HEDIS® 2023
Provider Reference Guide

Call Provider Services at 866-296-8731 or visit:
BuckeyeHealthPlan.com/providers.html

buckeye health plan

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Welcome!

At Buckeye Health Plan, we are committed to transforming the health of the community, one person at a time. One way we do this is by advancing and promoting quality and access to care. Adhering to Healthcare Effectiveness Data and Information Set (HEDIS®) is a large part of this. HEDIS is a set of performance measures developed by the National Committee for Quality Assurance (NCQA), which holds Buckeye accountable for the timeliness and quality of healthcare services delivered to its diverse membership.

Your work to help us track and report on HEDIS measures ensures we are providing the tools and resources to help more members get and stay healthy. This booklet was developed to assist you in doing just that.

The booklet serves as a quick reference guide to assist medical record documentation. It includes general tips and an overview of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®).

If you have questions about the information included or would like to request additional copies, contact Buckeye's Quality Improvement Department at **BuckeyeQualityImprovement@Centene.com**

Thank you for your partnership and dedication to improving health outcomes for Ohioans.

Stay healthy,

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

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HEDIS Quick Reference Guide

You may be wondering, what is HEDIS and why should I care about it? Before you dig into specific measures, codes, exclusions and tips, here's an overview.

Please note this guide includes the most recent information available at print time, and is subject to change. The most up-to-date guide can be found at bit.ly/3v46d2K or by scanning the QR code to the right, and your office will be notified of significant changes as needed.

What is HEDIS?

Healthcare Effectiveness Data and Information Set (HEDIS) is a set of stand performance measures developed by the National Committee for Quality Assurance (NCQA), which allows direct, objective comparison of quality across health plans. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, providers and policy makers. This allows for standardized measurement, reporting and accurate, objective side-by-side comparisons. For more information, visit ncqa.org or scan the QR code to the right.

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 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 extract 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 score?

- Claim/encounter data is the most clean and efficient way to report HEDIS. Submit claim/encounter data for each and every service rendered.
- Chart documentation must reflect services billed.
- Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculation. All providers must bill (or report by encounter submission) for services delivered, regardless of contract status. If services are not billed or not billed accurately, they are not included in the 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 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 in need of a visit.
- Routinely schedule a member's next appointment while in the office for 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. This information measures how well the member's expectations and goals were met. It 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 consumers, which provides them with information they can use to choose physicians and healthcare systems.

The survey covers topics including, but not limited to:

- How well providers communicate with patients
- How providers use information to coordinate patient care
- If the office staff is helpful and courteous
- 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 caseworkers and trips to your patient's pharmacy following a doctor's appointment (limited area). For any further questions or to refer a patient, call Member Services at 1-866-246-4358 (TDD/TTY: 1-800-750-0750).

CPA: CAHPS Health Plan Survey, Adult

The CAHPS Health Plan Survey is a tool for collecting standardized information on members' 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 Specialist Seen Most Often.

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

CPA: CAHPS Health Plan Survey, Adult (*Continued*)

Four composite scores summarize responses in key areas:

1. Customer Service/Care Coordination: assesses providers' assistance with managing the disparate and confusing healthcare 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 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 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 wait times exceeded 15 minutes. Incorporate the following into your daily practice:

- Ensure open appointments each day 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.
- 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 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.

CPA: CAHPS Health Plan Survey, Adult (*Continued*)

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 research-based health literacy intervention that improves patient-provider communication and patient health outcomes.
- 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 understanding and, if needed, re-explain and check again.

CPC: CAHPS Health Plan Survey, Child

This measure provides information on parents' experience with their child's Medicaid organization. This survey is a tool for collecting standardized information on members' 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 strengths and weaknesses of health plans and 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 Healthcare Quality: The CAHPS survey asks patients to rate the overall quality of their healthcare 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 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.

CPC: CAHPS Health Plan Survey, Child (*Continued*)

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: assesses providers' assistance with managing the disparate and confusing healthcare 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.

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.

CPC: CAHPS Health Plan Survey, Child (*Continued*)

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 research-based health literacy intervention that improves patient-provider communication and patient health outcomes.
- 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 understanding and, if needed, re-explain and check again.

Rates reported individually for Coordination of Care.

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 member's 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

This measure assesses the percentage of 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 that urine leakage made them change their daily activities or interfered with their sleep a lot
- Connect with your patients by asking:
  - ✔ Have you experienced urine leakage in the past six months?
  - ✔ How often and when does the leakage problem occur?
  - ✔ Does urinary incontinence affect your daily life (such as leading to social withdrawals, depression or sleep deprivation)?

Physical Activity in Older Adults

This 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

HOS: Health Outcomes Survey *(Continued)*

- Connect with your patients by asking:
  - ✔ What's your daily activity level?
  - ✔ What activities do you enjoy?
  - ✔ Do you feel better when you are more active?

Fall Risk Management

This 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:
  - ✔ Have you had a fall in the past year?
  - ✔ What were the circumstances of the fall?
  - ✔ How do you think a fall could have been prevented?
  - ✔ Have you felt dizzy, or had problems with balance or walking?
  - ✔ Do you have any vision problems? Have you had a recent eye exam?

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 Buckeye Health Plan'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.

AAB: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

Members age 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event. Measurement year begins on July 1 of the prior year and ends on June 30 of the measure year.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
Outpatient	**CPT:** 99202-99205, 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, 99422, 99423, 99443, 99457, 99458
	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

Exclusions: Visits resulting in an inpatient stay, or members in hospice or using hospice services any time during the measurement year.

HEDIS® Improvement Tips:

- Educate member on the importance of:
  - Proper treatment. Antibiotics are not needed for viral infections.
  - Calling/returning to the office if symptoms worsen or do not improve.
  - 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.
- A Medication Table has been provided for this measure on page 81.

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*			*Codes subject to change
Description	**Codes**		**ICD-10 code cohorts listed
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		
	UBREV: 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, Z76.1, Z76.2		
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		
	UBREV: 0524, 0525		
Telephone visit	**CPT:** 98966-98968, 99441-99443		
Online Assessment	**CPT:** 98969-98972, 99421-99423, 99444, 99457, 99458		
	HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252		

Exclusions: Members in hospice or using hospice services anytime during the measurement year or members who died during the measurement year.

HEDIS® Improvement Tips:

- Outreach to the 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 an annual or follow-up visit before the member leaves the office.

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="5">Use Appropriate Billing Codes*</th><td>*Codes subject to change</td></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: 99201-99205, 99211-99215, 99241-99245, 99341-99350, 99381-99387, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99483</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, 99492-99494, 99510</td></tr>
<tr><td colspan="5">HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, 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 *(Continued)*

Use Appropriate Billing Codes*		*Codes subject to change
Initiation and C&M Phase Codes		
PHP/IOP	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	
	UBREV: 0905, 0907, 0912, 0913	**POS:** 02, 10
C&M Only Codes		
Visit Setting Unspecified CPT Codes (see above)	**With Telehealth**	
Important Codes*		
Telephone visit	**CPT:** 98966-98968, 99441-99443	

Exclusions:

- Members diagnosed with narcolepsy
- Members who received hospice services
- Members who died during the measurement year

HEDIS® Improvement Tips:

- Prescribe 30-day supply and require members attend a 30-day follow-up appointment in order to continue medication. If an appointment is missed, reach out to reschedule and address any concerns.
- Educate caregiver(s) on the importance of dispensing the correct amount of prescribed medication, the potential for abuse of medication, common side effects and keeping follow-up appointments.
- A Medication Table has been provided for this measure on page 82.

Adherence for Cholesterol (Statins)/Hypertension (RASA-Renin Angiotensin System Antagonists)/ Oral Diabetes Medications (Medicare)

This measure is defined as the percent of Medicare Part D beneficiaries 18 years and older therapy 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.

Exclusions: Members with one or more prescription claims for insulin during the treatment period.

HEDIS® Improvement Tips:

- During each visit with the member, review the 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 open-ended questions to develop solutions and remove patient barriers to adherence.
- Educate members on the purpose of the medication, including how often to take the medication and possible side effects. Advise the member to contact their provider's office if side effects occur or are suspected.
- Offer a 90-day supply of medication to the member if stable.
- Encourage the member to:
  - Sign up for auto-fill with their retail or mail-order pharmacy.
  - Monitor blood pressure and blood glucose at home and document values.
  - Complete any required labs such as cholesterol, kidney values (both blood and urine) and/or A1c.
- Schedule annual or follow-up visit before the member leaves the office.
- A Medication Table has been provided for this measure on page 82.

AMM: Antidepressant Medication Management

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

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

Exclusions: Members who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the IPSD, through the IPSD and the 60 days after the IPSD.

HEDIS® Improvement Tips:

- Educate members that it may take up to 4-5 weeks before members may see the benefit of medication.
- Educate members on the importance of remaining on antidepressant medication for at least 6 months to prevent relapse and the importance of not discontinuing the medication abruptly.
- Discuss common side effects and how to manage them. Advise the member to call the prescriber's office should side effects become a barrier to adherence.
- Develop a plan with the member in the event of a crisis.
- Prescribe a 30-day supply and require members to attend a 30-day follow up appointment to continue medication, except in young adults ages 18–23, who require a more frequent follow up.
- Offer 90-day supply of medication to member, if stable.
- A Medication Table has been provided for this measure on page 84.

AMR: Asthma Medication Ratio

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

Use Appropriate Billing Codes*	*Codes subject to change
Asthma Description	**Codes** **ICD-10 code cohorts listed
Mild Intermittent**	**ICD-10-CM:** J45.21, J45.22
Mild Persistent**	**ICD-10-CM:** J45.30, J45.31, J45.32
Moderate Persistent**	**ICD-10-CM:** J45.40, J45.41, J45.42
Severe Persistent**	**ICD-10-CM:** J45.50, J45.51, J45.52
Other/Unspecified**	**ICD-10-CM:** J45.901, J45.902, J45.909, J45.991, J45.998

Exclusions:

- 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 during the measurement year.
- Members who died any time during the measurement year.

HEDIS® Improvement Tips:

- During each visit with the member, review the 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 open-ended questions to develop solutions and remove patient barriers to adherence.
- Educate members on the purpose of the medication, including how often to take it, how to use the inhaler and possible side effects. Advise the member to call the prescriber's office should side effects become a barrier to adherence.
- Avoid coding for asthma if the diagnosis is for a different respiratory condition such as acute bronchitis or COPD.
- Offer a 90-day supply of medication to the member if stable.
- Encourage member to sign up for auto-fill or mail order with their pharmacy.
- Reminder calls, texts or mailings can ensure members do not miss scheduled appointments. Schedule follow-up visits before the member leaves the office.
- A Medication Table has been provided for this measure on page 85.

APM: Metabolic Monitoring for Children and Adolescents on Antipsychotics

Members 1–17 years of age who had two or more antipsychotic prescriptions and metabolic testing (blood glucose or HbA1c and/or cholesterol testing).

Use Appropriate Billing Codes*	*Codes subject to change
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 & Results	**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, 96595-4
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 Lab test other than LDL	**CPT:** 82465, 83718, 83722, 84478
	LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1

HEDIS® Improvement Tips:

- Educate the caregiver(s) and member on possible medication side effects and the importance of metabolic monitoring.
- Ensure a baseline BMI, fasting blood glucose, waist circumference and lipid profile is captured 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 daily physical activity.

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

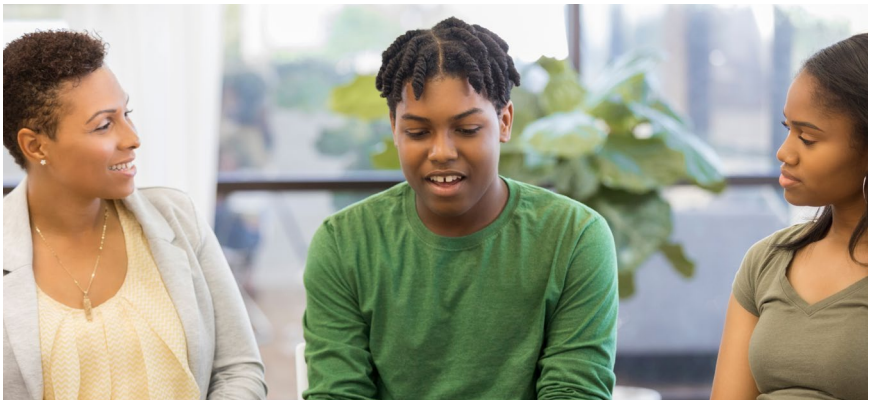
Children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line of treatment 120 days prior through 30 days after a new antipsychotic medication has been dispensed. Documentation of psychosocial care in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD.

Use Appropriate Billing Codes*	*Codes subject to change
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

Exclusions: Members for whom first-line antipsychotic medications may be clinically appropriate.

HEDIS® Improvement Tips:

- 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.



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*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
Breast Cancer Screening**	**ICD-10-CM:** Z12.31, Z12.39
	CPT: 77061-77063, 77065-77067
	HCPCS: G0202, G0204, G0206
History of Bilateral Mastectomy**	**ICD-10:** Z290.13

Exclusions:

- Two unilateral mastectomies with service dates 14 or more days apart.
- History of bilateral mastectomy.
- Member 66 years and older who is enrolled in a long-term institution or SNP.
- Member in palliative care, hospice or using hospice services anytime during the measurement year.

HEDIS® Improvement Tips:

- 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.

BPD: Blood Pressure Control for Patients with Diabetes

Members age 18–75 with diabetes (type 1 and type 2) whose blood pressure was adequately controlled during the measurement year (l<140/90 mm Hg).

- **BPD:** Blood Pressure Control for Patients with Diabetes - BP <140/90

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
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

HEDIS® Improvement Tips:

- If the member's 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.
- Ensure member has appropriate size blood pressure cuff, not one that is too big or too small and the cuff is on the bare arm (not over clothing).
- Ensure member is relaxed, not speaking during reading, has legs uncrossed, feet flat on the floor, and has arm resting at chest height on a table or supported in some way.
- Make sure the member has time to sit for a minute after being taken to exam room before the blood pressure is taken.

CBP: Controlling High Blood Pressure

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

Term	Definition
Adequate Control	Both a representative systolic BP <140 mm Hg and a representative diastolic BP of <90 mm Hg
Representative BP	The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date, or are noted in the chart, we will use the lowest systolic and lowest diastolic reading. Do not delete the first reading, simply add in the second reading.
Product Lines	Commercial, Medicaid, Medicare
Benefit	Medical
Value Set	**Numerator Compliance**
Systolic less than 140 Value Set	Systolic Compliant
Systolic Greater than or Equal to 140 Value Set	Systolic Not Compliant
Diastolic Less than 80 Value Set	Diastolic Compliant
Diastolic 80-89 Value Set	Diastolic Compliant
Diastolic Greater than or Equal to 90 Value Set	Diastolic Not Compliant

CBP: Controlling High Blood Pressure *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
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

Exclusions:

- 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.

HEDIS® Improvement Tips:

- Blood pressure taken by member using a digital device may be used 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 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) 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.
- 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*	*Codes subject to change
Description	**Codes**
Cervical Cytology	**CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175
	HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests	**CPT:** 87624, 87625
	HCPCS: G0476

Exclusions:

- 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; or
  - 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 stating sample is inadequate or "no cervical cells were present."
  - Biopsies (diagnostic and not valid for primary cervical cancer screening).

HEDIS® Improvement Tips:

- 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*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
Live Births**	**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

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:
  - Plan Name and claim number
  - CRISE ID
  - Child's Member ID
  - Child's First Name, Middle Initial, and Last Name
  - Child's Date of Birth
  - Child's Gender
  - Mother's Member ID
  - Mother's First Name, Middle Initial and Last Name
  - Mother's Date of birth
  - Mother's Race
- Provide education that includes prenatal care early in pregnancy, promote appropriate inter-pregnancy interval (birth spacing).
- Review the 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.
  - Complete and send form for high-risk pregnancy (i.e., PRAF. Pregnancy Risk Assessment Form). Access the form at bit.ly/3PEs1eS or scan the QR Code here.

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*	*Codes subject to change
Description	**Codes**
Chlamydia Screenings	**CPT:** 87110, 87270, 87320, 87490-87492, 87810 not showing on value set code list
Pregnancy Test	**CPT:** 81025, 84702, 84703

Exclusions:

- Members in hospice or using hospice any time during the measurement year.
- Members who died any time during the measurement year.

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 second birthday and document preferably on an Immunization Record/Flow sheet.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
DTAP: diphtheria, tetanus, acellular pertussis, 4 doses	**CPT:** 90697, 90698, 90700, 90723
IPV: Polio Vaccine, 3 doses	**CPT:** 90697, 90698, 90713, 90723
MMR: measles, mumps, rubella	**CPT:** 90707, 90710
HIB: H influenza 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	**CPT:** 90710, 90716
PCV: pneumococcal conjugate, 4 doses	**CPT:** 90670
	HCPCS: G0009
HepA: hepatitis A	**CPT:** 90633
RV: rotavirus, 2 or 3 doses	**CPT:** 90680, 90681
Influenza, 2 doses	**CPT:** 90655, 90657, 90661, 90673, 90674, 90685-90689, 90756
	HCPCS: G0008

HEDIS® Improvement Tips:

- Educate office staff on the importance of scheduling appointments prior to the due date (prior to the child reaching 15 or 30 years of age). One day after they reach that age will be too late for gap closure on this measure.
- A strong recommendation for vaccination remains the most powerful tool for compliance with vaccination recommendations. Take time to educate members and their families about common misconceptions concerning vaccinations using easy-to-understand language and handouts.
- Research shows a presumptive approach (assuming the parent will vaccinate the child) leads to higher vaccination rates. Ensure all office staff can answer basic vaccination questions and convey the importance of vaccinations.
- Consider offering evening, weekend or walk-in hours to make obtaining vaccinations easier for all patients and their families.

COA: Care for Older Adults

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

- Medication Review. Review of all members' medications, including prescriptions, Over the Counter (OTC) medications and herbal or supplemental therapies.
- Functional Status Assessment. At least one Functional Status Assessment during the measurement year. Record ADLs assessed.
- Pain Assessment. At least one Pain Assessment during the measurement year. Record yes or no if the patient has pain.

Term	Definition
Medication List	A list of the members' medications in the medical record. The list may include medication names only or may also include dosages, frequency, over the counter (OTC) medications and herbal or supplemental therapies.
Medication Review	A documented review of all a member's medications, including prescription medications, OTC medications and herbal or supplemental therapies.
Standardized Tool	A set of structured questions to elicit member information. Medication Reconciliation done at each appointment.
Product Line	Medicare
Benefit	Medical

Exclusions:

- Members in hospice or using hospice any time during the measurement year.
- Members who died any time during the measurement year.

HEDIS® Improvement Tips:

Medication Review

- 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
  - A medication list in the medical record
- Transitional care management services during the measurement year.
- Medication review performed without the member present meets criteria.
- The medication list signed and dated during the measurement year by the appropriate practitioner type.

COA: Care for Older Adults *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Functional Status Assessment	**CPT:** 99483
	CPT II: 1170F
	HCPCS: G0438, G0439
Medication Reconciliation	**CPT:** 99483, 99495, 99496
	CPT II: 1111F
Medication Review	**CPT:** 90863, 99483, 99605, 99606
	CPT II: 1160F
Medication List	**CPT:** 1159F
	HCPCS: G8427
Transitional Care Management (TCM)	**CPT:** 9495, 99496
Pain Assessment	**CPT:** 1125F, 1126F
Telephone Visit	**CPT:** 98966-98968, 99441, 99442, 99443

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.

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.

COA: Care for Older Adults *(Continued)*

- Result of the assessment using a standardized functional status assessment tool, not limited to:
  - 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.
  - SF-36®.

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 age 45–75 who had appropriate screening for colorectal cancer.

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
FOBT	**CPT:** 82270, 82274
	HCPCS: G0328
Colonoscopy	**CPT:** 44388-44394, 44397, 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
sDNA FIT	**CPT:** 81528
CT Colonography	**CPT:** 74261-74263

HEDIS® Improvement Tips:

- Result not required if documentation includes the date of screening and is clear that the test was performed and not merely ordered.
- Documentation of test completion is required. Member-reported data not allowed.
- Pathology report indicating type and date of test performed meets criteria.
- Digital rectal exam (DRE) and FOBT tests performed in an office setting or performed on a sample collected by DRE will not meet the criteria.
- For incomplete procedures and pathology reports not indicating type of screening:
  - Evidence that the scope advanced beyond the splenic flexure meets criteria for a completed colonoscopy.
  - Evidence that the scope advanced into the sigmoid colon meets criteria for a completed flexible sigmoidoscopy.
- Educate member on the importance of colorectal screening. Calls, emails, texts or mailings can ensure patients attend scheduled appointments.

COU: Risk of Continued Opioid Use*

**Adapted with financial support from the Centers for Medicare & Medicaid Services (CMS) and with permission from the measure developer, Minnesota Department of Human Services.*

The percentage of members 18 years and older who have a new episode of opioid use putting them at risk for continued use. Two rates are reported (Note: A lower rate indicates better performance):

- Percentage of members with 15+ days of prescription opioids in a 30-day period.
- Percentage of members with 31+ days of prescription opioids in a 62-day period.

Exclusions: Any of the following during the 12 months prior to the earliest prescription dispensing date:

- Hospice, Palliative Care, Cancer, Sickle Cell Disease
- Members who have died any time during the measurement year.

The following opioid medications are excluded from this measure:

- Opioid-containing cough and cold products.
- Injectables.
- Single-agent and combination buprenorphine products used as part of medication-assisted treatment (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).
- Ionsys® (fentanyl transdermal patch). This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy.
- Methadone for the treatment of opioid use disorder.

HEDIS® Improvement Tips:

- Establish treatment goals with all patients, including goals for pain and function, and consider how opioid therapy will be discontinued if the benefits do not outweigh the risks.
- Continue to monitor the member's progress, any side effects or the need for ongoing use.
- Verify the member's medications and pharmacy with each visit.
- Request a member be evaluated for enrollment into Buckeye Health Plan's Pharmacy Lock-In Coordinated Services Program.
- Utilization of OARRS is required before dispensing of controlled substances or gabapentin.
- A Medication Table has been provided for this measure on page 86.

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
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

Exclusions: Any visits that result in an inpatient stay.

HEDIS® Improvement Tips:

- Before prescribing antibiotics, test the member for group A strep when diagnosed with pharyngitis.
- Educate the member or parents/guardians that 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 the episode, and submit claims for all diagnoses that are established at the visit.

EED: Eye Exam for Patient with Diabetes

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

Product Lines: Commercial, Medicaid, Medicare **Benefit:** Medical

Event/Diagnosis: The patient must be diagnosed with Diabetes

Numerator: Screening or monitoring for diabetic retinal disease identified by:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.
- Bilateral eye enucleation any time during the member's history through Dec. 31 of the measurement year.

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

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

EED: Eye Exam for Patient with Diabetes *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
Diabetes Diagnoses**	**ICD-10:** E10, E11, E13, O24
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

HEDIS® Improvement Tips:

- 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 an 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.
- Remind the members to complete their Diabetes testing at least once a year.
- A Medication Table has been provided for this measure on page 87.

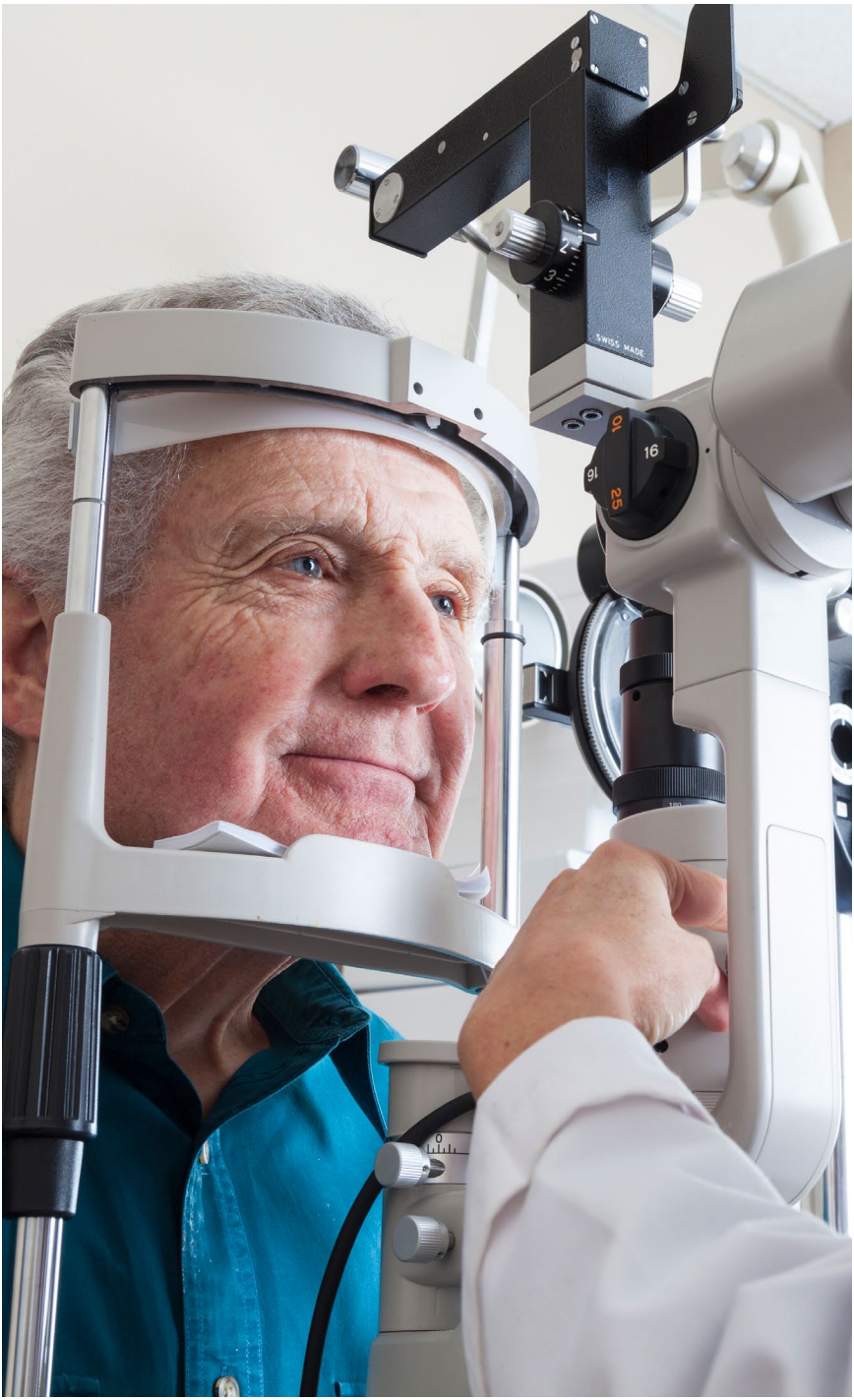
FRM: Fall Risk Management

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 these problems from their current practitioner.

HEDIS® Improvement Tips: Discussion points with the patient include:

- Keep moving.
- Remove home hazards.
- Wear sturdy shoes with non-skid soles.
- Light up your living space.
- Use assistive devices.


SWISS MADE

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*				*Codes subject to change
Description	**Codes**			**ICD-10 code cohorts listed
AOD Abuse and Dependence**	**ICD-10-CM:** F10, F11, F12, F13, F14, F15, F16, F18, F19			
Substance Induced Disorders**				
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
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, 99492-99494			
	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 *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
PHP/IOP	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, 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:** 98969-98972, 99421-99423, 99444, 99457, 99458
	HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252
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

Exclusions: ED visits resulting in a inpatient stay (acute or nonacute) on the date of visit or within 30 days regardless of principal diagnosis for admission.

HEDIS® Improvement Tips:

- 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.
- A 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) meet criteria for a follow-up visit with principal 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:

- Percentage of discharges in which the member received follow-up **within 7 days.**
- Percentage of discharges in which the member received follow-up **within 30 days.**

<table>
<tr><th colspan="5">Use Appropriate Billing Codes*</th><th>*Codes subject to change</th></tr>
<tr><th>Description</th><th colspan="5">Codes</th></tr>
<tr><td>Visit Setting Unspecified</td><td>CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251–99255</td><td>With either</td><td>OP</td><td>POS: 03, 05, 07, 09, 11–20, 22, 33, 49, 50, 71, 72</td></tr>
<tr><td></td><td></td><td></td><td>PHP</td><td>POS: 52</td></tr>
<tr><td></td><td></td><td></td><td>CMHC</td><td>POS: 53</td></tr>
<tr><td></td><td></td><td></td><td>Telehealth</td><td>POS: 02</td></tr>
<tr><td>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, 99492-99494, 99510</td></tr>
<tr><td></td><td colspan="5">HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015</td></tr>
<tr><td></td><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>PHP/IOP</td><td colspan="5">HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</td></tr>
<tr><td></td><td colspan="5">UBREV: 0905, 0907, 0912, 0913</td></tr>
<tr><td>Psychiatric Collaborative Care Management</td><td colspan="5">CPT: 99492-99494</td></tr>
<tr><td></td><td colspan="5">HCPCS: G0512</td></tr>
<tr><td>Telephone Visit</td><td colspan="5">CPT: 98966-98968, 99441-99443</td></tr>
</table>

FUH: Follow-up after Hospitalization for Mental Illness *(Continued)*

<table>
<tr><th colspan="6">Use Appropriate Billing Codes*</th><th>*Codes subject to change</th></tr>
<tr><th>Description</th><th colspan="5">Codes</th><th>**ICD-10 code cohorts listed</th></tr>
<tr><td rowspan="3">Electro-convulsive Therapy (ECT)**</td><td>CPT: 90870</td><td rowspan="3">With either</td><td>Ambulatory Surgical Center</td><td colspan="2">POS: 24</td></tr>
<tr><td rowspan="2">ICD-10-PCS: GZB0ZZZ-GZB4ZZZ</td><td>CMHC</td><td colspan="2">POS: 53</td></tr>
<tr><td>OP</td><td colspan="2">POS: POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</td></tr>
<tr><td>Observation</td><td>CPT: 99217-99220</td><td rowspan="2">With or Without</td><td>PHP</td><td colspan="2">POS: 52</td></tr>
<tr><td>Transitional CM Services</td><td>CPT: 99495, 99496</td><td>CMHC</td><td colspan="2">POS: 53</td></tr>
<tr><td>Behavioral Healthcare Setting</td><td colspan="6">UBREV: 0513, 0900-0905, 0907, 0911-0917, 0919</td></tr>
</table>

Exclusions:

- 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.
- Members in hospice or using hospice services anytime during the measurement year. Members who died any time during the measurement year.
- Follow-up visits that occur on the date of discharge.

HEDIS® Improvement Tips:

- Schedule member's 7-day or 30-day follow-up appointment prior to the member being discharged from the hospital.
- 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.

FUI: Follow-up After High-Intensity Care for Substance Use Disorder (SUD)

The percentage of acute inpatient hospitalization visits, residential treatment, or withdrawal management visits for a diagnosis of SUD in those age 13 and older that result in a follow up visit or service for SUD. Two rates are reported:

- Percentage of visits or discharges for which the member received follow-up **within 7 days** and **within 30 days**

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
AOD Abuse and Dependence**	**ICD-10-CM:** F10.10, F10.120, F10.121, F10.129-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, 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, F12.10, F12.120-F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220-F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129-F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180-F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229-F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280-F13.282, F13.288, F13.29, F14.10, F14.120-F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180-F14.182, F14.188, F14.19, F14.20, F14.220-F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280-F14.282, F14.288, F14.29, F15.10, F15.120-F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180-F15.182, F18.188, F15.19, F15.20, F15.220-F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280-F15.282, F15.288, F15.29, F16.10, F16.120-F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120-F19.122, F19.129-F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180-F19.182, F19.188, F19.19, F19.20, F19.220-F19.222, F19.229-F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280-F19.282, F19.288, F19.29
OUD Weekly Non Drug	**HCPCS:** G2071, G2074-G2077, G2080
OUD Monthly Office Based	**HCPCS:** G2086, G2087
Substance Use Disorder Services	**CPT:** 99408, 99409
	HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
	UBREV: 0906, 0944, 0945
Observation	**CPT:** 99217-99220

FUI: Follow-up After High-Intensity Care for SUD *(Continued)*

Use Appropriate Billing Codes*				*Codes subject to change
Description	**Codes**			
Inpatient Stay	**UBREV:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002			
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**	**Outpatient**	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			CMHC	**POS:** 53
			Non-residential SUD Tx Fac.	**POS:** 57, 58
			Telehealth	**POS:** 02, 10
			Intensive Outpatient or Partial Hospitalization	**POS:** 52
BH Outpatient	**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			
Intensive Outpatient or Partial Hospitalization	**HCPCS:** G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485			
	UBREV: 0905, 0907, 0912, 0913			
Phone Visits	**CPT:** 98966-98968, 99441–99443			
Online Assessment	**CPT:** 98969-98972, 99421-99423, 99444, 99457, 99458			
	HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252			
Residential BH Treatment	**HCPCS:** H0017-H0019, T2048			
BH Assessment	**CPT:** 99408, 99409			
	HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049			

Exclusions:

- Members in hospice or using hospice any time during the measurement year.
- Members who died any time during the measurement year.

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

The percentage of emergency department (ED) visits for members age 6 and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported, including the percentage of ED visits for which the member received follow-up:

- Within 30 days of the ED visit (31 total days).
- Within 7 days of the ED visit (8 total days).

Product Lines: Commercial, Medicaid, Medicare
Benefits: Medical, Mental Health

Ages: 6+ years on date of the ED visit. Report three age stratifications and total rate: 6-17 years, 18-64 years, 65 years and older. Total is sum of age stratifications.

Event/Diagnosis: An ED visit with a principal diagnosis of mental illness or intentional self-harm where member was age 6 or older the date of the visit.

Use Appropriate Billing Codes*				*Codes subject to change
Description	**Codes**			**ICD-10 code cohorts listed
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			
Mental Health Diagnosis**	**ICD-10-CM:** F03.90, F03.91, F20.0-F20.5, F21-F25, F28-F34, F39-F45, F48, F50-F53, F59, F60, F63-F66, F68 F69, F80-F82, F84, F88-F91, F93-F95, F98, F99			
Intentional Self-Harm**	**ICD-10-CM:** T14, T36-T65, T71			

FUM: Follow-up after Emergency Department Visit for Mental Illness *(Continued)*

Use Appropriate Billing Codes*				*Codes subject to change
Description	**Codes**			**ICD-10 code cohorts listed
ECT**	**CPT:** 90870	**With either**	**Ambulatory Surgical Center**	**POS:** 24
	ICD-10-PCS: GZB0ZZZ-GZB4ZZZ		**CMHC**	**POS:** 53
			OP	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	**POS:** 52
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			

Exclusions:

- 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 during the measurement year.

HEDIS® Improvement Tips:

- Member must have a follow-up Mental Health visit within 7 and 30 days of ED visit. A member seen on the same day of discharge meets the 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 the requirement for a visit. Telehealth modifiers may be used with some service types.

HBD: Hemoglobin A1c Control with Diabetes

Members 18-75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- HbA1c Control (<8.0%)
- HbA1c Poor Control (>9.0%)

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
HbA1c Lab Test	**CPT:** 83036, 83037
HbA1c Control <8%	**CPT II:** 3044F (< 7.0%), 3051F (≥ 7.0% and < 8.0%)
HbA1c Poor Control >9%	**CPT II:** 3046F (> 9.0%) 3052F (≥ 8.0% and ≤ 9.0%)

Exclusions: A member who did not have a diabetes diagnosis during the measurement year.

HEDIS® Improvement Tips:

- Schedule labs prior to appointments to assist with compliance.
- Adjust therapy as indicated to improve A1c levels.
- Educate the member about the importance of routine screenings and medication compliance.
- Review diabetic services at each office visit.

HDO: Use of Opioids at High Dosage

The percentage of members age 18 and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year (Note: A lower rate indicates better performance).

Exclusions: Members who met any of the following during measurement year:

- In hospice or using hospice services
- Died any time during the measurement year
- Cancer
- Sickle cell disease
- Received palliative care

The following opioid medications are excluded from this measure:

- Injectables
- A member seen on the same day of discharge from ED meets the 7 day follow-up requirement.
- 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

HEDIS® Improvement Tips:

- Include documentation of the specific diagnosis code for each medication being used for the member.
- Continue to monitor member's progress, side effects or need for ongoing use.
- Verify the member's medications and pharmacy with each visit.
- Confirm that the number of members whose average MME was >120 mg MED during the treatment period meets the criteria.
- Utilization of OARRS is required before dispensing of controlled substances or gabapentin.
- A provider may request a member be evaluated for enrollment into Buckeye's Pharmacy Lock-In Coordinated Services Program.
- A Medication Table has been provided for this measure on page 86.

IET: Initiation and Engagement of Substance Use Disorder Treatment

Adolescent and adult members age 13 and older with a new Substance Use Disorder (SUD) episode who received the following:

- **Initiation of 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 SUD Treatment:** Members who have evidence of treatment engaged in ongoing SUD treatment **within 34 days** of the initiation visit.

Use Appropriate Billing Codes*				*Codes subject to change
Description	**Codes**			**ICD-10 code cohorts listed
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

IET: Initiation and Engagement of Substance Use Disorder Treatment *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
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
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
	UBREV: 0906, 0944, 0945
Behavioral Health Assessment	**CPT:** 99408, 99409
	HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049

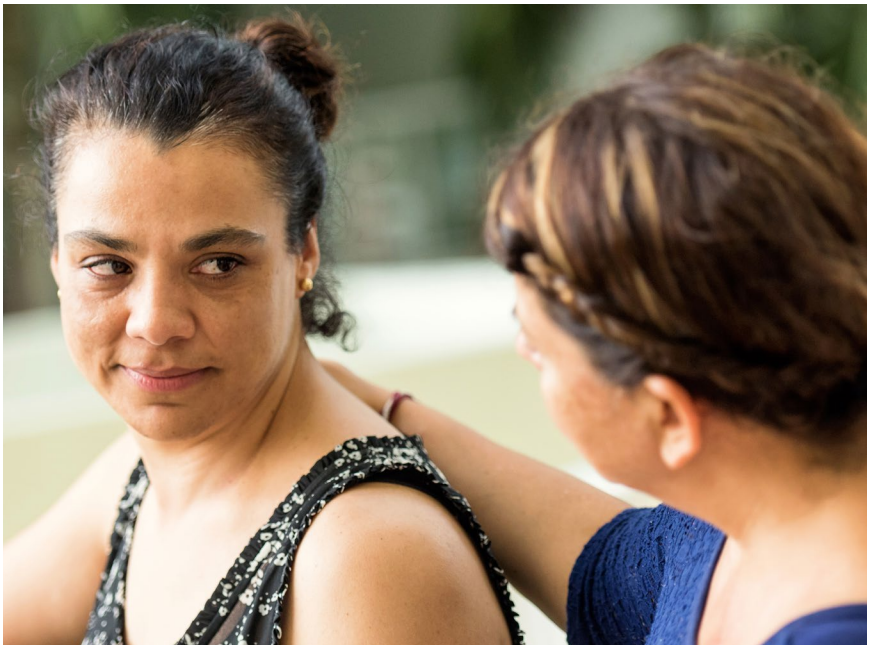
IET: Initiation and Engagement of Substance Use Disorder Treatment *(Continued)*

Exclusions:

- 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.
- Members in hospice or using hospice services any time during the measurement year.
- Members who died any time during the measurement year.

HEDIS® Improvement Tips:

- Notify Buckeye of new substance use disorder diagnoses. Case managers will assist in triaging the members to their treatment initiation visit.
- Schedule engagement visits before the member leaves the initiation visit.
- Inpatient stay for a SUD episode is considered initiation of treatment, then SUD episode is compliant.
- Two engagement visits may be on the same day, but must be with different providers.



IMA: Immunizations for Adolescents

Adolescents who complete immunizations on or before the member's 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*	*Codes subject to change
Description	**Codes**
Meningococcal	**CPT:** 90619, 90733, 90734
Tdap	**CPT:** 90715
HPV	**CPT:** 90649, 90650, 90651

HEDIS® Improvement Tips:

- Educate office staff to schedule immunizations prior to the child's 13th birthday. Even a day after their birthday is too late to close the gap for this measure.
- Review recommended vaccinations prior to the visit. Educate parents on common misconceptions about vaccinations.
- Document anaphylactic reaction to the vaccine with appropriate codes.
- Recommended HPV for both male and female patients.
- HPV vaccines require two or three doses. Set reminders for follow-up doses to ensure compliance with the dosing schedule. Creating alerts within your EMR will assist with reminder outreach.
- Reminder calls, emails, text messages or mailings can assist with vaccine series reminders. Be sure to outreach prior to the due date for ample scheduling time.
- Ensure all medical documentation includes patient name, DOB, dates of service, names of vaccines given and dates they were given. Do not use the date the vaccine is ordered.

KED: Diabetes Care

Members age 18–75 years old 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% or HbA1c poor control >9.0%)
- **KED:** Kidney Health Evaluation for Patients with Diabetes
  - Members 18-85 years of age who received both an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR)

HEDIS® Improvement Tips:

- **BPD:** If the member's 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.
- **EED:** 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 excluded 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 Creatinine Ratio Lab test to meet the measure. Offer reminders to the members to complete their Diabetes testing (A1c, Eye, Kidney Evaluation) at least once a year. A Medication Table has been provided for this measure on page 85.

KED: Diabetes Care *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
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	**CPT:** 82043
	LOINC: 14957-5, 21059-1, 30003-8, 43605-5, 53530-2, 57369-1, 89999-7
Urine Creatinine Lab Test	**CPT:** 82570
	LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5
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

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*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
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, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84

Exclusions: Member whose imaging was appropriate for any of the following diagnosis:

- Cancer
- Recent trauma
- Intravenous drug abuse
- Fragility fracture
- Lumbar surgery
- Spondylopathy
- Palliative care
- Members in hospice

HEDIS® Improvement Tips:

- If the 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 their 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*	*Codes subject to change
Description	**Codes**
Lead Screening in Children	**CPT:** 83655
	LOINC: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7

HEDIS® Improvement Tips:

- Complete a capillary or venous blood lead screening test by the child's second birthday.
- Documentation in the medical record must include 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.

OED: Oral Evaluation, Dental Services

This is a first-year measure. This measure replaced Annual Dental Visit.

The percentage of members under 21 years who received a comprehensive or periodic oral evaluation with a dental practitioner during the measurement year. 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.

Product Line: Medicaid

Ages: Under 21 years as of December 31 of the measurement year. Report four age stratifications and a total rate:

- 0-2 years
- 3-5 years
- 6-14 years
- 15-20 years

The total is sum of the age stratifications

Benefit: Dental

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
D0120	Periodic oral evaluation – established patient
D0150	Comprehensive oral evaluation – new or established patient

HEDIS® Improvement Tips:

- Educate parent(s)/guardian(s) and member of the importance of good oral hygiene, especially starting at an early age. Schedule dental visits as young as 2 years.
- Buckeye covers 2 periodic oral exams and cleaning per year.
- 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 the member leaves the office.
- Educate members on their Buckeye transportation benefit to and from dental appointments available by contacting Buckeye Member Services at 1-866-246-4358.

OMW: Osteoporosis Management in Women Who Had a Fracture

Women age 67–85 who suffered a fracture and had either a bone mineral density (BMD) test or prescription to treat osteoporosis 6 months after the fracture. Measurement year starts July 1 of the prior year to June 30 of the measurement year.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
Bone Mineral Density Tests**	**CPT:** 76977, 77078, 77080, 77081, 77085, 77086
	ICD-10-PCS: 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

Exclusions:

- 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 dispensed prescription or had an active prescription to treat osteoporosis during the 24 months prior to the episode date.
- Members in hospice, using hospice services or died during measurement year.
- Members diagnosed with frailty and advance illness during 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 are not included this measure.

HEDIS® Improvement Tips:

- Educate the member on the importance of prevention such as well balanced diet, exercise and creating a safe environment at home to reduce risk of falls.
- Educate the member that the BMD is the same as Dexa Scan, and schedule member for BMD within 6 months of fracture, if no BMD within the past 24 months.
- Assess women member 67–85 years at each visit for recent falls and fractures.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- A Medication Table has been provided for this measure on page 88.

PCE: Pharmacotherapy Management of COPD Exacerbation

The percentage of COPD exacerbation for members age 40 and older who had an acute inpatient discharge or ED visit between January 1 and November 30 and were dispensed appropriate medications. Two rates are reported:

- 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.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
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

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year.
- Members who died anytime during the measurement year.

HEDIS® Improvement Tips:

- 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.
- During each visit with the member, 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, open ended questions will assist you with solutions and remove patient barriers to adherence.
- Educate members on the purpose of the medication, including how often to take the medication and possible side effects. Advise member to call the prescriber's office should side effects become a barrier to adherence.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- A Medication Table has been provided for this measure on page 89.

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:

- 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 transplant.
  - A potentially planned procedure.

HEDIS® Improvement Tips:

- Identify high hospital utilizers and partner with Buckeye to assist with managing the member's care.
- Perform outreach on members who are high risk (members who have not seen their PCP, members who are not compliant with their medication, members with multiple chronic conditions). Refer these members to Buckeye Care Management to assist with their care.
- Ensure members are understanding discharge instructions using "Teach-Back" method and ensure all written materials are written at no higher than a fifth grade reading level.
- Before the member is discharged from the hospital, schedule post-hospitalization follow-up visit and ensure transportation is set up for this visit to encourage follow through.
- Outreach to the member within 2 days of discharge to ensure the member understands their discharge instructions and address any issues at that time.

POD - Pharmacotherapy for Opioid Use Disorder*

**Adapted with permission by NCQA from the "Continuity of Pharmacotherapy for Opioid Use Disorder" measure owned by The RAND Corporation.*

The percentage of new opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Code**
Buprenorphine Oral Weekly	**HCPCS:** G2068, G2079
Methadone Oral Weekly	**HCPCS:** G2067, G2078

Exclusions:

- Members in hospice or using hospice services during the measurement year.
- Members who have died any time during the measurement year.
- Methadone is not included on the medication lists for this measure. Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.

HEDIS® Improvement Tips:

- When members screen positive for risk of harm from substance use, determine whether it meets diagnostic criteria for a substance use disorder (SUD).
- Address members' medical, social and family histories.
- Practitioners should develop treatment plans or referral strategies for members who need SUD treatment.
- Request a member be evaluated for enrollment into Buckeye 's Pharmacy Lock-In Coordinated Services Program.
- A Medication Table has been provided for this measure on page 90.

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 in terms of:

- **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:** A postpartum visit on or between **7 and 84 days** after delivery.

Exclusions: Non-live births

HEDIS® Improvement Tips for Prenatal Care:

- Complete the Notification of Pregnancy (NOP) or Pregnancy Risk Assessment Form (PRAF) as soon as possible.
- The first trimester is defined as 280-176 days prior to deliver or EDD.
- 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.
- Examples of documentation indicating or referencing pregnancy include:
  - LMP, EDD or gestational age
  - Gravidity and parity
  - Complete obstetrical history
  - Standardized prenatal flow sheet
  - Prenatal risk assessment or counseling
  - Positive pregnancy test result

PPC: Prenatal and Postpartum Care *(Continued)*

HEDIS® Improvement Tips for Postpartum Care:

- Educate members on the importance of keeping each postpartum visit.
- Remind members of upcoming appointment through calls or text messages.
- Consider offering extended practice hours to increase care access.
- Document the date when a postpartum visit occurred and one of the following:
  - A pelvic exam
  - Glucose screening for members with gestational diabetes
  - Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders
  - Perineal or cesarean incision/wound
  - Evaluation of weight, BP, breasts and abdomen:
  - A notation of breastfeeding is acceptable for the evaluation of breasts
  - Documentation of infant care, resumption of intercourse, birth spacing or family planning, sleep/fatigue, resumption of physical activity or attainment of healthy weight

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
Prenatal Visits	**CPT:** 99201-99205, 99211-99215, 99241-99245, 99483, 99500, 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, 88153, 88164-88167, 88174, 88175
	HCPCS: G0123, G0124, G0141, G0143 - G0145, G0147, G0148, P3000, P3001, Q0091

SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia*

**Adapted by NCQA with permission of the measure developer, CMS.*

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
Schizophrenia**	**ICD-10:** F20.0, F20.1, F20.2, 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	**HCPCS:** J2794
Long-Acting Injections 28-Day Supply	**HCPCS:** J0401, J1631, J1943, J1944, J2358, J2426, J2680
Long-Acting Injections 30-Day Supply	**HCPCS:** J2798

Exclusions: Members who met any of the following during the measurement year: A diagnosis of dementia, or who did not have at least two antipsychotic medication dispensing events. There are two ways to identify dispensing events: by claim/encounter data and by pharmacy data.

HEDIS® Improvement Tips:

- Educate the member on effectiveness of psychotic symptom management with antipsychotic medication, including importance of keeping appointments, possible side effects, and managing side effects. Advise the member to call their prescriber's office should side effects become a barrier to adherence.
- Encourage the member to sign up for auto-fill with their pharmacy or mail order when possible.
- A Medication Table has been provided for this measure on page 91.

SMC: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

Members age 18-64 years old with schizophrenia or schizoaffective disorder and cardiovascular disease who had an LDL-C test during the measurement year. The qualifying member has at least one (1) acute inpatient encounter, OR, at least two (2) nonacute inpatient and outpatient (e.g., OP, IOP, PHP, ED) encounters.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
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, I25, I63, I65, I66,I67.2, I70, I75, T82

Exclusions: Members in hospice or using hospice services any time during the measurement year.

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.

SMD: Diabetes Monitoring for People with Diabetes and Schizophrenia

Members age 18–64 with schizophrenia or schizoaffective disorder and diabetes who had an LDL-C test and an HbA1c test during the measurement year.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
HbA1c	**CPT:** 83036, 83037
	CPT II: 3044F (<7.0%), 3051F (≥7.0% - ≤8.0%), 052F (≥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

Exclusions:

- Members who did not have a diagnosis of diabetes in any setting during the measurement year or year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes.
- Members in hospice or using hospice services any time during the measurement year.
- Members who died any time during the measurement year.

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 the member has completed all A1c and LDL testing by December 31 of each year.
- NCQA does not specify the type of provider who can submit or review diabetes testing results.
- A Medication Table has been provided for this measure on page 87.

SPC: Statin Therapy for Patients with Cardiovascular Disease

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

- 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.

Exclusions:

- Members with a pregnancy diagnosis during the measurement year or year prior.
- Dispensed at least one prescription for clomiphene during the measurement year or the year prior.
- In vitro fertilization in the measurement year or the year prior.
- ESRD or dialysis during the measurement year or the year prior.
- Cirrhosis during the measurement year or the year prior.
- Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.
- Members in hospice or using hospice services during the measurement year.
- Members who died any time during the measurement year.
- Members receiving palliative care any time during the measurement year.

HEDIS® Improvement Tips:

- At each visit, review medication list and ask if there are any issues with filling or taking medications as prescribed. Open ended questions will assist you with solutions and remove patient barriers to adherence.
- Educate members on the purpose of the medication, including how often to take the medication and possible side effects. Advise member to contact provider's office if side effects occur or are suspected.
- Offer 90-day supply of medication to the member, if stable.
- Encourage the member to sign up for auto-fill with their pharmacy.
- 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 the member leaves the office.
- Ensure member completes any required labs such as cholesterol, kidney values (both blood and urine) and/or A1c.
- A Medication Table has been provided for this measure on page 92.

SPD: Statin Therapy for Patients with Diabetes

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

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

Exclusions:

- Members who did not have a diagnosis of diabetes in any setting, during the measurement year or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior.
- Dispensed at least one prescription for clomiphene during the measurement year or the year prior.
- ESRD or dialysis during the measurement year or the year prior.
- Cirrhosis during the measurement year or the year prior.
- Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.
- Members in hospice or using hospice services during the measurement year.
- Members who died any time during the measurement year.
- Members receiving palliative care any time during the measurement year.

HEDIS® Improvement Tips:

- At each visit, review medication list and ask if there are any issues with filling or taking medications as prescribed. Open ended questions will assist you with solutions and remove member barriers to adherence.
- Educate members on the purpose of taking a statin medication to prevent diabetes. Discuss how often to take the medication and possible side effects.
- Advise member to contact provider's office if side effects occur or are suspected. Consider an alternative dosing schedule to prevent or lessen side effects.
- Offer 90-day supply of medication to the member, if stable.
- Encourage the member to sign up for auto-fill with their pharmacy.
- 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 the member leaves the office.
- Ensure the member completes any required labs such as cholesterol, kidney values (both blood and urine) and/or A1c.
- A Medication Table has been provided for this measure on page 92.

SSD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications

Members age 18 -64 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*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
Glucose Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 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**	**ICD-10-CM:** F31.81, F31.89, F31.9

HEDIS® Improvement Tips:

- Request or perform either glucose or HbA1c testing at the start of new antipsychotic medication regimen and 3-month follow up and ensure follow-up visits are scheduled to monitor progress.
- Diabetes testing can be completed by the psychiatric provider or primary care provider. Results need to be verified and a follow-up completed by whomever is acting as the member's primary care physician.
- Educate the member and/or their caregiver on the importance of healthy diet, exercise and signs to look for with new-onset diabetes. Monitor the member's weight at each visit.
- Screen all members' prescribed antipsychotic medications for a family history of diabetes.

SUPD: Statin Use in Persons with Diabetes (Medicare Only)

This measure is defined as the percent of Medicare Part D beneficiaries 40-75 years old who were dispensed at least two diabetes medication fills and received a statin medication fill during the measurement period.

Exclusions:

- Hospice enrollment
- Pregnancy
- Liver disease
- Pre-diabetes
- ESRD diagnosis or dialysis coverage dates
- Rhabdomyolysis and myopathy
- Polycystic ovary syndrome
- Lactation and fertility

HEDIS® Improvement Tips:

- During each visit with the member, review the medication list and ask if there are any issues with filling or taking medications. If there are any problems/issues with the medication, open ended questions will assist you with solutions and remove patient barriers to adherence.
- Educate the member on the purpose of the medication, including how often to take the medication and possible side effects. Advise member to contact provider's office if side effects occur or are suspected.
- 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.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Ensure the member completes any required labs such as cholesterol, kidney values (both blood and urine) or A1c.
- Schedule annual visit or follow-up visit before the member leaves the office.
- A Medication Table has been provided for this measure on page 92.

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.
- 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:

To meet criteria for measure compliance, use modifier codes 95 and GT for HEDIS Telehealth measures. Use place of service code 02 for telehealth provided other than in the patient's home and place of service code 10 for telehealth provided in the patient's home.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Telephone Visit	**CPT:** 98966-98968, 99441-99443
E-visit/Virtual Check-In	**CPT:** 98969-98972, 99421-99423, 99444, 99457 **HCPCS:** G2010, G2012, G2061, G2062, G2063
Telehealth Visit	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221- 99223, 99231-99233, 99238, 99239, 99251-99255 **POS:** 02

Ohio Department of Medicaid Billing Guidelines for services on or after July 15, 2022 can be found at: bit.ly/3BCHTZu or by scanning the QR code to the right.

TFC: Topical Fluoride for Children

This is a first-year measure.

The percentage of members 1–4 years of age who received at least two fluoride varnish applications during the measurement year from a dental practitioner, which holds 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.

Product Line: Medicaid

Benefit: Medical or Dental

Ages: 1-4 years as of December 31 of the measurement year. Report two age stratifications and a total rate:

- 1-2 years old
- 3-4 years old

The total is the sum of the age stratifications.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Topical Fluoride Varnish (by a Dentist)	D0126
Topical Fluoride Varnish (by a Physician or other qualified health professional)	99188

HEDIS® Improvement Tips:

- Educate parent(s)/guardian(s) and the 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 covers 2 periodic oral exams and cleaning per year.
- 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 the member leaves the office.
- Transportation to and from dental appointments is available for all Buckeye members. Contact Buckeye Member Services at 1-866-246-4358.

TRC: Transitions of Care

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

- Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after (3 total days).
- Receipt Discharge Information. Documentation of receipt of discharge information on the day of discharge through 2 days after (3 total days).
- Patient Engagement After Inpatient Discharge. Documentation of engagement (e.g., home/office visits or telehealth) provided within 30 days after discharge.
- Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after (31 total days).

Medication Reconciliation: A review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record.

Medication List: A list of medications in the medical record, which may include medication names only or may include medication names, dosages and frequency, over-the-counter (OTC) medications and herbal or supplemental therapies.

Product Lines: Medicare **Benefit:** Dental

Ages: 18 years and older. Report two age stratifications and a total rate: 18-64 years, 65 years and older. The total is the sum of the two stratifications.

Description	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

Medical Record:

- Documentation in the outpatient medical record must include evidence of receipt of notification of inpatient admission on the day of admission through 2 days after (3 total days), and date when the documentation was received.

TRC: Transitions of Care *(Continued)*

HEDIS® Improvement Tips:

- 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 may be included in, but not limited to, a discharge summary or summary of care record or be located in structured fields in an EHR.
- At a minimum, discharge information must include all of the following:
  - Practitioner responsible for the member's care during the inpatient stay.
  - Testing results, or documentation of pending tests or no tests pending.
  - Procedures or treatment provided.
  - 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 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, 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 the provider reconciled the current and discharge medications; or
  - Notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications); or
  - Notation that the discharge medications were reviewed; or
  - Notation that both lists (current and discharge medications) were reviewed on the same date of service; or
  - 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

The percentage of members 18 years and older receiving opioid prescriptions from multiple providers for ≥15 days during the measurement year. Three rates are reported (Note: A lower rate indicates better performance for all three rates):

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

Exclusions:

- Members in hospice or using hospice services during the measurement year.
- Members who have died any time during the measurement year.

The following opioid medications are excluded from this measure:

- Injectables.
- Methadone for the treatment of opioid use disorder.
- 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).

HEDIS® Improvement Tips:

- OARRS use is required before dispensing of controlled substances or gabapentin.
- Reassess current therapy if multiple opioids are prescribed.
- Talk with members about having opioids prescribed by only one prescriber and receiving them from just one pharmacy.
- Include documentation of the specific diagnosis code for each medication being used for the member.
- Monitor member's progress on opioid therapy and any side effects.
- Request a member be evaluated for enrollment into Buckeye's Pharmacy Lock-In Coordinated Services Program.
- A Medication Table has been provided for this measure on page 86.

URI: Appropriate Treatment for Upper Respiratory Infection

Members three 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*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
URI**	**ICD-10-CM:** 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, 99458
	HCPCS: G0071, G2010, G2012, G2250, G2251, G2252 G2061, G2062, G2063
Telephone Visit	**CPT:** 98966-98968, 99441-99443

Exclusions: Members who are in hospice or using hospice care.

HEDIS® Improvement Tips:

- Educate the member 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.

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*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
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
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
	UBREV: 0510-0517, 0519-0523, 0526-0529, 0982, 0983

Exclusions:

- Members who have a diagnosis of pregnancy (Pregnancy Value Set) any time during the measurement year.
- Members in hospice or using hospice services.
- Members who died.

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

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 education counseling or referral given.
  - Physical activity educational materials were provided at the 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 old
- 12-17 years old
- 18-21 years old

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
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

Exclusions: Any services rendered at an emergency department or inpatient visit.

HEDIS® Improvement Tips:

- Prevent missed opportunities! Take any opportunity the member is in your office as an opportunity to review for any unmet well child exam needs. Combining a sick and well child exam by using a modifier 25 will lend assistance with compliance for this measure.
- Set up alerts in your electronic medical record to alert when a member is due for their well child exam.
- Offering weekend, evening, or walk in hours can offer support to parents who cannot attend their child's well child visit during typical daytime office hours.
- For additional information regarding well-care please visit bit.ly/3FHgiHN or scan the QR code to the right.

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. The following rates are reported:

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes** **ICD-10 code cohorts listed
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

Exclusions:

- Members in hospice or using hospice services any time during measurement year.
- Any services rendered at an emergency department or inpatient visit.

HEDIS® Improvement Tips:

- 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 indicating date of the well-child visit and evidence that includes all the following:
  - Physical/Mental development history
  - Physical exam
  - Health education/anticipatory guidance
  - Health history
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Outreach to the member to schedule appointment.
- For additional information regarding well-care please visit bit.ly/3hyAiEv or scan the QR code to the right.

HEDIS® Measures Medication Table: AAB

Antibiotic Medications	
Description	**Medication**
Aminoglycosides	▪ Amikacin ▪ Gentamicin ▪ Streptomycin ▪ Tobramycin
Aminopenicillins	▪ Amoxicillin ▪ Ampicillin
Beta-lactamase inhibitors	▪ Amoxicillin-clavulanate ▪ Ampicillin-sulbactam ▪ Piperacillin-tazobactam
First-generation cephalosporins	▪ Cefadroxil ▪ Cefazolin ▪ Cephalexin
Fourth-generation cephalosporins	▪ Cefepime
Lincomycin derivatives	▪ Clindamycin ▪ Lincomycin
Macrolides	▪ Azithromycin ▪ Erythromycin ▪ Clarithromycin
Miscellaneous antibiotics	▪ Aztreonam ▪ Daptomycin ▪ Linezolid ▪ Metronidazole ▪ Vancomycin ▪ Dalfopristin-quinupristin ▪ Chloramphenicol
Natural penicillins	▪ Penicillin G benzathine-procaine ▪ Penicillin G sodium ▪ Penicillin G potassium ▪ Penicillin G procaine ▪ Penicillin V potassium ▪ Penicillin G benzathine
Penicillinase resistant penicillins	▪ Dicloxacillin ▪ Nafcillin ▪ Oxacillin
Quinolones	▪ Ciprofloxacin ▪ Gemifloxacin ▪ Levofloxacin ▪ Moxifloxacin ▪ Ofloxacin
Rifamycin derivatives	▪ Rifampin
Second-generation cephalosporin	▪ Cefaclor ▪ Cefoteta ▪ Cefoxitin ▪ Cefprozil ▪ Cefuroxime
Sulfonamides	▪ Sulfamethoxazole-trimethoprim ▪ Sulfadiazine
Tetracyclines	▪ Doxycycline ▪ Minocycline ▪ Tetracycline
Third-generation cephalosporins	▪ Cefdinir ▪ Cefixime ▪ Cefotaxime ▪ Cefpodoxime ▪ Ceftazidime ▪ Ceftriaxone
Urinary anti-infectives	▪ Fosfomycin ▪ Nitrofurantoin ▪ Trimethoprim ▪ Nitrofurantoin macrocrystals-monohydrate

HEDIS® Measures Medication Table: ADD

ADHD Medications	
Description	**Medication**
CNS stimulants	▪ Dexmethylphenidate ▪ Dextroamphetamine ▪ Lisdexamfetamine ▪ Methylphenidate ▪ Methamphetamine
Alpha-2 receptor agonists	▪ Clonidine ▪ Guanfacine
Miscellaneous	▪ Atomoxetine

Adherence Medication Tables

Cholesterol: Statins		
▪ atorvastatin (+/- amlodipine)	▪ lovastatin (+/- niacin)	▪ fluvastatin
▪ rosuvastatin (+/-ezetimibe)	▪ pitavastatin	▪ pravastatin
▪ simvastatin (+/-ezetimibe, niacin)		

Hypertension: RASA — Renin Angiostensin System Antagonists	
Description	**Medication**
Direct Renin Inhibitor Medications and Combinations	▪ aliskiren (+/- hydrochlorothiazide)
ARB Medications and Combinations	▪ azilsartan (+/- chlorthalidone) ▪ candesartan (+/- hydrochlorothiazide) ▪ eprosartan (+/- hydrochlorothiazide) ▪ irbesartan (+/- hydrochlorothiazide) ▪ losartan (+/- hydrochlorothiazide) ▪ olmesartan (+/- amlodipine, hydrochlorothiazide) ▪ telmisartan (+/- amlopdipine, hydrochlorothiazide) ▪ valsartan (+/- amlodipine, hydrochlorothiazide, nebivolol)
ACE Inhibitor Medications and Combination Products	▪ benazepril (+/- amlodipine, hydrochlorothiazide) ▪ captopril (+/- hydrochlorothiazide) ▪ enalapril (+/-hydrochlorothiazide) ▪ fosinopril (+/-hydrochlorothiazide) ▪ lisinopril (+/- hydrochlorothiazide) ▪ moexipril (+/- hydrochlorothiazide) ▪ perindopril (+/- amlodipine) ▪ quinapril (+/- hydrochlorothiazide) ▪ ramipril ▪ trandolapril (+/- verapamil)

Note: Active ingredients limited to oral formulations only. Excludes nutritional supplement/dietary management combination products.

Adherence Medication Tables *(Continued)*

Diabetes All Class (Insulin Excluded)	
Description	**Medication**
Biguanide Medications and Combinations	▪ metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin,pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin) *Note: Active ingredients are limited to oral formulations only. Excludes nutritional supplement/dietary management combination products.*
Sulfonylurea Medications and Combinations	▪ chlorpropamide ▪ glimepiride (+/- pioglitazone, rosiglitazone) ▪ glipizide (+/- metformin) ▪ glyburide (+/- metformin) ▪ tolazamide ▪ tolbutamide *Note: Active ingredients limited to oral formulations only (includes all salts and dosage forms).*
Thiazolidinedione Medications and Combinations	▪ pioglitazone (+/- alogliptin, glimepiride, metformin) ▪ rosiglitazone (+/- glimepiride, metformin) *Note: Active ingredients limited to oral formulations only.*
Dipeptidyl peptidase-4 (DDP-4) inhibitors	▪ alogliptin (+/- metformin, pioglitazone) ▪ linagliptin (+/- empagliflozin, metformin) ▪ saxagliptin (+/- metformin, dapagliflozin) ▪ sitagliptin (+/- metformin, ertugliflozin) *Note: Active ingredients limited to oral formulations only.*
GLP-1 Receptor Agonists	▪ albiglutide ▪ dulaglutide ▪ exenatide ▪ liraglutide ▪ lixisenatide *Note: Excludes products indicated only for weight loss.*
Meglinitides and Combinations	▪ nateglinide ▪ repaglinide (+/--metformin) *Note: Active ingredients limited to oral formulations only.*
SGLT2 Inhibitors and Combinations	▪ canagliflozin (+/- metformin) ▪ dapagliflozin (+/- metformin, saxagliptin) ▪ empagliflozin (+/- metformin,linagliptin) ▪ ertugliflozin (+/- sitagliptin, metformin) *Note: Active ingredients limited to oral formulations only.*

HEDIS® Measures Medication Tables: AMM

Antidepressant Medication	
Description	**Medication**
Miscellaneous antidepressants	▪ Bupropion ▪ Vilazodone ▪ Vortioxetine
Monoamine oxidase inhibitors	▪ Selegiline ▪ Phenelzine ▪ Tranylcypromine
Phenylpiperazine antidepressants	▪ Nefazodone ▪ Trazodone
Psychotherapeutic combinations	▪ Amitriptyline-chlordiazepoxide ▪ Amitriptyline-perphenazine ▪ Fluoxetine-olanzapine
SNRI antidepressants	▪ Desvenlafaxine ▪ Levomilnacipran ▪ Duloxetine ▪ Venlafaxine
SSRI antidepressants	▪ Citalopram ▪ Fluoxetine ▪ Paroxetine ▪ Escitalopram ▪ Fluvoxamine ▪ Sertraline
Tetracyclic antidepressants	▪ Maprotiline ▪ Mirtazapine
Tricyclic antidepressants	▪ Amitriptyline ▪ Desipramine ▪ Nortriptyline ▪ Amoxapine ▪ Doxepin (>6 mg) ▪ Protriptyline ▪ Clomipramine ▪ Imipramine ▪ Trimipramine

HEDIS® Measures Medication Tables: AMR

Bronchodilator Medications	
Description	**Medication**
Antibody inhibitors	▪ Omalizumab
Anti-interleukin-4	▪ Dupilumab
Anti-interleukin-5	▪ Benralizumab ▪ Mepolizumab ▪ Reslizumab
Inhaled steroid combinations	▪ Budesonide-formoterol ▪ Fluticasone-salmeterol ▪ Fluticasone-vilanterol ▪ Formoterol-mometasone
Inhaled corticosteroids	▪ Beclomethasone ▪ Budesonide ▪ Ciclesonide ▪ Flunisolide ▪ Fluticasone ▪ Mometasone
Leukotriene modifiers	▪ Montelukast ▪ Zafirlukast ▪ Zileuton
Methylxanthines	▪ Theophylline
Asthma Reliever Medications	
Short-acting, inhaled beta-2 agonists	▪ Albuterol ▪ Levalbuterol

HEDIS® Measures Medication Table: COU, HDO, UOP

Opioid Medications	
Prescription	**Medication**
Benzhydrocodone	▪ Acetaminophen Benzhydrocodone
Buprenorphine (transdermal patch and buccal film)	▪ Buprenorphine
Butorphanol	▪ Butorphanol
Codeine	▪ Acetaminophen Butalbital Caffeine Codeine ▪ Acetaminophen Codeine ▪ Aspirin Butalbital Caffeine Codeine ▪ Aspirin Carisoprodol Codeine ▪ Aspirin Codeine ▪ Codeine Phosphate ▪ Codeine Sulfate
Dihydrocodeine	▪ Acetaminophen Caffeine Dihydrocodeine ▪ Aspirin Caffeine Dihydrocodeine
Fentanyl	▪ Fentanyl
Hydrocodone	▪ Acetaminophen Hydrocodone ▪ Hydrocodone ▪ Hydrocodone Ibuprofen
Hydromorphone	▪ Hydromorphone
Levorphanol	▪ Levorphanol
Meperidine	▪ Meperidine ▪ Meperidine Promethazine
Methadone	▪ Methadone
Morphine	▪ Morphine ▪ Morphine Naltrexone
Opium	▪ Opium ▪ Belladonna Opium
Oxycodone	▪ Acetaminophen Oxycodone ▪ Aspirin Oxycodone ▪ Ibuprofen Oxycodone ▪ Oxycodone
Oxymorphone	▪ Oxymorphone
Pentazocine	▪ Naloxone Pentazocine
Tapentadol	▪ Tapentadol
Tramadol	▪ Tramadol ▪ Acetaminophen-Tramadol

HEDIS® Medication Table: EED, KED, SMD, SPD, SUPD

Diabetes Medications	
Description	**Prescription**
Alpha-glucosidase inhibitors	▪ Acarbose ▪ Miglitol
Amylin analogs	▪ Pramlintide
Antidiabetic combinations	▪ Alogliptin-metformin ▪ Alogliptin-pioglitazone ▪ Canagliflozin-metformin ▪ Dapagliflozin-metformin ▪ Dapaglaflozin-saxagliptin ▪ Empagliflozin-linagliptin ▪ Empagliflozin-linagliptin-metformin ▪ Empagliflozin-metformin ▪ Ertugliflozin-metformin ▪ Ertugliflozin-sitagliptin ▪ 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 degludec-liraglutide ▪ Insulin detemir ▪ Insulin glargine ▪ Insulin glargine-lixisenatide ▪ 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

HEDIS® Medication Table: EED, KED, SMD, SPD, SUPD *(Continued)*

Diabetes Medications		
Description	**Prescription**	
Glucagon-like peptide-1 (GLP1) agonists	▪ Albiglutide ▪ Dulaglutide ▪ Liraglutide (excluding Saxenda®)	▪ Lixisenatide ▪ Semaglutide ▪ Exenatide
Sodium glucose costransporter 2 (SGLT2) inhibitor	▪ Canagliflozin ▪ Dapagliflozin (excluding Farxiga®)	▪ Empagliflozin ▪ Ertugllflozin
Sulfonylureas	▪ Chlorpropamide ▪ Glimepiride ▪ Glipizide	▪ Glyburide ▪ Tolazamide ▪ Tolbutamide
Thiazolidinediones	▪ Piogliaizone	▪ Rosiglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	▪ Alogliptin ▪ Linagliptin	▪ Saxagliptin ▪ Sitagliptin

HEDIS® Measures Medication Table: OMW

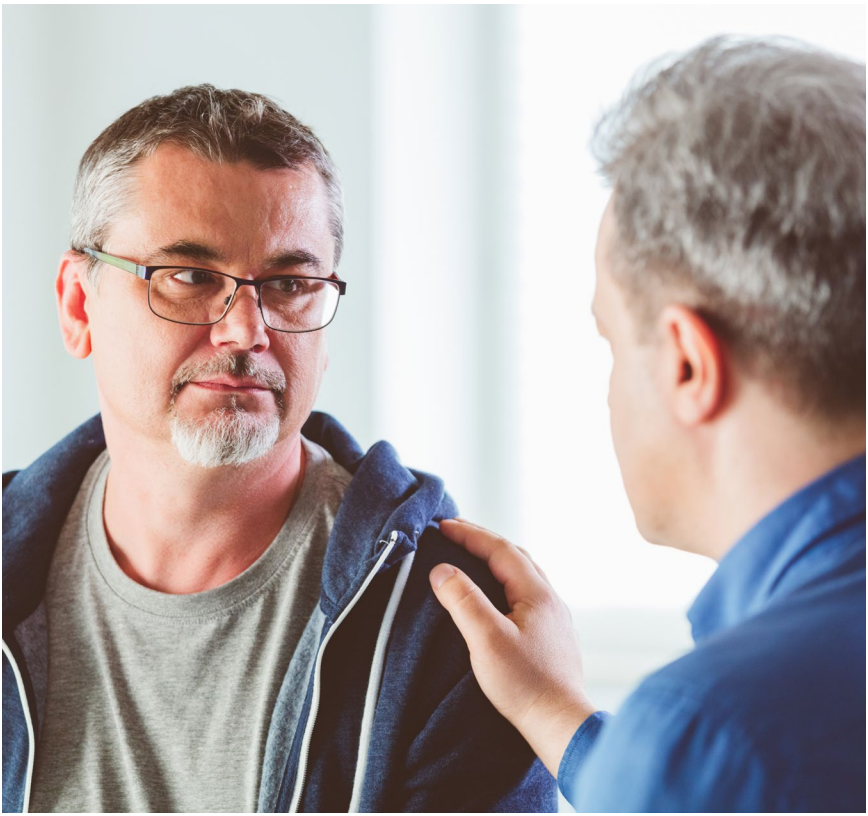
Osteoporosis Medications	
Description	**Prescription**
Bisphosphonates	▪ Alendronate ▪ Alendronate-cholecalciferol ▪ Ibandronate ▪ Risedronate ▪ Zoledronic acid
Other agents	▪ Abaloparatide ▪ Denosumab ▪ Raloxifene ▪ Romosozumab ▪ Teriparatide

HEDIS® Measures Medication Table: PCE

Bronchodilator Medications	
Description	**Medication**
Anticholinergic agents	▪ Aclidinium bromide ▪ Tiotropium ▪ Ipratropium ▪ Umeclidinium
Beta 2-agonists	▪ Albuterol ▪ Indacaterol ▪ Olodaterol ▪ Arformoterol ▪ Levalbuterol ▪ Salmeterol ▪ Formoterol ▪ Metaproterenol
Bronchodilator combinations	▪ Albuterol-ipratropium ▪ Budesonide-formoterol ▪ Formoterol-aclidinium ▪ Formoterol-glycopyrrolate ▪ Formoterol-mometasone ▪ Fluticasone-salmeterol ▪ Fluticasone-vilanterol ▪ Fluticasone furoate-umeclidinium-vilanterol ▪ Glycopyrrolate-indacaterol ▪ Olodaterol-tiotropium ▪ Umeclidinium-vilanterol
Systemic Corticosteroids Medications	
Description	**Medication**
Glucocorticoids	▪ Cortisone ▪ Dexamethasone ▪ Hydrocortisone ▪ Methylprednisolone ▪ Prednisolone ▪ Prednisone

HEDIS® Measures Medication Table: POD

Opioid Use Disorder Treatment Medications	
Description	**Medication**
Antagonist	▪ Naltrexone (oral) ▪ Naltrexone (injectable) ▪ Methadone (oral)
Partial Antagonist	▪ Buprenorphine (sublingual tablet) ▪ Buprenorphine (injection) ▪ Buprenorphine (implant) ▪ Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)



HEDIS® Measures Medication Table: SAA

Dementia Medication	
Description	**Medication**
Cholinesterase inhibitors	▪ Donepezil ▪ Galantamine ▪ Rivastigmine
Miscellaneous central nervous system agents	▪ Memantine
Dementia combinations	▪ Donepezil-memantine
Oral Antipsychotic	
Description	**Medication**
Miscellaneous antipsychotic agents (oral)	▪ Aripiprazole ▪ Asenapine ▪ Brexpiprazole ▪ Carprazine ▪ Clozapine ▪ Haloperidol ▪ Iloperidone ▪ Loxapine ▪ Lumateperone ▪ Lurasidone ▪ Molindone ▪ Olanzapine ▪ Paliperidone ▪ Risperidone ▪ Ziprasidone
Phenothiazine antipsychotics (oral)	▪ Chlorpromazine ▪ Fluphenazine ▪ Perphenazine ▪ Prochlorperazine ▪ Thioridazine ▪ Trifluoperazine
Psychotherapeutic combinations (oral)	▪ Amitriptyline-perphenazine
Thioxanthenes (oral)	▪ Thiothixene

HEDIS® Measures Medication Table: SAA

Long-Acting Injections		
Description	**Medication**	
Long-acting injections 14 days supply	▪ Risperidone (excluding Perseris®)	
Long-acting injections 28 days supply	▪ Aripiprazole ▪ Aripiprazole lauroxil ▪ Fluphenazine decanoate	▪ Haloperidol decanoate ▪ Olanzapine ▪ Paliperidone palmitate
Long-acting injections 30 days supply	▪ Risperidone (Perseris®)	

HEDIS® Measures Medication Tables: SPC, SPD, SUPD

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

Notes

Call Provider Services at 866-296-8731 or visit:
BuckeyeHealthPlan.com/providers.html

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