




Quick Reference Guide HEDIS® MY2022



-  Medicaid
-  Ambetter (Commercial)
-  Wellcare by Allwell

 For more information, visit www.ncqa.org

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HEDIS MY2022 Quick Reference Guide

Updated to reflect NCQA HEDIS 2022 Technical Specifications

Peach State Health Plan, Ambetter from Peach State Health Plan and Wellcare Medicare Advantage Plan strive to provide quality healthcare to our membership as measured through HEDIS quality metrics. We created the HEDIS Quick Reference Guide to help you increase your practice's HEDIS rates and to address care opportunities for your patients. Please always follow the State and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission.

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, health care providers, and policy makers.

WHAT ARE THE SCORES USED FOR?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS 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. Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS score determines your rates for physician incentive programs that pay you an increased premium—for example Pay for Performance or Quality Bonus Funds.

HOW ARE RATES CALCULATED?

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

HOW CAN I IMPROVE MY HEDIS SCORES?

- ▶ Use real-time care gap information to manage our assigned population through Interpretata accessed through Availity
- ▶ 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 II codes to provide additional details and reduce medical record requests

PAY FOR PERFORMANCE (P4P)

P4P is an activity-based reimbursement, with a bonus payment based on achieving defined and measurable goals related to access, continuity of care, patient satisfaction and clinical outcomes.

ANCILLARY STAFF:

- ▶ Providers and other health care staff should document to the highest specificity to aid with the most correct coding choice.
- ▶ Please check the tabular list for the most specific ICD-10-CM code choice.
- ▶ This guide has been updated with information from the release of the HEDIS MY2022-Volume 2 Technical Specifications by NCQA and is subject to change.

CONTACT INFORMATION FOR PROVIDER SERVICES

Peach State Health Plan

1-866-874-0633 • pshp.com

Ambetter from Peach State Health Plan

1-877-687-1180 • ambetter.pshpgeorgia.com

Wellcare by Allwell

<https://www.allwellmedicare.com/for-providers.html>

HMO: 1-844-890-2326: (TTY: 711)

HMO SNP: 1-877-725-7748: (TTY: 711)

Wellcare Medicare Health Plans • 1-855-538-0454

<https://www.wellcare.com/Georgia/Contact-Us>

HEDIS® MY2022 • Updates on HEDIS Measures 2022

HEDIS Measure Changes

■ Care for Older Adults (COA)

- Removed Advanced Care Planning indicator from COA and is now a first-year administrative measure

■ Weight Assessment and Counseling for Nutrition and

- Physical Activity for Children/Adolescents (WCC)
- Member reported values for BMI percentile, height and weight can be used.
- Services rendered during a telephonic visit, e-visit or virtual check-in meet criteria for the BMI Percentile indicator

■ Childhood Immunization Status (CIS)

- For Influenza, one of the two vaccinations may be an LAIV (live attenuated influenza vaccine), but only counts if given on the child's 2nd birthday.
- Removed single antigen vaccines for measles, mumps, and rubella (MMR) as they are no longer used.
- Anaphylaxis due to vaccine is numerator compliant for multiple antigens.

■ Comprehensive Diabetes Care (CDC)

- CDC is now retired and has been replaced by the following 3 new measures:
- *Hemoglobin A1c Control for Patients with Diabetes (HBD)
- *Blood Pressure Control for Patients with Diabetes (BPD)
Same changes as the CBP measure
- *Eye Exam for Patients with Diabetes (EED)
- Retired HbA1c testing and nephropathy.

■ Controlling High Blood Pressure (CBP)

- BP readings documented as an “average BP” are eligible for use.
- Added that BP readings from telehealth/telephone visits may be used.
- Added that BP readings reported/taken by the member can be used if taken with a digital device (not a manual cuff/stethoscope). Per NCQA, if type of cuff is not specified, it can be assumed that it is from a digital device.

■ Transitions of Care (TRC):

- Changed the timeframe for both Notifications – Inpatient Admission and Receipt of Discharge Information from day of admission through 2 days after admission (3 total days).
- Clarified that medication reconciliation does not require the member to be present.

- Physician Assistant has been added as an appropriate provider type to perform medication reconciliation for the Medication Reconciliation Post-Discharge indicator.

NCQA Alert

NCQA is now allowing Telehealth (Telephone visit, E-visit, or Virtual Check-in) for several measures including:

- **Care for Older Adults (COA)**
- **Prenatal and Postpartum Care (PPC)**
- **Transitions of Care (TRC)**
- **Blood Pressure Control for Patients with Diabetes (BPD)**
- **Controlling High Blood Pressure (CBP)**
- **Weight Assessment and Counseling for Nutrition and**
- **Physical Activity (WCC)**

Providers should use the same codes as the in-person visits and to also include appropriate Telehealth visit codes with modifier. By having both codes, this can be captured administratively and will eliminate the need for medical record pursuit during HEDIS.



ADULT HEALTH

For more information, visit www.ncqa.org

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

Lines of Business: Commercial, Medicaid, Medicare ●●●

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.

DESCRIPTION	CODES
Ambulatory Visits	<p>CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99483, 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337</p> <p>HCPCS: G0402, G0438, G0439, G0463, T1015, S0620, S0621</p> <p>ICD-10-CM: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1</p>

Telehealth Visits	Online Assessment	CPT: 98969,98970,98971,98972,99421, 99422, 99423,99444,99457 HCPCS: G0071, G2010, G2012, G2061-G2063
	Telephone Visits	CPT: 98966-98968, 99441-99443
	Modifiers/POS	Modifiers: GT, 95 POS: 02

Codes subject to change

ADVANCE CARE PLANNING (ACP)

Lines of Business: Medicare Only ●

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

DESCRIPTION	CODES	
Advance Care Planning	CPT:	99483, 99497
	CPT – CAT II:	1123F, 1124F, 1157F, 1158F
	HCPCS:	S0257
	ICD-10-CM:	Z66

Codes subject to change

Helpful Documentation Tips

- Presence of an advance care plan; (e.g., living will, health care power of attorney, health care proxy, actionable medical orders, or surrogate decision maker)
- Documentation of an advance care planning discussion and date in the measurement year
- Notation in the medical record indicating the member previously executed an advance care plan

CONTROLLING HIGH BLOOD PRESSURE (CBP)

Lines of Business: Commercial, Medicaid, Medicare ●●●

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

CPT-CAT II	
Systolic Blood Pressure less than 130 mm Hg	3074F
Systolic Blood Pressure 130 -139 mm Hg	3075F
Systolic Blood Pressure greater than or equal to 140 mm Hg	3077F
Diastolic Blood Pressure less than 80 mm Hg	3078F
Diastolic Blood Pressure 80-89 mm Hg	3079F
Diastolic Blood Pressure greater than or equal to 90 mm Hg	3080F

DESCRIPTION	CODES
Hypertension	ICD-10-CM: I10
Remote BP Monitoring	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474
Outpatient	CPT: 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
Non – Acute Inpatient	CPT: 99304–99310, 99315, 99316, 99318, 99324–99328, 99334–99337
Online Assessments	CPT: 98969–98972, 99421–99423, 99444 ,99457 HCPCS: G0071, G2010, G2012, G2061–G2063
Telephone Visits	CPT: 98966–98968, 99441–99443

Codes subject to change

Helpful Documentation Tips:

- Retake the BP if the initial reading is high during the visit (140/90 mm Hg or greater). Document and record the lowest systolic and diastolic reading in the same day
- Review hypertensive medication history and patient compliance to determine treatment plan for uncontrolled blood pressure as needed
- Do not round up BP values if using a digital machine, record exact values.

CARE FOR OLDER ADULTS (COA)

Lines 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

DESCRIPTION	CODES
Medication Review *CPT-CAT-II 1159F (Medication list) & 1160F (Medication review) <i>both are required to meet compliancy</i>	CPT: 90863, 99483, 99605, 99606 CPT-CAT-II: 1160F
Functional Status Assessment	CPT: 99483 CPT-CAT-II: 1170F HCPCS: G0438, G0439
Pain Assessment	CPT-CAT-II: 1125F, 1126F

Codes subject to change

Helpful Documentation Tips:

- 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.

COLORECTAL SCREENING (COL)

Lines of Business: Commercial, Medicare ●●

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

- Fecal occult blood test (FOBT) during the measurement year
- Flexible sigmoidoscopy during the measurement year or the four (4) years before the measurement year.
- Colonoscopy during the measurement year or the nine (9) years before the measurement year.
- CT colonography during the measurement year or the four (4) years before the measurement year.
- FIT-DNA test during the measurement year for the two (2) years prior to the measurement year.

DESCRIPTION	CODES
Colonoscopy	CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 HCPCS: G0105, G0121
CT Colonography	CPT: 74261, 74262, 74263
FIT-DNA Lab Test	CPT: 81528 HCPCS: G0464
Flexible Sigmoidoscopy	CPT: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 HCPCS: G0104
FOBT Lab Test	CPT: 82270, 82274 HCPCS: G0328
Colorectal Cancer	HCPCS: G0213-G0215, G0231
Total Colectomy	CPT: 44150-44153, 44155-44158, 44210- 44212

Codes subject to change

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR PEOPLE WITH MULTIPLE HIGH-RISK CHRONIC CONDITIONS (FMC)

Lines of Business: Medicare Only ●

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

Medicare Member with two or more chronic conditions. The following are eligible chronic conditions:

- COPD/Asthma/Bronchitis
- Alzheimer’s/Dementia/ Frontotemporal Dementia
- Chronic Kidney Disease
- Major Depression
- Chronic Heart Failure/ Heart Failure Diagnosis
- Acute Myocardial Infarction
- Atrial Fibrillation
- Stroke/Transient Ischemic Attack

DESCRIPTION	CODES
BH Outpatient	CPT: 99386, 99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Case Management Encounter	CPT: 99366 HCPCS: T1016, T1017, T2022, T2023
Complex Care Management Services	CPT: 99439, 99487, 99489, 99490, 99491 HCPCS: G0506
ED	CPT: 99281-99285
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99341- 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-12, 99429, 99455-56, 99483 HCPCS: G0463, T1015 POS: 02
Transitional Care Management Services	CPT: 99495, 99496

Telehealth Visits	Telephone Visits	CPT: 98966-98968, 99441-99443
	Online Assessments	CPT: 98969-98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063
	Modifiers/ POS	Modifiers: GT, 95 POS: 02

EXCLUSIONS

ED Visits that resulted in an acute or non-acute inpatient stay, occurring on the day of the ED visit or within 7 days after the ED visit

Codes subject to change

Best Practice:

- Contact member as soon as you are notified of their ED visit to schedule a follow-up appointment within 7days
- Provide ongoing education to all your patients to follow-up with their health care providers as soon as possible after an ED visit for any reason. Continuous reinforcement may help to establish learned behaviors
- Include telemedicine, telephone, e-visits, and virtual check-in visits to identify all visits with chronic condition diagnoses.

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

Lines of Business: Commercial, Medicaid, Medicare ●●●

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

DESCRIPTION	ICD-10-CM CODES
AMI	I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.21, I21.29, I21.3, I21.4

Codes subject to change

Beta-Blocker Medications

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

*Subject to change. Please refer to www.pshp.ga.com for specific drug coverage

Best Practice:

- Provide education on the importance of adhering to the prescribed medications
- Monitor adherence and discuss potential barriers with the patient
- Prescribe a 90-days' supply to encourage adherence
- Refer to www.pshp.ga.com for 90 days' supply prescription plan

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

Lines of Business: Commercial, Medicaid, Medicare ●●●

The 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–November 30 of the measurement year and who were dispensed appropriate medications.

Two rates are reported:

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

Systemic Corticosteroid Medications

DESCRIPTION	PRESCRIPTION
Glucocorticoids	<ul style="list-style-type: none"> ■ Cortisone ■ Dexamethasone <ul style="list-style-type: none"> ■ Hydrocortisone ■ Methylprednisolone <ul style="list-style-type: none"> ■ Prednisolone ■ Prednisone

Bronchodilator Medications

DESCRIPTION	PRESCRIPTION		
Anticholinergic agents	<ul style="list-style-type: none"> ■ Acclidinium bromide ■ Ipratropium 	<ul style="list-style-type: none"> ■ Tiotropium ■ Umeclidinium 	
Beta 2-agonists	<ul style="list-style-type: none"> ■ Albuterol ■ Arformoterol ■ Formoterol 	<ul style="list-style-type: none"> ■ Indacaterol ■ Levalbuterol ■ Metaproterenol 	<ul style="list-style-type: none"> ■ Olodaterol ■ Salmeterol
Bronchodilator combinations	<ul style="list-style-type: none"> ■ Albuterol- ipratropium ■ Budesonide- formoterol ■ Fluticasone- salmeterol ■ Fluticasone- vilanterol ■ Fluticasone furoate- umeclidinium- vilanterol 	<ul style="list-style-type: none"> ■ Formoterol- acclidinium ■ Formoterol- glycopyrrolate ■ Formoterol- mometasone ■ Glycopyrrolate- indacaterol 	<ul style="list-style-type: none"> ■ Olodaterol- tiotropium ■ Umeclidinium- vilanterol

Subject to change. Please refer to www.pshp.ga.com for specific drug coverage

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

Lines of Business: Commercial, Medicaid, Medicare ●●●

The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

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

Clinical Goal:

Patient dispensed at least one statin medication or remained on statin medication 80% of treatment period for any intensity meets compliance

Best Practice:

- Review the patient’s medication list during each visit
- Educate the patient on the importance of medication adherence

High- and Moderate-Intensity Statin Medications

DESCRIPTION	PRESCRIPTION	MEDICATION LISTS
High-intensity statin therapy	Atorvastatin 40-80 mg	Atorvastatin High Intensity Medications List
High-intensity statin therapy	Amlodipine-atorvastatin 40-80 mg	Amlodipine Atorvastatin High Intensity Medications List
High-intensity statin therapy	Rosuvastatin 20-40 mg	Rosuvastatin High Intensity Medications List
High-intensity statin therapy	Simvastatin 80 mg	Simvastatin High Intensity Medications List
High-intensity statin therapy	Ezetimibe-simvastatin 80 mg	Ezetimibe Simvastatin High Intensity Medications List
Moderate-intensity statin therapy	Atorvastatin 10-20 mg	Atorvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Amlodipine-atorvastatin 10-20 mg	Amlodipine Atorvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Rosuvastatin 5-10 mg	Rosuvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Simvastatin 20-40 mg	Simvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Ezetimibe-simvastatin 20-40 mg	Ezetimibe Simvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Pravastatin 40-80 mg	Pravastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Lovastatin 40 mg	Lovastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Fluvastatin 40-80 mg	Fluvastatin Moderate Intensity Medications List
Moderate-intensity statin therapy	Pitavastatin 1-4 mg	Pitavastatin Moderate Intensity Medications List

Subject to change. Please refer to www.pshp.ga.com for specific drug coverage.

USE OF SPIROMETRY TESTING IN THE ASSESSMENT AND DIAGNOSIS OF COPD (SPR)

Lines of Business: Commercial, Medicaid, Medicare ●●●

The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

DESCRIPTION	CODES
Spirometry Testing	CPT: 94010, 94014–94016, 94060, 94070, 94375, 94620

Codes subject to change

TRANSITIONS OF CARE (TRC)

Lines of Business: Medicare Only ●

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).

Notification of Inpatient Admission: Medical Record documentation is necessary for compliance and must include evidence of the receipt of notification of inpatient admission on the day of admission or the following day. Documentation must include evidence of the date when the documentation was received.

Receipt of Discharge Information: Medical Record documentation is necessary for compliance and must include of receipt of discharge information on the day of discharge or the following day with evidence of the date when the documentation was received. At minimum, the discharge information.

DESCRIPTION	CODES
<p>Patient Engagement after Inpatient Discharge:</p> <ul style="list-style-type: none"> ■ Medication Reconciliation Encounter ■ Medication Reconciliation Intervention 	<p>CPT: 99483, 99495, 99496 CPT-CAT II: 1111F Telephone Visits: CPT: 98966 -98968, 99441-99443 Online Assessments: CPT: 98969-98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063</p>

Codes subject to change



BEHAVIORAL HEALTH

For more information, visit www.ncqa.org

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

Lines of Business: Commercial, Medicaid, Medicare ●●●

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

Two rates are reported:

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

DESCRIPTION	CODES
Major Depression	ICD-10-CM: F32.0–F32.4, F32.9, F33.0–F33.3, F33.41, F33.9
BH Outpatient	CPT: 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99510

Telehealth Visits	Telephone Visits	CPT: 98966-98968, 99441-99443
	Online Assessments	CPT: 98969-98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063
	Modifiers/ POS	Modifiers: GT, 95 POS: 02

Codes subject to change

Best Practice: Educating your patients is the key to medication compliance.

- Discuss how to take antidepressants how they work, the benefits and how long to take them.
- Tell your patients how long they can expect to be on the antidepressants before they start to feel better.
- Stress the importance of taking the medication even if they begin feeling better.
- Talk about common side effects, how long they may last and how to manage them.
- Let your patient know what to do if they have questions or concerns.
- Monitor with scheduled follow-up appointments.
- Consider a psychotherapy referral for your patients.

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

Lines of Business: Commercial, Medicaid, Medicare ●●●

The 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:

1. The percentage of discharges for which the member received follow-up within **30 days after discharge.**
2. The percentage of discharges for which the member received follow-up within **7 days after discharge.**

DESCRIPTION	CODES	
Mental Health Diagnosis	ICD-10-CM: F03.9x, F20-F25.xx, F28-F34.xx, F39-F45.xx, F48.xx, F50-F53.xx, F59-F60.xx, F63-F66.xx, F68-F69.xx, F80-F82.xx, F84.xx, F88-F93.xx, F95.xx, F98-F99.xx	
BH Outpatient – Mental Health Provider	CPT: 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99510 HCPCS: G0155, G0176-G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010-H2011, H2013-H2020, M0064, T1015	
Electroconvulsive Therapy	CPT: 90870	
Inpatient Stay	UBREV: 0100-0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002	
Non-acute Inpatient Stay	UBREV: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0199, 0669, 0190-94, 0524-5, 0550-2, 0559-63, 0660-3, 0661-3, 1000-2	
Observation	CPT: 99217-99220	
Partial Hospitalization/ Intensive Outpatient	HCPCS: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485 UBREV: 0905, 0907, 0912, 0913	
Transitional Care Management Services	CPT: 99495-99496	
Telehealth Visits	Telephone Visit	CPT: 98966-98968, 99441-99443
	Online Assessment	CPT: 98969-98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063
	Modifiers/POS	Modifiers: GT, 95 POS: 02
Visit Setting Unspecified	CPT: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99251-99255	

Place of Services (POS)	Community Mental Health Center	POS: 53
	Outpatient	POS: 03, 05, 07, 09, 11-20,22, 33, 49, 50, 71-72
	Partial Hospitalization	POS: 52

Codes subject to change

Best Practice:

- Follow-up visits that occur on the same day as the IP discharge do not count.
- Schedule the 7-day follow-up visit within 5 days of discharge to allow flexibility in rescheduling.
- If the member’s appointment does not occur within the first 7 days post-discharge, please schedule the appointment to occur within 30 days.

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

Lines of Business: Commercial, Medicaid, Medicare ●●●

The percentage of adolescent and adult members 13 years and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following.

- **Initiation of AOD Treatment:** The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.
- **Engagement of AOD Treatment:** The percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.

DESCRIPTION	CODES
AOD Abuse and Dependence Diagnosis	ICD-10-CM: F10.10, F10.120, F10.121, F10.129, F10.19, F10.20, F10.220, F11.10, F11.121, F11.20, F11.220, F11.23, F11.24, F13.19, F13.220, F14.10, F14.120, F15.10, F15.120, F16.10, F16.120, F18.19, F18.20, F18.220, F19.10, F19.120, F19.239, F19.24, F19.250

Medication-Assisted Treatment	HCPCS: H0020, H0033, J0570-J0575, J2315, S0109, Q9991, Q9992, G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015
Emergency Dept. (ED)	CPT: 99281-99285 UBREV: 0450-0452, 0456, 0459, 0981
Inpatient Stay	UBREV: 0100-0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
IET – Stand – Alone Visits	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411-99412, 99510 HCPCS: G0155, G0176-G0177, G0396-G0397, G0409-G0411, G0443, G0463, H001-H0002, H0004-H0005, H0007, H0015-H0016, H0022, H0031, H0034-H0037, H0039, H0040, H2000-H2001, H2010-H2020, H2035-H2036, M0064, S0201, S9480, S9484-S9485, T1006, T1012, T1015 UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944-0945, 0982-0983
IET Visits Group 1	CPT: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876
IET Visits Group 2	CPT: 99221-99223, 99231-99233, 99238-99239, 99251-99255
Observation:	CPT: 99217-99220

Telehealth Visits	Telephone Visit	CPT: 98966-98968, 99441-99443
	Online Assessment	CPT: 98969-98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063
	Modifiers/POS	Modifiers: GT, 95 POS: 02

Codes subject to change

Best Practice:

- A PCP or medical specialist, along with BH practitioners and providers may provide the AOD diagnosis a variety of settings, such as, but not limited to, a medical ED visit, PCP office visit, acute IP medical treatment, or treatment for detox. Once the patient has a new AOD diagnosis, the initiation phase begins
- Schedule the initial 14-day follow-up visit within 10 days of new AOD diagnosis to allow flexibility in rescheduling.
- At the end of the initial follow-up appointment, schedule two more follow-up appointments to occur within 34 days of the initial follow-up appointment.
- When treating a member for issues related to AOD, remember to code the diagnosis on every claim.

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

Lines of Business: Medicaid ●

The 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.

DESCRIPTION	CODES
Schizophrenia Diagnosis	ICD-10-CM: F20.0-F20.5, F20.81, F20.89, F20.9, F25.0-F25.1, F25.8-F25.9
Bipolar Disorder Diagnosis	ICD-10-CM: F30.10-F30.13, F30.2-F30.4, F30.8-F30.9, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4-F31.5, F31.60-F31.64, F31.70-F31.78

Glucose Test	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
Hemoglobin A1c (HbA1c) Test	CPT: 83036, 83037

CPT – CAT II: HEMOGLOBIN A1C (HBA1C) TEST	
DESCRIPTION	CODE
7%: Most recent HbA1c level less than 7.0% (DM)	3044F
9.0%: Most recent HbA1c greater than 9.0% (DM)	3046F
Most recent HbA1c level greater than or equal to 7.0% and less than or equal to 8.0% (DM)	3051F
Most recent HbA1c level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	3052F

Codes subject to change

Best Practice:

- To increase compliance, consider ordering the HbA1c or glucose test as an annual standing order.



DIABETES CARE

For more information, visit www.ncqa.org

DIABETES CARE

Lines of Business: Commercial, Medicaid, Medicare ●●●

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had each of the following:

- **Hemoglobin A1c Control for Patients with Diabetes (HBD)**
 - HbA1c control (<8.0%)
 - HbA1c poor control (>9.0%)
- **Blood Pressure Control for Patients with Diabetes (BPD)**
 - BP adequately controlled (<140/90)
- **Eye Exam for Patients with Diabetes (EED)**
 - Retinal Eye Exam

HEMOGLOBIN A1C CONTROL FOR PATIENTS WITH DIABETES (HBD)

DESCRIPTION	CPT – CAT II
7%: Most recent HbA1c level less than 7.0% (DM)	3044F
9.0%: Most recent HbA1c greater than 9.0% (DM)	3046F
Most recent HbA1c level greater than or equal to 7.0% and less than or equal to 8.0% (DM)	3051F
Most recent HbA1c level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	3052F

BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES (BPD)

DESCRIPTION	CPT – CAT II
Systolic Blood Pressure less than 130 mm Hg	3074F
Systolic Blood Pressure 130-139 mm Hg	3075F
Systolic Blood Pressure greater than or equal to 140 mm Hg	3077F
Diastolic Blood Pressure less than 80 mm Hg	3078F
Diastolic Blood Pressure 80-89 mm Hg	3079F
Diastolic Blood Pressure greater than or equal to 90 mm Hg	3080F
Remote Blood Pressure Monitoring	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

EYE EXAM FOR PATIENTS WITH DIABETES (EED)

DESCRIPTION	CPT/ CPT- CAT II
Automated Eye Exam	92229
Measure Year: Eye Exam with Evidence of Retinopathy	2022F, 2024F, 2026F
Measure Year: Eye Exam without Evidence of Retinopathy	2023F, 2025F, 2033F
Diabetic Retinal Screening Negative in Prior Year: <i>Must be a Negative result to be compliant and the reported date should be the date the provider reviewed the patient's eye exam from the prior year</i>	3072F

Codes subject to change

KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

Lines of Business: Commercial, Medicaid, 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.

DESCRIPTION	CPT
Estimated Glomerular Filtration Rate (eGFR)	80047, 80048, 80050, 80053, 80069, 82565
Quantitative Urine Albumin Lab Test	82043
Urine Creatinine Lab Test (uACR)	82570

Codes subject to change

Best Practice:

- Routinely refer members with type 1 or type 2 diabetes to a participating lab for their eGFR and uACR
- Follow up with patients to discuss their lab results
- Educate the patient on how diabetes can affect the kidneys and provide tips on preventing damage to their kidneys
 - Controlling High Blood Pressure
 - Medication Adherence by taking prescribed meds that protects the kidney functionality (ACE inhibitors or ARBs)
 - Offer education on harmful medications to the kidneys (NSAIDS such as naproxen or ibuprofen)
 - Suggest a diet of lower protein and limited salt intake
- Coordinate patient care with specialists (endocrinologist or nephrologist) as needed.

STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

Lines of Business: Commercial, Medicaid, Medicare ●●●

The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.

Two rates are reported:

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

Clinical Goal:

Patient dispensed at least one statin medication or remained on statin medication 80% of treatment period for any intensity meets compliance

Best Practice:

- Review the patient's medication list during each visit
- Educate the patient on the importance of medication adherence

Diabetes Medication

DESCRIPTION	PRESCRIPTION		
Alpha-glucosidase inhibitors	<ul style="list-style-type: none"> Acarbose 	<ul style="list-style-type: none"> Miglitol 	
Amylin analogs	<ul style="list-style-type: none"> Pramlintide 		
Antidiabetic combinations	<ul style="list-style-type: none"> Alogliptin-metformin Alogliptin-pioglitazone Canagliflozin-metformin Dapagliflozin-metformin Empagliflozin-linagliptin Empagliflozin-metformin 	<ul style="list-style-type: none"> Glimepiride-pioglitazone Glipizide-metformin Glyburide-metformin Linagliptin-metformin Metformin-pioglitazone Metformin-repaglinide 	<ul style="list-style-type: none"> Metformin-rosiglitazone Metformin-saxagliptin Metformin-sitagliptin
Insulin	<ul style="list-style-type: none"> Insulin aspart Insulin aspart-insulin aspart protamine Insulin degludec Insulin detemir Insulin glargine Insulin glulisine 	<ul style="list-style-type: none"> Insulin isophane human Insulin isophane-insulin regular Insulin lispro Insulin lispro-insulin lispro protamine Insulin regular human Insulin human inhaled 	
Meglitinides	<ul style="list-style-type: none"> Nateglinide 	<ul style="list-style-type: none"> Repaglinide 	
Glucagon-like peptide-1 (GLP1) agonists	<ul style="list-style-type: none"> Albiglutide Dulaglutide Exenatide 	<ul style="list-style-type: none"> Liraglutide (excluding Saxenda®) Semaglutide 	
Sodium glucose cotransporter 2 (SGLT2) inhibitor	<ul style="list-style-type: none"> Canagliflozin Dapagliflozin (excluding Farxiga®) 	<ul style="list-style-type: none"> Empagliflozin 	
Sulfonylureas	<ul style="list-style-type: none"> Chlorpropamide Glimepiride 	<ul style="list-style-type: none"> Glipizide Glyburide 	<ul style="list-style-type: none"> Tolazamide Tolbutamide
Thiazolidinediones	<ul style="list-style-type: none"> Pioglitazone 	<ul style="list-style-type: none"> Rosiglitazone 	

Dipeptidyl peptidase-4 (DDP-4) inhibitors	<ul style="list-style-type: none"> ■ Alogliptin ■ Linagliptin 	<ul style="list-style-type: none"> ■ Saxagliptin ■ Sitagliptin 	
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Subject to change. Please refer to www.pshp.ga.com for specific drug coverage



WOMEN'S HEALTH

For more information, visit www.ncqa.org

BREAST CANCER SCREENING (BCS)

Lines of Business: Commercial, Medicaid, Medicare ●●●

The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

DESCRIPTION	CODES
Mammography	CPT: 77061-77063, 77065-77067 HCPCS: G0202, G0204, G0206
History of Mastectomy: Bilateral Breast	ICD-10-CM: Z90.13

Codes subject to change

CERVICAL CANCER SCREENING (CCS)

Lines of Business: Commercial, Medicaid ●●

The percentage of women 21-64 years of age who were screened for cervical cancer using the following criteria:

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

DESCRIPTION	CODES
Cytopathology, cervical, or vaginal	CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164 – 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
High -Risk HPV Co-Testing	CPT: 87624, 87625 HCPCS: G0476
EXCULSIONS Codes	ICD-10-CM
Acquired absence of both cervix and uterus	Z90.710
Acquired absence of cervix with remaining uterus	Z90.712

Codes subject to change

Exclusions:

- Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member’s history through December 31 of the measurement year

Helpful Documentation Tips:

- Documentation in the medical record indicating the date when the cervical cytology was performed with results
- Any of the following documentation meets criteria for exclusion:
 - “complete, “total”, or “radical” hysterectomy (abdominal, vaginal, or unspecified)
 - “vaginal hysterectomy”
 - “vaginal pap smear” in conjunction with documentation or “hysterectomy”
 - “hysterectomy” in combination with documentation that the patient no longer needs pap testing/cervical cancer screening.

CHLAMYDIA SCREENING IN WOMEN (CHL)

Lines of Business: Commercial, Medicaid ●●

The percentage of women 16-24 years of age who were identified as sexually active and who has at least one test for chlamydia during the measurement year.

DESCRIPTION	CPT
Chlamydia Tests	87710, 87270, 87320, 87490-87492, 87810

Codes subject to change

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

Lines of Business: Medicare Only ●

The percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six (6) months after the fracture.

DESCRIPTION	CODES
Bone Mineral Density Test (BMD)	CPT: 76977, 77078, 77080, 77081, 77085, 77086
Long – Acting Osteoporosis Medications	HCPCS: J0897, J1740, J3489
Osteoporosis Medication Therapy	HCPCS: J0897, J1740 J3111, J3489

Codes subject to change

Best Practice:

- Provide patients who have had a fracture with a referral for bone mineral density (BMD) testing and encourage them to obtain the screening. Follow up with the patient to ensure the test was completed.
- Review bone mineral density results and prescribe osteoporosis treatment when appropriate
- Discuss fall prevention annually:
 - Ask patient if they have any problems with balance or walking. If so, do they need an assistive device such as cane or walker?
 - Ask if your patient has fallen in the past 12 months. If so, what lead to the fall?
 - Discuss trip hazards such as loose carpet, using night lights, wearing supportive shoes with grip or no slip socks and installing grab bars
 - Review medication to identify possible side effects that can increase risk
 - Encourage annual vision and hearing checks.
- Screen female patients starting at age 65 to reduce the risk of osteoporosis

Osteoporosis Medications

DESCRIPTION	PRESCRIPTION
Bisphosphonates	<ul style="list-style-type: none"> ■ Alendronate ■ Alendronate-cholecalciferol ■ Ibandronate
Other agents	<ul style="list-style-type: none"> ■ Risedronate ■ Zoledronic acid
	<ul style="list-style-type: none"> ■ Abaloparatide ■ Denosumab ■ Raloxifene
	<ul style="list-style-type: none"> ■ Romosozumab ■ Teriparatide

Subject to change. Please refer to www.pshp.ga.com for specific drug coverage

PRENATAL AND POSTPARTUM CARE (PPC)

Lines of Business: Commercial, Medicaid ●●

Women who delivered live births on or between 10/08/2021 – 10/-7/2022 with the following facets of prenatal and postpartum care:

- **Timeliness of Prenatal Care:** Women who 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:** Women that received a postpartum visit on or between 7 and 84 days after delivery

DESCRIPTION	CODES
Stand Alone Prenatal Visits	CPT: 99500 CPT-CAT II: 0500F – 0502F HCPCS: H1000-H1004
Prenatal Visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99483 HCPCS: G0463, T1015
Postpartum Visits	CPT: 57170, 58300, 59430, 99501 CPT-CAT II: 0503F HCPCS: G0101 ICD-10-CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Online Assessments (Prenatal and Postpartum)	CPT: 98969-98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063
Telephone Visits (Prenatal and Postpartum)	CPT: 98966-98968, 99441-99443

Codes subject to change



CHILD AND ADOLESCENT HEALTH

For more information, visit www.ncqa.org

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

Lines of Business: Commercial, Medicaid ●●

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

Two rates are reported:

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

Intake Period: March 1st - February 28th

DESCRIPTION	CODES	
BH Outpatient Visit	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99348-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0039, G0155, G0176, G0177, G0409, G0463, G0512 H0002, H0004, H0031, H0034, H0036, H0037, H0040, H2000, H2010, H2011, H2013 – H2020, T1015	
Observation Visit	CPT: 99217- 99220	
Health and Behavior Assessment/ Intervention	CPT: 96150-96154, 96156, 96158- 96159, 96164- 96165, 96167-96168, 96170- 96171	
Visiting Setting Unspecified	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	
Partial Hospitalization/ Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	
Online Assessments	CPT: 98969-98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063	
Telephone Visits	CPT: 98966-98968, 99441-99443	
Place of Services (POS)	Community Health CTR	POS: 53
	Outpatient	POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
	Partial Hospitalization	POS: 52
	Telehealth	POS: 02

METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM)

Lines of Business: Commercial, Medicaid ●●

The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. **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 blood glucose and cholesterol testing.

DESCRIPTION	CODES
HbA1C Lab Test	CPT: 83036, 83037 CPT-CAT II: 3044F, 3046F, 3051F, 3052F
Glucose Lab Test	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Lab Test	CPT: 80061, 83700, 83701, 83704, 83721 CPT – CAT II: 3048F – 3050F
Cholesterol Lab Test	CPT: 82465, 83718, 83722, 84478

Codes subject to change

CHILDHOOD IMMUNIZATION STATUS (CIS)

Lines of Business: Commercial, Medicaid ●●

The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.

Follows the CDC Advisory Committee on Immunization Practices (ACIP) guidelines for immunization for children	
VACCINE	CODES
DTaP (Diphtheria, Tetanus and acellular Pertussis) – 4 doses	CPT: 90697, 90698, 90700, 90723
PV (Polio) – 3 doses	CPT: 90697, 90698, 90713, 90723

MMR (Measles, Mumps, Rubella) – 1 dose	CPT: 90707, 90710
HiB (Haemophilus influenza type B) – 3 doses	CPT: 90644, 90647, 90648, 90697, 90698, 90748
Hep B (Hepatitis B) – 3 doses	CPT: 90697, 90723, 90740, 90744, 90747, 90748
VZV (Varicella Zoster Virus) – 1 dose	CPT: 90710, 90716
PCV (Pneumococcal Conjugate) – 4 doses	CPT: 90670
Hep A (Hepatitis A) – 1 dose	CPT: 90633
RV (Rotavirus) – 2 doses	CPT: 90681
RV (Rotavirus) – 3 doses	CPT: 90680
FLU (Influenza) – 2 doses	CPT: 90655, 90657, 90661, 90673, 90685-90689
VACCINE ADMINISTRATION	HCPCS
Administration of Hepatitis B Vaccine	G0010
Administration of Influenza Virus Vaccine	G0008
Administration of Pneumococcal Vaccine	G0009

Codes subject to change

Best Practice:

- Timely submission of claims and encounter data
- Notate the name of the antigen and the date of the immunization
- Documentation the member received the immunization “at delivery” or “in the hospital” meet criteria (e.g., Hep B).
- Overdue immunization and lead testing can be administered during sick visit when medically appropriate
- Anaphylaxis due to vaccine is numerator compliant for DTaP, HepB, HiB, and Rotavirus. Encephalitis due to vaccine is numerator complaint for DTaP only.
- Document Anaphylactic reaction due to vaccination: submit ICD-10-CM codes T80.52XA, T80.52XD, or T80.52XS

IMMUNIZATIONS FOR ADOLESCENTS (IMA)

Lines of Business: Commercial, Medicaid ●●

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

Follows the CDC Advisory Committee on Immunization Practices (ACIP) guidelines for immunization for children	
VACCINE	CODES
Meningococcal conjugate vaccine, serogroups A, C, W, Y – 1 dose	CPT: 90619, 90733, 90734
Tdap Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) – 1 dose	CPT: 90715
HPV series Human papilloma virus – 2 or 3 doses	CPT: 90649 – 90651

Codes subject to change

Best Practice:

- Timely submission of claims and encounter data
- Notate the name of the antigen and the date of the immunization
- Anaphylaxis due to vaccine is numerator compliant for any of the antigens.
- Document Anaphylaxis reaction and code appropriately ICD-10-CM codes: T80.5XA, T80.52XD or TX80.52XS

LEAD SCREENING IN CHILDREN (LSC)

Lines of Business: Commercial, Medicaid ●●

The 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.

DESCRIPTION	CPT
Lead Screening Lab Test	83655

Codes subject to change

Best Practice:

- Timely submission of claims and encounter data
- Check for compliance with immunizations and lead screening at 18-month well-child visit before 2 years old.
- If using Certified Lead Analyzer, bill with appropriate CPT code 83655

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

Lines of Business: Commercial, Medicaid ●●

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

- **Well-Child Visits in the First 15 Months:** Children who turned 15 months old during the measurement year: Six or more well-child visits.
- **Well-Child Visits for Age 15 Months–30 Months:** Children who turned 30 months old during the measurement year: Two or more well-child visits.

DESCRIPTION	CODES	
Preventive Medicine	CPT:	99381, 99382, 99391, 99392 Modifier: EP
	HCPCS:	G0438, G0439, S0302
	ICD-10-CM:	Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z76.1, Z76.2

Codes subject to change

Best Practice:

- Documentation of a visit with a PCP notating the date of service to validate a well child exam was performed
- Members birth through 30 months should receive preventive visits throughout the year according to specified timeframe
- Perform a well-visit exam during a follow-up visit or sick visit; when medically appropriate
- Use proper coding to ensure accurate reporting of the HEDIS measure
- Document all appropriate screening requirements in reference to the American Academy/Bright Futures <https://brightfutures.aap.org/Pages/default.aspx>

Immunization Schedule: Birth to 18 Years

- Range of recommended ages for all children
- Range of recommended ages for catch-up immunization
- Range of recommended ages for certain high-risk groups
- Recommended based on shared clinical decision-making or *can be used in this age group
- No recommendation/Not applicable

*For additional information please reference The Centers for Disease Control and Prevention at <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2022

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B (HepB)	1 st dose	← 2 nd dose →			← 3 rd dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)		1 st dose	2 nd dose	See Notes													
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)		1 st dose	2 nd dose	2 nd dose	3 rd dose		← 4 th dose →					5 th dose					
Haemophilus influenzae type b (Hib)		1 st dose	2 nd dose	2 nd dose	See Notes		3 rd or 4 th dose See Notes										
Pneumococcal conjugate (PCV13)		1 st dose	2 nd dose	2 nd dose	3 rd dose		← 4 th dose →										
Inactivated poliovirus (IPV <18 yrs)		1 st dose	2 nd dose	2 nd dose	3 rd dose		← 3 rd dose →					4 th dose					
Influenza (IV4)													Annual vaccination 1 dose only				
Influenza (LAIV4)													Annual vaccination 1 or 2 doses				Annual vaccination 1 dose only
Meadles, mumps, rubella (MMR)						See Notes	← 1 st dose →						2 nd dose				
Varicella (VAR)						See Notes	← 1 st dose →						2 nd dose				
Hepatitis A (HepA)						See Notes											
Tetanus, diphtheria, acellular pertussis (Tdap >7 yrs)																	
Human papillomavirus (HPV)																	
Menigeococcal (MenACWY/D >9 mos, MenACWY/CRM ≥2 mos, MenACWY/TT ≥2 years)																	
Menigeococcal B (MenB-4C, MenB-FHbp)																	
Pneumococcal polysaccharide (PPSV23)																	
Dengue (DENACVd-9-16 yrs)																	

Range of recommended ages for all children
 Range of recommended ages for catch-up vaccination
 Range of recommended ages for certain high-risk groups
 Recommended vaccination can begin in this age group
 Recommended vaccination based on shared clinical decision-making
 See Notes
 See Notes (in endemic areas only) (See Notes)
 No recommendation/not applicable

(continued)

20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up as appropriate. For patients with a positive result, refer to the *Primary Care Pediatric With Qualifications* (<https://pediatrics.aappublications.org/content/128/6/1133>).
22. Screening for critical congenital heart disease using pulse oximetry should be performed on all newborns in the hospital. For patients with a positive result, refer to the *Primary Care Pediatric With Qualifications* (<https://pediatrics.aappublications.org/content/128/6/1133>).
23. For patients with a positive result, refer to the *Primary Care Pediatric With Qualifications* (<https://pediatrics.aappublications.org/content/128/6/1133>).
24. For patients with a positive result, refer to the *Primary Care Pediatric With Qualifications* (<https://pediatrics.aappublications.org/content/128/6/1133>).
25. For critical risk of lead exposure, see "Prevention of Childhood Lead Toxicity: Primary Care Pediatric With Qualifications: A Renewed Call for Primary Prevention" (<https://pediatrics.aappublications.org/content/136/7/1207>).
26. For patients with a positive result, refer to the *Primary Care Pediatric With Qualifications* (<https://pediatrics.aappublications.org/content/128/6/1133>).
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases (<https://pediatrics.aappublications.org/content/136/7/1207>).
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (<https://pediatrics.aappublications.org/content/136/7/1207>).
29. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (<https://pediatrics.aappublications.org/content/136/7/1207>).
30. For patients with a positive result, refer to the *Primary Care Pediatric With Qualifications* (<https://pediatrics.aappublications.org/content/128/6/1133>).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)
 This schedule reflects changes approved in November 2020 and published in March 2021. For updates, and a list of previous changes made, visit www.aap.org/periodicityschedule.

CHANGES MADE IN NOVEMBER 2020

DEVELOPMENTAL

- Footnote 11 has been updated to read as follows: "Screening should occur per Promoting Optimal Development: Identifying Infant and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (<https://pediatrics.aappublications.org/content/145/7/e20193449>).

AUTISM SPECTRUM DISORDER

- Footnote 12 has been updated to read as follows: "Screening should occur per Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (<https://pediatrics.aappublications.org/content/145/7/e20193447>).

HEPATITIS VIRUS INFECTION

- Screening for hepatitis C virus infection has been added to occur at least once between the ages of 18 and 79 years (to be consistent with recommendations of the USPSTF and CDC).
- Footnote 16 has been updated to read as follows: "All individuals should be screened for hepatitis C virus (HCV) infection according to USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/USPSTF201908/hepatitis-c>) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually".
- Footnotes 31 through 35 have been renumbered as footnotes 32 through 36.

CHANGES MADE IN OCTOBER 2019

MATERNAL DEPRESSION

- Footnote 16 has been updated to read as follows: "Screening should occur per Incorporating Recognition and Management of Perinatal Depression into Pediatric Practice" (<https://pediatrics.aappublications.org/content/143/7/e20183259>).

CHANGES MADE IN DECEMBER 2018

BLOOD PRESSURE

- Footnote 6 has been updated to read as follows: "Screening should occur per Clinical Practice Guidelines for Screening and Management of High Blood Pressure in Children and Adolescents" (<https://pediatrics.aappublications.org/content/140/3/e20171900>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years."

ANEMIA

- Footnote 24 has been updated to read as follows: "Per form risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition Policy of the American Academy of Pediatrics (non-chapter)."

LEAD

- Footnote 25 has been updated to read as follows: "For children at risk of lead exposure see "Prevention of Childhood Lead Toxicity: Primary Care Pediatric With Qualifications: A Renewed Call for Primary Prevention" (<https://www.aap.org/health/lead/lead-prevention>). Document 039712.pdf".



HRSA

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). HRSA is a federal agency within HHS that is responsible for the distribution of approximately \$5,000,000,000 annually to prevent, through state government and local health departments, the transmission of HIV and other communicable diseases. HRSA, HHS, and the U.S. Government for more information, visit <https://www.hrsa.gov>.

Note: Please always follow the State and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission. The codes and tips listed do not guarantee reimbursement.

EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) QUICK REFERENCE GUIDE

INFANCY AND EARLY CHILDHOOD EPSDT PREVENTIVE MEDICAL VISITS			
Children should have 11 EPSDT visits before 3 years old. Complete Eight (8) visits within 15 months. Three (3) additional EPSDT preventive medical visits should occur before age 3 years:			
3-5 day	By 1 month	2 months	4 months
6 months	9 months	12 months	15 months
18 months	24 months	30 months	3 years old/annually
HEDIS REQUIREMENTS			
HEDIS requires at least 6 visits by 15 months and 2 or more visits by 30 months. Note: EPSDT preventive medical visits that occur at 15 months and 1 day old, will not count towards HEDIS scores.			
TIPS			
<ul style="list-style-type: none"> ■ If the Provider is compliant with the Bright Futures Guidelines (BFG), they will be compliant with the HEDIS requirements. ■ Schedule a visit for members who may need to catch up with the BFG periodicity schedule. ■ Document type of anticipatory guidance. ■ Assess for a dental home and first dental exam no later than 12 months. According to American Academy of Pediatrics (AAP) 2021 Bright Futures, “Promoting Oral Health.” 			

DEVELOPMENTAL SCREENINGS

A Developmental Screening using a STANDARDIZED DEVELOPMENTAL SCREENING TOOL must be performed at the 9 months, 18 months and 30 months during EPSDT preventive medical visits.

ACCEPTABLE STANDARDIZED TOOLS

- Ages and Stages Questionnaire (ASQ) – 2 months to 5 years
- Ages and Stages Questionnaire – 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) Birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) – 3 months to 2 years
- Brigance Screens-II – Birth to 90 months
- Child Development Inventory (CDI) - 18 months to 6 years
- Infant Development Inventory – Birth to 18 months
- Parents' Evaluation of Developmental Status (PEDS) – Birth to 8 years
- Parent's Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)
- Survey of Well – Being in Young Children (SWYC)

*Reimbursement is delivered for performing developmental screening using a standardized tool; providers must bill CPT Code 96110 with the EP modifier and the appropriate preventive ICD-10-CM diagnosis code

CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)

Lines of Business: Commercial, Medicaid ●●

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

DESCRIPTION	CODES
Preventive Medicine	CPT: 99382-99385, 99391-9935 Modifier: EP
	HCPCS: G0438, G0439, S0302
	ICD-10-CM: Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2

Codes subject to change

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

Lines of Business: Commercial, Medicaid ●●

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.

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

**Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.*

WCC: Based on the American Academy of Pediatrics (AAP) recommendation of an annual comprehensive checkup for adolescents	
DESCRIPTION	CODES
Nutrition Counseling	CPT: 97802 – 97804
	HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
	ICD-10-CM: Z71.3
Physical Activity	HCPCS: G0447, S9451
	ICD-10-CM: Z02.5, Z71.82
BMI PERCENTILE	ICD-10-CM
BMI, pediatric, less than 5th percentile for age	Z68.51
BMI, pediatric, 5th percentile to 85th percentile for age	Z68.52
BMI, pediatric, 85th percentile to 95th percentile for age	Z68.53
BMI, greater than or equal to 95th percentile for age	Z68.54

Codes subject to change



GENERAL HEALTH

For more information, visit www.ncqa.org

AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/ BRONCHIOLITIS (AAB)

Lines of Business: Commercial, Medicaid, Medicare ●●●

The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.
Intake Period: July 1 – June 30

Note: This measure is reported as an inverted rate. A higher rate indicates appropriate treatment of adults with acute bronchitis. It describes the episodes that did not result in an antibiotic being dispensed

DESCRIPTION	CODES
Acute Bronchitis	ICD-10-CM: J20.3 – J20.9, J21.8, J21.9
ED	CPT: 99281-99285 UBREV: 0450-0452, 0456, 0981
Observation	CPT: 99217-99220
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99401-99404, 99411, 99412, 99455, 99456, 99483 HCPCS: G0438, G0439, T1015

Telehealth Visits	Online Assessments	CPT: 98969-98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063
	Telephone Visits	CPT: 98966-98968, 99441-99443
	Modifiers/ POS	Modifiers: GT, 95 POS: 02
EXCLUSIONS/COMORBID DIAGNOSIS		
<p>Exclusion of episode dates when a submission of a claim/encounter for the following diagnosis:</p> <p>Comorbid Conditions, COPD, Disorders of the Immune System, Emphysema, HIV Type 2 or HIV, Malignant Neoplasms, Other Malignant Neoplasm of Skin</p>		

Codes subject to change

Best Practice:

- Members treated for acute bronchitis should NOT be prescribed antibiotics unless there are co-morbid conditions or competing diagnoses that require antibiotic therapy.
- Refer to the illness as a “chest cold” or viral upper respiratory infection and suggest at home treatments such as:
 - Over-the-Counter (OTC) cough medicine and anti-inflammatory medicine
 - Drinking extra fluids and rest
 - Using a nasal irrigation device or steamy hot shower for nasal and sinus congestion relief
- If the patient or Caregiver insists on an antibiotic:
 - Review the absence of bacterial infection symptoms with the patient/caregiver and educate that antibiotics will not help with viral infections
 - Discuss the side effects of on the use of antibiotics
 - Arrange an early follow-up visit, either by phone call or re-examination

AAB Antibiotic Medications

DESCRIPTION	PRESCRIPTION		
Aminoglycosides	<ul style="list-style-type: none"> ■ Amikacin ■ Gentamicin 	<ul style="list-style-type: none"> ■ Streptomycin ■ Tobramycin 	
Aminopenicillins	<ul style="list-style-type: none"> ■ Amoxicillin 	<ul style="list-style-type: none"> ■ Ampicillin 	
Beta-lactamase inhibitors	<ul style="list-style-type: none"> ■ Amoxicillin-clavulanate ■ Ampicillin-sulbactam 	<ul style="list-style-type: none"> ■ Piperacillin-tazobactam 	
First-generation cephalosporins	<ul style="list-style-type: none"> ■ Cefadroxil 	<ul style="list-style-type: none"> ■ Cefazolin 	<ul style="list-style-type: none"> ■ Cephalexin
Fourth-generation cephalosporins	<ul style="list-style-type: none"> ■ Cefepime 		
Ketolides	<ul style="list-style-type: none"> ■ Telithromycin 		
Lincomycin derivatives	<ul style="list-style-type: none"> ■ Clindamycin 	<ul style="list-style-type: none"> ■ Lincomycin 	
Macrolides	<ul style="list-style-type: none"> ■ Azithromycin ■ Clarithromycin 	<ul style="list-style-type: none"> ■ Erythromycin 	
Miscellaneous antibiotics	<ul style="list-style-type: none"> ■ Aztreonam ■ Chloramphenicol ■ Dalfopristin-quinupristin 	<ul style="list-style-type: none"> ■ Daptomycin ■ Linezolid ■ Metronidazole 	<ul style="list-style-type: none"> ■ Vancomycin
Natural penicillins	<ul style="list-style-type: none"> ■ Penicillin G benzathine-procaine ■ Penicillin G potassium 	<ul style="list-style-type: none"> ■ Penicillin G procaine ■ Penicillin G sodium 	<ul style="list-style-type: none"> ■ Penicillin V potassium ■ Penicillin G benzathine
Penicillinase resistant penicillins	<ul style="list-style-type: none"> ■ Dicloxacillin 	<ul style="list-style-type: none"> ■ Nafcillin 	<ul style="list-style-type: none"> ■ Oxacillin
Quinolones	<ul style="list-style-type: none"> ■ Ciprofloxacin ■ Gemifloxacin 	<ul style="list-style-type: none"> ■ Levofloxacin ■ Moxifloxacin 	<ul style="list-style-type: none"> ■ Ofloxacin
Rifamycin derivatives	<ul style="list-style-type: none"> ■ Rifampin 		
Second-generation cephalosporin	<ul style="list-style-type: none"> ■ Cefaclor ■ Cefotetan 	<ul style="list-style-type: none"> ■ Cefoxitin ■ Cefprozil 	<ul style="list-style-type: none"> ■ Cefuroxime

Sulfonamides	<ul style="list-style-type: none"> ■ Sulfadiazine 	<ul style="list-style-type: none"> ■ Sulfamethoxazole-trimethoprim 	
Tetracyclines	<ul style="list-style-type: none"> ■ Doxycycline 	<ul style="list-style-type: none"> ■ Minocycline 	<ul style="list-style-type: none"> ■ Tetracycline
Third-generation cephalosporins	<ul style="list-style-type: none"> ■ Cefdinir ■ Cefditoren ■ Cefixime 	<ul style="list-style-type: none"> ■ Cefotaxime ■ Cefpodoxime ■ Ceftazidime 	<ul style="list-style-type: none"> ■ Ceftibuten ■ Ceftriaxone
Urinary anti-infectives	<ul style="list-style-type: none"> ■ Fosfomycin ■ Nitrofurantoin 	<ul style="list-style-type: none"> ■ Nitrofurantoin macrocrystals-monohydrate ■ Trimethoprim 	

ASTHMA MEDICATION RATIO (AMR)

Lines of Business: Commercial, Medicaid ●●

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 medications of 0.50 or greater during the measurement year.

Intake Period: July 1 – June 30

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

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

- For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications.
- For each member, calculate the ratio using the following formula:
 * Units of Controller Medications/Units of Total Asthma Medications

Asthma Controller Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Antiasthmatic combinations	<ul style="list-style-type: none"> Dyphylline-guaifenesin 	Dyphylline Guaifenesin Medications List	Oral
Antibody inhibitors	<ul style="list-style-type: none"> Omalizumab 	Omalizumab Medications List	Injection
Anti-interleukin-4	<ul style="list-style-type: none"> Dupilumab 	Dupilumab Medications List	Injection
Anti-interleukin-5	<ul style="list-style-type: none"> Benralizumab 	Benralizumab Medications List	Injection
Anti-interleukin-5	<ul style="list-style-type: none"> Mepolizumab 	Mepolizumab Medications List	Injection
Anti-interleukin-5	<ul style="list-style-type: none"> Reslizumab 	Reslizumab Medications List	Injection
Inhaled steroid combinations	<ul style="list-style-type: none"> Budesonide-formoterol 	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	<ul style="list-style-type: none"> Fluticasone-salmeterol 	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	<ul style="list-style-type: none"> Fluticasone-vilanterol 	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	<ul style="list-style-type: none"> Formoterol-mometasone 	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	<ul style="list-style-type: none"> Beclomethasone 	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	<ul style="list-style-type: none"> Budesonide 	Budesonide Medications List	Inhalation
Inhaled corticosteroids	<ul style="list-style-type: none"> Ciclesonide 	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	<ul style="list-style-type: none"> Flunisolide 	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	<ul style="list-style-type: none"> Fluticasone 	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	<ul style="list-style-type: none"> Mometasone 	Mometasone Medications List	Inhalation
Leukotriene modifiers	<ul style="list-style-type: none"> Montelukast 	Montelukast Medications List	Oral

Leukotriene modifiers	<ul style="list-style-type: none"> Zafirlukast 	Zafirlukast Medications List	Oral
Leukotriene modifiers	<ul style="list-style-type: none"> Zileuton 	Zileuton Medications List	Oral
Methylxanthines	<ul style="list-style-type: none"> Theophylline 	Theophylline Medications List	Oral

Subject to change. Please refer to www.pshp.ga.com for specific drug coverage

Asthma Reliever Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Short-acting, inhaled beta-2 agonists	Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

Subject to change. Please refer to www.pshp.ga.com for specific drug coverage

APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

Lines of Business: Commercial, Medicaid, Medicare ●●●

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

Intake Period: July 1 – June 30

DESCRIPTION	CODES
Diagnosis: Pharyngitis/Tonsilitis	ICD-10-CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Lab Testing: Strep Test or Throat Culture	CPT: 87070, 87071, 87081, 87430, 87650 – 87652, 87880

Codes subject to change

Best Practice:

- Perform a rapid strep test or throat culture to confirm diagnosis before prescribing Antibiotics
- Educate patients that an antibiotic is not necessary for viral infections if rapid strep test and/or throat culture is negative
- Submit any co-morbid diagnosis codes that apply to claim submission

CWP Antibiotic Medications

DESCRIPTION	PRESCRIPTION	
Aminopenicillins	<ul style="list-style-type: none"> ■ Amoxicillin 	<ul style="list-style-type: none"> ■ Ampicillin
Beta-lactamase inhibitors	<ul style="list-style-type: none"> ■ Amoxicillin-clavulanate 	
First generation cephalosporins	<ul style="list-style-type: none"> ■ Cefadroxil ■ Cefazolin 	<ul style="list-style-type: none"> ■ Cephalexin
Folate antagonist	<ul style="list-style-type: none"> ■ Trimethoprim 	
Lincomycin derivatives	<ul style="list-style-type: none"> ■ Clindamycin 	
Macrolides	<ul style="list-style-type: none"> ■ Azithromycin ■ Clarithromycin 	<ul style="list-style-type: none"> ■ Erythromycin
Natural penicillins	<ul style="list-style-type: none"> ■ Penicillin G benzathine ■ Penicillin G potassium 	<ul style="list-style-type: none"> ■ Penicillin G sodium ■ Penicillin V potassium
Quinolones	<ul style="list-style-type: none"> ■ Ciprofloxacin ■ Levofloxacin 	<ul style="list-style-type: none"> ■ Moxifloxacin ■ Ofloxacin
Second generation cephalosporins	<ul style="list-style-type: none"> ■ Cefaclor ■ Cefprozil 	<ul style="list-style-type: none"> ■ Cefuroxime
Sulfonamides	<ul style="list-style-type: none"> ■ Sulfamethoxazole-trimethoprim 	
Tetracyclines	<ul style="list-style-type: none"> ■ Doxycycline ■ Minocycline 	<ul style="list-style-type: none"> ■ Tetracycline
Third generation cephalosporins	<ul style="list-style-type: none"> ■ Cefdinir ■ Cefixime ■ Cefpodoxime 	<ul style="list-style-type: none"> ■ Ceftibuten ■ Cefditoren ■ Ceftriaxone

Subject to change. Please refer to www.pshp.ga.com for specific drug coverage

APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION (URI)

Lines of Business: Commercial, Medicaid, 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.

Intake Period: July 1 – June 30

Note: This measure is reported as an inverted rate. A higher rate indicates appropriate URI treatment. It describes the episodes that did not result in an antibiotic being dispensed

DESCRIPTION	CODES	
Diagnosis: Common Cold, Upper Respiratory Infections	ICD-10-CM: J00, J06.0, J06.9	
ED	CPT: 99281-99285 UBREV: 0450-0452, 0456, 0981	
Observation	CPT: 99217-99220	
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99401-99404, 99411, 99412, 99455, 99456, 99483 HCPCS: G0438, G0439, T1015	
Telehealth Visits	Online Assessments	CPT: 98969-98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063
	Telephone Visits	CPT: 98966-98968, 99441-99443
	Modifiers/POS	Modifiers: GT, 95 POS: 02
EXCLUSIONS/COMORBID DIAGNOSIS		
Exclusion of episode dates when a submission of a claim/encounter for the following diagnosis: Comorbid Conditions, COPD, Disorders of the Immune System, Emphysema, HIV Type 2 or HIV, Malignant Neoplasms, Other Malignant Neoplasm of Skin		

Codes subject to change

Best Practice:

- Set expectations by educating on the recovery time for symptoms and comfort measures
- Educate on comfort measures to ease symptoms
- Encourage follow-up after 3 days if symptoms persist or get worse
- If prescribing antibiotics, list all competing or comorbid diagnosis codes on the claim when submitted.

Note: See “**AAB Antibiotic Medications**” list if prescribing for Upper Respiratory Infection.

USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

Lines of Business: Commercial, Medicaid, Medicare ●●●

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

Intake Period: January 1 – December 3

Note: The measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain. It describes the proportion for whom imaging studies did not occur.

DESCRIPTION	CODES
Osteopathic and Chiropractic Manipulative Treatment	CPT: 98925-98929, 98940-98942
Physical Therapy	CPT: 97110-97113, 97124, 97140, 97161-97164
Diagnosis: Uncomplicated Low Back Pain	ICD-10-CM: M47.26-M47.28, M47.816- 818, M47.896-898, M47.061, M48.07, M48.08, M51.16-17, M51.26-27, M51.36 – 37, M51.86 – 37, M51.87, M53.2X6- 2X8, M53.3, M53.86 – 88, M54.16-18, M54.30 – 32, M54.40 – 42, M54.5, M54.89, M54.9, M99.03 – 04, M99.23, M99.33, M99.43, M99.63, M99.73, M99.83 – 84, S33.100(A,D,S), S33.110(A,D,S), S33.120(A,D,S) S33.130(A,D,S), S33.140(A,D,S), S33.5XXA – 6XXA, S33.8XXA – 9XXA, S39.002(A,D,S) S39.012(A,D,S), S39.092(A,D,S), S39.82X(A,D,S),S39.92X(A,D,S),

Imaging Study	CPT: 72020, 72052, 72100, 72110, 7211, 72120, 72131-72133, 72142, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220
EXCLUSIONS DIAGNOSIS	
<p>Documentation and proper claims submission to identify the following Exclusions for Low Back Pain Imaging:</p> <ul style="list-style-type: none"> ■ Cancer – use appropriate ICD-10 codes ■ Trauma – use appropriate ICD-10 codes ■ IV Drug Abuse – use appropriate ICD-10 codes ■ HIV – code with B20, Z21 ■ Major Organ Transplants – use appropriate CPT/ICD-10 codes ■ Neurological Impairment – code with G83.4, K59.2, M48.062, R26.2, R29.2 	

Codes subject to change



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