PROVIDER REFERENCE GUIDE

HEDIS® 2022

buckeyehealthplan.com/providers.html
Provider Services: 866-246-4356

buckeye health plan

Welcome!

Dear Colleagues,

As you know, the Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA), which allows for comparison across health plans. Through HEDIS, NCQA holds Buckeye Health Plan accountable for the timeliness and quality of healthcare services delivered to its diverse membership.

This booklet is meant to serve as a quick HEDIS measure reference guide for your practice, in order to assist with medical record documentation. The booklet also includes general tips and an overview of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®).

If you have any questions or would like to request additional copies, please contact Buckeye Health Plan Quality Improvement at 866-246-4356 X 84230.

Thank you for your dedication to improving the health of our members and your patients.

Sincerely,

Brad Lucas, MD, MBA, FACOG
Chief Medical Officer
Buckeye Health Plan

Contents

HEDIS Quick Reference Guide

What we have provided in this guide is the most recent, up-to-date information available at print time. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). This tool is meant to be used as a quick-glance reference. All codes are subject to change; there may be revisions, deletions or additions to this information that occur from one measurement period to another. Please contact Buckeye Health Plan regarding any questions you may have with the information provided. Thank you for your efforts in the continuous improvement of quality for our members/your patients.

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) which allows direct, objective comparison of quality across health plans. NCQA develops the HEDIS® measures through a committee represented by purchasers, consumers, health plans, health care providers and policy makers. HEDIS® allows for standardized measurement, standardized reporting and accurate, objective side-by-side comparisons. Consult NCQA's website for more information: **ncqa.org**.

What are the scores used for?

As both State and Federal governments move toward a healthcare industry that is driven by quality, HEDIS® rates are becoming more and more important, not only to the health plan, but to the individual provider as well. State purchasers of healthcare use the aggregated HEDIS® rates to evaluate the effectiveness of a health insurance company's ability to demonstrate an improvement in preventive health outreach to its members. Physician-specific scores are being used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician incentive programs such as 'pay for performance' and 'quality bonus funds'. These programs pay providers an increased premium based on their individual scoring of quality indicators such as those used in HEDIS®.

How are the 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 necessity of medical record review.

How can I improve my HEDIS scores?

- Submit claim/encounter data for each and every service rendered.
- Chart documentation must reflect services billed.
- Submit claim/encounter data for each and every service rendered.
- Claim/encounter data is the most clean and efficient way to report HEDIS.®
- If services are not billed or not billed accurately, they are not included in the calculation.
- Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS® rate calculation.
- Consider including CPT II codes to reduce medical record requests. These codes provide details currently only found in the chart such as lab results.
- Avoid missed opportunities by taking advantage of sick-care visits; combine the well visit components and use a modifier and proper codes to bill for both the sick and well visit.
- Use the member list provided by Buckeye to contact patients who are in need of a visit.

What is CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey sent to members/patients to measure satisfaction with their providers and healthcare systems. The goal of CAHPS is to capture accurate and complete information about the member reported experiences with health care. This information measures how well the member's expectations and goals were met. CAHPS helps determine the areas of service that have the greatest impact on overall satisfaction and opportunities for improvement which aid in increasing the quality of provided care. The CAHPS survey results are shared with the consumers, which provides them information they can use to choose physicians and health systems.

Important topics that are surveyed include, but are not limited to:

- How well Providers communicate with patients.
- Providers use of information to coordinate patient care.
- Helpful, courteous and respectful office staff.
- Patients rating of the Provider.

Transportation

Transportation is available to all Buckeye members to covered healthcare/ dental appointments, WIC appointments, and redetermination appointments with CDJFS caseworker and trips to your patient's pharmacy following a doctor's appointment (limited area). To refer a patient or for any further questions, please call our Member Services at **1-866-246-4358 (TDD/TTY: 1-800-750-0750).**

Care Management

Care management, care coordination and disease coaching are part of Buckeye's benefits and available to all Buckeye members. We provide services for many conditions, such as asthma, diabetes, COPD, high-risk pregnancy, mental health/ substance use disorders and many other conditions. Our care management staff are highly knowledgeable and experienced to help address your patient's care management needs and assist with removing barriers to care. To refer a patient or for any further questions, please call our Member Services at **1-866-246-4358 (TDD/TTY: 1-800-750-0750).**

AAB: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis/Bronchiolitis

Members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.

NOTE:

- Measurement year begins on July 1 of the prior year and ends on June 30 of the measure year.

Important Codes*	
Outpatient	**CPT:** 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483
Outpatient	**HCPCS:** G0402, G0438, G0439, G0463 T1015
Online Assessment	**CPT:** 98969-98972, 99421-99443, 99444, 99457
	HCPCS: G2010, G2012, G2061, G2062, G2063
Acute Bronchitis	**ICD 10:** J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusions:**
  - Visits resulting in an inpatient stay.
  - Hospice or using hospice services anytime during the measurement year.
- **Educate member:**
  - Antibiotics are not needed for viral infections.
  - On importance calling/returning to the office if symptoms worsen or if no improvement.
  - Regarding good hand washing to prevent spread of infection.
- **Include appropriate documentation, date of episode, and submit claims for all diagnoses that are established at the visit.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

AAP: Adults' Access to Preventive/Ambulatory Health Services

Members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

Important Codes*			
Ambulatory Visits	**CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99350,99381-99387, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99483		
	HCPCS: G0402, G0438, G0439, G0463, T1015		
	UB Rev: 0510-0517, 0519-0523, 0526-0529, 0982-0983		
	ICD 10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9		
Other Ambulatory Visits with or without Telehealth	**CPT:** 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337	**With or without**	**Telehealth Modifier:** **CPT:** 95, GT
	HCPCS: S0620, S0621		
	UB Rev: 0524, 0525		
Telephone visit	**CPT:** 98966-98968, 99441-99443		
Online Assessment	**CPT:** 98969-98972, 99421-99423, 99444, 99457		
	HCPCS: G0071, G2010, G2012, G2061-G2063		

*Codes subject to change

HEDIS® Improvement Tips:

- **Outreach to newly assigned member to schedule appointment.**
- **Educate the member on the importance of preventive screenings.**
- **Reminder calls, emails, text messages or mailings can assist with ensuring members do not miss scheduled appointments.**
- **Schedule annual visit or follow-up visit before member leaves the office.**
- **Required Exclusion:** Members in hospice or using hospice services anytime during the measurement year.

ADD: Follow-up Care for Children Prescribed ADHD Medication

Children, ages 6-12, with a newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

Initiation Phase. Member with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the **30-day** Initiation Phase.

Continuation and Maintenance (C&M) Phase. Member, who remained on the medication for at least 210 days, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner **within 270 days (9 months)** after the Initiation Phase.

<table>
<tr><th colspan="6">Use Appropriate Billing Codes*</th></tr>
<tr><th colspan="6">Initiation and C&M Phase Codes</th></tr>
<tr><td rowspan="3">Visit Setting Unspecified</td><td rowspan="3">CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223 99231-99233, 99238, 99239, 99251-99255</td><td rowspan="3">With either</td><td>OP</td><td colspan="2">POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</td></tr>
<tr><td>PHP</td><td colspan="2">POS: 52</td></tr>
<tr><td>Community Mental Health Center (CMHC)</td><td colspan="2">POS: 53</td></tr>
<tr><td rowspan="3">Behavioral Health Outpatient (BH OP)</td><td colspan="5">CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510</td></tr>
<tr><td colspan="5">HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, T1015</td></tr>
<tr><td colspan="5">UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983</td></tr>
<tr><td>Observation</td><td colspan="5">CPT: 99217-99220</td></tr>
<tr><td>Health and Behavior Assessment/ Intervention</td><td colspan="5">CPT: 96150-96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171</td></tr>
</table>

ADD: Follow-up Care for Children Prescribed ADHD Medication

Initiation and C&M Phase Codes			
PHP/IOP	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485		
	UBREV: 0905, 0907, 0912, 0913		
C&M Only Codes			
Visit Setting Unspecified CPT Codes (see above)	**With**	**Telehealth**	**POS:** 02

Important Codes*	
Telephone visit	**CPT:** 98966-98968, 99441-99443

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Apply for members who have experienced an acute inpatient encounter for mental health or alcohol or other drug (AOD) abuse or dependence, and members diagnosed with narcolepsy.
- **The initial visit when medication was prescribed does not count as the initiation phase visit.**
- **Types of Follow up Visits:**
  - Outpatient Visit with Outpatient Place of Service (POS) or Community Mental Health Center POS.
  - Behavioral Health Outpatient Visit.
  - Observation Visit.
  - Health and behavior assessment or intervention.
  - Intensive outpatient encounter or partial hospitalization with or without partial hospitalization POS.
  - Telehealth visit.
  - Telephone visit
  - Online Assessment – only one visit within Continuation and Maintenance Phase.
- **Prescribe 30-day supply and require members attend a 30-day follow-up appointment in order to continue medication.**
- **Educate caregiver(s) on importance of dispensing the correct amount of prescribed medication and keeping follow-up appointments.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

Adherence for Cholesterol (Statins)/Hypertension (Renin Angiotensin System (RAS) Antagonists)/Oral Diabetes Medications

Members 18 years of age and older with either:

- Coronary artery disease (CAD) who was prescribed a statin **or**
- Hypertension who was prescribed a RAS antagonist or an angiotensin converting enzyme inhibitors (ACEI), or an angiotensin receptor blocker (ARB), or a direct renin inhibitor medication **or**
- Diabetes who was prescribed any of the following medications: biguanide, sulfonylurea, thiazolidinedione, DPP-IV Inhibitor, incretin mimetic or meglitinide (Please note: Insulin is NOT included) **and**
- Who has filled and is taking their medication at least 80% of the time during the measurement year.

HEDIS® Improvement Tips:

- **Exclusion:**
  - Members with one or more prescription claims for insulin during the treatment period.
- **At each visit, review medication list and ask if there are any issues with filling or taking medications as prescribed.**
- **Educate members on the purpose of the medication including how often to take the medication and possible side effects.**
- **Check online formulary for covered medications by line of business at buckeyehealthplan.com.**
- **Offer 90-day supply of medication to member, if stable.**
- **Encourage member to sign up for auto-fill with their retail or mail-order *pharmacy*.**
- **Encourage member to monitor blood pressure at home and document values.**
- **Encourage member to monitor blood glucose at home and document values.**
- **Ensure member completes provider required labs for cholesterol and A1c.**
- **Schedule annual or follow-up visit before member leaves the office.**

ADV: Annual Dental Visit

Members 2–20 years of age who had at least one or more dental visit during the calendar year with a dental practitioner.

Definition of Dental Practitioner
Dental Practitioners hold a DMD (Doctor of Dental Medicine) or a DDS (Doctor of Dental Surgery) from an accredited school and is licensed to practice dentistry by a state board of dental examiners. Certified and Licensed Dental Hygienists are considered dental practitioners.

HEDIS® Improvement Tips:

- **Educate parent(s)/guardian(s) and member of the importance of good oral hygiene, especially in starting at an early age. Schedule dental visits as young as 2 years of age.**
- **Buckeye Health Plan covers (2) periodic oral exams and cleaning per year.**
- **Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.**
- **Schedule annual visit or follow-up visit before member leaves the office.**
- **Transportation to and from dental appointments available for all Buckeye members, contact member service for more details.**

AMM: Anti-Depressant Medication Management

Members 18 years of age and older who had a diagnosis of major depression, and who were treated and remained on an antidepressant medication. Two rates are reported:

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

HEDIS® Improvement Tips:

- **Exclusion:**
  - Members prescribed an antidepressant medication but are not diagnosed with major depression as well as members who filled a prescription for an antidepressant medication up to 105 days before the new prescription.
- **Educate members that it may take up to 4-6 weeks before members may see benefit of antidepressants.**
- **Educate members on the importance of remaining on antidepressant medication for at least 6 months to prevent relapse.**
- **Prescribe a 30-day supply and require members to attend 30-day follow-up appointment to continue medication, except in young adults, ages 18–23 who require a more frequent follow-up. According to the Physician's Desk Reference, antidepressants increased the risk of suicidal thoughts and behavior in young adults under age 24 in short-term studies.**
- **Offer 90-day supply of medication to member, if stable.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

AMR: Asthma Medication Ratio

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 0.5 or greater during the measurement year.

Use Appropriate Billing Codes*	
Description - Asthma	**Codes**
Mild Intermittent	**ICD10CM:** J45.21, J45.22
Mild Persistent	**ICD10CM:** J45.30, J45.31, J45.32, J45.32J45.32, J45.32, J45.32
Moderate Persistent	**ICD10CM:** J45.40, J45.41, J45.42
Severe Persistent	**ICD10CM:** J45.50, J45.51, J45.52
Other and Unspecified	**ICD10CM:** J45.901, J45.902, J45.909, J45.991, J45.998

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Members who had any of the following diagnoses: Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions due to Fumes/Vapors, Cystic Fibrosis, or Acute Respiratory Failure.
  - Members who had no asthma controller or reliever medications dispensed during the measurement year.
  - Members in hospice or using hospice services anytime during the measurement year.
  - **At each visit, review medication list and ask if there are any issues with filling or taking medications as prescribed.**
  - **Educate members on the purpose of the medication including how often to take the medication, how to use the inhaler and possible side effects.**
  - **Check online formulary for covered medications by line of business at buckeyehealthplan.com.**
  - **Offer 90-day supply of medication to member, if stable.**
  - **Encourage member to sign up for auto fill with their pharmacy or mail order.**
  - **Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments. Schedule annual visit or follow-up visit before member leaves the office.**
  - **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

APM: Metabolic Monitoring for Children or Adolescents on Antipsychotics

Children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing (blood glucose or HbA1c and LDL-C or cholesterol testing).

Use Appropriate Billing Codes*	
Description	**Codes**
Glucose Test	**CPT:** 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, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c Test	**CPT:** 83036, 83037
	CPT II: 3044F (<7.0%), 3051F (≥7.0% - <8.0%), 3052F (>8.0% - <9.0%) 3046F (>9.0%),
	LOINC: 17856-6, 4548-4, 4549-2
LDL-C lab test & Results	**CPT:** 80061, 83700, 83701, 83704, 83721
	CPT II: 3048F (LDL-C <100 mg/dL), 3049F (LDL-C 100-129 mg/dL), 3050F (LDL-C ≥ 130 mg/dL)
	LOINC: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1,49132-4, 55440-2 49132-4, 55440-2, 96259-7
Cholesterol tests other than LDL	**CPT:** 82465, 83718, 83722, 84478
	LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1

*Codes subject to change

HEDIS® Improvement Tips:

- **Educate the caregiver(s) and member on possible medication side effects and the importance of metabolic monitoring.**
- **NCQA does not specify the type of provider who can submit or review metabolic testing and results.**
- **Ensure you have a baseline BMI, fasting blood glucose, waist circumference, and lipid profile when a patient is prescribed the medication.**
- **Encourage healthy habits including low fat snacks, limiting soda and other sugary drinks, healthy family meals at the dinner table, limiting video game and tv time, and engagement in physical activity each day.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

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

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 of treatment 120 days prior through 30 days after a new antipsychotic medication has been dispensed. Documentation of psychosocial care in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD.

Use Appropriate Billing Codes*	
Description	**Codes**
Psychosocial Care	**CPT:** 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880
	HCPCS: G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485

*Codes subject to change

HEDIS® Improvement Tips:

- **Members for whom first line antipsychotic medications may be clinically appropriate are excluded.**
- **According to the American Academy of Child and Adolescent Psychiatry, when treating disorders outside of schizophrenia, antipsychotics are generally only used after other interventions, such as psychosocial and pharmacological, have failed.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

BCS: Breast Cancer Screening

Women 50–74 years of age who had one or more mammograms between October 1 two years prior (starting at age 50) to the measurement year through December 31 of the measurement year.

Use Appropriate Billing Codes*	
Description	**Codes**
Breast Cancer Screening	**ICD10CM:** Z12.31, Z12.39
	CPT: 77061-77067
	HCPCS: G0202, G0204, G0206
History of Bilateral Mastectomy	**ICD-10:** Z290.13

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Two unilateral mastectomies with service dates 14 or more days apart.
  - History of bilateral mastectomy.
  - Member 66 years and older who are enrolled in a long-term institution or SNP.
  - Member in palliative care, hospice or using hospice services anytime during the measurement year.
- **Provide education and benefits regarding early detection of breast cancer through routine mammograms.**
- **Encourage all women ages 50–74 to get a mammogram because early detection of breast cancer is key to survival.**
- **Submit the appropriate mastectomy code to exclude the patient from this measure if this diagnosis has occurred in their health history.**
- **MRIs breast ultrasounds or biopsies DO NOT meet standards for this measure.**

CBP: Controlling High Blood Pressure

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.

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

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Members age 66 and older as of December 31 of the measurement year and who are enrolled in an Institutional SNP or living long-term in an institution or with frailty and advanced illness any time during the measurement year.
  - Blood Pressure taken during an emergency room, acute inpatient stay, diagnostic test/procedure or member using a manual blood pressure cuff DO NOT qualify for the measure.
    - **Blood Pressure taken by member using a digital device may be use during a telehealth visit.**
    - **Ensure a variety of cuffs are available.**
    - **Train staff to use appropriate cuff size for the patient's size to ensure an accurate reading.**
    - **Ensure blood pressure machines are validated models and checked at least annually for proper functioning.**
    - **Allow patients to sit for a few minutes once being brought into the exam room before taking their blood pressure.**
    - **Ask patients not to speak during measurement and to uncross their legs.**
    - **Advise patients that use of caffeine prior to readings can elevate their reading and discourage use of caffeine prior to appointments.**
    - **If initial reading is high, allow patient to relax and then re-test later during the exam.**

CCS: Cervical Cancer Screening

Women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed during the measurement year or two years prior (every 3 years).
- Women age 30–64 who had cervical high-risk human papillomavirus (hrHPV) performed during the measurement year or four years prior (every 5 years) and who were 30 years or older on the date of the test.
- Women age 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed during the measurement year or four years prior (every 5 years) and who were 30 years or older on the date of the test.

Use Appropriate Billing Codes*	
Description	**Codes**
Cervical Cytology	**ICD10CM:** Z12.4
	CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
	HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests	**ICD10CM:** Z11.51
	CPT: 87624, 87625
	HCPCS: G0476

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Documentation in the member's health history of a hysterectomy (vaginal, total, complete, or radical) with no residual cervix by either:
  - "Vaginal pap smear" in conjunction with documented hysterectomy.
  - Documentation of hysterectomy including without cervix and patient no longer in need of pap testing/ cervical cancer screening.
- **The following do not qualify:**
  - Lab results that state the sample was inadequate or that "no cervical cells were present".
  - Biopsies (these are diagnostic and not valid for primary cervical cancer screening).
- **The human papillomavirus test should be completed <4 days apart to qualify for the five-year testing.**
- **Documentation in the medical record must include note indicating:**
  - Date of service and for cervical cytology was performed (21–64 years).
  - Date of service and the result for cervical cytology and HPV test was performed (30–64 years).

CHIPRA: Low Infant Birth under 2500 grams

Live births weighing less than 2,500 grams during the measurement year.

Use Appropriate Billing Codes*	
Description	**Codes**
Live Births	**ICD-10:** ICD-10: Z37, Z37.0,-Z37.5, Z37.50-Z37.54, Z37.59, Z37.6, Z37.60-Z37.64, Z37.69, Z37.7, Z37.9 Z38.0, Z38.00, Z38.01, Z38.1-Z38.8, Z38.30, Z38.31, Z38.61-Z38.69

*Codes subject to change

HEDIS® Improvement Tips:

- **Improve coding accuracy by including documentation correct birth weight on claim and birth certificate.**
- **Birth file data elements should contain the following:**
  - Claim Number.
  - Child's Member ID.
  - Plan Name.
  - CRISE ID.
  - Child's First Name, Middle Initial, and Last Name.
  - Child's Gender.
  - Child's Date of Birth.
  - Mother's Member ID.
  - Mother's First Name, Middle Initial and Last Name.
  - Mother's Race.
  - Mother's Date of birth.
- **Provide education that includes prenatal care early in pregnancy, promote appropriate inter-pregnancy interval (birth spacing).**
- **Review benefits/importance of prenatal and postpartum care.**
- **To improve risk factor management, provide education and recommendations for existing health issues, smoking cessation, and support for regular prenatal and postpartum care.**
- **Full complete and sent form for high risk pregnancy (i.e. PRAF. Pregnancy Risk Assessment Form https://medicaid.ohio.gov/resources-for-providers/special-programs-and-initiatives/praf/praf.**

CHL: Chlamydia Screening in Women

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.

Use Appropriate Billing Codes*	
Description	**Codes**
Chlamydia Screenings	**CPT:** 87110, 87270, 87320, 87490-87492, 87810
	ICD10CM: Z11.8

*Codes subject to change

HEDIS® Improvement Tips:

- **Perform a routine urine test or collect swab specimens from the endocervix or vagina to check for Chlamydia for women who were identified as sexually active.**
- **Documentation should include notation of the visit, date test was performed, and result of finding.**
- **Include appropriate sexual activity and contraceptive prescription codes prior to submitting claim; submit claims timely.**
- **Educate women regarding the importance of Chlamydia testing, sexually transmitted diseases and transmission.**

CIS: Childhood Immunization Status

Children who complete immunizations on or before child's 2nd birthday and document preferably on an Immunization Record/Flow sheet.

Use Appropriate Billing Codes*	
Description	**Codes**
DTAP: diphtheria, tetanus, and acellular pertussis *(4 Doses)*	**CPT:** 90697, 90698, 90700, 90723
IPV: Polio Vaccine *(3 Doses)*	**CPT:** 90697, 90698, 90713, 90723
MMR: measles, mumps, rubella *(1 Doses)*	**CPT:** 90707, 90710
HIB: H influenza type B *(3 Doses)*	**CPT:** 90644, 90647, 90648, 90697, 90698, 90748
HepB: hepatitis B *(3 Doses)*	**CPT:** 90697, 90723, 90740, 90744, 90747, 90748
	HCPCS: G0010
Newborn Hep B	**ICD-10:** 3E0234Z
VZV: chicken pox *(1 Doses)*	**CPT:** 90710, 90716
PCV: pneumococcal conjugate *(4 Doses)*	**CPT:** 90670
	HCPCS: G0009
HepA: hepatitis A *(1 Doses)*	**CPT:** 90633
RV: rotavirus *(2 or 3 Doses)*	**CPT:** 90680, 90681
Influenza *(2 Doses)*	**CPT:** 90655, 90657, 90661, 90673, 90685-90689
	HCPCS: G0008

*Codes subject to change

CIS: Childhood Immunization Status

HEDIS® Improvement Tips:

- **Educate office staff on the importance of scheduling appointments PRIOR to the patient's 2nd birthday.**
- **Review immunization history at each visit to assess for need.**
- **Educate parents/guardians on the importance of keeping appointments and having their child immunized as recommended.**
- **Outreach parent(s)/guardian(s) to schedule future immunizations appointment.**
- **Reminder calls, text messages or mailings can assist with ensuring patients do not miss scheduled appointments.**
- **A strong recommendation for vaccination remains the most powerful for compliance with vaccination recommendations.**
- **Research shows taking a presumptive approach (assuming the parent will vaccinate the child) leads to higher acceptance and vaccination rates.**
- **Allow for time to answer questions and address all concerns about vaccinations using terms the parents will understand.**
- **Train all office staff on answering basic vaccination questions to save time during vaccine discussions and ensure patients/parents are hearing a consistent message of confidence in the vaccine schedule, safety, and effectiveness.**
- **Offer evening hours and/or weekend hours to make obtaining vaccinations easier for all patients and their families.**
- **Consider having an immunization coordinator who manages the office immunization schedule and services as the office point person for all activities.**
- **Ensure appropriate documentation in the medical record .**
  - Date, type of immunization, Lot # and expiration date.
  - History of disease for intended immunization.
  - Contradiction to the vaccine.

COA: Care for Older Adults

Members 66 years and older who had each of the following during the measurement year.

- Medication Review.
  - A review of all a member's medications, Including prescription medication, Over the Counter (OTC) medications and herbal or supplemental therapies.
- Functional status assessment.
- Pain Assessment.

Use Appropriate Billing Codes*	
Description	**Codes**
Functional Status Assessment	**CPT:** 99483
	CPT II: 1170F
	HCPCS: G0438, G0439
Medication Review	**CPT:** 90863, 99483, 99605, 99606
	CPT II: 1160F
Medication List	**CPT II:** 1159F
	HCPCS: G8427
Transitional Care Management (TCM)	**CPT:** 99495, 99496
Pain Assessment	**CPT II:** 1125F, 1126F

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Exclude services provided in an acute inpatient setting.
  - Notation alone of a pain management plan does not meet criteria.
  - Notation alone of a pain treatment plan does not meet criteria.
  - Notation alone of screening for chest pain or documentation alone of chest pain does not meet criteria.

Medication Review

- Either of the following meets criteria:
  - Both of the following during the same visit during the measurement year where the provider type is a prescribing practitioner or clinical pharmacist:
    - At least one medication review.
    - The presence of a medication list in the medical record.

COA: Care for Older Adults

- Medication review performed without the member present meets criteria.
- The medication list signed and dated during the measurement year by the appropriate practitioner type meets criteria.

Functional Status Assessment

At least one functional status assessment during the measuring year. Documentation in the medical record must include evidence of a complete functional status assessment and the date when it was performed.

- Notation that Activities of Daily Living (ADL) were assessed or that at least five of the following were assessed: bathing, dressing, eating, transferring [e.g., getting in and out of chairs], using toilet, walking.
- Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least four of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances.
- Result of the assessment using a standardized functional status assessment tool, not limited to:
  - SF-36®.
  - Assessment of Living Skills and Resources (ALSAR).
  - Barthel ADL Index Physical Self-Maintenance (ADLS) Scale.
  - Bayer ADL (B-ADL) Scale.
  - Barthel Index.
  - Edmonton Frail Scale.
  - Extended ADL (EADL) Scale.
  - Groningen Frailty Index.
  - Independent Living Scale (ILS).
  - Katz Index of Independence in ADL.
  - Kenny Self-Care Evaluation.
  - Klein-Bell ADL Scale.
  - Kohlman Evaluation of Living Skills (KELS).
  - Lawton & Brody's IADL scales.
  - Patient Reported Outcome Measurement Information System (PROMIS) Global or
  - Physical Function Scales.

A functional status assessment limited to an acute or single condition, event or body system (e.g., lower back, leg) does not meet criteria for a comprehensive functional status assessment. The components of the functional status assessment numerator may take place during separate visits within the measurement year.

Documentation in the medical record must include evidence of a pain assessment and the date when it was performed.

COA: Care for Older Adults

Pain Assessment

At least one pain assessment during the measurement year. Documentation in the medical record must include evidence of a pain assessment and the date when it was performed.

Notations must include

- Documentation that the patient was assessed for pain, (which may include either positive or negative findings for pain).
- Results of assessment using a standardized pain assessment tool.
  - Numeric rating scales (verbal or written).
  - Face, Legs, Activity, Cry Consolability (FLACC) scale.
  - Verbal descriptor scales (5–7 Word Scales, Present Pain Inventory).
  - Pain Thermometer.
  - Pictorial Pain Scales (Faces Pain Scale, Wong-Baker Pain Scale).
  - Visual analogue scale.
  - Brief Pain Inventory.
  - Chronic Pain Grade.
  - PROMIS Pain Intensity Scale.
  - Pain Assessment in Advanced Dementia (PAINAD) Scale.

The Functional Status assessment and Pain Assessment indicators do not require a specific setting. Therefore, service rendered during a telephone visit, e-visit, or virtual check-in meet criteria.

COL: Colorectal Cancer Screening

Members 50–75 years of age who have had appropriate screening for colorectal cancer.

The following screenings meet criteria:

- Fecal Occult Blood Testing (FOBT) during the measurement year.
- Flexible Sigmoidoscopy during the measurement year or four years prior to the measurement year.
- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- CT colonography during the measurement year or the four years prior to the measurement year. Must be done by CT (MRI does not count).
- FIT-DNA test during the measurement year or the two years prior to the measurement year.

Use Appropriate Billing Codes*	
Description	**Codes**
FOBT	**CPT:** 82270, 82274
	HCPCS: G0328
Colonoscopy	**CPT:** 44388-44394, 44401-44408, 45355, 45378-45393, 45398
	HCPCS: G0105, G0121, G0402, G0438, G0439, G0463, T1015
Flexible Sigmoidoscopy	**CPT:** 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350
	HCPCS: G0104
FIT-DNA	**CPT:** 81528
	HCPCS: G0464
CT Colonography	**CPT:** 74261-74263

*Codes subject to change

COL: Colorectal Cancer Screening

HEDIS® Improvement Tips:

- **Medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation in the medical record is clear that the test was performed and not merely ordered.**
- **Member reported data is not allowed, must have some type of documentation the test was completed.**
- **A pathology report indicating type and date of test performed meets the criteria.**
- **Educate and encourage the member on the importance of colorectal screening.**
- **Digital rectal exam (DRE) and FOBT tests performed in an office setting or performed on a performed on a sample collected by DRE will not meet the criteria.**
- **For pathology reports that do not indicate the type of screening and for incomplete procedures:**

  1 Evidence that the scope advanced beyond the splenic flexure meets criteria for a completed colonoscopy.

  2 Evidence that the scope advanced into the sigmoid colon meets criteria for a completed flexible sigmoidoscopy.

- **Reminder calls, emails, text messages or mailings can assist with ensuring patients do not miss scheduled appointment.**

CPA: CAHPS Health Plan Survey, Adult Version

The CAHPS Health Plan Survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services. The survey is a good general indication of how well the organization and the provider meets members' expectations. Survey results can be used to:

- Support consumers in assessing the performance of health plans and choosing the plans that best meet their needs.
- Identify the strengths and weaknesses of health plans and target areas for improvement.

Four global rating questions reflect overall satisfaction:

1 Rating of All Health Care Quality on a 0-10 scale.

- Incorporate the following into your daily practice:
  - Encourage patients to make their routine appointments for checkups or follow up visits as soon as they can – weeks or even months in advance.
  - Ensure that open care gaps are addressed during each patient visit.
  - Make use of the provider portal when requesting prior authorizations.

2 Rating of Health Plan.

3 Rating of Personal Doctor:

- Incorporate into your practice:
  - Explain the medical condition, prescription, and other information in a way that is understandable to the patient.
  - Listen to the patient.
  - Show respect to the patient.
  - Spend adequate time with the patient.
    - Utilize ENM Guidelines for appropriate appointment length.

4 Rating of Personal Doctor:

- Incorporate into your practice:
  - Appointment schedule that allows for easy access by patients.

Four composite scores summarize responses in key areas:

1 Customer Service/Care Coordination: assesses providers' assistance with managing the disparate and confusing health care system, including access to medical records, timely follow-up on test results, and education on prescription medications.

- Incorporate the following into your daily practice:
  - Ensure there are open appointments for patients recently discharged from a facility.
  - Integrate PCP and specialty practices through EMR or fax to get reports promptly.
  - Ask patients if they have seen any other providers; discuss visits to specialty care as needed.
  - Encourage patients to bring in their medications to each visit.

CPA: CAHPS Health Plan Survey, Adult Version

2 Getting Care Quickly: assesses how often patients got the care they needed as soon as they needed it and how often appointment wait times exceeded 15 minutes.

- Incorporate the following into your daily practice:
  - Ensure a few appointments each day are available to accommodate urgent visits.
  - Offer appointments with a nurse practitioner or physician assistant for short notice appointments.
  - Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away or provided alternate care via phone and urgent care.
  - Keep patients informed if there is a longer wait time than expected and give them an option to reschedule.

3 Getting Needed Care: assesses the ease with which patients received the care, tests, or treatment they needed. It also assesses how often they were able to get a specialist appointment scheduled when needed.

- Incorporate the following into your daily practice:
  - Office staff should help coordinate specialty appointments for urgent cases.
  - Encourage patients and caregivers to view results on the patient portal when available.
  - Inform patients of what to do if care is needed after hours.
  - Offer appointments or refills via text and/or email.

4 How Well Doctors Communicate: assesses patients' perception of the quality of communication with their doctor. Consider using the Teach-Back Method to ensure patients understand their health information.

- What is Teach-Back?
  - A way to ensure you—the healthcare provider— have explained information clearly. It is not a test or quiz of patients.
  - Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way.
  - A way to check for understanding and, if needed, re-explain, and check again.
  - A research-based health literacy intervention that improves patient-provider communication and patient health outcomes.

CPC: CAHPS Health Plan Survey, Child Version

This measure provides information on parents' experience with their child's Medicaid organization. Survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services. Survey results can be used to:

- Support consumers in assessing the performance of health plans and choosing the plans that best meet their needs.
- Identify the strengths and weaknesses of health plans and target areas for improvement.

Results summarize member experiences through ratings, composites, and individual question summary rates.

Four global rating questions reflect overall satisfaction:

1. Rating of All Health Care Quality: The CAHPS survey asks patients to rate the overall quality of their health care on a 0-10 scale.
    - Incorporate the following into your daily practice:
        - Encourage patients to make their routine appointments for checkups or follow up visits as soon as they can – weeks or even months in advance.
        - Ensure that open care gaps are addressed during each patient visit.
        - Make use of the provider portal when requesting prior authorizations.
2. Rating of Health Plan.
3. Rating of Personal Doctor.
    - Incorporate into your practice:
        - Explain the medical condition, prescription, and other information in a way that is understandable to the patient.
        - Listen to the patient.
        - Show respect to the patient.
        - Spend adequate time with the patient.
            - Utilize ENM Guidelines for appropriate appointment length.
4. Rating of Specialist Seen Most Often.
    - Incorporate into your practice.
        - Appointment schedule that allows for easy access by patients.

Four composite scores summarize responses in key areas:

1. Customer Service/Care Coordination: assesses providers' assistance with managing the disparate and confusing health care system, including access to medical records, timely follow-up on test results, and education on prescription medications.
    - Incorporate the following into your daily practice:
        - Ensure there are open appointments for patients recently discharged from a facility.

CPC: CAHPS Health Plan Survey, Child Version

- Integrate PCP and specialty practices through EMR or fax to get reports promptly.
- Ask patients if they have seen any other providers; discuss visits to specialty care as needed.
- Encourage patients to bring in their medications to each visit.

2 Getting Care Quickly: assesses how often patients got the care they needed as soon as they needed it and how often appointment wait times exceeded 15 minutes.

- Incorporate the following into your daily practice:
  - Ensure a few appointments each day are available to accommodate urgent visits.
  - Offer appointments with a nurse practitioner or physician assistant for short notice appointments.
  - Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away or provided alternate care via phone and urgent care.
  - Keep patients informed if there is a longer wait time than expected and give them an option to reschedule.

3 Getting Needed Care: assesses the ease with which patients received the care, tests, or treatment they needed. It also assesses how often they were able to get a specialist appointment scheduled when needed.

- Incorporate the following into your daily practice:
  - Office staff should help coordinate specialty appointments for urgent cases.
  - Encourage patients and caregivers to view results on the patient portal when available.
  - Inform patients of what to do if care is needed after hours.
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  - A way to ensure you—the healthcare provider— have explained information clearly. It is not a test or quiz of patients.
  - Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way.
  - A way to check for understanding and, if needed, re-explain, and check again.
  - A research-based health literacy intervention that improves patient-provider communication and patient health outcomes.

CWP: Appropriate Testing Pharyngitis

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

NOTE:

- **Measurement year begins on July 1 of the prior year and ends on June 30 of the measure year.**

Use Appropriate Billing Codes*	
Description	**Codes**
Group A Strep Test	**CPT:** 87070, 87071, 87081, 87430, 87650-87652, 87880
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

HEDIS® Improvement Tips:

- **Exclusion:**
  - Any visits that results in an inpatient stay.
- **Before prescribing antibiotics, test the member for group A strep when diagnosed with pharyngitis.**
- **Educate member or parents/guardians regarding antibiotics are not needed for viral infections if the throat culture and/or rapid strep test is a negative result.**
- **Include appropriate documentation, date of episode, and submit claims for all diagnoses that are established at the visit.**
- **HEDIS® has provided a Antibiotic Medication Table for this measure. See the medication section at the back of the booklet.**

Diabetes Care

BPD: Blood Pressure Control for Patients with Diabetes

EED: Eye Exam for Patient with Diabetes

HBD: Hemoglobin A1c Control for Patient with Diabetes

KED: Kidney Health for Patient with Diabetes

Members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following during the measurement year.

- **BPD:** Blood Pressure Control for Patients with Diabetes - BP <140/90.
- **EED:** Eye Exam for Patients with Diabetes – Retinal Eye Exam performed.
- **HBD:** Hemoglobin A1c Control with Diabetes.
  - HbA1c control <8.0%.
  - HbA1c poor control >9.0%.
- **KED:** Kidney Health Evaluation for Patients with Diabetes –
  - Members 18-85 years of age which an estimated glomerular filtration rate (eGFR) and a urine albumincreatinine ratio (uACR) .

Use Appropriate Billing Codes*	
Description	**Codes**
Diabetes Diagnoses	**ICD-10:** E10, E11, E13, O24
Blood Pressure	**CPT II:** 3077F - Systolic Greater Than/Equal to 140 3075F - Systolic 130-139 3074F - Systolic Less Than 130 3080F - Diastolic Greater Than/Equal to 90 3079F - Diastolic 80-89 3078F - Diastolic Less Than 80
Eye Exam	**CPT:** 67028, 67030, 67031, 67036, 67039, 67040-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
	CPT II: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F
	HCPCS: S0620, S0621, S3000

HbA1c Testing and Values	**CPT:** 83036, 83037
	CPT II: 3044F (<7.0%), 3051F (≥7.0% - ≤8.0%), 3052F (≥8.0% - ≤9.0%), 3046F (>9.0%),
Estimated Glomerular Filtration Rate Lab Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin Creatinine Ratio Lab Test	**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
Quantitative Urine Albumin Lab Test	**LOINC:** 21059-1, 30003-8, 43605-5, 53530-2, 57369-1, 89999-7
Urine Creatinine Lab Test	**LOINC:** 82570, 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5, 8879006

*Codes subject to change

HEDIS® Improvement Tips:

BPD:

- If the member initial blood pressure is high, repeat the blood pressure later in the visit. You may use the lowest systolic and diastolic blood pressure results from the visit to represent that day's visit BP results.
- Do not include BP reading taken at an inpatient or ED Visit, diagnostic test/procedure, or by the member using manual BP cuff and stethoscope.

EYE:

- A negative retinal or dilated eye exam (negative for retinopathy) must be performed by optometrist or ophthalmologist and is valid for two years.
- Fundus photography (i.e. Optimap) if performed and reviewed by optometrist or ophthalmologist meets the requirement.
- If the member has not had a recent retinal or dilated eye exam, schedule an eye appointment for the member.

HBD:

- HbA1c must be obtained at least once a year.

KED:

- Members with the diagnosis of ESRD or on Dialysis are exclude from KED measure.
- Obtain an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during the measurement period.
- Member may have Quantitative Urine Albumin Lab test and Urine Creatinine Lab test or Urine Albumin Creatine Ration Lab test to met the measure.
- Offer reminders to the Members to complete their Diabetes testing (A1c, Eye, Kidney Evaluation) at least once a year.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

FRM: Fall Risk Management

Members 65 years and older who were seen by a practitioner in the 12 months who had Fall Risk Management assessed:

- Discussing Fall Risk. Discussed falls or problems with balance or walking with their current practitioner.
- Managing Fall Risk. Members who had a fall or had problems with balance or walking in the past 12 months and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner.

HEDIS® Improvement Tips:

Discussion Points with the patient.

- Keep Moving.
- Wear sturdy shoes with nonski soles.
- Remove Home Hazards.
- Light up your living space.
- Use Assistive Devices.

See HOS: Medicare Health Outcomes Study: Fall Risk Management for more tips.

FUA: Follow-up after Emergency Department Visit for Substance Use

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 drug overdose, for which there was a follow-up. Two rates are reported:

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

Use Appropriate Billing Codes*				
Description	**Codes**			
AOD Abuse and Dependence **Substance Induced Disorders**	**ICD-10-CM:** F10, F11, F12, F13, F14, F15, F16, F18, F19			
Unintentional Drug Overdose	**ICD-10-CM:** T40, T41, T42, T43, T51			
Visit Setting Unspecified	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	**With either**	**OP**	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	**POS:** 52
			CMHC	**POS:** 53
			Non-residential Sub. Abuse Tx Fac.	**POS:** 57, 58
			Telehealth	**POS:** 02
Visit Setting Unspecified	**CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510			
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002,H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015			
	UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914–0917, 0919, 0982, 0983			

FUA: Follow-up after Emergency Department Visit for Substance Use

PHP/IOP	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
	UBREV: 0905, 0907, 0912, 0913
Observation	**CPT:** 99217, 99218, 99219, 99220
Peer Support Services	**HCPCS:** G0177, H0024. H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016
OUD Weekly Non Drug Service	**HCPCS:** G2086, G2087
Telephone Visits	**CPT:** 98966-98968, 99441–99443
Online Assessment	**CPT:** 98969, 98970-98972, 99421-99423, 99444, 99457
	HCPCS: G0071, G2010, G2012, G2061 – G2063
Substance Use Disorder Services	**CPT:** 99408, 99409
	HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Behavioral Health Assessment	**CPT:** 99408, 99409
	HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049

*Codes subject to change

**ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- **Exclusion:** ED visits resulting in a inpatient stay (acute or nonacute) on the date of the ED visit or within **30 days** of the ED visit regardless of principle diagnosis for the admission.
- ED Follow up visit with any practitioner or a pharmacotherapy dispensing event must include the principal diagnosis of AOD or any diagnosis of drug overdose.
- Follow up visit may occur on the date of the ED visit.
- Include appointment availability in your office for patients with recent ED and hospital discharges.
- A telehealth or online assessment (e-visit or virtual check-in) will meet criteria for follow-up visit with principle diagnosis of alcohol and other drug dependence.

FUH: Follow-up after Hospitalization for Mental Illness

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:

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

Use Appropriate Billing Codes*				
Description	**Codes**			
Visit Setting Unspecified	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251–99255	**With either**	**OP**	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	**POS:** 52
			CMHC	**POS:** 53
			Telehealth	**POS:** 02
BH OP	**CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510			
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015			
	UBREV: 0510, 0513, 0515–0517, 0519–0523, 0526-0529, 0900, 0902-0904, 0911, 0914–0917, 0919, 0982, 0983			
PHP/IOP	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485			
	UBREV: 0905, 0907, 0912, 0913			

FUH: Follow-up after Hospitalization for Mental Illness

Description	Codes			
Electro-convulsive Therapy (ECT)	**CPT:** 90870 **ICD10PCS:** GZB0ZZZ-GZB4ZZZ	**With either**	**Ambulatory Surgical Center**	**POS:** 24
			CMHC	**POS:** 53
			OP	**POS:** 03, 05,07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	**POS:** 52
Observation	**CPT:** 99217-99220	**With or Without**	**CMHC**	**POS:** 53
Transitional CM Services	**CPT:** 99495, 99496			
Behavioral Healthcare Setting	**UBREV:** 0513, 0900-0905, 0907, 0911-0917, 0919			
Psychiatric Collaborative Care Management	**CPT:** 99492-99494			
Telephone Visit	**CPT:** 98966-98968, 99441-99443			

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Discharges followed by readmission or direct transfer to non-acute inpatient care setting within 30-day follow-up period, regardless of the readmission principal diagnosis Discharges followed by readmission or direct transfer to an acute inpatient care setting within the 30-day follow-up period if the principal diagnosis was for non-mental health.
- Schedule member's 7-Day or 30-Day follow-up appointment prior to the member being discharged from the hospital.
- Follow-up visits that occur on the date of discharge DO NOT meet the measure.
- Maintain appointment availability in your office for patients with recent hospital discharges.
- Complete appointment reminder calls 24-hours prior to the scheduled follow-up appointment.

FUM: Follow-up after Emergency Department Visit for Mental Illness

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

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

Use Appropriate Billing Codes*				
Description	**Codes**			
Visit Setting Unspecified	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	**With either**	**OP**	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	**POS:** 52
			CMHC	**POS:** 53
			Telehealth	**POS:** 02
BH OP	**CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492,-99494, 99510			
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512 H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015			
	UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526- 0529,0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983			
ECT	**CPT:** 90870 **ICD10PCS:** GZB0ZZZ-GZB4ZZZ	**With either**	**Ambulatory Surgical Center**	**POS:** 24
			CMHC	**POS:** 53
			OP	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	**POS:** 52

FUM: Follow-up after Emergency Department Visit for Mental Illness

Description	Codes
Online Assessments	**CPT:** 98969-98972, 99421-99423, 99444, 99457
	HCPCS: G0071, G2010, G2012, G2061-G2063
Telephone Visit	**CPT:** 98966-98968, 99441-99443
Observation	**CPT:** 99217-99220
PHP/IOP	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
	UBREV: 0905, 0907, 0912, 0913
Mental Health Diagnosis**	**ICD-10-CM:** F03.90, F03.91, F20.0-F20.5, F21-F24, F25, F28, F29, F30, F31, F32, F33, F34, F39, F40, F41, F42, F43, F44, F45, F48, F50, F51, F52, F53, F59, F60, F63, F64, F65, F66, F68 F69, F80, F81, F82, F84, F88, F89, F90, F91, F93, F94,F95, F98, F99
Telephone Visit	**ICD-10-CM:** T14, T36, T37, T38, T39, T40, T41, T42, T43, T44, T45, T46, T47, T48, T49, T50, T51, T52, T53, T54, T55, T56, T57, T58, T59, T60, T61, T62, T63, T64, T65, T71

*Codes subject to change

**ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- **Exclusion:**
  - ED visits followed by admission to an acute or non-acute inpatient care setting on the date of or within the 30-day follow-up (31 days total) of the ED visit, regardless of principal diagnosis for the admission.
  - Members in hospice or using hospice services anytime during the measurement year.
- The member must have a follow-up Mental Health visit within 7 day and 30 days of ED visit.
- Member seen on the same day of discharge from ED meets the 7 day follow-up requirement.
- Include appointment availability in your office for patients with recent ED and/or hospital discharges.
- Complete appointment reminder calls 24 hours prior to the scheduled follow-up appointment.
- Telehealth, Telephone, e-visit and virtual check-in with the principal diagnosis of mental health disorder meet requirement for visit.
- Telehealth modifiers may be used with some services types. See page 72 for details.

FVA: Flu Vaccinations for Adults Ages 18 and 64

FVO: Flu Vaccinations for Adults Ages 65 and Older

Members 18 – 64 years of age (FVA) and members 65 and older (FVO) who received a flu vaccination between July 1 of the measurement year and the date when the CAHPS survey was completed.

HEDIS® Improvement Tips:

- Educate members on the importance of the vaccine and fight against the spread of influenza .
- Educate members on the potential risk to their health if were to catch the flu without being vaccinated.
- Address any questions and/or concerns the members may have regarding the flu vaccine.
- Remember Healthcare Providers are the most trusted source of vaccine information, share specific reasons as to why the vaccine is appropriate for the member.
- Send reminder communication to patients to schedule to get their flu vaccine.
- Share or post the CDC flu facts flier in your waiting and/or exam rooms. CDC Website: **https://www.cdc.gov/flu/pdf/professionals/vaccination/Flu-Consumer-Patient-Flyer.pdf.**
- Stress the importance of early vaccination (July or August) for members over the age of 65.
- Aim to have as many patients vaccinated by the end of October as possible.
- At each provider visit, ask each member if appropriate if the member who like to receive or have received the flu vaccine.

HDO: Use of Opioids at High Dosage

Members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent [MME] >90) for ≥15 days during the measurement year.

Opioid Medications	MME Conversion Factor
Bezhydrocodone	1.2
Butorphanol	7
Codeine	0.15
Dihydrocodeine	0.25
Fentanyl buccal or sublingual or lozenge (mcg)[2]	0.13
Fentanyl oral spray	0.18
Fentanyl transdermal film/patch (mcg/hr	
Hydrocodone	1
Hydromorphone	4
Levorphanol	11
Meperidine	0.1

Opioid Medications	MME Conversion Factor
Methadone	3
Morphine	1
Opium	1
Oxycodone	1.5
Oxymorphone	3
Pentazocine	0.37
Tapentadol	0.4
Tramadol	0.1

HEDIS® Improvement Tips:

- **Exclusion:**
  - Members diagnosed with cancer, sickle cell and receiving palliative care during the measurement year.
- Include documentation of the specific diagnosis code for each medication being used for the member.
- Must include two or more dispensing events on different dates of service and ≥15 total days covered by Opioids.
- Continue to monitor member's progress, any side effects, or the need for chronic use.
- The number of members whose Average MME was ≥90 mg MED during the treatment period meets criteria.
- The Ohio Automated Rx Reporting System (OARRS) tracks member's prescriptions for controlled substances and one non-controlled substance (gabapentin). OARRS is required to be checked before dispensing of controlled substances or gabapentin.
- Providers can request a member be evaluated for enrollment into Buckeye Health Plan's Pharmacy Lock-In Coordinated Services Program.

HOS: Health Outcomes Survey

The survey measures each Medicare member's perception of their physical and mental health status at the beginning and the end of a two-year period. The two-year change score is calculated, and each member's physical and mental health status is categorized as better, the same or worse than expected, considering risk adjustment factors.

Organization-specific results are assigned as percentages of members whose health status was better, the same or worse than expected.

The survey provides general indication of how the Medicare Organization is managing the members physical and mental health. Providers have a direct impact on HOS because patients' perceptions of their health outcomes is primarily driven by how well the providers communicate with patients.

HOS Measure/Categories:

Management of Urinary Incontinence in Older Adults

The Management of Urinary Incontinence in Older Adults measure assesses the percentage patients who:

- Reported having urine leakage in the past six months and who discussed their urinary leakage problem with a healthcare provider.
- Reported having urine leakage in the past six months and who discussed treatment options for their urinary incontinence with a healthcare provider.
- Reported having urine leakage in the past six months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot.

Connect with your patients by asking:

1. Have you experienced urine leakage in the past six months?
2. How often and when do the leakage problem occur?
3. Does urinary incontinence affect your daily life (such as leading to social withdrawals, depression or sleep deprivation)?

Physical Activity in Older Adults

The Physical Activity in Older Adults measure assesses the percentage of patients who:

- Had a doctor's visit in the past 12 months and who spoke with a doctor or other health provider about their level of exercise or physical activity.
- Had a doctor's visit in the past 12 months and who received advice to start, increase, or maintain their level of exercise or physical activity.

Connect with your patients by asking:

1. What's your daily activity level?
2. What activities do you enjoy?
3. Do you feel better when you are more active?

HOS: Health Outcomes Survey

Fall Risk Management

The Fall Risk Management measure assesses the percentage of patients who:

- Were seen by a doctor in the past 12 months and who discussed falls or problems with balance or walking with their current doctor.
- Had a fall or had problems with balance or walking in the past 12 months, who were seen by a doctor in the past 12 months, and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current doctor.

Connect with your patients by asking:

1. Have you had a fall in the past year?
2. What were the circumstances of the fall?
3. How do you think a fall could have been prevented?
4. Have you felt dizzy, or had problems with balance or walking in the past year?
5. Do you have any vision problems? Have you had a recent eye exam?

Improving or Maintaining Physical Health

The Improving or Maintaining Physical Health measure assesses the percentage of patients whose physical health is the same or better after two years.

Connect with your patients by asking:

1. How far can you walk?
2. Do you have any trouble climbing up or down stairs?
3. Are you able to shop for and cook your own food?
4. Does pain limit your activities?

Improving or Maintaining Mental Health

The Improving or Maintaining Mental Health measure assesses the percentage of patients whose mental health is the same or better after two years.

Connect with your patients by asking:

1. Describe your energy level.
2. Do you get out to socialize?

The Centers for Medicare and Medicaid Services (CMS), in collaboration with the National Committee for Quality Assurance (NCQA), is committed to monitoring the quality of care provided by Medicare Advantage Organizations (MAOs) and their providers. The Medicare Health Outcomes Survey (HOS) measures WellCare's success in improving and maintaining the functional status of our members for a select period of time. HOS evaluates members ages 65 and older each year to collect a baseline measurement, and then surveys again two years later to measure the change in health over time. The survey includes questions that address physical/mental health, social/physical functioning, and quality of life.

IET: Initiation and Engagement of Substance Use Disorder Treatment

Adolescent and adult members (13 years and older) with a new Substance Use Disorder (SUD) episodes who received the following.

- **Initiation of SUBSTANCE USE DISORDER (SUD) Treatment:** Members with new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication treatment within **14 days** of the diagnosis.
- **Engagement of SUBSTANCE USE DISORDER (SUD) Treatment.** Members who have evidence of treatment engaged in ongoing SUBSTANCE USE DISORDER (SUD) treatment within **34 days** of the initiation visit.

Use Appropriate Diagnostic Codes*

Alcohol Abuse and Dependence	**ICD-10-CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131,F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180 - F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229-F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280-F10.282, F10.288, F10.29			
Opioid Abuse and Dependence	**ICD-10-CM:** F11.10, F11.120-F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220-F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29			
Other Drug Abuse and Dependence	**ICD-10-CM**:** F12, F13, F14, F15, F16, F18, F19			
Visit Setting Unspecified	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251–99255	**With either**	**OP**	**POS:** 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72
			PHP	**POS:** 52
			CMHC	**POS:** 53
			Non-residential Sub. Abuse Tx Fac.	**POS:** 57, 58
			Telehealth	**POS:** 02
BH OP	**CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510			
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015			
	UBREV: 0510, 0513, 0515–0517, 0519–0523, 0526-0529, 0900, 0902-0904, 0911, 0914–0917, 0919, 0982, 0983			

IET: Initiation and Engagement of Substance Use Disorder Treatment

PHP/IOP	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
	UBREV: 0905, 0907, 0912, 0913
Observation	**CPT:** 99217, 99218, 99219, 99220
Peer Support Services	**HCPCS:** G0177, H0024. H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016
OUD Weekly Non Drug Service	**HCPCS:** G2071, G2074-G2077, G2080
OUD Monthly Office Based Treatment	**HCPCS:** G2086, G2087
Telephone Visits	**CPT:** 98966-98968, 99441–99443
Online Assessment	**CPT:** 98969, 98970-98972, 99421-99423, 99444, 99457
	HCPCS: G0071, G2010, G2012, G2061 – G2063
Substance Use Disorder Services	**CPT:** 99408, 99409
	HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Behavioral Health Assessment	**CPT:** 99408, 99409
	HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049

*Codes subject to change

**ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- **Exclusion:**
  - Apply for members who have received treatment for alcohol or other drug abuse or dependence during the 194 days before the SUD episode date in any setting other than the ED.
- **Notify Buckeye Health Plan of new substance use disorder diagnoses. Case managers will assist in triaging the members to their treatment initiation visit.**
- **Schedule engagement visits before member leaves initiation visit.**
- **Inpatient stay for an SUD episode is considered initiation of treatment then SUD episode is compliant.**
- **Two engagement visits maybe on the same day, but must be with different providers.**

IMA: Immunizations for Adolescents

Adolescents who complete immunizations on or before members' 13th birthday and document preferably on an Immunization Record/Flow sheet:

- Meningococcal vaccine (serogroup A, C, W and Y): 1 dose.
- Tdap (tetanus, diphtheria toxoids and acellular pertussis): 1 dose.
- HPV (human papillomavirus) 2 or 3 doses (series).

Use Appropriate Billing Codes*	
Description	**Codes**
Meningococcal	**CPT:** 90619, 90733, 90734
Tdap	**CPT:** 90714, 90715, 90718
HPV	**CPT:** 90649, 90650, 90651

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Adolescents with contraindication for a specific vaccine.
  - Anaphylactic reaction to vaccine or its components.
  - Meningococcal recombinant (serogroup B) (MenB) vaccines does not meet criteria.
- Educate office staff to schedule immunizations prior to the child's 13th birthday.
- Submit claims for all diagnoses established at the visit.
- Recommended HPV for both male and female patients.
- Include appropriate immunization evidence that the antigen was performed and includes one of the following notations:
  - Date immunization completed and name of specific antigen.
    - A certificate of immunization prepared by an authorized health care provider or agency including date(s) and type(s) of administered immunizations.
- Administer HPV vaccine with minimum interval between injections is 146 days.
- Exclude and document anaphylactic reaction to the vaccine or components on or prior to the patient's 13th birthday.
- Reminder calls, emails, text messages or mailings can assist with vaccine series reminders.

LBP: Use of Imaging Studies for Low Back Pain

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.

Use Appropriate Billing Codes*	
Description	**Codes**
Imaging Study	**CPT:** 72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220
Uncomplicated Back Pain:	**ICD 10:** M47.26, M47.27, M47.28, M47.816-M47.818, M47.896-M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84

*Codes subject to change

HEDIS® Improvement Tips:

Exclusion:

- Member who imaging was appropriate for any of the following diagnosis:
  1. Cancer.
  2. Recent Trauma.
  3. Intravenous Drug Abuse.
  4. Fragility fracture.
  5. Lumbar surgery.
  6. Spondylopathy.
  7. Palliative care.
  8. Members in Hospice.
- If member has any of the red flags and/or clinically appropriate diagnosis, be sure to indicate the appropriate diagnosis code.
- Ensure the member is educated on his or her treatment plan.

LSC: Lead Screening in Children

Children 2 years of age, who by their second birthday, had one or more capillary or venous lead blood test for lead poisoning.

Use Appropriate Billing Codes*	
Description	**Codes**
Lead Screening in Children	**CPT:** 83655

*Codes subject to change

HEDIS® Improvement Tips:

- Complete a capillary or venous blood lead screening test by the child's 2nd birthday.
- Documentation in the medical record must include both of the following: A note indicating the date the test was performed and the result or finding.
- Risk questionnaire does not meet requirements.
- Prevent missed opportunities! Provide preventive screening during sick visit.
- Children identified with elevated blood lead levels should be evaluated and treated in accordance with CDC guidelines for follow-up care, including care coordination and public health, medical, and environmental management.
- Reminder calls, text messages or mailings can assist with reminders for the screening.

OMW: Osteoporosis Management in Women Who Had a Fracture

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 months after the fracture. The measurement year start July 1 prior year to June 30 of the measurement year.

	Important Codes
Bone Mineral Density Tests	**CPT:** 76977, 77078, 77080, 77081, 77085, 77086
	ICD 10PCS: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
Long-Acting Osteoporosis Medications	**HCPCS:** J0897, J1740, J3489
Osteoporosis Medication Therapy	**HCPCS:** J0897, J1740, J3110, J3111, J3489

HEDIS® Improvement Tips:

Exclusion:

- Members who had a BMD Test 24 months prior to the episode date.
- Members who had a claim/encounter for osteoporosis therapy during the 12 months prior to the Episode Date.
- Members who received a dispense prescription or had an active prescription to treat osteoporosis during the 24 months prior to the episode date.
- Members in hospice or received palliative care.
- Members who are diagnosed with frailty and advance illness during the measurement year.
- Members who are enrolled in the institutional SNP or living long-term in an institution any time during the measurement year.
- **Fractures of the fingers, toes, face, skull and ruled out are not included this measure.**
- **Educate member on importance of prevention such as well balance diet, exercise and creating safe environment at home to reduce risk of falls.**
- **Educated member bone density test (BMD) is the same as Dexa Scan.**
- **Assess women member 67–85 years of age at each visit for recent falls and fractures**
- **Schedule member for bone density test (BMD) within 6 months of fracture, if no BMD within the past 24 months.**
- **Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

PCE: Pharmacotherapy Management of COPD Exacerbation

Members 40 years of age and older who had a COPD exacerbation with an acute inpatient discharge or ED visit on or between January 1–November 30 and were dispensed the following.

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

Important Codes*	
COPD Exacerbation	
Chronic Bronchitis	**ICD-10-CM:** J41.0, J41.1, J41.8, J42
Emphysema	**ICD-10-CM:** J43.0, J43.1, J43.2, J43.8, J43.9
COPD	**ICD-10-CM:** J44.0, J44.1, J44.9

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Members who had an acute inpatient stay or ED visit.
  - Members in hospice or using hospice services anytime during the measurement year.
- **Members who have had an ED visit or acute inpatient stay with a principal diagnosis of either COPD, emphysema or chronic bronchitis meet the criteria.**
- **Outreach and schedule a follow up visit to members to review discharge instructions from ED visit or hospital stay to ensure members understand discharge instructions, have filled and are taking medications as prescribed.**
- **At each visit, review medication list and ask if there are any issues with filling or taking medications as prescribed.**
- **Educate members on the purpose of the medication including how often to take the medication and possible side effects.**
- **Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

PCR: Plan All Cause Readmissions

Members 18 years of age and older, 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.

Exclusions:

- The patient died during the stay.
- Female members with a principal diagnosis of pregnancy on the discharge claim.
- A principal diagnosis of a condition originating in the perinatal period on the discharge claim.
- Planned Hospital stay for any of the following criteria:
  - A principal diagnosis of maintenance chemotherapy.
  - A principal diagnosis of rehabilitation.
  - An organ transplants.
  - A potentially planned procedure.

Before the member is discharge from the hospital schedule post-hospitalization follow-up visit. Recommend to outreach to the member within 2 days of discharge to ensure the member understand their discharge instructions. Ensure member has transportation to post-hospitalization follow-up visit.

PPC: Prenatal and Postpartum Care

Delivery of live births on or between October 8th of the year prior until October 7th of the measurement year. Prenatal and postpartum care are measured.

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

Use Appropriate Billing Codes*	
Description	**Codes**
Prenatal Visits	**CPT:** 99201-99205, 99211-99215, 99241-99245, 99483, 59400, 59425, 59426, 59510, 59610, 59618,
	HCPCS: H1000, H1001, H1002, H1003, H1004, H1005, G0463, T1015
	CPT II: 0500F, 0501F, 0502F
Postpartum Visits	**ICD 10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
	CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622, 57170, 58300, 59430, 99501
	CPT II: 0503F
	HCPCS: G0101
Cervical Cytology	**CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
	HCPCS: G0123, G0124, G0141, G0143 - G0145, G0147, G0148, P3000, P3001, Q0091

*Codes subject to change

PPC: Prenatal and Postpartum Care

HEDIS® Improvement Tips for Prenatal:

- **Exclusion:**
  - Non-live births are excluded from the measure.
- **COMPLETE the Notification of Pregnancy (NOP) or Pregnancy Risk Assessment Form (PRAF) form as soon as possible.**
- **The first trimester is defined as 280-176 days prior to deliver or EDD.**
- **Documentation indicating woman is pregnant or reference to the pregnancy for example:**
  - **Documentation in a standardized prenatal flow sheet.**
  - **Documentation of LMP, EDD or gestational age.**
  - **A positive pregnancy test result.**
  - **Documentation of gravidity and parity.**
  - **Documentation of complete obstetrical history.**
  - **Documentation of prenatal risk assessment and counseling/education.**
- **Documentation must be completed by PCP, OB/GYN, or other prenatal care practitioner and include a note indicating the date the prenatal visit occurred along with one of the following:**
- Basic physical obstetrical examination, fetal heart tones or pelvic exam with observations or measurement of fundus height.
- Obstetric panel (must include all the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing) OR TORCH antibody panel alone OR Rubella antibody test/titer with an Rh incompatibility, or Ultrasound of a pregnant uterus.

PQI 16: Lower-Extremity Amputation among Patients with Diabetes

Members 18 and older with an acute inpatient admission for lower-extremity amputation (except toe amputations) among members with diabetes during the measurement year.

Use Appropriate Billing Codes*	
Description	**Codes**
Procedure Codes	**ICD 10:** 0Y620Z Z, 0Y630ZZ, 0Y640ZZ, 0Y670ZZ, 0Y680ZZ, 0Y6C0Z1, 0Y6C0Z2, 0Y6C0Z3, 0Y6D0Z1, 0Y6D0Z2, 0Y6D0Z3, 0Y6F0ZZ, 0Y6G0ZZ, 0Y6H0Z1, 0Y6H0Z2, 0Y6H0Z3, 0Y6J0Z1, 0Y6J0Z2, 0Y6J0Z3, 0Y6M0Z0, 0Y6M0Z4, 0Y6M0Z5, 0Y6M0Z6, 0Y6M0Z7, 0Y6M0Z8, 0Y6M0Z9, 0Y6M0ZB, 0Y6M0ZC, 0Y6M0ZD, 0Y6M0ZF, 0Y6N0Z0, 0Y6N0Z4, 0Y6N0Z5, 0Y6N0Z6, 0Y6N0Z7, 0Y6N0Z8, 0Y6N0Z9, 0Y6N0ZB, 0Y6N0ZC, 0Y6N0ZD, 0Y6N0ZF
Diagnosis Codes	**ICD-10:** E10, E11, E13

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Any member with an inpatient admission for traumatic amputation of the lower extremity.
  - Any member transferred from hospital to hospital, from SNF or Intermediate care Facility (ICF) or from anther health care facility.
- **Prevention is the most important recommendation, encourage and educate the member on the benefits of well-balanced diet, exercise, taking medication as regularly as prescribed and regular visit with PCP.**
- **Provide additional member education on:**
  - Diabetic control, foot care, and follow-up care.
  - Blood pressure control.
  - Smoking cessation.
  - Importance of notifying and visiting the PCP regarding and new or worsening wounds.

SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Members 18 years of age and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Use Appropriate Billing Codes*	
Description	**Codes**
Schizophrenia	**ICD-10:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Dementia	**ICD-10:** F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83,
Long-Acting Injections 14-Day Supply	**ICD-10:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Long-Acting Injections 28-Day Supply	**HCPCS:** C9035, J0401, J1631, J1943, J1944, J2358, J2426, J2426, J2680
Long-Acting Injections 30-Day Supply	**HCPCS:** C9037, J2798,

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Members with a diagnosis of dementia, or who did not have at least two antipsychotic medication dispensing events by pharmacy data or claims.
- **Educate the member on effectiveness of psychotic symptom management with antipsychotic medication, including how often to take the medication, possible side effects, and managing side effects.**
- **Encourage member to sign up for auto fill with their pharmacy or mail order.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

SMC: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

Members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the measurement year.

Use Appropriate Billing Codes*	
Description	**Codes**
LDL-C Tests	**CPT:** 80061, 83700, 83701, 83704, 83721
LDL-C Test Results or Findings	**CPT II:** 3048F LDL-C <100 mg/dL, 3049F LDL-C 100-129 mg/dL, 3050F LDL-C ≥ 130 mg/dL
Schizophrenia	**ICD-10-CM:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
AMI	**ICD-10-CM:** I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4
IVD**	**ICD-10-CM:** I20.0, I20.8, I20.9, I24.0, I24.8, I24.9, 125 , I63, I65, I66,I67.2, I70, I75, T82

*Codes subject to change

**ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- **NCQA Standards permit psychiatric providers to submit lipid testing.**
- **Complete blood pressure testing and at each visit, and lipid profile at least every 3 months or more often as needed. Consider using standing orders to complete labs.**
- **Educate member on the importance of monitoring weight, blood pressure, blood glucose and A1c due to potential side effects associated with taking antipsychotic medications.**
- **Members in hospice or using hospice services anytime during the measurement year are excluded.**

SMD: Diabetes Monitoring for People with Diabetes and Schizophrenia

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.

Use Appropriate Billing Codes*	
Description	**Codes**
HbA1c	**CPT:** 83036, 83037
	CPT II: 3044F (<7.0%), 3051F (≥7.0% - ≤8.0%), 3052F (≥8.0% - ≤9.0%), 3046F (>9.0%),
LDL-C Tests	**CPT:** 80061, 83700, 83701, 83704, 83721
LDL-C Test Results or Findings	**CPT II:** 3048F LDL-C <100 mg/dL, 3049F LDL-C 100-129 mg/dL, 3050F LDL-C ≥ 130 mg/dL
Diabetes**	**ICD-10-CM:** E10, E11, E13, O24
Schizophrenia	**ICD-10-CM:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9

*Codes subject to change

**ICD-10 code cohorts listed

HEDIS® Improvement Tips:

- **Complete A1c testing at the start of treatment and at least every 3 months or more often as needed.**
- **Closely verify and monitor member's treatment history to ensure member has completed all A1c and LDL testing by December 31st of each year.**
- **NCQA does not specify the type of provider who can submit or review diabetes testing results.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

SPC: Statin Therapy for Patients with Cardiovascular Disease

Males 21–75 years of age and females 40–75 years of age 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.
- Statin Adherence 80%: Members who remained on a high or moderate-intensity statin for at least 80% of the treatment period.

HEDIS® Improvement:

- **At each visit, review medication list and ask if there are any issues with filling or taking medications as prescribed. If there are problems/issues with the medication, ask why?**
- **Educate members on the purpose of the medication including how often to take the medication and possible side effects.**
- **Offer 90-day supply of medication to member, if stable.**
- **Encourage member to sign up for auto fill with their pharmacy or mail order.**
- **Reminder calls, emails, text messages or mailings can assist with ensuring members do not miss scheduled appointments.**
- **Schedule annual visit or follow-up visit before member leaves the office.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

SPD: Statin Therapy for Patients with Diabetes

Members 40–75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

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

HEDIS® Improvement:

- **At each visit, review medication list and ask if there are any issues with filling or taking medications as prescribed. If there are any problems/issues with the medication, ask why?**
- **Educate members on the purpose of the medication including how often to take the medication and possible side effects.**
- **Offer 90-day supply of medication to member, if stable.**
- **Encourage member to sign up for auto fill with their pharmacy or mail order.**
- **Reminder calls, emails, text messages or mailings can assist with ensuring members do not miss scheduled appointments.**
- **Schedule annual visit or follow-up visit before member leaves the office.**
- **HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.**

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

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

Use Appropriate Billing Codes*	
Description	**Codes**
Glucose Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 82951
HbA1c Test	**CPT:** 83036, 83037
	CPT II: 3044F (<7.0%) 3051F (≥7.0 ≤8.0%) 3052F (≥8.0% ≤9.0%) 3046F (≥9.0%)
Schizophrenia	**ICD-10-CM:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Bipolar Disorder	**ICD-10-CM:** F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78
Other Bipolar Disorder	**ICD10CM:** F31.81, F31.89, F31.9

*Codes subject to change

SSD: DIABETES Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

HEDIS® Improvement Tips:

- Exclusions:
  - Members diagnosed with Diabetes or
  - Members who haven't had antipsychotic medication dispensed.
- Request or perform either glucose or HbA1c testing at the start of new antipsychotic medication regimen and 3-month follow-up.
- Diabetes testing can be completed by the psychiatric provider. Results need to be verified and a follow-up completed by whomever is acting as the member's primary care physician.
- Assist member with scheduling a follow-up appointment within 1-3 months with their PCP to screen for diabetes. Make notation to contact the member with a reminder to schedule an appointment.
- Connect member with case management services for assistance locating a PCP.
- Ensure member (and/or caregiver) is aware of the risk and symptoms of new-onset diabetes while taking antipsychotic medication.
- Monitor weight gain by weighing member at each visit.
- Exams should include documentation of diagnosis, review of prescribed medications, and all pertinent lab results.
- Educate members on the importance of healthy diet, exercise and diabetes monitoring.
- Behavioral health providers and member's primary care physician should engage in multidisciplinary team coordination.
- Screen all members prescribed antipsychotic medications for a family history of diabetes.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Schedule annual visit or follow-up visit before member leaves the office.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

Telehealth:

Telehealth is a term for remote care that may include healthcare education and administration as well as real-time clinical services. Telemedicine, a subset of telehealth, describes real-time clinical healthcare services provided through electronic technology when distance separates the patient and healthcare provider.

- **Telemedicine/Telehealth services do not require a prior authorization.**
- **Telemedicine/Telehealth services must be medically necessary and documented and in the applicable medical record to be reimbursable. Documentation may be requested to support medical necessity reviews.**

Ohio Department of Medicaid – Telehealth Billing Guidelines.

https://medicaid.ohio.gov/static/Providers/Billing/BillingInstructions/Telehealth-Billing-Guidelines-on-or-after-11-15-2020.pdf

Place of Service Code Set Definitions:

Description	Codes
Telehealth Provided Other than in Patient's Home	02
Prison/Correctional Facility	09
Office	11
Home	12
Assisted Living Facility	13
Group Home	14
Mobile Unit	15
Temporary Lodging	16
Walk-in Retail Health Clinic	17
Place of Employment – Worksite	18
Off Campus-Outpatient Hospital	19
Urgent Care Facility	20
Inpatient Hospital	21
On Campus-Outpatient Hospital	22
Emergency Room - Hospital	23
Ambulatory Surgical Center	24
Skilled Nursing Facility	31
Nursing Facility	32
Custodial Care Facility	33

Telehealth:

Description	Codes
Independent Clinic	49
Federally Qualified Health Center	50
Inpatient Psychiatric Facility	51
Psychiatric Facility-Partial Hospitalization	52
Community Mental Health Center	53
Psychiatric Residential Treatment Center	56
Non-residential Substance Abuse Treatment Facility	57
Non-residential Opioid Treatment Facility	58
Public Health Clinic	71
Rural Health Clinic	72
Independent Laboratory	81

TRC: Transitions of Care

Members 18 years of age and older who had each of the following. Four rates are reported:

- **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 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 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).

Important Codes	
Transitional Care Management Services	**CPT:** 99495, 99496
Medication Reconciliation	**CPT:** 99483, 99495, 99496
	CPT II: 1111F
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
Telephone Visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
Online Assessment	**CPT:** 98969-98972, 99421-994232, 99444,99457
	HCPCS: G0071, G2010, G2012, G2061-G2063

TRC: Transitions of Care

HEDIS® Improvement Tips:

- **Medication Reconciliation is a review of the discharge medication list is reconciled with the most recent medication in the member outpatient medical record.**
- **Medication List must contain list of medication name or medication names, dosages, and frequency, over the counter (OTC) medications and herbal or supplemental therapies.**
- **Discharge information such as discharge summary or summary care and date of receipt of the information within 3 days after the discharge must be present in outpatient medical record.**
  - Note: Evidence that the information was filed in the EMR and is accessible to the PCP or ongoing care provider on the day of discharge through 2 days after the discharge (3 total days) meets criteria.
- **Discharge information must include all of the following:**
  - The practitioner responsible for the member's care during the inpatient stay.
  - Procedures or treatment provided.
  - Diagnoses at discharge.
  - Current medication list.
  - Testing results, or documentation of pending tests or no tests pending.
  - Instructions for patient care post-discharge.
- **For Patient Engagement after hospitalization: there must be documentation in the outpatient medical record that the provider was aware of the member's hospitalization or discharge and seen/ engaged within 30 days after discharge. Any of the following meet criteria:**
  - An outpatient visit, including office visits and home visits.
  - A telephone visit.
  - A synchronous telehealth visit where real-time interaction occurred between the member and provider using audio and video communication.
  - An e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not real-time, occurred between the member and provider).
- **For Medication Reconciliation: there must be documentation in the outpatient medical record medication reconciliation and the date it was performed. Any of the following documentation of the current medications meets criteria:**
  - Notation that the provider reconciled the current and discharge medications.
  - Notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications).
  - Notation that the discharge medications were reviewed.
  - Notation that both lists (current and discharge medications) were reviewed on the same date of service.
  - Member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review.
  - Evidence that the member was seen for post discharge hospital follow-up requires documentation that indicates the provider was aware of the member's hospitalization or discharge.
  - Notation that no medications were prescribed or ordered upon discharge.

UOP: Use of Opioids from Multiple Providers

Members 18 years and older, receiving prescriptions for opioids for ≥15 days during the measurement year who received opioids from multiple providers. 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 rates).

HEDIS® Improvement Tips:

- **Exclusions:**
  - Members in hospice or using hospice services anytime during the measurement year.
  - **The following opioid medications are excluded from this measure:**
    - Injectables.
    - Opioid cough and cold products.
    - Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).
    - Ionsys® (fentanyl transdermal patch), because: It is only for inpatient use. It is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).
    - Methadone for the treatment of opioid use disorder.
- Include documentation that has a specific diagnosis for each medication being used for the member.
- Must include two or more dispensing events on different dates of service and ≥15 total days covered by Opioids.
- Continue to monitor member's progress, any side effects, or the need for chronic use.
- The Ohio Automated Rx Reporting System (OARRS) tracks member's prescriptions for controlled substances and one non-controlled substance (gabapentin). OARRS is required to be checked before dispensing of controlled substances or gabapentin.
- Providers can request a member be evaluated for enrollment into Buckeye Health Plan's Pharmacy Lock-In Coordinated Services Program.
- Verify member's medications and pharmacy with each visit.
- HEDIS® has provided a Medication Table for this measure. See the medication section at the back of the booklet.

URI: Appropriate Treatment for Upper Respiratory Infection

Members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

Use Appropriate Billing Codes*	
Description	**Codes**
URI	**ICD10CM-** J00, J06.0, J06.9
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
Online Assessment	**CPT:** 98969-98972, 99421-99423, 99444, 99457
	HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Telephone Visit	**HCPCS:** 98966-98968, 99441-99443

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusions:**
  - **Members who are in hospice or using hospice care.**
- **Educate the patient on comfortable measures (e.g., Acetaminophen for fever, rest, extra fluids) and advise patient to call back if symptoms worsen.**
- **A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event.**
- **Educate the member on the virtual vs bacterial respiratory infection and appropriate use of antibiotic.**

W30: Well-Child Visits in the First 30 Months of Life

Children who turned 30 months old during the measurement year with at least six well-child visits with a PCP prior to turning 30 months. The following rates are reported:

Well-child visits consists of all of the following:

- **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.

Use Appropriate Billing Codes*	
Description	**Codes**
Well-Child Visits	**ICD-10:** Z00.00-Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2
	CPT: 99381-99385, 99391-99395, 99461
	HCPCS: G0438, G0439, S0302
	Modifier: 25

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Members in hospice or using hospice services anytime during the measurement year.
  - Any services rendered at an emergency department or inpatient visit.
- **Prevent missed opportunities by providing well-care exam during sick visits by using Modifier 25 to pair visits.**
- **Documentation in the medical record must include a note indication date of the well-child visit and evidence that includes all the following:**
  - Health history.
  - Physical/mental development history.
  - Physical exam.
  - Health education/anticipatory guidance.
- **Additional information regarding well-care please visit:** American Academy of Pediatrics' Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (National Center for Education in Maternal and Child Health, 2017) can be found at:

https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx

- **Outreach to newly assigned member to schedule appointment.**
- **Reminder calls, text messages or mailings can assist with ensuring patients do miss scheduled appointments.**

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

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 physical activity.
- Counseling for nutrition.

Use Appropriate Billing Codes*	
Description	**Codes**
BMI Percentile	**ICD-10:** Z68.51: <5%, Z68.52: 5% < 85%, Z68.53:85% < 95%, Z68.54: ≥95%
Counseling for Nutrition	**ICD-10:** Z71.3
	CPT: 97802-97804
	HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
Counseling for Physical Activity	**ICD-10:** Z02.5, Z71.82
	HCPCS: G0447, S9451

*Codes subject to change

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

HEDIS® Improvement Tips:

- **BMI percentile, height and weight must be documented at least annually. BMI percentile must include value or plotter on age-growth chart to meet criteria. The height, weight and BMI percentile must be from the same data source.**
  - **Either of the following meets criteria for BMI percentile:**
  - BMI Percentile document as a value (e.g. 85th Percentile).
  - BMI Percentile documented on an age growth chart.
- **Nutrition documentation includes the date of visit and a least one of the following:**
  - Current nutrition behavior discussion.
  - Checklist indicating nutrition was discussed.
  - Nutrition education counseling or referral given.
  - Nutrition educational materials were provided at the time of visit.
  - Nutrition guidance given to member.
  - Obesity or weight counseling.
- **Physical Activity documentation includes the date of visit and at least one of the following:**
  - Current physical activity behavior discussion.
  - Checklist indicating physical activity was discussed.
  - Physical activity counseling or referral given.
  - Physical education materials were provided at time of visit.
  - Physical activity guidance given to member.
  - Obesity or weight counseling.

WCV: Child and Adolescent Well-Care Visits

Children and adolescents 3 – 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year. Three age stratifications and total are reported:

- 3 – 11 years.
- 12 – 17 years.
- 18 - 21 years.

Description	Codes
Well-Care Visits	**CPT:** 99381-99385, 99391-99395, 99461
	HCPCS: G0438, G0439, S0302, S0610, S0612, S0613
	ICD-10-CM: 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

*Codes subject to change

HEDIS® Improvement Tips:

- **Exclusion:**
  - Any services rendered at an emergency department or inpatient visit.
- **Prevent missed opportunities! Provide well-care exam during sick visits, using Modifier 25 to pair visits.**
- **Well-care visits at school-based clinics with practitioners whom the organization is opportunity to meet the measure.**
- **Additional information regarding well-care please visit:**
  - American Academy of Pediatrics' Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (National Center for Education in Maternal and Child Health. Visit the Bright Future website for more information about well-child visits: **https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx.**
- **Outreach to newly assigned member to schedule appointment.**
- **Reminder calls, text messages or mailings can assist with ensuring patients do not miss scheduled appointments.**
- **Race and Ethnicity Stratifications are also noted for this measure.**

HEDIS® Measures Medication Tables

*Subject to change

AAB, URI

Avoidance of Antibiotic Treatment of Acute Bronchitis/Bronchiolitis Medications	
Description	**Medication**
Aminoglycosides	Amikacin, Gentamicin, Streptomycin, Tobramycin
Aminopenicillins	Amoxicillin, Ampicillin
Beta-lactamase inhibitors	Amoxicillin-clavulanate, Ampiciliin-sulbactam, Piperacillin-tazobactam
First-generation cephalosporins	Cefadroxil, Cefazolin, Cephalexin
Fourth-generation cephalosporins	Cefepime
Ketolides	Telithromycin
Lincomycin derivates	Clindamycin, Linocmycin
Macrolides	Azithromycin, Clarithromycin, Erythromycin,
Miscellaneous antibiotics	Aztreanam, Chloramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin
Natural penicllins	Penicillin G benzathineprocaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine
Penicillinase resistant pencillins	Dicloxacillin, Nafcillin, Oxacillin
Quinolones	Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin
Rifamycin derivatives	Rifampin
Second-generation cephalosporin	Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime
Sulfonamides	Sulfadiazine, Sulfamethoxazole-trimethoprim
Tetracyclines	Doxycycline, Minocycline, Tetracycline
Third-generation cephalosporins	Cefdinir, Cefditoren, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftibuten, Ceftriaxone
Urinary anti-infectives	Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, trimethoprim

HEDIS® Measures Medication Tables

*Subject to change

ADD

ADHD Medications	
Description	**Medication**
CNS Stimulants	Dexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine
Alpha 2 Receptor Agonists	Clonidine, Guanfacine
Miscellaneous ADHD Medications	Atomoxetine

AMM

Anti-Depressant Medications	
Description	**Medication**
Miscellaneous Antidepressants	Bupropion, Vilazodone, Vortioxetine
Monoamine Oxidase Inhibitors	Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine
Phenylpiperazine Antidepressants	Nefazodone, Trazodone
Psychotherapeutic Combinations	Amitriptyline-chlordiazepoxide, Amitripty-line-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(>6mg), Imipramine, Notriptyline, Protriptyline, Trimipramine

HEDIS® Measures Medication Tables

*Subject to change

AMR

Asthma Controller Medications	
Description	**Medication**
Antiasthmatic combinations	Dyphylline-guaifenesin
Antibody inhibitor	Omalizumab
Anti-interleukin-4	Dupliumab
Anti-interleukin-5	Mepolizumab, Reslizumab, Benralizumab
Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Mometasone-formoterol
Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone
Leukotriene Modifiers	Montelukast, Zafirlukast, Zileuton
Mast cell stabilizers	Cromolyn
Methylxanthines	Theophylline
Asthma Reliever Medications	
Short-acting inhaled beta-2 agonists	Albuterol, Levalbuterol

HEDIS® Measures Medication Tables

*Subject to change

APM, APP, SAA, SSD

Antipsychotic Medications	
Description	**Medication**
Miscellaneous Antipsychoticagents	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurisadone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone
Phenothiazine Antipsychotics	Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine
Thiozanthenes	Thiothixene
Long-acting injections	Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone
Psychotherapeutic Combinations (APM, APP only)	Fluxetine-olanzapine, Amitriptyline-perphenazine
Psychotherapeutic Combinations (SAA, SSD only)	Amitriptyline-perphenazine

HEDIS® Measures Medication Tables

*Subject to change

CWP

Description	Medication
Aminopenicillins	Amoxicillin Ampicillin
Beta-lactamase inhibitors	Amoxicillin-clavulanate
First generation cephalosporins	Cefadroxil, Cefazolin, Cephalexin
Folate antagonist	Trimethoprim
Lincomycin derivatives	Clindamycin
Macrolides	Azithromycin, Clarithromycin, Erythromycin
Natural penicillin's	Penicillin G benzathine, Penicillin G potassium, Penicillin G sodium, Penicillin V potassium
Quinolones	Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin
Second generation cephalosporins	Cefaclor, Cefprozil, Cefuroxime
Sulfonamides	Sulfamethoxazole-trimethoprim
Tetracyclines	Doxycycline, Minocycline, Tetracycline
Third generation cephalosporins	Cefdinir, Cefixime, Cefpodoxime, Ceftibuten, Cefditoren, Ceftriaxone

HEDIS® Measures Medication Tables

*Subject to change

Diabetes Medications	
Description	**Medication**
Alpha-glucosidase inhibitors	Acarbose, Miglitol
Amylin analogs	Pramlintide
Antidiabetic combinations	Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin
Insulin	Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled
Meglitinides	Nateglinide, Repaglinide
Glucagon-like peptide-1 (GLP1) agonists	Albiglutide, Dulaglutide, Exenatide, Liraglutide (excluding Saxenda®) Senagkytide
Sodium glucose costransporter 2 (SGLT2) inhibitor	Canagliflozin, Dapagliflozin (excluding Farxiga®, Empagliflozin
Sulfonylureas	Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide
Thiazolidinediones	Pioglitizone, Rosiglitizone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	Alogliptin, Linagliptin, Saxagliptin, Sitagliptin

HEDIS® Measures Medication Tables

*Subject to change

OMW

Osteoporosis Medications	
Description	**Medication**
Biphosphonates	Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid
Other agents	Albandronate, Denosumab, Raloxifene, Romosozumab, Teriparatide

PCE

Medications for Management of COPD	
Description	**Medication**
Systemic Corticosteroid	Cortisone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone,
Bronchodilator:	
Anticholinergic agents	Aclidinium bromide, Ipratropium, Tiotropium, Umeclidinium
Beta 2-agonists	Albuterol, Arformoterol, Formoterol, Indacaterol, Levalbuterol, Metaproterenol, Salmeterol
Bronchodilator combinations	Albuterol-ipratropium, Budesonide-formoterol, Dyphylline-guaifenesin, Fluticasone-salmeterol, Fluticasone-vilanterol, Fluticasone furoate-umeclidinium-vilanteral, Formoterol-aclidinium, Formoterol-glycopyrrolate, Formoterol-mometasone, Glycopyrrolate-indacaterol, Olodaterol-tiotropium, Umeclidinium-vilanterol

HEDIS® Measures Medication Tables

*Subject to change

SPC, SPD

Statin Therapy Medications	
Description	**Medication**
High-intensity Statin Therapy	Atorvastatin 40-80mg, Amlodipine-atorvastatin 40-80mg, Rosuvastatin 20-40mg, Simvastatin 80mg, Ezetimibe-simvastatin 80mg
Moderate-intensity Statin Therapy	Atorvastatin 10-20mg, Amlodipine-atorvastatin 10-20mg, Rosuvastatin 5-10mg, Simvastatin 20-40mg, Ezetimibe-Simvastatin 20-40mg, Pravastatin 40-80mg, Lovastatin 40mg, Fluvastatin 40-80mg, Pitavastatin 1-4 mg
Low-Intensity Statin Therapy (SPD only)	Ezetimibe-simvastatin 10 mg, Fluvastatin 20mg, Lovastatin 10-20mg, Pravastatin 10-20mg, Simvastatin 5-10mg

UOP

Medication
Benzhydrocodone, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphine, Pentazocine, Tapentadol, Tramadol

HEDIS® Measures Medication Tables

*Subject to change

SMD, SPD

Diabetes Medications	
Description	**Medication**
Alpha-glucosidase inhibitors	Acarbose, Miglitol
Amylin analogs	Pramlintide
Antidiabetic combinations	Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin
Insulin	Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled
Meglitinides	Nateglinide, Repaglinide
Glucagon-like peptide-1 (GLP1) agonists	Dulaglutide, Exenatide, Albiglutide, Liraglutide (excluding Saxenda®)
Sodium glucose costransporter 2 (SGLT2) inhibitor	Canagliflozin, Dapagliflozin, Empagliflozin
Sulfonylureas	Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide
Thiazolidinediones	Pioglitizone, Rosiglitizone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	Alogliptin, Linagliptin, Saxagliptin, Sitagliptin

Note: Glucophage/metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.

Notes

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