPT®|CAT-II:** 2023F, 2025F, 2033F
Unilateral Eye Enucleation with a Bilateral Modifier	**CPT®|CAT-II:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Automated Eye Exam	CPT® Modifier: 50

*Codes subject to change.

To Improve HEDIS Measure:

- Ensure members are aware of potential rewards and transportation assistance.
- Engage Care Management to manage high-risk members and coordinate care.
- If no Retinopathy, then an eye exam should be completed every 2 years. If member has Retinopathy, an eye exam should be performed yearly.

Quick Reference Guide

(GSD) Glycemic Status Assessment for Patients with Diabetes

Admin/ Hybrid

Summary of Changes: The former Hemoglobin A1c Control for Patients with Diabetes (HBD) has been revised to Glycemic Status Assessment for Patients with Diabetes (GSD)

Line of Business: Commercial, Medicaid and Medicare

Measure evaluates percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent glycemic status (hemoglobin A1c or glucose management indicator (GMI)) was at the following levels during the measurement year:

- Glycemic Status (< 8.0).
- GMI results collected by the member and documented in the member's medical record, which must include documentation of the continuous glucose monitoring data date range used to obtain the value.

Note: If multiple HbA1c tests were performed in the measurement year, the result from the last test is utilized.

Diabetes Testing

Description	Codes
HbA1c Level Less Than 7.0%	CPT®/CPT®|CAT-II: 3044F
HbA1c Level Greater Than or Equal to 7.0% and Less Than 8.0%	CPT®/CPT®|CAT-II: 3051F
HbA1c ≥ 8.0% and ≤ 9.0%	CPT®/CPT II: 3052F

*Codes subject to change.

To Improve HEDIS Measure:

- Always list the date of service, result, and test together. If test result(s) are documented in the vitals section of your progress notes, please include the date of the blood draw with the result.
- The use of CPT® Category II codes help identify clinical outcomes such as HbA1c level. It can also reduce the need for some chart review.
- There are resources for obtaining in-home A1c test kits for members that qualify and can be found on our website or by calling Nebraska Total Care.
- Clinics can reduce need for chart review by submitting CPT® Category II codes via supplemental data files.

- Engage Care Management to manage high-risk members and coordinate care.
- Ask for or review the Care Gap List opportunities for Nebraska Total Care members.

Quick Reference Guide

(KED) Kidney Health Evaluation for Patients with Diabetes

Admin

Summary of Changes: Removed exclusion for member who did not have a diagnosis of diabetes. Added a lab claim exclusion for which lab claims should not be used.

Line of Business: Commercial, Medicaid and Medicare

The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) **and** a urine albumin-creatinine ratio (uACR), during the measurement year.

Note: Members who received **both** of the following during the measurement year on the same or different dates of service:

- At least one eGFR.
- At least one uACR identified by **both** a quantitative urine albumin test and a urine creatinine test **with** service dates four or less days apart.

Kidney Health Evaluation

Description	Codes
Estimated Glomerular Filtration Rate (eGFR)	**CPT®|CAT-II:** 80047, 80048, 80050, 80053, 80069, 82565 **LOINC:** 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 98979-8, 98980-6
Quantitative Urine Albumin Lab Test	CPT®|CAT-II: 82043 **LOINC:** 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7
Urine Creatinine Lab Test	CPT®|CAT-II: 82570 **LOINC:** 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
Urine Albumin Creatinine Ratio Test (uACR)	**LOINC:** 13705-9,14958-3, 14959-1, 30000-4, 32294-1, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7

*Codes subject to change.

To Improve HEDIS Measure:

- This is an administrative-only measure, so medical record submission is not acceptable.
- Submit claims and encounter data to indicate appropriate testing was completed.
- Educate members on the importance of completing annual labs.
- Ask for or review the Care Gap List opportunities for Nebraska Total Care members.

Quick Reference Guide

(SPD) Statin Therapy for Patients with Diabetes

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

Percentage of members ages 40–75 during the measurement year 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 measurement year.
- **Statin adherence 80 percent:** Members who remained on a statin medication of any intensity for at least 80 percent of the treatment period.

Note: The treatment period is defined as the earliest prescription dispensing date in the measurement year for any statin medication of any intensity through the last day of the measurement year.

Statin Therapy Medications

Drug Category	Medications	Medications
High-Intensity Statin Therapy	Amlodipine-atorvastatin 40–80 mg Atorvastatin 40–80 mg Ezetimibe-simvastatin 80 mg	Rosuvastatin 20–40 mg Simvastatin 80 mg
Moderate-Intensity Statin Therapy	Amlodipine-atorvastatin 10–20 mg Atorvastatin 10–20 mg Ezetimibe-simvastatin 20–40 mg Fluvastatin 40–80 mg Lovastatin 40 mg	Pitavastatin 1–4 mg Pravastatin 40–80 mg Rosuvastatin 5–10 mg Simvastatin 20–40 mg
Low-Intensity Statin Therapy	Ezetimibe-simvastatin 10mg Fluvastatin 20 mg Lovastatin 10–20 mg	Pravastatin 10–20 mg Simvastatin 5–10 mg

To Improve HEDIS Measure:

- Encourage patients to enroll in auto-refill programs at their pharmacy.
- Avoid giving samples; only prescriptions with a pharmacy claim are utilized to measure adherence.
- Offer tips to patients such as taking medication at the same time each day, using a pill box, etc.
- Discuss potential side effects and encourage member to contact provider and not stop usage.

- Educate patients that people with diabetes are two to four times more likely to develop heart disease or stroke. Statins can reduce the chance of developing these risks.

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

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

- **Medicaid and Medicare** members who had an ambulatory or preventive care visit during the measurement year,
- **Commercial** members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

Proper coding is critical to ensure accurate reporting of the measure, and it may decrease the need for medical record reviews.

Ambulatory Visits

Description	Codes*
CPT®	99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99483, 92002, 92004, 92012, 92014, 98966-98972, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99421-99423, 99441-99443, 99457, 99458, 98980, 98981
ICD-10-CM	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1 Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
HCPCS	G0071, G2010, G2012, G2250-G2252, G0402, G0438, G0439, G0463, T1015, S0620, S0621

*Codes subject to change.

To Improve HEDIS Measure:

- Appropriate coding will ensure the preventative visit is captured through claims submission.
- Contact patients to schedule appointments who have not completed annual preventative visit during the calendar year.
- Ask for or review the Care Gap List opportunities for Nebraska Total Care members.

Quick Reference Guide

(ACP) Advance Care Planning

Admin

Summary of Changes: No changes.

Line of Business: Medicare Only.

The percentage of adults 66–80 years of age with advanced illness. They must have a frailty indicator or must be receiving palliative care. Also, those adults who are 81 years of age and older who had advance care planning during the measurement year.

Dementia Medications

Description	Prescription
Cholinesterase inhibitors	Donepezil Galantamine Rivastigmine
Miscellaneous central nervous system agents	Memantine
Dementia combinations	Donepezil-memantine

*Subject to change.

Advance Care Planning

Description	Codes
CPT®	99483, 99497
CPT®|CAT-II	1123F, 1124F, 1157F, 1158F
HCPCS	S0257
ICD-10 CM	Z66

*Subject to change.

To Improve HEDIS Measure:

- Discussion or documentation about members resuscitation, life sustaining treatment and end of life preferences.
- Hospice or using hospice services is a required exclusion.

Quick Reference Guide

(COA) Care for Older Adults

Summary of Changes: No changes.

Admin

Line of Business: Medicare Only

The percentage of adults 66 years and older who had each of the following during the measurement year:

- Medication review
- Functional status assessment
- Pain assessment

Documentation:

- Medication review – A review of all member's medications, including prescription medications, over-the-counter medications, and herbal or supplemental therapies.
- Functional status assessment – Documentation: must include evidence of a complete functional status assessment to include a notation that Activities of Daily Living (ADL) were assessed, cognitive status, sensory ability, and other functional independence.
- Pain assessment – Documentation: must include an assessment for pain (which may include positive or negative findings) or the result of an assessment using a standardized tool, and the date the assessment was completed.

Proper coding is critical to ensure accurate reporting of these measures, and it may also decrease the need for medical record reviews.

Care for Older Adults

Description	Codes*
Medication Review Would need both CPT-CAT-II codes: (1159F Medication List) & (1160F Medication Review) to meet compliancy	**CPT®:** 90863, 99483, 99605, 99606 **CPT®|CAT-II:** 1159F, 1160F **HCPCS**: G8427
Functional Status Assessment	**CPT®:** 99483 CPT®|CAT-II: 1170F **HCPCS:** G0438, G0439
Pain Assessment	**CPT®|CAT-II:** 1125F, 1126F
Transitional Care Management (7 day) Transitional Care Management (14 day)	**CPT®:** 99495 **CPT®:** 99496

*Codes subject to change

Quick Reference Guide

To Improve HEDIS Measure:

- Ensure the medical record is documented appropriately to report the measures.
- The Medication Review measures requires the medications are listed in the chart plus the review.
- Place an alert within EMR to contact patients as a reminder for upcoming appointment.
- Ask for or review the Care Gap List opportunities for Nebraska Total Care Members.

Quick Reference Guide

(COL) Colorectal Screening

Admin

ECDS

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.

Proper coding is critical to ensure accurate reporting of these measures, and it may also decrease the need for medical record reviews.

Colorectal Cancer Screening

Description	Codes*
Colonoscopy Should be completed between 1/1/2015 – 12/31/2024	**CPT®:** 44388-44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 **HCPCS**: G0105, G0121
CT Colonography Should be completed between 1/1/2020 – 12/31/2024	**CPT®:** 74261, 74262, 74263 **LOINC:** 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3
Stool DNA (sDNA) with FIT Test Should be completed between 1/1/2022 – 12/31/2024	**CPT®:** 81528 **LOINC:** 77353-1, 77354-9
Flexible Sigmoidoscopy Should be completed between 1/1/2020 – 12/31/2024	**CPT®:** 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 **HCPCS:** G0104
FOBT (Fecal Occult Blood Test) Should be completed between 1/1/2024 – 12/31/2024	**CPT®:** 82270, 82274 **HCPCS:** G0328 **LOINC:** 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6
Exclusion: Colorectal Cancer	**ICD-10 CM**: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Exclusion: Total Colectomy	**CPT®**: 44150-44153, 44155-44158, 44210-44212 **ICD-10 CM**: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ,0DTE8ZZ

*Codes subject to change

Quick Reference Guide

To Improve HEDIS Measure:

- FOBT tests performed in an office or performed on a sample collected via a digital rectal exam (DRE) do not meet criteria.
- Place standing orders for office staff to dispense FOBT or Stool DNA (sDNA) with FIT kits to patients needing colorectal screening.
- Reassure the patient who is resistant to having a colonoscopy to perform an at-home stool test (either GFOBT or IFOBT).
- Follow-up with patients to complete the at-home kit and return the specimen for lab results.
- Update the patient chart yearly indicating colorectal cancer screening (indicate test performed and the date of lab results).
- Document the patient ileostomies, which entails colon removal and patients with a history of colon cancer.

Quick Reference Guide

(TRC) Transitions of Care

Summary of Changes: No changes.

Line of Business: Medicare Only

Admin/ Hybrid

The percentage of discharges for members 18 years of age and older who had each of the following.

Four rates are reported:

- Notification of Inpatient Admission: Documentation: of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).
- Receipt of Discharge Information: Documentation: of receipt of discharge information on the day of discharge through 2 days after the discharge (3 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).

Transitions of Care

Sample Codes: The codes listed below are not inclusive and do not represent a complete list of codes

Description	Codes
Medication Reconciliation	**CPT®|CAT-II:** 99483, 99495, 99496, 1111F
Outpatient Visits	**CPT®|CAT-II:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 **HCPCS:** G0402, G0438, G0439, G0463, T1015
Outpatient and Telehealth Visits	**CPT®|CAT-II:** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202-99295, 99211-99215, 99241-99245, 99341-00345, 99347-99350, 99381-99387, 99391-99397 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2250, G2251, G2252, T1015
Transitional Care Management Services	**CPT®|CAT-II:** 99495, 99496

*Codes subject to change.

Quick Reference Guide

To Improve HEDIS Measure:

- Proper Documentation: of patient engagement provided within 30 days after discharge is required to meet compliance.
- Use appropriate documentation and correct coding.

Quick Reference Guide

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

Admin

Summary of Changes: Updated Acute Bronchitis codes.

Line of Business: Commercial, Medicaid and Medicare

The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis who were not dispensed an antibiotic prescription between July 1 of the year prior to the measurement year and June 30 of the measurement year.

A higher rate indicates appropriate treatment (i.e., the proportion for whom antibiotics were *not* prescribed).

If you feel your patient warrants a prescription for antibiotics, include the appropriate diagnosis that would support the use of antibiotics including bacterial infections or chronic conditions.

Appropriate Use of Antibiotics

Description	ICD-10-CM Diagnosis
Acute Bronchitis	J20.3-J20.9, J21.0, J21.1, J21.8, J21.9

If you feel your patient warrants a prescription for antibiotics, include the appropriate diagnosis that would support the use of antibiotics including bacterial infections or chronic conditions.

To Improve HEDIS Measure:

- Instruct patients on the difference between viral and bacterial infections.
- Ensure testing performed to distinguish between viral and bacterial infections are properly coded on claim.
- When patients ask for antibiotics to treat viral infections:
  - Explain that unnecessary antibiotics can be harmful.
  - Emphasize the importance of adequate rest, nutrition, and hydration.
  - Provide a prescription for symptom relief instead of an antibiotic, if appropriate.

Quick Reference Guide

(AMR) Asthma Medication Ratio

Admin

Summary of Changes: No changes.

Line of Business: Commercial and Medicaid

Measure evaluates the percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater during the measurement year.

Asthma Controller Medications

Description	Prescription	Medication Lists	Route
Antibody Inhibitors	Omalizumab	Omalizumab Medications List	Injection
Anti-Interleukin-4	Dupilumab	Dupilumab Medications List	Injection
Anti-Interleukin-5	Benralizumab	Benralizumab Medications List	Injection
Anti-Interleukin-5	Mepolizumab	Mepolizumab Medications List	Injection
Anti-Interleukin-5	Reslizumab	Reslizumab Medications List	Injection
Inhaled Steroid Combinations	Budesonide-Formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled Steroid Combinations	Fluticasone-Salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled Steroid Combinations	Fluticasone-Vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled Steroid Combinations	Formoterol-Mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled Corticosteroids	Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled Corticosteroids	Budesonide	Budesonide Medications List	Inhalation
Inhaled Corticosteroids	Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled Corticosteroids	Flunisolide	Flunisolide Medications List	Inhalation
Inhaled Corticosteroids	Fluticasone	Fluticasone Medications List	Inhalation
Inhaled Corticosteroids	Mometasone	Mometasone Medications List	Inhalation
Leukotriene Modifiers	Montelukast	Montelukast Medications List	Oral
Leukotriene Modifiers	Zafirlukast	Zafirlukast Medications List	Oral

Quick Reference Guide

Description	Prescription	Medication Lists	Route
Leukotriene Modifiers	Zileuton	Zileuton Medications List	Oral
Methylxanthines	Theophylline	Theophylline Medications List	Oral

*Subject to change.

Asthma Reliever Medications

Description	Prescription	Medication Lists	Route
Short-Acting, Inhaled Beta-2 Agonists	Albuterol	Albuterol Medications List	Inhalation
Short-Acting, Inhaled Beta-2 Agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

*Subject to change.

To Improve HEDIS Measure:

- Members 5 years of age and older with persistent asthma should be prescribed and remain on an asthma controller and be provided with an asthma action plan.
- Ensure members referred for asthma keep their appointment.
- Keep list of member medications current to include medications from other providers.
- Develop asthma action plans with patients and education on reduction of asthma triggers.
- Offer assistance with utilizing inhalers when first prescribed to ensure appropriate usage.
- Ensure the member is not using more rescue medications than preventive medication to control their asthma.
- Report the appropriate diagnosis codes for the member's condition. Include the appropriate codes for diagnosed conditions that may exclude the member from this measure (e.g., emphysema, COPD, obstructive chronic bronchitis, cystic fibrosis, etc.).

Quick Reference Guide

(CWP) Appropriate Testing for Pharyngitis

Admin

Summary of Changes: Updated description and code table.

Line of Business: Commercial, Medicaid and Medicare

This measure evaluates the percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic on the date of service or within 3 days of the date of service and received a group A streptococcus (strep) test between three days prior to the episode through three days after the episode date.

A pharyngitis diagnosis can be from an outpatient, telephone, e-visit or emergency department visit between July 1 of the year prior to the measurement year and June 30 of the measurement year.

Testing for Pharyngitis

Description	Codes
Group A Strep Test	**CPT®|CAT-II:** 87070–71, 87081, 87430, 87650–52, 87880 **LOINC:** 101300-2, 11268-0, 17656-0, 17898–8, 18481–2, 31971–5, 49610–9, 5036–9, 60489–2, 626–2, 6557–3, 6558–1, 6559–9, 68954–7, 78012–2
Pharyngitis	**ICD-10:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

*Codes subject to change.

To Improve HEDIS Measure:

- Instruct patients on the difference between viral and bacterial infections.
- Ensure testing performed to distinguish between viral and bacterial infections are properly coded on claim.
- Educate members on comfort measures without antibiotics (e.g., extra fluids and rest).
- If you are treating a member for another condition or illness, document the other diagnosis code on the claim.
- Clinical guidelines recommend a strep test when the only diagnosis is pharyngitis.
- Strep tests can be either a rapid strep test or a lab test.
- Strep testing must be done in conjunction with dispensing of medication.

Quick Reference Guide

(PCE) Pharmacotherapy Management of COPD Exacerbation

Admin

Summary of Changes: Required Exclusion for Members who died during the Measurement Year.

Line of Business: Commercial, Medicaid and Medicare

Measure evaluates percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 and November 30 of the measurement year and were dispensed appropriate medications. Two rates are reported:

- Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
- Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.

Systemic Corticosteroid Medications

Description	Prescription	Prescription
Glucocorticoids	Cortisone Dexamethasone Hydrocortisone	Methylprednisolone Prednisolone Prednisone

*Subject to change.

Bronchodilator Medications

Description	Prescription	Prescription
Anticholinergic Agents	Aclidinium-bromide Ipratropium	Tiotropium Umeclidinium
Beta 2-Agonists	Albuterol Arformoterol Formoterol Indacaterol	Levalbuterol Metaproterenol Olodaterol Salmeterol
Bronchodilator Combinations	Albuterol-ipratropium Budesomide-formoterol Fluticasone-salmetrol Fluticasone-vilanterol Fluticasone-furoate-umeclidinium-vilanterol	Formoterol-aclidinium Formoterol-glycopyrrolate Formoterol-mometasone Glycopyrrolate-indacaterol Olodaterol-tiotropium Umeclidinium-vilanterol

*Subject to change.

Quick Reference Guide

To Improve HEDIS Measure:

- Schedule a follow-up appointment within 7–14 days of discharge and ensure your patient has the appropriate medications.
- Check to ensure that member has filled medications.
- Have members demonstrate use of inhalers to ensure medication administration is appropriately given.
- Avoid documenting ‘history of’ if the member is still being monitored and treated for the condition.

Quick Reference Guide

(URI) Appropriate Treatment for Upper Respiratory Infection

Admin

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

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

- This measure is reported per episode and not per member.
- Measurement timeframe begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year.
- A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event.
- Note: If ordering antibiotics, list all competing or comorbid diagnosis codes on claim when submitting e.g., acute pharyngitis, acute sinusitis, otitis media, emphysema, COPD, chronic bronchitis.

Identify Upper Respiratory Infection

Description	Codes
Identify URI	**ICD-10:** J00, J06.0, J06.9

To Improve HEDIS Measure:

- Instruct patients on the difference between viral and bacterial infections.
- Educate members on comfort measures without antibiotics (e.g., extra fluids, throat lozenges, rest).
- Utilize the Viral Treatment Plan for Symptom Relief pad to help patients with talking points and for educating on instructions. Contact your Clinical Quality Consultant to obtain this resource.
- Discuss facts, including:
  - A majority of URIs are caused by viruses, not bacteria.
  - Antibiotics will not help a patient get better or feel better when diagnosed with a viral infection.
  - Taking antibiotics when not indicated could cause more harm than good. Inappropriate use of antibiotics has created bacterial disease that have become resistant to treatment for different type of antibiotic medications.

Quick Reference Guide

(LBP) Use of Imaging Studies for Low Back Pain

Admin

Summary of Changes: Updated codes in table for imaging studies.

Line of Business: Commercial, Medicaid and Medicare

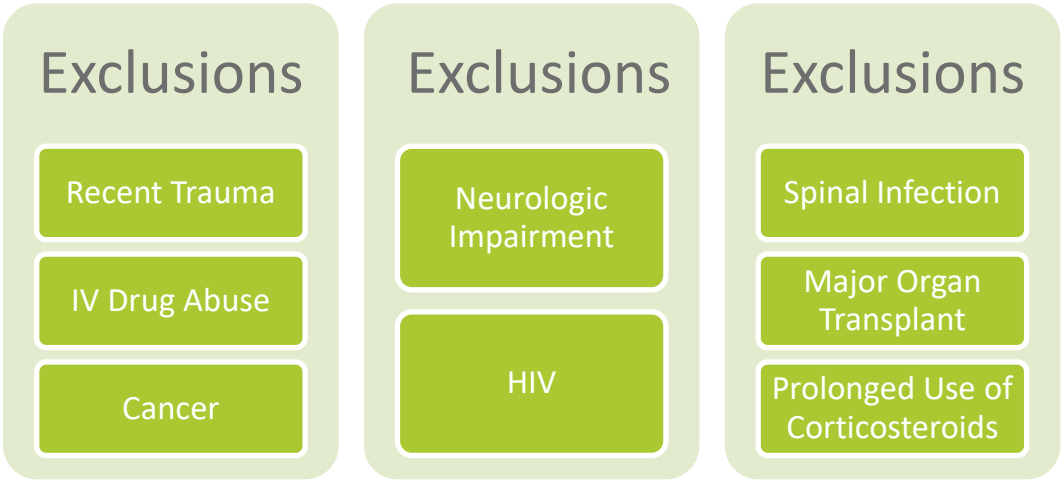
Percentage of members ages 18–75 with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Note: This measure is reported as an inverted rate and a higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Imaging Studies

Description	Codes
CPT® | CAT-II	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080-72084, 72100, 72110, 72114, 72120, 72125-72133, 72141–42, 72146–49, 72156, 72158, 72200, 72202, 72220

*Codes subject to change.



To Improve HEDIS Measure:

- Avoid ordering diagnostic studies in the first 6 weeks of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse).
- Provide patient education on comfort measures such as pain relief, stretching exercises, and activity level.

- Look for other reasons for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors).
- Use of correct exclusion codes where necessary.

(MSC) Medical Assistance with Smoking and Tobacco Use Cessation

CAHPS

Summary of Changes: There were no changes to this measure.

Line of Business: Commercial, Medicaid and Medicare

On an annual basis, the Consumer Assessment of Health Plans Survey (CAHPS) is sent to a group of randomly selected members. Rates are based upon responses received from those who completed the survey.

Measure assesses members ages 18 and older who were current smokers or tobacco users to determine if they were provided medical assistance with smoking and tobacco use cessation. Three rates are calculated:

- Advised to quit during the measurement year.
- Discussed cessation medications.
- Discussed cessation strategies.

Quick Reference Guide

(PCR) Plan All-Cause Readmissions

Admin

Summary of Changes: There were no changes to this measure.

Line of Business: Commercial, Medicaid and Medicare

For members ages 18–64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

Note: *A lower rate indicates a better score for this measure.*

To Improve HEDIS Measure:

- The denominator for this measure is based on discharges and not members specifically.
- Ensure all clinical support systems are in place prior to discharge.
- Follow-up with members within one week of their discharge.
- Ensure members filled their new prescriptions post discharge.
- Consider case management for members with chronic conditions, multiple co-morbiditiesΣ and a history of frequent hospitalizations.
- Ask patients about barriers or issues that might have contributed to patients' hospitalization. Discuss benefits available from the health plan that may prevent future hospitalizations.

Quick Reference Guide

(BCS-E) Breast Cancer Screening

Admin

ECDS

Summary of Changes: Unilateral mastectomy and bilateral modifier must be from same procedure to be considered an optional exclusion.

Line of Business: Commercial, Medicaid, Medicare

Measure evaluates the percentage of women 50–74 years of age who had a mammogram to screen for breast cancer anytime on or between October 1 two years prior to the measurement year through December 31 of the measurement year.

Mammography

Description	Codes
CPT® | CAT-II	77061–77063,77065–77067
ICD-10 (bilateral mastectomy)	Z90.11, Z90.12, Z90.13
LOINC	24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 39150-8, 39152-4, 39153-2, 39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 43642-2, 46350-5, 46351-3, 46354-7, 46355-4, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3

*Codes subject to change.

To Improve HEDIS Measure:

- Ensure that an order or prescription for a mammogram is given at well-woman exams for women 50–74 years old.
- Consider adopting a Standing Order and/or automated referrals for mammography for eligible women.

- Ensure proper documentation of mammography and exclusions in the patient's medical record:
  - Provide results or findings to indicate test was performed.
  - Document screening in the "medical history" section of the record and update the section annually/biannually.
- Visit NebraskaTotalCare.com for rewards for healthy behaviors and preventive screenings that may be available to members.
- It's important to submit the appropriate ICD-10 diagnosis code that reflects a member's ***history of bilateral mastectomy, Z90.13***. Code should be submitted with the initial visit claim and annually thereafter.

Quick Reference Guide

(CCS) Cervical Cancer Screening

Admin/ Hybrid

ECDS

Summary of Changes: Replaced the term women with members. Cervical Cytology codes updated in the table. Added Health Plan can submit data via ECDS.

Line of Business: Commercial and Medicaid

This measure demonstrates the percentage of women 21–64 years of age who were screened for cervical cancer using **any** of the following criteria:

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

Cervical Cancer Screening

Description	Codes
Cervical Cytology (20–64)	**CPT®|CAT-II:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164–88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 **LOINC:** 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
High Risk HPV Tests (30–64)	**CPT®|CAT-II:** 87624, 87625 **HCPCS:** G0476 **LOINC:** 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3
Absence of Cervix	**ICD-10:** Q51.5, Z90.710, Z90.712

*Codes subject to change.

To Improve HEDIS Measure:

- Use ICD-10 Q51.5, Z90.710 or Z90.712 to indicate the exclusion (acquired absence of cervix/uterus). Codes should be submitted with the initial visit and annually thereafter.
- Medical record must have cervical cytology test results and hrHPV results documented, even if member self-reports being previously screened by another provider.

Quick Reference Guide

(CHL) Chlamydia Screening in Women

Admin

Summary of Changes: Required Exclusion for Members who died during the Measurement Year.

Line of Business: Commercial and Medicaid

Measure evaluates the percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Two methods identify sexually active members:

1. Pharmacy Data
    - Prescription contraceptives were dispensed.
2. Claim / encounter data indicating sexual activity.
    - Diagnoses indicating sexual activity (not laboratory claims).
    - Procedures indicating sexual activity.
    - Pregnancy tests.

Chlamydia Screening Test

Description	Codes
CPT®|CAT-II	87110, 87270, 87320, 87490–87492, 87810, 0353U
LOINC	14463-4, 14464-2, 14465-9, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 23838-6, 31775-0, 34710-4, 42931-6, 44806-8, 44807-6, 45068-4, 45069-2, 45072-6, 45073-4, 45075-9, 45084-1, 45089-0, 45090-8, 45091-6, 45093-2, 45095-7, 50387-0, 53925-4, 53926-2, 57287-5, 6353-7, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6, 82306-2, 87949-4, 87950-2, 88221-7, 89648-0, 91860-7, 91873-0

*Codes subject to change.

To Improve HEDIS Measure:

- Ensure females 16–24 years of age receive appropriate screening for chlamydia each year.
- Chlamydia infections often have no symptoms so routine screening when at risk is important. The CDC recommends non-invasive nucleic acid amplification test or NAAT for chlamydia screening. This can be completed through a urine test. Use CPT® code 87491.
- Add Chlamydia screening as a standard lab for women 16–24 years old. Use well-child exams and well-women exams for this purpose.

Quick Reference Guide

(PPC) Prenatal and Postpartum Care

Admin/ Hybrid

Summary of Changes: No changes.

Line of Business: Commercial and Medicaid

Measure evaluates percentage of deliveries of live births on or between October 8 of the year prior and October 7 of the measurement year. For these women, the measure assesses the following:

- **Timeliness of Prenatal Care**: percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
- **Postpartum Care:** percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Prenatal and Postpartum Care

Description	Codes
Prenatal Visits	**CPT®|CAT-II:** 99201–99205, 99211–99215, 99241–99245, 99483 **HCPCS:** G0463, T1015
Prenatal Bundled Services	**CPT®|CAT-II:** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS:** H1005 *Bundle service codes are used on the date of delivery. These codes may be used only if the claim form indicates when prenatal care was initiated.
Stand Alone Prenatal Visits	**CPT®|CAT-II:** 99500, 0500F, 0501F, 0502F **HCPCS:** H1000, H1001, H1002, H1003, H1004
Cervical Cytology	**CPT®|CAT-II:** 88141–88143, 88147, 88148, 88150, 88152–88153, 88164–88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 **LOINC:** 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
Postpartum Visits	**CPT®|CAT-II** 57170, 58300, 59430, 99501, 0503F **HCPCS:** G0101 **ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Postpartum Bundled Services	**CPT®|CAT-II**: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 *Bundle service codes are used on the date of delivery (not date of postpartum visit). These codes may be used only if the claim form indicates date when postpartum care was rendered.
Telephone Visits	**CPT®|CAT-II:** 98966–98968, 99441–99443

Quick Reference Guide

Description	Codes
Online Assessments	**CPT®|CAT-II:** 98969, 98970-98972, 99421-99423, 99444, 99457-99458 **HCPCS:** G0071, G2010, G2012, G2061-G2063, G2250-G2252

*Codes subject to change.

To Improve HEDIS Measure:

Prenatal Care:

- Educate staff, including schedulers and front desk staff, of importance of timely scheduling of initial prenatal visits.
- Ensure that a Notification of Pregnancy form has been sent to Nebraska Total Care.
- Encourage patient to attend all scheduled prenatal visits.
- Services / visits must be received by an OB/GYN or other prenatal care practitioner (PCP).
- Documentation of pregnancy / positive pregnancy test in the notes.
- Ensure that an antepartum flow sheet is completed at each visit.

Postpartum Care: Ensure postpartum visit is completed 7–84 days after delivery and includes one of the following:

- Pelvic exam.
- Evaluation of weight, BP, breast, and abdomen or notation of breastfeeding.
- Notation of postpartum (PP) care:
  - PP check, postpartum care, 6-week check, preprinted form.
- Perineal or Cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder or pre-existing mental health disorders.
- Glucose screening for women with gestational diabetes.
- Documentation of any of the following topics:
  - Infant care or breastfeeding.
  - Resumption of intercourse, birth spacing or family planning.
  - Sleep/fatigue.
  - Resumption of physical activity.
  - Attainment of healthy weight.

Quick Reference Guide

(PRS-E) Prenatal Immunization Status

ECDS

Summary of Changes: No changes.

Line of Business: Commercial and Medicaid

Percentage of deliveries in the Measurement Period in which women had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. Three rates are reported:

Immunization Status: Influenza

- Members who delivered and received an adult influenza vaccine on or between July 1 of the year prior to the Measurement Period and the delivery date, or deliveries where members experienced anaphylaxis due to the influenza vaccine on or before delivery date

Immunization Status: Tdap

- Members who delivered and received at least one Tdap vaccine during the pregnancy (including on the delivery date), or
- Members who delivered had any of the following:
  - Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date
  - Encephalitis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date

Immunization Status: Combination

- Deliveries that met criteria for both Influenza and Tdap, noted above

Prenatal Immunization Status

Description	Codes
Gestation Weeks (37–42)	**ICD-10:** Z3A.37-42, Z3A49 **SNOMED:** 43697006, 13798002, 80487005, 46230007, 63503002, 36428009
Weeks of Gestation Less Than 37	**ICD-10:** Z3A.01, Z3A.08-Z3A.36

*Codes subject to change.

To Improve HEDIS Measure:

- If you do not have flu vaccines available, refer the patient to another provider such as a pharmacy or public health agency.
- Educate mother on how the flu vaccine will protect both her and her baby.

- Educate mother on how passive immunity the maternal immunization provides will pass on to their newborns.
  - It is recommended that the Tdap vaccine be given in the third trimester.
  - Babies whose mothers had the Tdap vaccine during pregnancy are better protected against whooping cough during the first two months of life.
- Per Advisory Committee on Immunization Practices (ACIP) guidance, Tdap in pregnancy is given with every pregnancy; preferably the early part of gestational weeks 27–36, regardless of prior history of receiving Tdap.

Quick Reference Guide

(AIS-E) Adult Immunization Status

ECDS

Summary of Changes: No changes.

Line of Business: Commercial, Medicaid and Medicare

Percentage of members 19 years and older whose recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster and pneumococcal are up to date.

Adult Immunization Status

Description	Codes
Adult Influenza Vaccine Procedure	**CPT**: 90630, 90653-90654, 90656, 90658, 90661-90662, 90673-90674, 90682, 90686, 90688-90689, 90694, 90756
Influenza Virus LAIV	**CPT:** 90660, 90672
Td Vaccine Procedure	CPT: 90714
Tdap Vaccine Procedure	CPT: 90715
Herpes Zoster Live Vaccine	**CPT:** 90736
Herpes Zoster Recombinant Vaccine	CPT: 90750
Adult Pneumococcal Procedure	**CPT:** 90670, 90671, 90677, 90732 HCPCS: G0009

*Codes subject to change.

To Improve HEDIS Measure:

- Schedule appointments within immunization timeframes.
- Discuss vaccinations and their importance during appointments.
- Include all source of immunization history in the medical record.
- Review Vaccine Information Statements (VIS) forms with patients.

Quick Reference Guide

(PND-E) Prenatal Depression Screening and Follow-up

ECDS

Summary of Changes: No changes.

Line of Business: Commercial and Medicaid

Percentage of deliveries of member who were:

- Screened for clinical depression during pregnancy using a standardized instrument.
- If a member screens positive, member received follow-up Care within 30 days of finding.

Positive Finding Codes

Instruments (for use with ≤17 years and 18+ years unless otherwise marked)	Positive Finding Codes	LOINC Code
Patient Health Questionnaire (PHQ-9)®	Total score ≥10	44261-6
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total score ≥10	89204-2
Patient Health Questionnaire-2 (PHQ-2)®1	Total score ≥3	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS)®1,2	Total score ≥8	89208-3
Beck Depression Inventory (BDI-II)	Total score ≥20	89209-1
Center for Epidemiologic Studies Depression Scale- Revised (CESD-R)	Total score ≥17	89205-9
Duke Anxiety-Depression Scale(DUKE-AD)®2	Total score ≥30	90853-3
Edinburgh Postnatal Depression Scale (EPDS)	Total score ≥10	71354-5
My Mood Monitor (M-3)®	Total score ≥5	71777-7
PROMIS Depression	Total score (T Score) ≥60	71965-8
Clinically Useful Depression Outcome Scale (CUDOS)	Total score ≥31	90221-3

To Improve HEDIS Measure:

- Screen for depression during pregnancy and if positive provide referral sources for member.
- Discuss depression and the importance of being screened during and after pregnancy appointments.

Quick Reference Guide

(SNS-E) Social Need Screening and Intervention

ECDS

Summary of Changes: No Changes.

Line of Business: Commercial, Medicaid and Medicare

Percentage of members of any age, who were screened at least once annually (January 1 – December 31), AND if positive during screening, received a corresponding intervention within 30 days.

- Food Screening
  - Food Intervention within 30 days of positive screening
- Housing Screening
  - Housing Intervention within 30 days of positive screening
- Transportation Screening
  - Transportation Intervention within 30 days of positive screening

Electronic Clinical Data Systems (ECDS)

- This measure is collected through ECDS. This is a structured method to collect and report electronic clinical data for HEDIS ® measurement and quality improvement.

Source systems for ECDS data include:

- Personal Health Record (PHR) & Electronic Health Record (EHR)
- Clinical Registry & Health Information Exchange (HIE)
- Case Management
- Admin & Enrollment

Social Needs Screening Tools

Screening Tools (Documented via LOINC):
Accountable Health Communities
AAFP Social Needs Screening Tool
Health Leads Screening Pan
Hunger Vital Sign™
PROMIS
USDA Food Security Survey
We Care Survey
WellRx Questionnaire
Housing Stability Vital Signs™
Comprehensive Universal Behavior Screen (CUBS)

NCQA® Coding information is proprietary and may be cost or licensing requirement associated with use. Contact NCQA for information.

Quick Reference Guide

Assessment	Assistance
Coordination	Counseling
Education	Evaluation of eligibility
Provision	Referral

Numerator
Members who received a corresponding intervention in 30 days of first positive screen

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Denominator
Members with at least 1 positive result for food, housing, transportation

To Improve HEDIS Measure:

- Ask your patients about their social needs. Utilize the NCQA® identified assessment tools based on SNS-E measure and build within the EMR documentation.
- Explain the purpose of the screening with the patient and offer support and resources as appropriate.
- Allow for adequate space, time and privacy for patient when discussing social needs or concerns.
- Educate staff on the importance of social needs screening, documenting, and coding patient's social needs:
  - Documentation of patient interventions must occur on or up to 30 days after the date of the first positive screening.
  - Interventions may include any of the following categories: Assistance, counseling, assessment, coordination, evaluation of eligibility, education, provision, or referral.
- Instruct coders to ensure appropriate LOINC coding specified for SNS-E measure is used and / or build within the EMR documentation.

(FMC) Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions

Admin

Summary of Changes: No changes.

Line of Business: Medicare

Percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up within 7 days of the ED visit.

Follow-up Visit Codes

Visit Type	Codes
Complex Care Management Services	**CPT®:** 99439, 99487, 99489, 99490, 99491 **HCPCS:** G0506
Case Management Encounter	**CPT®:** 99366 **HCPCS:** T1016, T1017, T2022, 2023
BH Outpatient	**CPT®:** 98960 – 98962, 99078, 99202 – 99205, 99211 – 99215, 99242 – 99245, 99341 – 99342,99344-99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99411 – 99412, 99483, 99492–99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031,H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Outpatient and Telehealth	**CPT®:** 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015
Outpatient POS	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49-50, 71-72
Partial Hospitalization / Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

Quick Reference Guide

Visit Type	Codes
Substance Abuse Counseling and Surveillance	**ICD-10:** Z71.41, Z71.51
Substance Use Disorder Services	**CPT®:** 99408, 99409 **HCPCS:** G396, G397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Electroconvulsive Therapy	CPT®: 90870
Telehealth POS	**POS:** 02, 10
Telehealth	**CPT®**: 98966-98968, 99441-99443
Transitional Care Management Services	**CPT®:** 99495, 99496
Visit Setting Unspecified	**CPT®:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255

*Codes subject to change.

To Improve HEDIS Measure:

- Maintain reserved appointments so patients with an ED visit ca be seen within 7 days of their discharge.
- An in-person office visit is not required, follow-up can be provided via telehealth, e-visit or virtual visit.

Quick Reference Guide

(OMW) Osteoporosis Management in Women Who Had a Fracture

Admin

Summary of Changes: Added required exclusion section, revised method for identifying advanced illness, added lab claim exclusion, revised denominator exclusion criteria.

Line of Business: Medicare

Percentage of women 65-75 years of age who have suffered a fracture and who had a bone mineral density (BMD) test or received prescription to treat osteoporosis within the six months of the fracture.

Osteoporosis Management Codes

Description	Codes
Palliative Care	**HCPCS:** G9054, M1017
Bone Mineral Density Tests	**CPT:** 76977, 77078, 77080, 77081, 77085, 77086
Osteoporosis Medications	**HCPCS:** G0402, G0438-G0439, G0463, T1015
Long-Acting Osteoporosis Medications during Inpatient Stay	**HCPCS:** J0897, J1740, J3489
Osteoporosis Medication Therapy	**HCPCS:** J0897, J1740, J3110, J3111, J3489

*Codes subject to change.

Osteoporosis Medications

Drug Category	Medications
Bisphosphonates	Alendronate Ibandronate Alendronate-cholecalciferol Risedronate Zoledronic Acid
Other Agents	Abaloparatide Teriparatide Romosozumab Raloxifene Denosumab

Quick Reference Guide

To Improve HEDIS Measure:

- Encourage patients who have had a fracture with a referral for BMD testing to obtain the screening.
- Consider offering onsite bone density screening for patients at risk.

Quick Reference Guide

(DIAB) Adherence to Diabetes Medications

Admin

Summary of Changes: No changes.

Line of Business: Medicare

The percentage of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy across classes of diabetes medications with a Proportion of Days Covered (PDC) ≥ 80%.

Diabetes Medication

Classes	Types
Biguanides, sulfonylureas, thiazolidinediones, DiPeptidyl Peptidase (DPP)- 4 Inhibitors, GLP-1 receptor agonists, meglitinides, and sodium glucose cotransporter 2 (SGLT2) inhibitors	Metformin, Glipizide, Glimepiride, Januvia

To Improve CMS Measure

- Ensure each medication claim is submitted to the Health Plan.
  NOTE: Samples given by prescriber or meds filled at an out of network pharmacy do not count.

Quick Reference Guide

(RASA) Adherence to Hypertensive Medications

Admin

Summary of Changes: No changes.

Line of Business: Medicare

The percentage of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy for a blood pressure medication by filling their prescription with a Proportion of Days Covered (PDC) ≥ 80%.

Hypertensive Medication

Classes	Types
angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor medications	Lisinopril, Losartan, Enalapril, Valsaratan

To Improve CMS Measure

- Ensure each medication claim is submitted to the Health Plan.
  NOTE: Samples given by prescriber or meds filled at an out of network pharmacy do not count.

(STAT) Adherence to Cholesterol Medications

Admin

Summary of Changes: No changes.

Line of Business: Medicare

The percentage of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy for a cholesterol medication (a statin drug) who fill the medications with a Proportion of Days Covered (PDC) ≥ 80%.

Statin Medication

Statin Medication
Types: Atorvatstatin, Simvastatin, Rosuvastatin, Pravastatin

To Improve CMS Measure

- Ensure each medication claim is submitted to the Health Plan.
  NOTE: Samples given by prescriber or meds filled at an out of network pharmacy do not count.

Quick Reference Guide

(SUPD) Statin Use in Persons with Diabetes

Admin

Summary of Changes: No changes.

Line of Business: Medicare

The percentage of members 45-75 years with diabetes who have a single prescription fill of a statin.

Statin Medication

Statin Medication
Types: Atorvatstatin, Simvastatin, Rosuvastatin, Pravastatin

To Improve CMS Measure

- Only 1 fill is needed to index the measure.
- Ensure each medication claim is submitted to the Health Plan.
  NOTE: Samples given by prescriber or meds filled at an out of network pharmacy do not count.