HEDIS® 2026

Provider Reference Guide

Call Provider Services at 866-296-8731 or visit:
Buckeye Provider Home Page

buckeye health plan

January 2026

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.

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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 on our HEDIS website page 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 standard 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 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 claims/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.

Transition to ECDS Only Reporting

Over the last several years, NCQA has added the option to report the ECDS (Electronic Clinical Data Systems) reporting standard for several existing HEDIS measures alongside traditional HEDIS reporting. This allows health plans to assess their ECDS reporting capabilities and represents a step forward in adapting HEDIS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement. Based on these results, NCQA has announced the transition of several measures to ECDS-only. The major reporting change to be aware of is that traditional hybrid measures that transition to ECDS-only will no longer use the annual chart retrieval process to demonstrate compliance. All compliance from medical records must be processed through prospective supplemental data. The data sources for ECDS are Electronic Health Records, Health Information Exchanges, Case Management Systems and Administrative Claims. For more information on ECDS and the data allowed for compliance, please visit **https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/.** ECDS measures can be identified with an -E after the measure abbreviation.

In this reference guide for 2026 the following measures are ECDS (ADD-E, APM-E, BCS-E, BPD-E, CCS-E, CIS-E, COL-E, IMA-E, LSC-E, SPC-E, SPD-E).

Telehealth

Members have access to the direct delivery of healthcare services related to the diagnosis, treatment and management of a condition through telehealth.

The use of telehealth involves the interaction with a patient via synchronous, interactive, real-time electronic communication that includes both audio and video elements; OR The following activities that are asynchronous or do not have both audio and video elements:

- Telephone calls
- Remote patient monitoring
- Communication with a patient through secure electronic mail or secure patient portal

For more information, please refer to the Ohio Department of Medicaid Billing Guidelines found at: **https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Providers/Billing/BillingInstructions/Telehealth_Billing_Guidelines_updates_for_2025.pdf**

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).

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.

CPA: CAHPS Health Plan Survey – Adult

Product Lines: Medicaid, Marketplace

This measure provides information on the adult experience with their Medicaid or Marketplace health plan.

Survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services. Survey results can be used to:

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

Four global rating questions reflect overall satisfaction:

1. Rating of All Health Care.

- 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.
  - Call patients about test results as soon as possible.
  - Ensure that all specialist referrals notes are in patient's medical records and review with patients during office visit or telehealth visit.
  - Review current medications with patients.
  - Connect with patients by asking about their mental and physical health to evaluate their overall active daily living (ADLs), emotional well-being and management of urinary incontinence.

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.
  - Prioritize active listening and clear communication.
  - Offer clear instructions for procedures and post-appointment follow-ups.

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

  - Encourage patients to ask questions.
  - 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.
  - Show compassion and respect to all patients.
  - Prioritize active listening and clear communication.
  - Offer clear instructions for procedures and post-appointment follow-ups.
  - Encourage patients to ask questions.

Five 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:
  - Encourage patients to make their routine appointments for checkups or 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.

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

- 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.
- Encourage patients to schedule their Annual Wellness Visit at the beginning of each year and follow-up appointment in advance.

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.
  - Offer telehealth visits versus in-person appointments when appropriate.

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

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

5. Claims Processing (Marketplace only)

Rates are reported individually for Coordination of Care.

CPC: CAHPS Health Plan Survey – Child

Product Line: Medicaid

This measure provides information on parents' experience with their child's Medicaid organization.

Survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services. Survey results can be used to:

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

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1. Rating of All Health Care.

- 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.
  - Call patients about test results as soon as possible.
  - Ensure that all specialist referrals notes are in patient's medical records and review with patients during office visit or telehealth visit.
  - Review current medications with patients.

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.
  - Prioritize active listening and clear communication.
  - Offer clear instructions for procedures and post-appointment follow-ups.
  - Encourage patients to ask questions.
  - Spend adequate time with the patient.
    - Utilize Evaluation and Management Guidelines for appropriate appointment length.

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

4. Rating of Specialist Seen Most Often.

- Incorporate into your practice:
  - Appointment schedule that allows for easy access by patients.
  - Show compassion and respect to all patients.
  - Prioritize active listening and clear communication.
  - Offer clear instructions for procedures and post-appointment follow-ups.
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  - Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way.
  - A way to check for understanding and, if needed, re-explain and check again.
  - A research-based health literacy intervention that improves patient-provider communication and patient health outcomes.

Rates are reported individually for Coordination of Care.

HOS: Medicare Health Outcomes Survey

The survey measures each 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 than expected, same as expected or worse than expected, considering death and 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. The survey also includes questions addressing 'Effectiveness of Care' such as lack of physical activity, the risk of falls and urinary incontinence. Providers have a direct impact on HOS because patients' perceptions of their health outcomes are primarily driven by how well the providers communicate with patients.

HOS Measure/Categories:
Management of Urinary Incontinence in Older Adults (MUI)

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

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

Connect with your patients by asking:

- 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 (PAO)

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

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

HOS: Medicare 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 (FRM)

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

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

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 in the past year?
- 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 WellCare's success in improving and maintaining the functional status of our members for a select period of time. HOS evaluates members ages 65 and older each year to collect a baseline measurement and then surveys again two years later to measure the change in health over time. The survey includes questions that address physical/mental health, social/physical functioning and quality of life.

AAB: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

Product Lines: Medicaid, Medicare, Marketplace

Percentage of persons 3 months of age and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.
Note: Eligible episodes of treatment beginning on July 1 of the prior year and ending on June 30 of the measurement period.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
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

Exclusion:

- Persons in hospice or using hospice services or with a date of death any time during the measurement period.

HEDIS Improvement Tips:

- If after an examination, a member requires an antibiotic prescription due to a competing or co-morbid diagnosis. Include appropriate documentation, date of episode and submit claims for all diagnoses that are established at the visit.
- Educate members on symptom relief that includes rest, fluids and over-the-counter medications.

AAP: Adults' Access to Preventive/Ambulatory Health Services

Product Lines: Medicaid, Medicare, Marketplace

Percentage of persons 20 years and older who had an ambulatory or preventive care visit during the measurement period.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Ambulatory Visits	**CPT:** 92002, 92004, 92012, 92014, 98000-98016, 98966-98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99242-99245, 99304-99310, 99315-99316, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 99429, 99441-99443, 99457-99458, 99483
	HCPCS: G0071, G0402, G0438-G0439, G0463, G2010, G2012, G2250-G2252, S0620-S0621, T1015
	UBREV: 0510-0511, 0513-0517, 0519-0529, 0982-0983
	ICD-10: Z00.00-Z00.01, Z00.121, Z00.129-Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81-Z02.84, Z02.89, Z02.9, Z76.1, Z76.2

Exclusion:

- Persons in hospice or using hospice services or with a date of death any time during the measure period.

HEDIS Improvement Tips:

- Schedule an annual or follow-up visit before patient leaves office.
- Medicaid visits can be scheduled at the start of each calendar year.
- Educate the person on the importance of preventive screenings and address all open care gaps:
  - Breast Cancer Screening
  - Cervical Cancer Screening
  - Colorectal Cancer Screening
  - Controlling Blood Pressure
  - Diabetes Measures
- Reminder calls, emails, text messages or mailings can assist with ensuring members do not miss scheduled appointments.

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

- Order lab tests to be completed prior to visit.
- Use modifier 25 to combine sick and well visits.
- Medicare members should have an annual wellness visit completed yearly (codes: G0438, G0439) to meet and discuss their health and to create a personalized prevention plan.
- Medicare Advantage plans allow for a comprehensive physical examination to screen for disease and promote preventative care. Topics to include:
  - Important Cancer Screenings
  - Care of Older Adults
  - Adult Vaccinations
  - Diabetes Related Care (eye exam, blood pressure monitoring, HbA1c testing, kidney function tests, med adherence and medical attention for nephropathy).

ADD-E: Follow-Up Care for Children Prescribed ADHD Medication

Product Lines: Medicaid, Marketplace

Percentage of persons newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300 day (10 month) period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

- **Initiation Phase:** Persons aged 6-12 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:** Persons aged 6-12 with a prescription dispensed for ADHD medication, 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 ended.

Use Appropriate Billing Codes*				*Codes subject to change
Initiation and C&M Phase Codes				
Description			**Codes**	
Visit Setting Unspecified	**CPT:** 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255	**With either**	**OP**	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP/IOP	**POS:** 52
			CMHC	**POS:** 53
			Telehealth	**POS:** 02, 10
Behavioral Health Outpatient	**CPT:** 98000-98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510			
	HCPCS: G0155, G0176-G0177, G0409, G0463, G0512, G0560, 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			

ADD-E: Follow-up Care for Children Prescribed ADHD Medication *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Initiation and C&M Phase Codes	
Description	**Codes**
Telephone Visit	**CPT:** 98008-98015, 98966-98968, 99441-99443
Health and Behavior Assessment or Intervention	**CPT:** 96156, 96158-96159, 96164-96165, 96167-96168, 96170-96171
PHP/IOP	**HCPCS:** G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485
	UBREV: 0905, 0907, 0912-0913
C&M Phase Codes Only	
e-Visit or Virtual Check In (only one of the two visits during the 31-300 days after the IPSD)	**CPT:** 98016, 98970-98972, 98980-98981, 99421-99423, 99457-99458
	HCPCS: G0071, G2010, G2012, G2250-G2252

Exclusions:

- Persons diagnosed with narcolepsy, in hospice or using hospice services or with a date of death during the measurement period.
- Laboratory claims with POS code 81.

HEDIS Improvement Tips:

- Only one of the two visits (during the 31-300 days after the IPSD) may be an e-visit or virtual check-in.
- Prescribe 30-day supply and require members attend a 30-day follow-up appointment to continue medication. If an appointment is missed, reach out to reschedule and address any concerns.
- Develop a comprehensive treatment plan that should be reviewed regularly and modified if symptoms do not respond to current treatment. Patient should be monitored for treatment emergent side effects.
- Educate caregiver(s) on importance of dispensing the correct amount of prescribed medication, monitoring for, potential of abuse of medication; common side effects and keeping follow-up appointments.

Adherence for Cholesterol/Hypertension/ Diabetes Medications

Product Line: Medicare

The adherence measures calculate the percentage of beneficiaries who are adherent to the targeted drug class(es) for the specified clinical conditions during the measurement period.

- **Medication Adherence for Diabetes Medications (ADH-Diabetes):** the percentage of continuously enrolled Medicare Part D beneficiaries, 18 years or older, who were adherent across the following classes of diabetes medications: BG, SFU, TZD, DPP 4 inhibitors, GIP/GLP-1 receptor agonists, MEG and SGLT2 inhibitors.
- **Medication Adherence for Hypertension (RAS Antagonists) Measure (ADH-RAS):** the percentage of Medicare Part D beneficiaries, 18 years or older, who were adherent to RAS antagonists including ACE inhibitors, ARBs or Direct Renin inhibitors.
- **Medication Adherence for Cholesterol (Statins) Measure (ADH-Statins):** the percentage of Medicare Part D beneficiaries, 18 years or older, who were adherent to statins.

Exclusions:

- Hospice
- Inpatient and Skilled Nursing Facilities Stays
- End-Stage Renal Disease (ESRD)
- Insulin (for ADH-Diabetes only)
- Sacubitril/Valsartan (for ADH-RAS only)

HEDIS Improvement Tips:

- 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, using 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 100-day supply of medication to members, if stable.
- Encourage members to sign up for autofill with their retail or mail-order pharmacy.
- Encourage members to monitor blood pressure at home and document values.
- Encourage members to monitor blood glucose at home and document values or use a continuous glucose monitor (CGM), if appropriate.
- Ensure members complete any required labs such as cholesterol, kidney values (both blood and urine), liver function tests and/or A1c.
- Schedule annual or follow-up visits before members leave the office.

APM-E: Metabolic Monitoring for Children and Adolescents on Antipsychotics

Product Lines: Medicaid, Marketplace

Percentage of persons 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing (blood glucose or HbA1c and/or cholesterol testing). Three rates reported:

- The percentage of persons or antipsychotics who received blood glucose testing.
- The percentage of persons on antipsychotics who received cholesterol testing.
- The percentage of persons on antipsychotics who received blood glucose and cholesterol testing.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Glucose Lab 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, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c Test and Results	**CPT:** 83036, 83037
	CPT II: 3044F (<7.0%), 3051F (≥7.0%-<8.0%), 3052F (≥8.0%-≤9.0%), 3046F (>9.0%)
	LOINC: 17855-8, 17856-6, 4548-4, 4549-2, 96595-4
LDL-C lab Test and 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, 96259-7
Cholesterol Lab Test other than LDL	**CPT:** 82465, 83718, 83722, 84478
	LOINC: 2085-9, 2093-3, 2571-8, 3043-7, 9830-1

Do not include a modifier with CPT-CAT-II codes

Exclusions:

- Persons in hospice or using hospice services or with a date of death during the measurement period.
- Laboratory claims with POS code 81.

APM-E: Metabolic Monitoring for Children and Adolescents on Antipsychotics *(Continued)*

HEDIS Improvement Tips:

- Educate the caregiver(s) and member on possible medication side effects and the importance of metabolic monitoring.
- Ensure you have a baseline BMI, fasting blood glucose, waist circumference and lipid profile when a patient is prescribed the medication.
- Consider ordering a blood glucose and cholesterol test every year and building in care gap alerts in EMR.

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

Product Lines: Medicaid, Marketplace

Percentage of persons 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.

Definitions:

- **IPSD:** Index prescription start date. The earliest dispensing date for an antipsychotic medication where the date is in the intake period and there is a negative medication history.
- **Negative Medication History:** A period of 120 days prior to the IPSD when the person had no antipsychotic medications dispensed for either new or refill prescriptions.

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
Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048

Exclusions:

- Persons for whom first-line antipsychotic medications may be clinically appropriate and documented on at least two different dates of service in the measurement period.
- Persons in hospice or using hospice services or with a date of death during the measurement period.
- Laboratory claims with POS 81.

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 when psychosocial and pharmacological have failed.
- Before prescribing antipsychotic medication, complete or refer for a trial of first-line psychosocial care.
- Periodically the ongoing need for continued therapy with antipsychotic medications should be reviewed.

BCS-E: Breast Cancer Screening

Product Line: Medicaid, Medicare, Marketplace

Percentage of persons ages 40–74 years of age who were recommended for routine breast cancer screening and had one or more mammograms between October 1, two years prior through December 31 of the measurement period.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Breast Cancer Screening	**CPT:** 77061-77063, 77065-77067

Exclusions:

- Persons who had a bilateral mastectomy or both right and left unilateral mastectomies any time during their history through the end of the measurement period.
- Persons who had gender affirming chest surgery with a diagnosis of gender dysmorphia.
- Persons 66 years and older who are enrolled in a long-term institution or SNP, have frailty and advanced illness or receiving palliative care.
- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

- Provide education and benefits regarding early detection of breast cancer through routine mammograms.
- Consider a standing order for breast cancer screening for member ages 40-74.
- Encourage all women ages 40–74 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.
- Document the date and the specific procedure completed when reviewing the patients history.
- Document date of last mammogram screening at annual preventative visit.
- Follow up on outstanding orders when no report has been received.

BPD-E: Blood Pressure Control for Patients with Diabetes

Product Lines: Medicaid, Medicare, Marketplace

Percentage of persons 18–75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
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

Do not include a modifier with CPT-CAT-II codes

Exclusions:

- Persons age 66 years and older as of December 31 of the measurement period and who are enrolled in an Institutional SNP (I-SNP) at any time during the measurement period or living in a long-term institution (LTI) or with both frailty and advanced illness.
- Persons in hospice or using hospice services, receiving palliative care or with a date of death during the measurement period.

HEDIS Improvement Tips:

- The most recent blood pressure reading during the measurement period is used.
- 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/therapeutic procedure that requires a change in diet or medication on or 1 day before the day of the test procedure; exception is fasting blood tests or by the person using a manual BP cuff and stethoscope.
- BP reading can be used from a common low-intensity or preventative procedure such as vaccinations, TB test, IUD insertion, eye exam with dilating agents, wart removal, injections (e.g. allergy, steroid, Depo-Provera).

BPD-E: Blood Pressure Control for Patients with Diabetes *(Continued)*

- 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 and has time to sit after taken to exam room, not speaking during reading, has legs uncrossed, feet flat on the floor and arm resting at chest height on a table or supported in some way.
- Educate member on medication adherence, maintaining a log of at-home blood pressure readings and bring to each visit.
- Member-reported BP readings can be documented in the medical record and are acceptable.
- The member is non-compliant if the BP reading is ≥140/90 mm Hg or is missing or if there is no BP reading during the measurement period or if the reading is incomplete (e.g., the systolic or diastolic level is missing).
- A distinct numeric result for both the systolic and diastolic BP readings is required for compliance.

CBP: Controlling High Blood Pressure

Product Lines: Medicaid, Medicare, Marketplace

Percentage of persons 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 period.

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 period on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement period, assume the BP is 'not controlled'.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
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

Do not include a modifier with CPT-CAT-II codes

Exclusions:

- Persons 66 years and older as of last day of the measurement period and who are enrolled in an Institutional SNP (I-SNP) or living long-term in an institution (LTI) or with both frailty and advanced illness at any time during the measurement period.
- Persons in hospice or using hospice services, receiving or has had an encounter for palliative care, diagnosis of pregnancy, ESRD or with a date of death during the measurement period.
- Persons 66-80 years of age by the last day of the measurement period, with both frailty and advanced illness.
- Persons 81 years of age and older as of the last day of the measurement period.
- Laboratory claims with POS code 81.

CBP: Controlling High Blood Pressure *(Continued)*

HEDIS Improvement Tips:

- BP reading must occur on or after the date of the second diagnosis of hypertension.
- 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 readings taken during an inpatient or ED visit, diagnostic test/procedure or therapeutic procedure that requires a change in diet or medication on or 1 day before the day of the test procedure; exception is fasting blood tests.
- Do not include BP readings taken using a non-digital device such as a manual BP cuff and a stethoscope.
- BP reading can be used from a common low-intensity or preventative procedure such as vaccinations, TB test, IUD insertion, eye exam with dilating agents, wart removal, injections (e.g. allergy, steroid, Depo-Provera).
- 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 and had time to sit after taken to exam room, 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.
- BP readings taken by the member and documented in the medical record are eligible for use in reporting. There is no requirement that there be evidence the BP was collected by a PCP or specialist.
- Educate patient on medication adherence, maintaining a log of at-home blood pressure readings and bring to each visit.
- The member is non-compliant if the BP reading is ≥140/90 mm Hg or is missing or if there is no BP reading during the measurement period or if the reading is incomplete (e.g., the systolic or diastolic level is missing).
- A distinct numeric result for both the systolic and diastolic BP readings is required for compliance.

CCS-E: Cervical Cancer Screening

Product Lines: Medicaid, Marketplace

Percentage of persons 21–64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Persons age 21-64 who had cervical cytology performed within the last three years.
- Persons age 30–64 who had cervical high-risk human papillomavirus (hrHPV) performed within the last five years prior.
- Persons age 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed within the last five years.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Cervical Cytology Lab Test (age 24-64)	**CPT:** 88141-88143, 88147-88148, 88150, 88152-88153, 88164-88167, 88174-88175
	HCPCS: G0123-G0124, G0141, G0143-G0145, G0147-G0148, P3000-P3001
High Risk HPV Tests (age 30-64)	**CPT:** 87624-87626, 0502U
	HCPCS: G0476

Exclusions:

- Persons with sex assigned male at birth.
- Persons in hospice or using hospice services, receiving or has had encounter for palliative care or with a date of death during the measurement period.
- Persons with a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.
- Laboratory claims with POS 81.

HEDIS Improvement Tips:

- Help patients in scheduling their routine Pap/HPV screenings at the appropriate interval based on age and history.
- Implement standing orders for cervical cancer screening ages 21-64 for timely screening.
- Reassure that cervical cancer screening is safe and covered during pregnancy/postpartum period.

CCS-E: Cervical Cancer Screening *(Continued)*

- Display culturally appropriate posters in the waiting room encouraging members to talk to their provider about cervical cancer screening.
- Educate members on the importance of cervical cancer screening, early detection and that it is a covered benefit each year.
- Document the month/date/year and results of most recent test in the person's medical record.
- Review and document the patient's surgical history (e.g., hysterectomy). Exclusion documentation must specify "total hysterectomy with no residual cervix" to be valid for HEDIS reporting.
- Request prior Pap/HPV test results from other providers. Document the exact date (month/day/year) and results/findings of the most recent test in the medical record and submit the applicable codes. Cervical cytology within the current year or the two years prior is acceptable.
- Adopt a "no-missed-opportunity" strategy by offering testing anytime a woman presents for care (including sick visits, STI screening, prenatal and postpartum visits) if she is overdue for screening.

CHL: Chlamydia Screening

Product Lines: Medicaid, Marketplace

Percentage of persons 16–24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and who had at least one test for chlamydia during the measurement period.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Chlamydia Tests	**CPT:** 87110, 87270, 87320, 87490-87492, 87810

Exclusions:

- Persons in hospice or using hospice services or with a date of death during the measure period.
- Persons with a sex assigned male at birth.

HEDIS Improvement Tips:

- 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.
- Consider opt-out/universal testing to screen person for chlamydia unless the person specifically declines testing. Testing can be done via a simple urine sample collected at check in or using the same ThinPrep sample collected for pap smear.
- Utilize normalization language when discussing the importance of testing and that it is a part of routine women's healthcare.
- Adopt a no-missed-opportunity strategy by offering testing as least annually, anytime a woman presents for care, including sick visits (ages 16-24).
- Educate women regarding the importance of chlamydia testing and potential complications of untreated infections such as ectopic pregnancy and infertility.
- Consider telehealth and/or walk-in options for testing to increase patient access.
- Ensure lab order/requisition includes appropriate diagnostic coding and accurate health insurance billing information prior to submission.

CIS-E: Childhood Immunization Status

Product Lines: Medicaid, Marketplace

Percentage of persons 2 years of age who complete all immunizations listed below in the chart on or before their second birthday.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
DTAP: diphtheria, tetanus and acellular pertussis *(4 Doses) with different dates of service*	**CPT:** 90697-90698, 90700, 90723
	CVX: 20, 50, 106-107, 110, 120, 146, 198
IPV: Polio Vaccine *(3 Doses) with different dates of service*	**CPT:** 90697-90698, 90713, 90723
	CVX: 10, 89, 110, 120, 146
MMR: measles, mumps, rubella *(1 Dose)*	**CPT:** 90707, 90710
	CVX: 03, 94
	ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9
HIB: H influenza type B *(3 Doses)*	**CPT:** 90644, 90647-90648, 90697-90698, 90748
	CVX: 17, 46-51, 120, 146, 148, 198
HepB: hepatitis B *(3 Doses)*	**CPT:** 90697, 90723, 90740, 90744, 90747-90748
	HCPCS: G0010
	ICD-10: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
	CVX: 08, 44-45, 51, 110, 146, 198
Newborn Hep B	**ICD-10:** 3E0234Z
VZV: chicken pox *(1 Dose)*	**CPT:** 90710, 90716
	CVX: 21, 94
	ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
PCV: pneumococcal conjugate *(4 Doses)*	**CPT:** 90670–90671, 90677
	HCPCS: G0009
	CVX: 109, 133, 152, 215, 216

CIS-E: Childhood Immunization Status *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
HepA: hepatitis A *(1 Dose)*	**CPT:** 90633
	ICD-10: B15.0, B15.9
	CVX: 31, 83, 85
RV: rotavirus *(2 or 3 Doses) with different dates of service*	**CPT:** 90680-90681
	CVX: 116, 119, 122
Influenza *(2 Doses)*	**CPT:** 90655, 90657, 90660-90661, 90672-90674, 90685-90689, 90756
	CVX: 88, 140-141, 150, 153, 155, 158, 161, 171, 186, 320

Exclusions:

- Persons who had a contraindication to a childhood vaccine organ and bone marrow transplants on or before their second birthday
- Persons in hospice or using hospice services or with a date of death during the measurement period.
- Laboratory claims with POS 81.

HEDIS Improvement Tips:

- Educate office staff on the importance of scheduling appointments prior to the child reaching the 15- or 30-day mark.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
- A strong recommendation for vaccination remains the most powerful 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 taking a presumptive approach (assuming the parent will vaccinate the child) leads to higher acceptance and vaccination rates. Ensure all office staff are trained to answer basic vaccination questions and convey the same message about the importance of vaccinations.
- Consider offering expanded hours to allow for ease in obtaining vaccinations.

COA: Care for Older Adults

Product Line: Medicare

Percentage of persons 66 years of age and older who had each of the following during the measurement period:

- **Medication Review:** A review of all a person's medications, including prescription medication, over-the-counter (OTC) medications and herbal or supplemental therapies.
- **Functional Status Assessment:** At least one functional status assessment during the measurement period.

Term	Definition
Medication List	A list of the medications in the medical record. The medication list may include medication names or may include dosages, frequency, over-the-counter (OTC) medications and herbal or supplemental therapies.
Medication Review	A documented review of all a person's medications, including prescription medications, OTC medications and herbal or supplemental therapies.
Standardized Tool	A set of structured questions that elicit the person's information. May include person-reported outcome measures, screening or assessment tools or standardized questionnaires developed by the health plan to assess risks and needs.

Use Appropriate Billing Codes*		*Codes subject to change
Description		**Codes**
Functional Status Assessment		**CPT:** 99483
		CPT II: 1170F
		HCPCS: G0438, G0439
Medication Review	**Medication Review**	**CPT:** 90863, 99483, 99605-99606
		CPT II: 1160F
	Medication List	**CPT II:** 1159F
		HCPCS: G8427
	OR	
	Transitional Care Management Services	**CPT:** 99495-99496

Do not include a modifier with CPT-CAT-II codes

COA: Care for Older Adults *(Continued)*

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

- The functional status assessment does not require a specific setting, therefore service rendered during a telephone visit, e-visit or virtual check-in meet criteria.
- Add notation that activities of daily living were assessed.
- Ensure the medication list is in the medical record and document if the person is not taking any medication.
- Both components must be assessed for the patient to be compliant for the measure.
- Utilize a standardized template to capture these measures for persons 66 years of age and older.

COB: Concurrent Use of Opioids and Benzodiazepines

Product Line: Medicare

The percentage of continuously enrolled Medicare Part D beneficiaries, 18 years or older, with concurrent use of prescription opioids and benzodiazepines during the measurement period.

- Concurrent use is defined as overlapping day's supply of an opioid and a benzodiazepine for at least 30 cumulative days during the measurement period.

Exclusion:

- Hospice
- Cancer
- Sickle Cell Disease (SCD)
- Palliative Care
- Cancer-Related Pain Treatment

HEDIS Improvement Tips:

- Review all opioid and benzodiazepine medications and discontinue one or both, if possible and appropriate.
- If discontinuation is appropriate, avoid doing so abruptly unless patient safety requires doing so. Use a slow taper to help avoid withdrawal symptoms instead.
- If concurrent use is unavoidable, continue medication(s) at the lowest effective doses along with the shortest duration possible.
- Monitor patients closely for signs of misuse or adverse effects.
- Educate patients on the risks of combining these medications which may include increased risk of falls and fractures, excessive sedation and respiratory depression.
- Check OARRS to track controlled substance use and potential abuse.

COL-E: Colorectal Cancer Screening

Product Lines: Medicaid, Medicare, Marketplace

Percentage of persons 45–75 years of age who have had appropriate screening for colorectal cancer.

The following screenings meet criteria:

- Fecal Occult Blood Testing (FOBT) during the measurement period.
- Flexible Sigmoidoscopy during the measurement period or four years prior.
- Colonoscopy during the measurement period or the nine years prior.
- CT colonography during the measurement period or the four years prior.
- Stool DNA (sDNA) with FIT test during the measurement period or the two years prior.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Fecal Occult Blood Test (FOBT)	**CPT:** 82270, 82274
	HCPCS: G0328
Colonoscopy	**CPT:** 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398
	HCPCS: G0105, G0121
Flexible Sigmoidoscopy	**CPT:** 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350
	HCPCS: G0104
sDNA FIT Lab Test	**CPT:** 81528, 0464U
CT Colonography	**CPT:** 74261-74263

Exclusions:

- Persons in hospice or using hospice services or with a date of death during the measurement period.
- Persons who had a history of colorectal cancer and/or colectomy any time during the measurement period.
- Medicare enrollees 66 years of age and older by the end of the measurement period who either are enrolled in an Institutional SNP (I-SNP) or living long-term in an institution, receiving palliative care or have frailty and advanced illness any time during the measurement period.
- Laboratory claims with POS code 81.

COL-E: Colorectal Cancer Screening *(Continued)*

HEDIS Improvement Tips:

- Ensure the medical record includes a note indicating the date the procedure was completed (month/year); no result is needed.
- Provide home screening test kit with instructions on how to perform the test.
- Obtain results if procedure is done at a specialty office or home testing vendor.
- Follow up with member for home testing to ensure completed and mailed back to vendor.
- Educate the member on the importance of colorectal screening.
- Reminder calls, emails, text messages or mailings can assist with ensuring patients do not miss scheduled appointment.
- Set care gap alerts in EMR.

COU: Risk of Continued Opioid Use

Product Lines: Medicaid, Medicare, Marketplace

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

- The percentage of persons with 15 or more days of prescription opioids in a 30-day period.
- The percentage of persons with at least 31 days of prescription opioids in a 62-day period.

(Note: A lower rate indicates better performance.)

Exclusions:

- Persons in hospice or using hospice services, receiving palliative care or with a date of death during the measurement period.
- Cancer or sickle cell disease.

The following opioid medications are excluded from this measure:

- Injectables.
- Cough and cold products that contain opioids.
- 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). This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).
- Methadone for the treatment of opioid use disorder.

HEDIS Improvement Tips:

- Utilization of OARRS is required before prescribing and dispensing of controlled substances and other OARRS reportable drugs, such as gabapentin.
- Follow established guidelines regarding co-prescribing naloxone to patients at risk of overdose.
- Educate patients on opioid safety and risk associated with long-term use of multiple opioids from different providers and pharmacies.
- Provide timely submission of claims with correct medication name, dosage, frequency and days covered.

COU: Risk of Continued Opioid Use *(Continued)*

- Include documentation of the specific diagnosis code for each medication being used for the person.
- Encourage coordination between physical and behavioral health providers, including transitions in care.
- Inform patients with an OUD of the risks and benefits of pharmacotherapy treatment.
- Educate patients and caregivers about local naloxone access and Good Samaritan laws.
- Use the lowest effective dose of opioids for the shortest period of time necessary.
- Establish follow-up appointments shortly after prescribing opioids and when adjustments are made to reassess the pain management plan.
- Request a person be evaluated for enrollment into Buckeye Health Plan's Pharmacy Lock-In Coordinated Services Program.
- **A medication table has been provided for this measure on page 108.**

CWP: Appropriate Testing Pharyngitis

Product Lines: Medicaid, Medicare, Marketplace

Percentage of episodes for persons 3 years and older who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode during the measurement period.

Note: Eligible episodes of treatment beginning on July 1 of the year prior to the measurement period to June 30 of the measurement period.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Group A Strep Test	**CPT:** 87070-87071, 87081, 87430, 87650-87652, 87880
Pharyngitis	**ICD-10:** J02.0,J02.8, J02.9, J03.00-J03.01, J03.80, J03.81, J03.90, J03.91

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

- Before prescribing antibiotics, test the member for group A strep when diagnosed with pharyngitis.
- Educate member or parents/guardians regarding antibiotics are not needed for viral infections if the throat culture and/or rapid strep test is a negative result.
- Include appropriate documentation, date of episode and submit claims for all diagnoses that are established at the visit.
- For patients with viral pharyngitis, recommend supportive treatments such as analgesics oral rinses, hydration and rest when clinically indicated.

EED: Eye Exam for Patient with Diabetes

Product Lines: Medicaid, Medicare, Marketplace

Percentage of persons 18–75 years of age with diabetes (types 1 or 2) who had a retinal eye exam.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Retinal Eye Exam	**CPT:** 92002, 92004, 92012, 92014, 92018-92019, 92134, 92137, 92201- 92202, 92230, 92235, 92250, 99203-99205, 99213-99215, 99242-99245
	HCPCS: S0620, S0621, S3000
Retinal Imaging	**CPT:** 92227-92228
Autonomous Eye Exam	**CPT:** 92229
	LOINC: 105914-6 with a result LA34398-0 or LA34399-8
Diabetic Retinal Screening Negative in Prior Year	**CPT II:** 3072F
Eye Exam w/o Evidence of Retinopathy	**CPT II:** 2023F, 2025F, 2033F
Eye Exam with Evidence of Retinopathy	**CPT II:** 2022F, 2024F, 2026F

*Do not include a modifier with CPT-CAT-II codes

Exclusions:

- Persons 66 years of age and older by the last day of the measurement period enrolled in an Institutional SNP, long-term institution during the measurement period.
- Persons 66 years of age and older by the last day of the measurement period with frailty and advanced illness.
- Persons with bilateral absence of eyes or eye enucleation.
- Persons in hospice or using hospice services or with a date of death or receiving palliative care during the measurement period.
- Laboratory claims with POS 81.

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

HEDIS Improvement Tips:

- Refer diabetic members to an acceptable eye care professional (optometrist or ophthalmologist) annually for a dilated or retinal diabetic eye exam.
- A documented note or letter in patient's chart signed by an eye care provider indicating the ophthalmoscopic exam was completed with date and results.
- Documented photograph in patient's chart with date the fundus photography was performed and resulted by an eye care provider.
- Develop partnerships with external eye care providers to ensure results are shared.
- Members need the eye exam even if they don't wear glasses.
- Set care gap alerts in EMR as a reminder to schedule missing appointments.

FMC: Follow-Up Emergency Department Visit for People with Multiple High-Risk Chronic Conditions

Product Line: Medicare

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

<table>
<tr><th colspan="6">Use Appropriate Billing Codes*</th><th>*Codes subject to change</th></tr>
<tr><th>Description</th><th colspan="6">Codes</th></tr>
<tr><td rowspan="5">Visit Setting Unspecified</td><td rowspan="5">CPT: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255</td><td rowspan="5">With either</td><td>OP</td><td>POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</td></tr>
<tr><td>PHP/IOP: 02, 10</td><td>POS: 52</td></tr>
<tr><td>CMHC</td><td>POS: 53</td></tr>
<tr><td>Psychiatric residential tx.</td><td>POS: 56</td></tr>
<tr><td>Telehealth</td><td>POS: 02, 10</td></tr>
<tr><td rowspan="3">Outpatient and Telehealth</td><td colspan="5">CPT: 98000-98016, 98966-98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483</td></tr>
<tr><td colspan="5">HCPCS: G0071, G0402, G0438-G0439, G0463, G2010, G2012, G2250-G2252, T1015</td></tr>
<tr><td colspan="5">UBREV: 0510-0511, 0513-0517, 0519-0523, 0526-0529, 0982-0983</td></tr>
<tr><td rowspan="2">Intensive Outpatient or Partial Hospitalization</td><td colspan="5">HCPCS: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</td></tr>
<tr><td colspan="5">UBREV: 0905, 0907, 0912-0913</td></tr>
<tr><td>Transitional Care Management Services</td><td colspan="5">CPT: 99495-99496</td></tr>
</table>

FMC: Follow-Up Emergency Department Visit for People with Multiple High-Risk Chronic Conditions *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Complex Care Management Services	**CPT:** 99439, 99487, 99489-99491
	HCPCS: G0506
Case Management Visits	**CPT:** 99366
	HCPCS: T1016-T1017, T2022-T2023
BH Outpatient or Telehealth	**CPT:** 98000-98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510
	HCPCS: G0155, G0176-G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039-H0040, H2000, H2010-H2011, H2013-H2020, T1015, H0034, T1012-T1016
	UBREV: 0520-0523, 0526-0529, 0900-0904, 0911, 0914-0917, 0919, 0982-0983
Substance Use Disorder	**CPT:** 99408-99409
	HCPCS: G0396-G0397, G0443, H0001, H0005, H0007, H0015-H0016, H0022, H0047, H0050, H2035-H2036, T1006, T1012
	UBREV: 0906, 0944-0945
Substance Use Disorder Counseling and Surveillance	**ICD-10:** Z71.41, Z71.51

FMC: Follow-Up Emergency Department Visit for People with Multiple High-Risk Chronic Conditions *(Continued)*

Use Appropriate Billing Codes*	*Codes subject to change			
Description	**Codes**			
Electroconvulsive Therapy	**CPT:** 90870 **ICD-10:** GZB0ZZZ, GZB2ZZZ, GZB4ZZZ	**With either**	**Ambulatory Surgical Center**	**POS:** 24
			CMHC	**POS:** 53
			OP	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
			PHP	**POS:** 52

Do not include laboratory claims (claims with POS code 81)

Exclusions:

- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

- High-risk chronic conditions include the following:
  - COPD, asthma or unspecified bronchitis
  - Alzheimer's disease and related disorders
  - Chronic kidney disease
  - Depression
  - Heart failure
  - Acute myocardial infarction
  - Atrial fibrillation
  - Stroke and transient ischemic attach
- Each ED visit requires a separate 7-day follow-up. If a member has more than one ED visit in an 8-day period, only the first visit is included.
- Discuss the importance of timely, recommended follow-up visits.
- Educate patients on the importance of informing your office of an ED visit as soon as possible.
- An in-person office visit is not required, follow-up may be provided via a telehealth, telephone, e-visit or virtual check-in.

FMC: Follow-Up Emergency Department Visit for People with Multiple High-Risk Chronic Conditions *(Continued)*

- Maintain appointment availability so that patients with a recent ED visit can be seen within seven days of their discharge.
- Implement processes with hospitals to facilitate timely sharing of ED discharges and discharge summaries.
- Flag patients with comorbidities who will require a follow-up after an ED visit.
- Educate your scheduling team to prioritize members recently discharged from ED for appointments.

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

Product Lines: Medicaid, Medicare, Marketplace

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

Note: The visit can be with any practitioner if the claim includes a diagnosis of SUD (e.g. F10.xx-F19.xx), substance use or drug overdose (e.g., T40-T43, T51). If the visit occurs with a mental health provider, the claim does not have to include the SUD, substance use or drug overdose diagnosis.

Use Appropriate Billing Codes* *Codes subject to change

Description	Codes			
Visit Setting Unspecified	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252–99255	**With either**	**OP**	**POS:** 03, 05, 07, 09, 11–20, 22, 33, 49-50, 71-72
			PHP/IOP	**POS:** 52
			CMHC	**POS:** 53
			Non-residential Sub. Abuse Tx Fac.	**POS:** 57-58
			Telehealth	**POS:** 02, 10
BH Outpatient	**CPT:** 98000-98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510			
	HCPCS: G0155, G0176-G0177, G0409, G0463, G0512, G0560, 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, S9484-S9485
	UBREV: 0905, 0907, 0912-0913
Peer Support Services	**HCPCS:** G0140, G0177, H0024-H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016-T1017
OUD Weekly Non Drug Service	**HCPCS:** G2074-G2077, G2080
OUD Monthly Office Based Treatment	**HCPCS:** G2069, G2086-G2087
Telephone Visits	**CPT:** 98008-98015, 98966-98968, 99441–99443
E-visit or Virtual check-in	**CPT:** 98016, 98970-98972, 98980-98981, 99421-99423, 99457-99458
	HCPCS: G0071, G2010, G2012, 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
	UBREV: 0906, 0944-0945
Substance Use Services	**HCPCS:** H006, H0028
Substance Use Disorder Counseling and Surveillance	**ICD-10:** Z71.41, Z71.51
Behavioral Health Assessment	**CPT:** 99408-99409
	HCPCS: G0396-G0397, G0442, G2011, H0001-H0002, H0031, H0049
Pharmacotherapy Dispensing Event	**HCPCS:** G0533, G0269, G2073, H0020, H0033, J0571-J0575, J0577-J0578, J2315, Q9991-Q9992, S0109

FUA: Follow-up after Emergency Department Visit for Substance Use *(Continued)*

Exclusions:

- Persons in hospice or using hospice services or with a date of death during the measurement period.
- ED visits that result in an inpatient stay or followed by residential treatment on the same date or within 30 days.

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.
- Follow-up visit may occur on the date of the ED visit.
- Include appointment availability in your office for patients with recent ED and hospital discharges.
- A telehealth or online assessment (e-visit or virtual check-in) will meet criteria for follow-up visit with any diagnosis of alcohol and other drug dependence, substance use or drug overdose.

FUH: Follow-up after Hospitalization for Mental Illness

Product Lines: Medicaid, Medicare, Marketplace

Percentage of discharges for persons 6 years of age and older who were hospitalized for a principal diagnosis of mental illness or any diagnosis of intentional self-harm and who had a mental health follow-up service. Two rates are reported:

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

Note: A follow-up visit with a mental health provider, or with any practitioner for any diagnosis of a mental health disorder.

Use Appropriate Billing Codes*					*Codes subject to change
Description	**Codes**				
Visit Setting Unspecified	**CPT:** 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255	**With either**	**OP**	**POS:** 03, 05, 07, 09, 11–20, 22, 33, 49-50, 71-72	
			PHP/IOP	**POS:** 52	
			CMHC	**POS:** 53	
			Telehealth	**POS:** 02, 10	
			Residential	**POS:** 56	
BH Outpatient	**CPT:** 98000-98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510				
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015				
	UBREV: 0510, 0513, 0515–0517, 0519–0523, 0526-0529, 0900, 0902-0904, 0911, 0914–0917, 0919, 0982, 0983				
PHP/IOP	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485				
	UBREV: 0905, 0907, 0912, 0913				

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

Use Appropriate Billing Codes*				*Codes subject to change
Description	**Codes**			
Community Mental Health Center	**BH Outpatient:** **CPT:** 98000-98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510	**With**	**POS:** 53	
	HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, 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			
	Transitional Care Management: **CPT:** 99495-99496			

Electroconvulsive Therapy	**CPT:** 90870 **ICD-10:** GZB0ZZZ, GZB2ZZZ, GZB4ZZZ	**With either**	**OP**	**POS:** 03, 05, 07, 09, 11–20, 22, 33, 49-50, 71-72
			Ambulatory Surgical Center	**POS:** 24
			CMHC	**POS:** 53
			PHP/IOP	**POS:** 52
Transitional Care Management	**CPT:** 99495, 99496			

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Behavioral Healthcare Setting	**UBREV:** 0513, 0900-0905, 0907, 0911-0917, 0919, 1001
Residential Behavioral Health	**HCPCS:** H0017-H0019, T2048
Telephone Visits	**CPT:** 98014-98015, 98966-98968, 99441-99443
Peer Support Services	**HCPCS:** G0140, G0177, H0024-H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016-T017
Psychiatric Collaborative Care Management	**CPT:** 99492-99494
	HCPCS: G0512

Exclusions:

- Persons in hospice or using hospice services or with a date of death during the measurement period.
- Discharges followed by readmission or direct transfer to a nonacute inpatient care setting (except for psychiatric residential treatment) within the 30-day follow-up period.

HEDIS Improvement Tips:

- Schedule member's 7-day or 30-day follow-up appointment prior to the member being discharged from the hospital.
- Follow-up visits that occur on the date of discharge DO NOT meet the measure.
- Maintain appointment availability in your office for patients with recent hospital discharges.
- Complete appointment reminder calls 24-hours prior to the scheduled follow-up appointment.
- Reach out proactively to assist in (re)scheduling appointments within the required timeframes.
- Offer telehealth and phone visits.

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

Product Lines: Medicaid, Medicare, Marketplace

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

- Percentage of visits or discharges for which the person received follow-up **within 7 days** after.
- Percentage of visits or discharges for which the person received follow-up **within 30 days** after.

Episode date:

- For an acute inpatient discharge or residential treatment discharge or for withdrawal management that occurred during an acute inpatient stay or residential treatment stay, the episode date is the discharge date.
- For direct transfers, the episode date is the discharge date from the transfer admission.
- For withdrawal management (other than the withdrawal management that occurred during an acute inpatient stay or residential treatment stay), the episode date is the date of service

Note: The claim should include a principal diagnosis of substance use disorder (e.g., applicable code F10.10-F19.29)

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, 99252–99255	**With either**	**Outpatient**	**POS:** 03, 05, 07, 09, 11–20, 22, 33, 49-50, 71-72
			CMHC	**POS:** 53
			Non-residential Sub. Abuse Tx Facility	**POS:** 57, 58
			Telehealth	**POS:** 02, 10
			PHP/IOP	**POS:** 52

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
BH Outpatient	**CPT:** 98000-98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510
	HCPCS: G0155, G0176-G0177, G0409, G0463, G0512, G0560, 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
Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048
OUD Weekly Non Drug Service	**HCPCS:** G2074-G2077, G2080
OUD Monthly Office Based Treatment	**HCPCS:** G2069, G2086-G2087
Telephone Visits	**CPT:** 98008-98015, 98966-98968, 99441–99443
E-visit or Virtual Check-in	**CPT:** 98016, 98970-98972, 98980-98981, 99421-99423, 99457-99458
	HCPCS: G0071, G2010, G2012, 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
	UBREV: 0906, 0944-0945
Behavioral Health Assessment	**CPT:** 99408-99409
	HCPCS: G0396-G0397, G0442, G2011, H0001-H0002, H0031, H0049
Substance Abuse Counseling and Surveillance	**ICD-10:** Z71.41, Z71.51

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Peer Support Services	**HCPCS:** G0140, G0177, H0024-H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016-T1017
Pharmacotherapy Dispensing Event	**HCPCS:** G0533, G0269, G2073, H0020, H0033, J0571-J0575, J0577-J0578, J2315, Q9991-Q9992, S0109

Exclusions:

- Persons in hospice or using hospice services or with a date of death during the measurement period.
- Withdrawal management events (detoxification).

HEDIS Improvement Tips:

- Schedule member's 7-day or 30-day follow-up appointment prior to the member being discharged from an intensive level of care for substance use disorder.
- Follow-up visits that occur on the date of discharge DO NOT meet the measure.
- Maintain appointment availability in your office for patients with recent hospital discharges.
- Complete appointment reminder calls 24-hours prior to the scheduled follow-up appointment.
- Timely follow-up and continuity of care following a high intensity event for a diagnosis of SUD is critical.
- Offer virtual, telehealth and phone visits.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.

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

Product Lines: Medicaid, Medicare, Marketplace

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

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

Use Appropriate Billing Codes*					*Codes subject to change
Description	**Codes**				
Visit Setting Unspecified	**CPT:** 90791, 90792, 90832–90834, 90836–90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238-99239, 99252-99255	**With either**	**OP**	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72	
			PHP/IOP	**POS:** 52	
			CMHC	**POS:** 53	
			Psychiatric residential tx.	**POS:** 56	
			Telehealth	**POS:** 02, 10	
BH Outpatient	**CPT:** 98000-98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492, 99493-99494, 99510				
	HCPCS: G0155, G0176-G0177, G0409, G0463, G0512, G0560, 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				
Telephone Visit	**CPT:** 98008-98015, 98966-98968, 99441-99443				
Peer Support Services	**HCPCS:** G0140, G0177, H0024-H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016-T1017				

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

Use Appropriate Billing Codes*					*Codes subject to change
Description	**Codes**				
E-visit or Virtual Check In	**CPT:** 98016, 98970-98972, 98980-98981, 99421-99423, 99457-99458				
	HCPCS: G0071, G2010, G2012, G2250-G2252				
Psychiatric Collaborative Care Management	**CPT:** 99492-99494				
	HCPCS: G0512				
Psychiatric Residential Treatment	**HCPCS:** H0017-H0019, T2048				
Behavioral Healthcare Setting	**UBREV:** 0513, 0900-0905, 0907, 0911-0917, 0919, 1001				
Electroconvulsive Therapy	**CPT:** 90870	**With either**	**Ambulatory Surgical Center**	**POS:** 24	
	ICD-10: GZB0ZZZ, GZB2ZZZ, GZB4ZZZ		**CMHC**	**POS:** 53	
			OP	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72	
			PHP	**POS:** 52	

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.
- Persons in hospice or using hospice services or with a date of death during the measure period.

HEDIS Improvement Tips:

- The member must have a follow-up mental health visit within 7 days and 30 days of ED visit.
- Member seen on the same day of discharge from ED meets the 7 day follow-up requirement.
- Include appointment availability in your office for patients with recent ED and/or hospital discharges.
- Complete appointment reminder calls 24 hours prior to the scheduled follow-up appointment.
- Telehealth, telephone, e-visit and virtual check-in with any diagnosis of a mental health disorder meet requirement for visit.
- Discuss the benefits of seeing a primary or specialty provider and appropriate ED utilization.

GSD: Glycemic Status Assessment for Patients With Diabetes

Product Lines: Medicaid, Medicare, Marketplace

Percentage of persons 18-75 years of age with diabetes (type 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period:

- Glycemic Status <8.0%.
- Glycemic Status >9.0%.

Note: Lab test and result must be received to close gap.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
HbA1c Lab Test	**CPT:** 83036-83037
	LOINC: 97506-0
HbA1c Level Less than 7	**CPT II:** 3044F
HbA1c Level Greater Than/Equal to 7 and Less Than 8	**CPT II:** 3051F
HbA1c Level Greater Than/Equal to 8 and Less Than/Equal to 9	**CPT II:** 3052F
HbA1c Greater Than 9	**CPT II:** 3046F

Do not include a modifier with CPT-CAT-II codes

Exclusions:

- Person aged 66 and older by the last day of the measurement period who are enrolled in an Institutional SNP or living long-term in an institution or with frailty and advanced illness.
- Persons who did not have a diagnosis of diabetes.
- Persons in hospice or using hospice services, receiving palliative care or with a date of death during the measurement period.
- Laboratory claims with POS 81

GSD: Glycemic Status Assessment for Patients With Diabetes *(Continued)*

HEDIS Improvement Tips:

- Schedule new labs prior to appointments to assist with compliance.
- Ensure 'test completed' code is used for all new tests ordered.
- Notate REVIEWED result from past visit in medical record.
- Ranges and thresholds do not meet criteria; a distinct numeric result is required. Unknown is not considered a result/finding.
- Check HbA1c at minimum quarterly if uncontrolled.
- Consider a case management referral for high-risk patients.
- Adjust therapy as indicated to improve A1c levels when member results are out of range and plan for retesting.
- Educate patients about the importance of routine screenings and medication compliance.
- Review diabetic services at each office visit and identify any barriers the patient may have in completing the treatment plan.
- Low rates of glycemic status >9% indicate better care.
- The last HbA1c test of the year is used for this measure.
- Buckeye has removed the prior auth for CGMs through Rx and DME benefits.
- Outreach to patients who cancel appointments and reschedule them as soon as possible.

HDO: Use of Opioids at High Dosage

Product Lines: Medicaid, Medicare, Marketplace

Percentage of persons 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement period.

Note: A lower rate indicates better performance.

Exclusions:

- Persons with cancer or sickle cell disease.
- Persons receiving palliative care, in hospice or using hospice services or with a date of death during the measurement period.

This measure does not include the following opioid medications:

- Injectables.
- Opioid cough and cold products.
- Ionsys® (fentanyl transdermal patch). This is only for inpatient use and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).
- Methadone for the treatment of opioid use disorder.

HEDIS Improvement Tips:

- Confirm that the number of members whose average MME was >90 MED during the treatment period meets criteria.
- Utilization of OARRS is required before prescribing and dispensing controlled substances and other OARRS reportable drugs, such as Gabapentin.
- Follow established guidelines regarding co-prescribing Naloxone to patients at risk of overdose.
- Educate patients on opioid safety and risk associated with long-term use of multiple opioids from different providers and pharmacies.
- Provide timely submission of claims with correct medication name, dosage, frequency and days covered.
- Include documentation of the specific diagnosis code for each medication being used for the person.
- Encourage coordination between physical and behavioral health providers, including transitions in care.
- Inform patients with an OUD of the risks and benefits of pharmacotherapy treatment.

HDO: Use of Opioids at High Dosage *(Continued)*

- Educate patients and caregivers about local Naloxone access and Good Samaritan laws.
- Use the lowest effective dose of opioids for the shortest period of time necessary.
- Establish follow-up appointments shortly after prescribing opioids and when adjustments are made to reassess the pain management plan.
- A provider may request a person be evaluated for enrollment into Buckeye's Pharmacy Lock-In Coordinated Services Program (CSP).
- **A medication table has been provided for this measure on page 109.**

IET: Initiation and Engagement of Substance Use Disorder Treatment

Product Lines: Medicaid, Medicare, Marketplace

Percentage of adolescent and adult persons with a new substance use disorder (SUD) episodes that result in treatment initiation and engagement.

Note: Timeframe for measure: (to capture episodes) November 15 of the year prior to the measurement period through November 14 of the measurement period.

Two rates are reported:

- **Initiation of SUD Treatment:** Persons with new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within **14 days**.
- **Engagement of SUD Treatment:** Persons with new SUD episodes that have evidence of treatment engagement **within 34 days** of initiation visit.

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, 99252-99255	**With either**	**OP**	**POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71-72	
			PHP/IOP	**POS:** 52	
			CMHC:	**POS:** 53	
			Non-residential substance abuse facility	**POS:** 57-58	
			Telehealth	**POS:** 02, 10	
BH Outpatient	**CPT:** 98000-98007, 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99492-99494, 99510				
	HCPCS: G0155, G0176-G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036-H0037, H0039-H0040, H2000, H2010-H2011, H2013-H2020, T1015				
	UBREV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982-0983				

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
PHP/IOP	**UBREV:** 0905, 0907, 0912-0913
	HCPCS: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485
Substance Use Disorder Service	**UBREV:** 0906, 0944-0945
	CPT: 99408-99409
	HCPCS: G0396-G0397, G0443, H0001, H0005, H0007, H0015-H0016, H0022, H0047, H0050, H2035-H2036, T1006, T1012
Substance Use Disorder Counseling and Surveillance	**ICD-10:** Z71.41, Z71.51
Telephone Visit	**CPT:** 98008-98015, 98966-98968, 99441-99443
E-visit or Virtual Check-in	**CPT:** 98016, 98970-98972, 98980-98981, 99421-99423, 99457-99458
	HCPCS: G0071, G2010, G2012, G2250-G2252
OUD Weekly Non Drug Service	**HCPCS:** G2074-G2077, G2080
OUD Monthly Office Based Treatment	**HCPCS:** G2069, G2086-G2087
OUD Weekly Drug Treatment	**HCPCS:** G0533, G2067-G2068, G2073

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measure 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 member leaves initiation visit.
- Inpatient stay for an 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-E: Immunizations for Adolescents

Product Lines: Medicaid, Marketplace

Percentage of persons 13 years of age who had the following vaccine series by their 13th birthday:

- **Meningococcal vaccine** (serogroup A, C, W, Y or A, C, W, Y, B): 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 (date of service on or between 10th and 13th birthday)	**CPT:** 90619, 90623-90624, 90733-90734
	CVX: 32, 108, 114, 136, 147, 167, 203, 316, 328
Tdap (date of service on or between 10th and 13th birthday)	**CPT:** 90715
	CVX: 115
HPV (date of service on or between 9th and 13th birthday and dates of service at least 146 days apart)	**CPT:** 90649-90651
	CVX: 62, 118, 137, 165

Exclusion:

- Persons in hospice or using hospice services or who die during the measurement period.

HEDIS Improvement Tips:

- Educate office staff to schedule immunizations prior to the child's 13th birthday.
- Review recommended vaccinations prior to the visit. Educate parents on common misconceptions about vaccinations.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
- 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 dosing schedule. Creating alerts within your EMR will assist with reminder outreach.
- Ensure all medical documentation includes patient name, DOB, dates of service, names of vaccines given, lot numbers and dates they were given. Do not use the date the vaccine is ordered.

KED: Kidney Health for Patients with Diabetes

Product Lines: Medicaid, Medicare, Marketplace

Persons 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) during the measurement period.

Use Appropriate Billing Codes*		*Codes subject to change
Description		**Codes**
Estimated Glomerular Filtration Rate Lab Test (eGFR)		**CPT:** 80047-80048, 80050, 80053, 80069, 82565
		LOINC: 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6, 102097-3
AND		
Qualifying uACR Tests		
Urine Albumin Creatinine Ratio Lab Test		**LOINC:** 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
Quantitative Urine Albumin Lab Test	**Both tests required with service dates 4 days or less**	**CPT:** 82043
		LOINC: 100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 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

KED: Kidney Health for Patients with Diabetes *(Continued)*

Exclusions:

- Persons with an existing diagnosis of ESRD and/or a history of dialysis.
- Persons in hospice or using hospice services, receiving palliative care or with a date of death during the measurement period.
- Persons age 66 or older of the measurement period in an I-SNP or long-term institution.
- Persons age 66-80 with both frailty and advanced illness.
- Laboratory claims with POS code 81.

HEDIS Improvement Tips:

- Member must receive both an eGFR and uACR test to meet compliance for the measure.
- Encourage member to be ready to provide urine sample at visit check in.
- Reassure member urine test is for kidney evaluation only.
- Review medical records prior to visit and remind member to complete lab test ordered.
- Educate members on why good kidney function is important as they work to manage their health and diabetes.

LSC-E: Lead Screening in Children

Product Line: Medicaid

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

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, 5674-7, 77307-7

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

- Documentation in the medical record must include both of the following:
  - A note indicating the date the test was performed.
  - The result or finding.
- Results of "unknown" are not acceptable.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
- Educate parents/guardians on the risk and sources of lead in the home. Completion of a risk questionnaire alone does not meet requirements for this measure.
- Provide preventive screening during sick visit.

OED: Oral Evaluation, Dental Services

Product Line: Medicaid

Percentage of persons under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement period.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Oral Evaluation	**CDT:** D0120, D0145, D0150

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

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

OMW: Osteoporosis Management in Women Who Had a Fracture

Product Line: Medicare

Women ages 67-85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the 180 days (6 months) after the fracture.

Note: Measurement period is July 1 of the year prior to the measurement year to June 30 of the measure year to capture the first fracture.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Bone Mineral Density Tests	**CPT:** 76977, 77078, 77080-77081, 77085-77086
	ICD-10: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
Osteoporosis Medication Therapy	**HCPCS:** J0897, J1740, J3110, J3111, J3489, Q5136
Long-Acting Osteoporosis Medications	**HCPCS:** J0897, J1740, J3489, Q5136

Exclusions:

- Persons in hospice or using hospice services, receiving palliative care or with a date of death during the measurement period.
- Persons age 67-80 who are diagnosed with frailty and advance illness during the measurement period.
- Persons age 67 or older who are enrolled in an institutional SNP or living long-term in an institution any time during the measurement period.
- Persons age 81 and older as of the last day of the measurement period, with frailty.
- Laboratory claims with POS code 81.

HEDIS Improvement Tips:

- Assist members with scheduling their bone mineral density test.
- Educate member on importance of prevention such as well balanced diet, exercise and creating a safe environment at home to reduce risk of falls.

OMW: Osteoporosis Management in Women Who Had a Fracture *(Continued)*

- Educate member that a bone density test (BMD) is the same as Dexa Scan.
- Assess women members ages 67-85 at each visit for recent falls and fractures. Schedule member for bone density test (BMD) within 6 months of fracture if no BMD within the past 24 months.
- Reminder calls, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Identify any barriers that are preventing member from getting the test.
- Remind members to complete Release of Information (ROI), if needed so primary care provider can get the BMD results.
- For members without visit or missing annual wellness visit in the current year, use the quality care gaps report to call them and schedule the annual wellness visit.

PCE: Pharmacotherapy Management of COPD Exacerbation

Product Lines: Medicaid, Medicare, Marketplace

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

- Dispensed a Systemic Corticosteroid (or there was evidence of an active prescription) within **14 days** of the event.
- Dispensed a Bronchodilator (or there was evidence of an active prescription) within **30 days** of the event.

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

- Outreach and schedule a follow-up visit to members within 7 to 14 days of ED or inpatient discharge to review instructions and ensure person has filled and is taking medications as prescribed.
- During each visit with the person, 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.
- Consider standing orders for systemic corticosteroids and bronchodilators for those patients discharged from the hospital or emergency room for COPD.
- Educate members on the purpose of the medication including how often to take the medication and possible side effects. Advise individual 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.

PCR: Plan All Cause Readmissions

Product Lines: Medicaid, Medicare, Marketplace

For persons 18 years of age and older, the number of acute inpatient and observation stays during the measurement period that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

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
Observation Stay	**UBREV:** 0760, 0762, 0769

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

- Identify high hospital utilizers and other high-risk members and partner with Buckeye to manage their care.
- Ensure members understand 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 they understand their discharge instructions and any concerns are addressed at that time.

POD - Pharmacotherapy for Opioid Use Disorder

Product Lines: Medicaid, Medicare, Marketplace

Percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among persons 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	**HCPCS:** H0033, J0571
Buprenorphine Oral Weekly	**HCPCS:** G2068, G2079
Buprenorphine Implant	**HCPCS:** G2070, G2072, J0570
Buprenorphine Injection	**HCPCS:**G0533, G2069, Q9991, Q9992
Buprenorphine Naloxone	**HCPCS:**J0572, J0573, J0574, J0575
Methadone Oral	**HCPCS:** H0020, S0109
Methadone Oral Weekly	**HCPCS:** G2067, G2078
Naltrexone Injection	**HCPCS:** G2073, J2315

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

- Utilization of OARRS is required before prescribing and dispensing of controlled substances and other OARRS reportable drugs, such as Gabapentin.
- Follow established guidelines regarding co-prescribing Naloxone to patients at risk of overdose.
- Educate patients on opioid safety and risk associated with long-term use of multiple opioids from different providers and pharmacies.
- Provide timely submission of claims with correct medication name, dosage, frequency and days covered.
- Encourage coordination between physical and behavioral health providers, including transitions in care.
- Inform patients with an OUD of the risks and benefits of pharmacotherapy treatment.

POD - Pharmacotherapy for Opioid Use Disorder *(Continued)*

- Offer information on community support options, like peer recovery support, harm reduction and 12-step fellowships (AA, NA, etc.).
- Educate patients and caregivers about local Naloxone access and Good Samaritan Laws.
- **A medication table has been provided for this measure on page 107.**

Poly-ACH: Use of Multiple CNS-Active Medications in Older Adults (Poly-CNS) and Use of Multiple Anticholinergic Medications in Older Adults (Polypharmacy)

Product Line: Medicare

Polypharmacy measures calculate the percentage of Medicare Part D beneficiaries, 65 years or older, with concurrent use of multiple unique central-nervous system-active or unique anticholinergic medications.

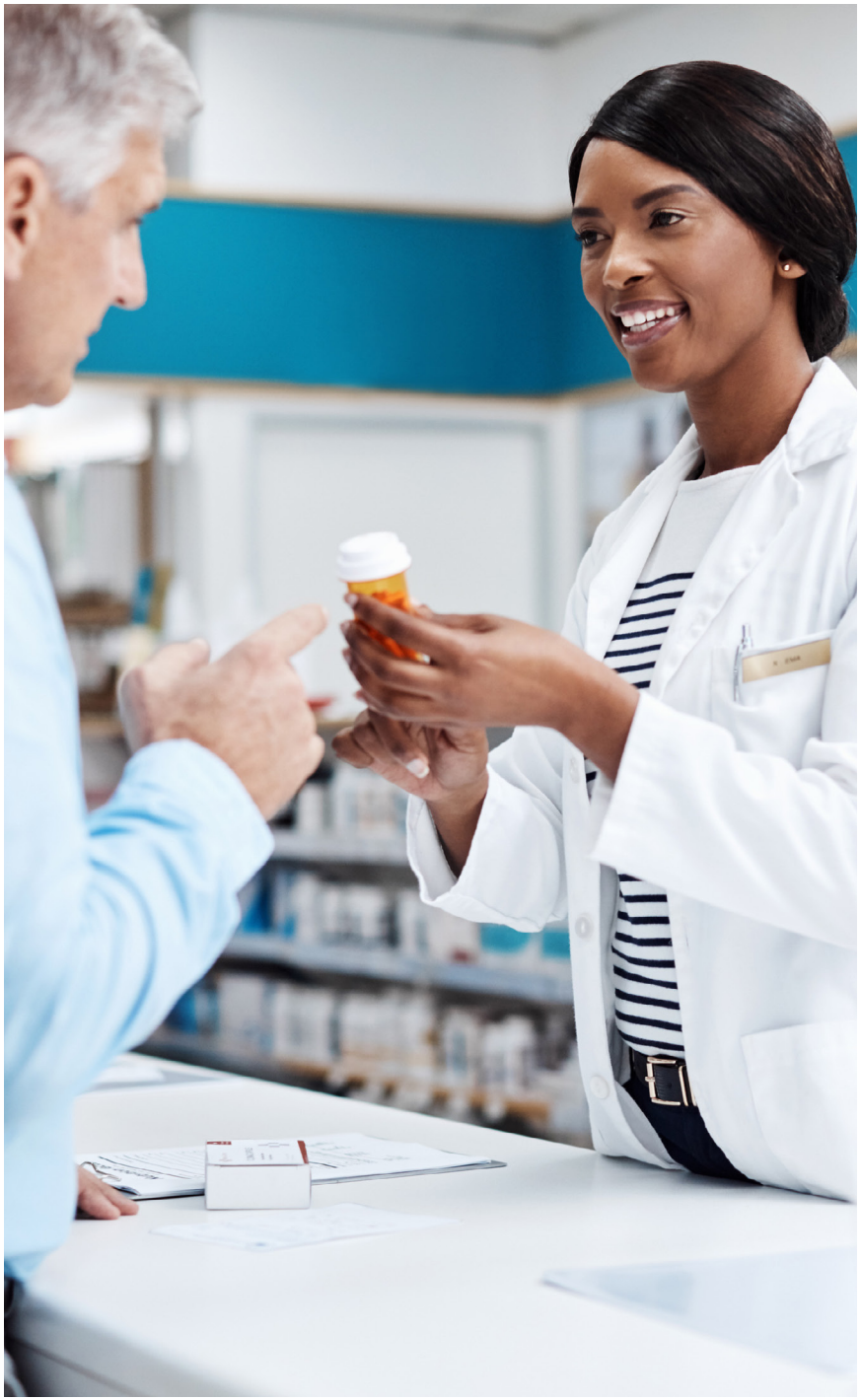
- Use of Multiple CNS-Active Medications in Older Adults (Poly-CNS): the percentage of continuously enrolled Medicare Part D beneficiaries, 65 years or older, with concurrent use of three or more unique CNS-active medications during the measurement period.
  - Includes antiepileptics, antipsychotics, benzodiazepines and nonbenzodiazepine sedative/hypnotics, opioids, skeletal muscle relaxants and antidepressant medications (SSRIs, SNRIs and TCAs).
- Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH): the percentage of continuously enrolled Medicare Part D beneficiaries, 65 years or older, with concurrent use of two or more unique ACH medications during the measurement period.
  - Includes antihistamines, antiparkinsonian agents, skeletal muscle relaxants, antidepressants, antipsychotics, antimuscarinics (urinary incontinence), antispasmodics and antiemetics

Exclusions:

- Hospice
- Seizure Disorder (Poly-CNS only)

HEDIS Improvement Tips:

- Review CNS-active and ACH medications and determine whether discontinuation is appropriate for one or multiple agents.
- Determine whether prescribing a safer alternative may be more beneficial than discontinuation.
- If concurrent use is unavoidable, continue medication at the lowest effective dose along with the shortest duration possible.
- Monitor patients closely for signs of adverse reactions.
- Educate patients about the risks of combining different anticholinergic medications, which may include increased risk of confusion and falls.
- Discuss with your patient about the opportunity of switching to a potentially equally effective, safer alternative medication.



PPC: Prenatal and Postpartum Care

Product Lines: Medicaid, Marketplace

Percentage of deliveries of live births on or between October 8th of the year prior until October 7th of the measurement period. Prenatal and postpartum care are measured by:

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Stand Alone Prenatal Visits	**CPT:** 99500
	CPT: H1000-H1004
	CPT II: 0500F, 0501F, 0502F
Prenatal Visits (with a pregnancy-related diagnosis code)	**CPT:** 98000-98016, 98966-98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99242-99245, 99421-99423, 99441-99443, 99457-99458, 99483
	HCPCS: G0071, G0463, G2010, G2012, G2250-G2252, T1015
Postpartum Visits	**ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
	CPT: 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

Do not include a modifier with CPT-CAT-II codes.

Exclusions:

- Persons in hospice or using hospice services or with a date of death during the measure period.
- Laboratory claims with POS code 81.

PPC: Prenatal and Postpartum Care *(Continued)*

HEDIS Improvement Tips:

- Implement schedule blocks and/or ask front office staff to prioritize newly pregnant members calling in to ensure initial appointment is completed in first trimester or within 42 days of health plan enrollment.
- Educate patients on the importance of keeping each postpartum visit.
- Remind patients of upcoming appointments by phone, text or EHR automated messages.
- Prenatal visit performed by an OB/GYN or other prenatal practitioner or PCP meet criteria.
- Ensure appropriate documentation. A qualified postpartum visit must include a note indicating the date the visit occurred and include at least one of the following:
  - Notation of postpartum care: i.e., documentation of "6-week visit" "postpartum visit," and "postpartum follow-up" meet criteria.
  - Pelvic exam.
  - Glucose screening for members with gestational diabetes.
  - Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
  - Documentation of any of the following:
    - Infant care or breastfeeding.
    - Resumption of intercourse, birth spacing or family planning.
    - Sleep/fatigue.
    - Resumption of physical activity.
    - Attainment of healthy weight.
    - Documentation of postpartum care.
    - Perineal or cesarean incision/wound.
    - Evaluation components must include: weight, BP, breasts and abdomen.
- Services provided via telephone, e-visit or virtual check-in are eligible for both PPC measures and should be considered for those with any barrier to in-person care.
- Consider scheduling postpartum appointments PRIOR to discharge from facility after delivery.
- Complete and submit Pregnancy Risk Assessment Form (PRAF) as soon as a pregnancy diagnosis is confirmed.

PPC: Prenatal and Postpartum Care *(Continued)*

- Identify patients seen in ER with a diagnosis of pregnancy and initiate timely follow-up.
- Implement ACOG recommendation for earlier and more frequent postpartum visits to ensure multiple opportunities to address concerns and avoid barriers related to returning to work.
- Ensure patients are aware of incentives for care and refer high-risk members to our Start Smart for Your Baby® program by emailing **buckeyehealth_maternalhealthteam@centene.com**.
- Utilize **Buckeye Community Connect** online resource to address any social determinants of health needs affecting the members follow-through with recommended care in the postpartum period.

SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Product Lines: Medicaid, Medicare, Marketplace

Percentage of persons 18 years of age and older during the measurement period 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**
Long-Acting Injections 14-Day Supply	**HCPCS:** J2794, J2801
Long-Acting Injections 28-Day Supply	**HCPCS:** J0401, J1631, J1943, J1944, J2358, J2426, J2680

Includes Oral Antipsychotic Medications and Long Acting Injections found in the medication tables

Exclusions:

- Persons in hospice or using hospice services or with a date of death during the measurement period.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period, in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
- Persons 66-80 years of age by the last day of the measurement period, with both frailty and advanced illness.
- Persons 81 years of age and older by the last day of the measurement period, with frailty.
- Persons with dementia.
- Persons who did not have at least two antipsychotic medication dispensing events.

HEDIS Improvement Tips:

- Engage in shared decision making with the patient to ensure they are at the center of care. Before prescribing an antipsychotic medication, assess the patient's treatment and medication history.
- Schedule appropriate follow-up with the patients to assess if medication is being taken as prescribed.

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

- Consider long-acting injectable medications for eligible patients, especially those with a history of medication non-adherence.
- Routinely arrange the next appointment when the patient is in the office to assist in eliminating missed appointments due to scheduling issues.
- Ensure your patient understands the local community support resources and what to do in the event of a crisis.
- Encourage collaboration of caregiver and support system. Discuss the importance of monitoring emotional well-being and following up with all providers, especially behavioral health provider.
- **A medication table has been provided for this measure on page 110.**

SMC: Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

Product Line: Medicaid

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
LDL-C Tests	**CPT:** 80061, 83700-83701, 83704, 83721
LDL-C Test Results or Findings	**CPT II:** 3048F LDL-C <100 mg/dL, 3049F LDL-C 100-129 mg/dL, 3050F LDL-C ≥ 130 mg/dL

Do not include a modifier with CPT-CAT-II codes

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

- NCQA Standards permit psychiatric providers to submit lipid testing.
- Incorporate standard orders for screening test every year.
- Complete blood pressure testing 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

Product Line: Medicaid

Percentage of persons ages 18–64 with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement period.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
HbA1c Lab Test	**CPT:** 83036-83037
HbA1c Test Result or Finding	**CPT II:** 3044F (<7.0%), 3046F (>9.0%), 3051F (≥7.0% - <8.0%), 3052F (≥8.0% - ≤9.0%)
LDL-C Lab Test	**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

Do not include a modifier with CPT-CAT-II codes.

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

- Complete A1c testing at the start of treatment and at least every 3 months or more often as needed.
- Closely verify and monitor member's treatment history to ensure member has completed all A1c and LDL testing by December 31 each year.
- NCQA does not specify the type of provider who can submit or review diabetes testing results.

SPC-E: Statin Therapy for Patients with Cardiovascular Disease

Product Lines: Medicaid, Medicare, Marketplace

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

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

Exclusions:

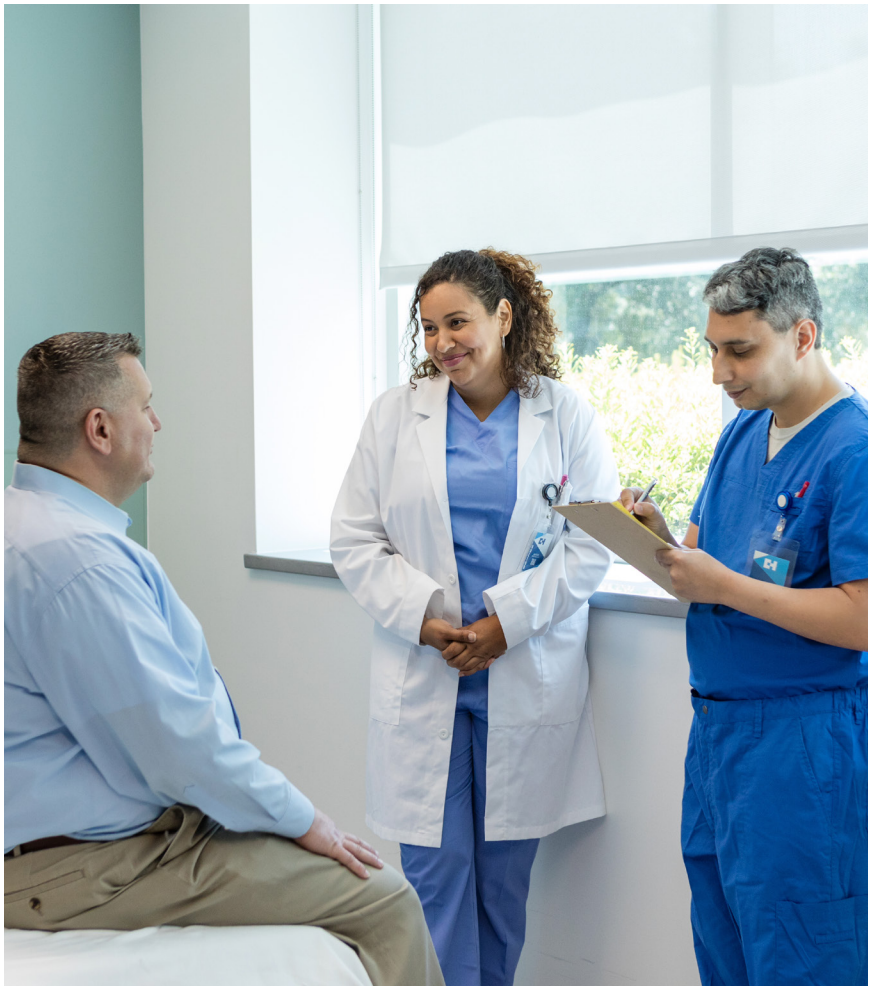
- Persons in hospice or using hospice services, receiving palliative care or with a date of death during the measurement period.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
- In vitro fertilization, pregnancy or a prescription of Clomiphene.
- ESRD, cirrhosis or dialysis.
- Myalgia, myositis, myopathy or rhabdomyolysis.
- Myalgia or rhabdomyolysis caused by a statin.

HEDIS Improvement Tips:

- At each visit, review medication list and ask what issues there are, if any, 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 contact provider's office if side effects occur or are suspected.
- Offer 100-day supply of medication to members, if stable.
- Encourage members to sign up for refill reminders or automatic refills with their retail or mail-order pharmacy, if applicable.
- Reminder calls, emails, text messages or mailings can assist with ensuring members do not miss the scheduled appointments.

SPC-E: Statin Therapy for Patients with Cardiovascular Disease *(Continued)*

- Schedule annual visit or follow-up visit before member leaves the office.
- Ensure member completes any required labs such as cholesterol, kidney values (both blood and urine), liver function tests, etc.
- Provide smoking cessation education and resources or other interventions for other social habits that may worsen or be contributing to the individual's cardiovascular disease.
- **A medication table has been provided for this measure on page 107.**



SPD-E: Statin Therapy for Patients with Diabetes

Product Lines: Medicaid, Medicare, Marketplace

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

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

Exclusions:

- Persons in hospice or using hospice services, receiving palliative care or with a date of death during the measurement period.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
- In vitro fertilization, pregnancy or a prescription of Clomiphene.
- ESRD, cirrhosis or dialysis.
- Myalgia, myositis, myopathy or rhabdomyolysis.
- Myalgia or rhabdomyolysis caused by a statin.
- MI, CABG, PCI or other revascularization during the year prior to the measurement period.
- ASCVD during the measurement period or the year prior to the measurement period.

HEDIS Improvement Tips:

- At each visit, review medication list and ask what issues there are, if any, 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 taking a statin medication to prevent heart disease or stroke. Discuss how often to take the medication and possible side effects.
- Advise member to contact the provider's office if side effects occur or are suspected. Consider an alternative dosing schedule to prevent or lessen side effects.
- Offer 100-day supply of medication to member, if stable.

SPD-E: Statin Therapy for Patients with Diabetes *(Continued)*

- Encourage member to sign up for refill reminders or automatic refills at their retail or mail-order 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 member leaves the office.
- Ensure member completes any required labs such as cholesterol, kidney values (both blood and urine), liver function tests and/or A1c.
- Discuss medication adherence with other medications for diabetes the individual may be on to help control the disease state and assist with slowing down or eliminating the increased risk of cardiovascular disease due to diabetes.
- **A medication table has been provided for this measure on page 108.**

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

Product Line: Medicaid

Percentage of persons ages 18-64 with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement period.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Glucose Lab Test	**CPT:** 80047-80048, 80050, 80053, 80069, 82947, 82950-82951
HbA1c Lab Test	**CPT:** 83036-83037
HbA1c Test Result or Finding	**CPT II:** 3044F (less than 7%) 3046F (greater than 9%) 3051F (≥ 7% and <8%) 3052F (≥ 8% and ≤9%)

Do not include a modifier with CPT-CAT-II codes

Exclusions:

- Persons with a diagnosis of diabetes.
- Persons without at least one antipsychotic medication dispensing event.
- Persons in hospice or using hospice services or with a date of death during the measurement period.
- Laboratory claims with POS 81.

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 person's primary care physician.
- Educate members and/or their caregiver on the importance of healthy diet, exercise and signs to look for with new-onset diabetes.
- Screen all members prescribed antipsychotic medications for a family history of diabetes.

SUPD: Statin Use in Persons with Diabetes

Product Line: Medicare

The percentage of continuously enrolled Medicare Part D beneficiaries, ages 40 to 75, who were dispensed medications for diabetes and received a statin medication during the measurement period.

Exclusions:

- Hospice
- Pregnancy, Lactation and Fertility
- Cirrhosis
- End-Stage Renal Disease (ESRD)
- Rhabdomyolysis and myopathy
- Pre-diabetes
- Polycystic Ovary Syndrome (PCOS)

HEDIS Improvement Tips:

- At each visit, review medication list and ask what issues there are, if any, 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 taking a statin medication to prevent heart disease or stroke. 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 100-day supply of medication to members, if stable.
- Encourage members to sign up for refill reminders or automatic refills at their retail or mail-order 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 member leaves the office.
- Ensure member completes any required labs such as cholesterol, kidney values (both blood and urine), liver function tests and/or A1c.
- Discuss medication adherence with other medications for diabetes the individual may be on to help control the disease state and assist with slowing down or eliminating the increased risk of cardiovascular disease due to diabetes.

TFC: Topical Fluoride for Children

Product Line: Medicaid

Percentage of persons ages 1–4 who received at least two fluoride varnish applications on different dates of service during the measurement period.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Application of Fluoride Varnish	**CPT:** 99188
	CDT: D1206

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

- Educate parent(s)/guardian(s) and member of the importance of good oral hygiene, especially in starting at an early age. Schedule dental visits as young as 2 years of age.
- Can be applied by a PCP or other qualified health professional as well as a dental provider on different dates of service.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
- Reminder calls, emails, text messages or mailings can assist with ensuring members do not miss scheduled appointments.
- Schedule follow-up visit before member leaves the office for application of fluoride varnish by PCP.
- Transportation to and from dental appointments is available for all Buckeye members. Contact Member Services for more details.

TRC: Transitions of Care

Product Line: Medicare

Percentage of discharges for persons 18 years of age and older who had each of the following.

Four rates are reported:

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

TRC: Transitions of Care *(Continued)*

Definitions

Medication Reconciliation: A type of 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. The medication list may include medication names only or may include medication names, dosages, and frequency, over the counter (OTC) medications and herbal or supplemental therapies.

Use Appropriate Billing Codes*		*Codes subject to change
Description		**Codes**
Patient Engagement after Inpatient Discharge	**Transitional Care Management Services**	**CPT:** 99495, 99496
	Outpatient and Telehealth	**CPT:** 98000-98016, 98966-98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483
		HCPCS: G0071, G0402, G0438-G0439, G0463, G2010, G2012, G2250-G2252, T1015
		UBREV: 0510-0511, 0513-0517, 0519-0523, 0526-0529, 0982-0983
Medication Reconciliation Post-Discharge		**CPT:** 99483, 99495, 99496, 99605-99606
		CPT II: 1111F

Do not include a modifier with CPT-CAT-II codes.

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measurement period

HEDIS Improvement Tips:

- Reminder calls, emails, text messages or mailings can assist with advising members of the need for a visit.

TRC: Transitions of Care *(Continued)*

- Medication reconciliation must be conducted or cosigned by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse. Medication reconciliation may be performed by other medical professionals (e.g., MA, LPN) if signed off by an acceptable practitioner.
- Documentation of medication reconciliation must include the date performed, current medication list and evidence of any of the following:
  - Notation that the practitioner reconciled the current and discharge medications.
  - Notation that references the discharge medications (e.g., no change in medications since discharge, same medications at discharge, discontinue all discharge medications).
  - Evidence the practitioner was aware of the patient's hospitalization and a post-discharge hospital follow-up with medication reconciliation or review.
- When an ED visit results in inpatient admission, notification that a provider sent the person to the ED does not meet criteria. Evidence that the PCP or ongoing care provider communicated with the ED about the admission meets criteria.
  - Discharge medication list with evidence that both lists were reviewed on the same date of service
  - Notation that no medications were prescribed or ordered upon discharge.
- Include appropriate codes on claims to improve HEDIS scores and reduce the need for medical record review.

UOP: Use of Opioids from Multiple Providers

Product Lines: Medicaid, Medicare, Marketplace

Percentage of persons 18 years of age and older, receiving a prescription for opioids for ≥15 days during the measurement period, who received opioids from multiple providers. Three rates are reported:

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

Note: A lower rate indicates better performance.

Exclusions:

- Persons in hospice or using hospice services or with a date of death during the measurement period.
- The following opioid medications are excluded from this measure:
  - Injectables.
  - Opioid cough and cold products.
  - SIingle-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:

- Utilization of OARRS is required before prescribing and dispensing of controlled substances and other OARRS reportable drugs, such as Gabapentin.
- Follow established guidelines regarding co-prescribing Naloxone to patients at risk of overdose.
- Educate patients on opioid safety and risk associated with long-term use of multiple opioids from different providers and pharmacies.

UOP: Use of Opioids from Multiple Providers *(Continued)*

- Provide timely submission of claims with correct medication name, dosage, frequency and days covered.
- Include documentation of the specific diagnosis code for each medication being used for the person.
- Encourage coordination between physical and behavioral health providers, including transitions in care.
- Inform patients with an OUD of the risks and benefits of pharmacotherapy treatment.
- Educate patients and caregivers about local Naloxone access and Good Samaritan Laws.
- Use the lowest effective dose of opioids for the shortest period of time necessary.
- Establish follow-up appointments shortly after prescribing opioids and when adjustments are made to reassess the pain management plan.
- Request a person be evaluated for enrollment into Buckeye Pharmacy Lock-In Coordinated Services Program.
- **A medication table has been provided for this measure on page 107.**

URI: Appropriate Treatment for Upper Respiratory Infection

Product Lines: Medicaid, Medicare, Marketplace

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

Note: Intake period is July 1 of the year prior to the measurement period to June 30 of the measurement period to capture eligible episodes of treatment.

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
URI	**ICD-10:** J00, J06.0, J06.9

Exclusion:

- Persons in hospice or using hospice services or with a date of death during the measurement period.

HEDIS Improvement Tips:

- Be sure to use appropriate code and document competing diagnosis if you are prescribing an antibiotic to a member who has been diagnosed with URI and has a competing diagnosis.
- Provide tips for managing symptoms (e.g., over-the-counter medicines, rest, extra fluids) and advise patient to call back if symptoms worsen.
- Educate the member on the virtual vs. bacterial respiratory infection and appropriate use of antibiotics.

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

Product Line: Medicaid, Marketplace

Percentage of persons 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 period.

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

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
BMI Percentile	**ICD-10:** Z68.51 (<5%) Z68.52 (5% < 85%) Z68.53 (85% < 95%) Z68.54 (≥95%) Z68.55 (120% OF THE 95TH <140%) Z68.56 (≥140% OF THE 95TH)
Counseling for Nutrition	**CPT:** 97802-97804
	HCPCS: G0270-G0271, G0447, S9449, S9452, S9470
	ICD-10: Z71.3
Counseling for Physical Activity	**ICD-10:** Z02.5, Z71.82
	HCPCS: G0447, S9451

Exclusions:

- Persons who have a diagnosis of pregnancy any time during the measurement period.
- Persons in hospice or using hospice services or with a date of death during the measurement period.
- Laboratory claims (POS 81).

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

HEDIS Improvement Tips:

- Make sure to document child's BMI percentile (must include height, weight and BMI percentile, must be completed on same date of service), nutritional counseling and physical activity counseling during the annual visits. All **three** are required to close this care gap.
- Nutrition pertains to eating habits and behaviors (not appetite).
- BMI values or ranges are not acceptable, only percentiles. If plotted on chart, BMI Chart must be used (not age-growth chart).
- Include documentation if child/adolescent is counseled for weight or obesity.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
- Take advantage of well child, sick and sports physical visits to complete this measure. Please ensure correct coding when billing.

WCV: Child and Adolescent Well-Care Visits

Product Line: Medicaid, Marketplace

Percentage of persons 3-21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement period. Three age stratifications and totals are reported:

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Well-Care Visits	**CPT:** 99381-99385, 99391-99395, 99461
	HCPCS: G0438-G0439, S0302, S0610, S0612-S0613
Encounter for Well Care Visit	**ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2

Exclusions:

- Persons in hospice or using hospice services or with a date of death during the measurement period.
- Telehealth well visits.
- Laboratory claims with POS code 81.

HEDIS Improvement Tips:

- Prevent missed opportunities! Take advantage when the member is in your office 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 for when a member is due for their well-child exam.
- Don't forget recommended vaccinations during the visit.
- Components of a WCV should include a health history, physical development history and mental developmental history along with:
  - A physical exam (including height, weight and BMI percentile).
  - Health education and anticipatory guidance.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
  - Use Modifier EP on claims for new and established patients for well/preventative visit.

WCV: Child and Adolescent Well-Care Visits *(Continued)*

- 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.
- Medicaid wellness visits are covered every calendar year.
- For additional information regarding well-care, please visit **https://www.aap.org/en/practice-management/bright-futures/bright-futures-in-clinical-practice/**

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

Product Lines: Medicaid, Marketplace

Percentage of persons who turned 15 or 30 months old during the measurement period and who had the following. Two rates are reported:

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

Use Appropriate Billing Codes*	*Codes subject to change
Description	**Codes**
Well-Child Visits	**CPT:** 99381-99385, 99391-99395, 99461
	HCPCS: G0438-G0439, S0302, S0610, S0612-S0613
Encounter for Well Care	**ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2

Exclusions:

- Persons in hospice or using hospice services or with a date of death during the measurement period.
- Telehealth visits.
- Laboratory claims with POS code 81.

W30: Well-Child Visits in the First 30 Months of Life *(Continued)*

HEDIS Improvement Tips:

- Prevent missed opportunities by providing well-care exam during sick visits by using modifier 25.
- Documentation in the medical record must include a note indicating date of the well-child visit and evidence that includes all the following:
  - Health history.
  - Physical/mental development history.
  - Physical exam.
  - Health education/anticipatory guidance.
- Outreach to newly assigned member to schedule appointments.
- Educate parents/guardians on the importance of routine preventative care visits.
- Medicaid provides 12 months of continuous eligibility following delivery for mother and child.
- Healthchek Early and Periodic Screening, Diagnostic and Treatment (EPSDT) required service.
  - Use modifier EP on claims for new and established patients for well/preventative visit.
- Schedule next well visit at end of each appointment.
- Visit the Bright Futures website for more information about well-child visits. **https://www.aap.org/en/practice-management/bright-futures**

Statin Therapy for Patients with Cardiovascular Disease (SPC-E)

High-and Moderate-Intensity Statin Medications	
Description	**Prescription**
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 ▪ Pravastatin 40-80mg ▪ Amlodipine-atorvastatin 10-20mg ▪ Rosuvastatin 5-10mg ▪ Lovastatin 40mg ▪ Simvastatin 20-40mg ▪ Fluvastatin 40-80mg ▪ Ezetimibe-simvastatin 20-40mg ▪ Pitavastatin 1-4mg

Use of Opioids from Multiple Providers (UOP)

Opioid Medications	
Description	**Prescription**
Opioids	▪ Benzhydrocone ▪ Butorphanol ▪ Codeine ▪ Buprenorphine (transdermal patch and buccal film) ▪ Dihydrocodeine ▪ Fentanyl ▪ Hydrocodone ▪ Hydromorphone ▪ Levorphanol ▪ Meperidine ▪ Methadone ▪ Morphine ▪ Opium ▪ Oxycodone ▪ Oxymorphone ▪ Pentazocine ▪ Tapentadol ▪ Tramadol

Pharmacotherapy for Opioid Use Disorder (POD)

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

Statin Therapy for Patients with Diabetes (SPD-E)

Diabetes Medications	
Description	**Prescription**
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 1-4mg
Low-intensity statin therapy	▪ Ezetimibe-simvastatin 10mg ▪ Fluvastatin 20mg ▪ Lovastatin 10-20mg ▪ Pravastatin 10-20mg ▪ Simvastatin 5-10mg

Risk of Continued Opioid Use (COU)

Opioid Medications	
Description	**Prescription**
Opioids	▪ Benzhydrocone ▪ Butorphanol ▪ Codeine ▪ Buprenorphine (transdermal patch and buccal film) ▪ Dihydrocodeine ▪ Fentanyl ▪ Hydrocodone ▪ Hydromorphone ▪ Levorphanol ▪ Meperidine ▪ Methadone ▪ Morphine ▪ Opium ▪ Oxycodone ▪ Oxymorphone ▪ Pentazocine ▪ Tapentadol ▪ Tramadol

Use of Opioids at High Dosage (HDO)

Opioid Medications		
Description	**Prescription**	**MME**
Benzhydrocodone	▪ Acetaminophen Benzhydrocodone	▪ 1.2
Butorphanol	▪ Butorphanol	▪ 7
Codeine	▪ Codeine sulfate ▪ Acetaminophen Codeine ▪ Acetaminophen Butalbital Caffeine Codeine ▪ Aspirin Butalbital Caffeine Codeine ▪ Aspirin Carisoprodol Codeine	▪ 0.15
Dihydrocodeine	▪ Acetaminophen Caffeine Dihydrocodeine	▪ 0.25
Fentanyl buccal or sublingual tablet, transmucosal lozenge	▪ Fentanyl	▪ 0.13
Fentanyl oral spray	▪ Fentanyl	▪ 0.18
Fentanyl nasal spray	▪ Fentanyl	▪ 0.16
Fentanyl transdermal film/patch	▪ Fentanyl	▪ 7.2
Hydrocodone	▪ Hydrocodone ▪ Hydrocodone Ibuprofen ▪ Acetaminophen Hydrocodone	▪ 1
Hydromorphone	▪ Hydromorphone	▪ 4
Levorphanol	▪ Levorphanol	▪ 11
Meperidine	▪ Meperidine	▪ 0.1
Methadone	▪ Methadone	▪ 3
Morphine	▪ Morphine	▪ 1
Opium	▪ Belladonna Opium	▪ 1
Oxycodone	▪ Oxycodone ▪ Aspirin Oxycodone ▪ Acetaminophen Oxycodone ▪ Ibuprofen Oxycodone	▪ 1.5
Oxymorphone	▪ Oxymorphone	▪ 3
Pentazocine	▪ Naloxone Pentazocine	▪ 0.37
Tapentadol	▪ Tapentadol	▪ 0.4
Tramadol	▪ Tramadol ▪ Acetaminophen Tramadol	▪ 0.1

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Oral Antipsychotic Medications	
Description	**Prescription**
Miscellaneous antipsychotic agents (oral)	▪ Aripiprazole ▪ Asenapine ▪ Brexpiprazole ▪ Cariprazine ▪ Clozapine ▪ Haloperidol ▪ Iloperidone ▪ Loxapine ▪ Lumateperone ▪ Lurasidone ▪ Molindone ▪ Olanzapine ▪ Paliperidone ▪ Quetiapine ▪ Risperidone ▪ Ziprasidone
Phenothiazine antipsychotics (oral)	▪ Chlorpromazine ▪ Fluphenazine ▪ Perphenazine ▪ Prochlorperazine ▪ Thioridazine ▪ Trifluoperazine
Psychotherapeutic combinations (oral)	▪ Amitriptyline-perphenazine
Thioxanthenes (oral)	▪ Thiothixene
Long-Acting Injections	
Description	**Prescription**
Long-acting injections 14 days supply	▪ Risperidone (excluding Perseris)
Long-acting injections 28 days supply	▪ Aripiprazole ▪ Aripiprazole lauroxil ▪ Fluphenazine decanoate ▪ Haloperidol decanoate ▪ Olanzapine
Long-acting injections 30 days supply	▪ Risperidone (Perseris)
Long-acting injections 35 days supply	▪ Paliperidone palmitate (Invega Sustenna)
Long-acting injections 104 days supply	▪ Paliperidone palmitate (Invega Trinza)
Long-acting injections 201 days supply	▪ Paliperidone palmitate (Invega Hafyera)

Notes

Call Provider Services at 866-296-8731 or visit:
Buckeye Provider Home Page

buckeye health plan