Comprehensive Care Gap Documentation Guide

All 2026 Measures



Sentara® Health Plans

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Introduction

Preventive and chronic care management are critical steps along the pathway to helping your patients, our persons, achieve optimal health. Sentara Health Plans is proud to partner with you to accomplish this very achievable goal. Electronic medical records may provide a means to track gaps in care and reminders of needed services. The Care Gap Documentation Guide is designed to help providers easily document the closure of care gaps.

This resource is organized for ease of use as follows:

- Measure definition.
- Identification of applicable quality program(s).
- Helpful tips to achieve performance measure.
- Codes recommended for gap closure.

For additional information or assistance, you may contact your network management trainer.

Key:

VBC Measure – Value-Based Care Program Contractual Measure

STARS Focus Measure



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Telehealth/Telemedicine Services

Please visit the website to review our guide on telehealth/telemedicine services.

- Encouraging your patients to schedule preventive exams.
- Reminding your patients to follow up with ordered tests and procedures.
- Making sure necessary services are being performed in a timely manner.
- Submitting claims with proper HEDIS codes.
- Accurately documenting all services and results (if appropriate) in the patient's medical record.

We need to work together to improve and maintain a higher quality of care. When our persons are healthy, everyone benefits!

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Definition: Persons ages 18 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Persons with diagnoses of schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.



Exclusion Criteria: Persons with a diagnosis of dementia; those who did not have at least two antipsychotic medication-dispensing events; persons in hospice or using hospice services during the measurement year and/or persons who died anytime during the measurement year.

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

Definition: Persons ages 20 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

An ambulatory or preventive care visit

- In the measurement year **for Medicaid and Medicare persons.**
- In the measurement year or two years prior **for commercial persons.**



Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

Adult Immunization Status (AIS-E)*

Definition: Persons ages 19 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



The percentage of persons who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster, pneumococcal, hepatitis B and Coronavirus disease 2019 (COVID-19).

- **Influenza vaccine** on or between July 1 of the year prior to the measurement period and June 30 of the measurement period or persons with anaphylaxis due to influenza vaccine any time before or after the measurement year.
- **Td or Tdap vaccine** at least one vaccine between 9 years prior to the start of the measurement period and anytime before or during the measurement year.; or persons with a history of anaphylaxis or encephalitis due to diphtheria, tetanus, or pertussis vaccine anytime before or during the measurement year.
- **Herpes zoster vaccine** received two doses of the recombinant vaccine at least 28 days apart on October 20, 2017, through the end of the measurement period or persons with anaphylaxis due to the herpes zoster vaccine any time before or during the measurement period.
- **Pneumococcal vaccine** received at least one on or after the person's 19th birthday, before or during the measurement period; or had anaphylaxis due to pneumococcal vaccine any time before or during the measurement period.
- **Childhood hepatitis B** received at least three doses of the vaccine with different dates of service on or before their 19th birthday; or a hepatitis B vaccine series on or after their 19th birthday to include either a recommended two-dose adult hepatitis B vaccine administered at least 28 days apart or any other recommended adult hepatitis B vaccine administered on different dates of service.
- **Hepatitis B** received a hepatitis B surface antigen, antibody, or total antibody to hepatitis B core antigen test with a positive result, hepatitis B illness or anaphylaxis due to the hepatitis vaccine any time before or during the measurement period.
- **Coronavirus** received at least one dose of a COVID-19 vaccine that occurred both on or between July 1 of the year prior to the measurement period through June 30 of the measurement period and on or after their 65th birthday or anaphylaxis due to the COVID-19 vaccine anytime before or during the measurement period.

Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

**Developed with support from the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for*

Health (OASH), National Vaccine Program Office (NVPO) and The Hepatitis Education Project.

Advance Care Planning (ACP) *Medicare Only

Definition: Persons ages 66–80 with advanced illness, an indication of frailty, or receiving palliative care; and persons ages 81 years and older who had advance care planning during the measurement year.

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Advance Care Planning is the discussion or documentation about preferences for resuscitation, life-sustaining treatment, or end-of-life care.



Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

Codes

CPT Codes To Identify Advance Care Planning:
99483, 99497

CPT II Codes: 1123F, 1124F, 1157F, 1158F

Antibiotic Utilization for Respiratory Conditions (AXR)

Definition: Persons ages 3 months and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.

Intake Period: July 1 of the year prior to the measurement year to June 30 of the measurement year.

Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

Note: *This measure is designed to capture the frequency of antibiotic utilization for respiratory conditions. Organizations should use this information for internal evaluation only. NCQA does not view higher or lower service counts as indicating better or worse performance.*

Appropriate Testing for Pharyngitis (CWP)

Definition: Persons ages 3 years and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

- Diagnosis of pharyngitis.
- Prescribed an antibiotic.
- Received a group A Streptococcus (strep) in the seven-day period from three days prior to, through three days after the episode date.
- Received a Group A Streptococcus (Strep) Test for the episode.

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

ICD-10 Codes To Identify Pharyngitis:
J02.0, J02.8–J02.9, J03.00–J03.01, J03.80–J03.81, J03.90–J03.91

Appropriate Treatment for Upper Respiratory Infection (URI)

Definition: Persons ages 3 months and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Diagnosis of upper respiratory infection (URI) and not prescribed an antibiotic.



Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

Codes

ICD-10 Codes To Identify URI:

J00, J06.0, J06.9, J40

Pharyngitis:

J02.0, J02.8–J02.9, J03.00–J03.01, J03.80, J03.81, J03.90, J03.91

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

Definition: Persons ages 3 months and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Diagnosis of acute bronchitis/bronchiolitis and not prescribed an antibiotic.



Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons with a diagnosis of any of the following comorbid conditions: emphysema, COPD, immune system disorder, HIV, or malignant neoplasms. Persons who died anytime during the measurement year.

Codes

ICD-10 Codes to Identify Acute Bronchitis:

J20.3–J20.9, J21.0–J21.1, J21.8–J21.9

Blood Pressure Control for Patients With Diabetes (BPD/BPD-E)

VBC Measure

Definition: Persons 18–75 years of age with diabetes (type 1 or type 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement period.

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



- Identify the most recent BP reading taken during the measurement year via:
  - Outpatient visits.
  - Telephone or telehealth visits.
  - Virtual check-ins or e-visits.
  - Non-acute inpatient visits.
- If multiple BPs were taken on the same day, the lowest systolic and the lowest diastolic should represent the BP result for the date of service.
- Persons reported BP readings must be taken with a digital device, in any of the listed visit settings and documented in person's medical record.
- A BP documented as an average BP (e.g., average BP: 139/70) is eligible for use.
- BP readings taken on the same day the person receives a common low-intensity or preventive procedure are eligible for use; for example, the following procedures are considered common low-intensity or preventive (this list is for reference only and is not exhaustive):
  - Vaccinations.
  - Injections (e.g., allergy, vitamin B-12, insulin, steroid, Toradol, Depo-Provera, testosterone, lidocaine).
  - TB test.
  - IUD insertion.
  - Eye exam with dilating agents.
  - Wart or mole removal.

Blood Pressure Control for Patients With Diabetes (BPD/BPD-E) - Continued

Exclusion Criteria: Persons in hospice, using hospice services, or receiving palliative care anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

ICD-10 Codes to Identify Diabetes Diagnosis:

E10.10, E10.11, E10.21, E10.22, E10.29, E10.8, E10.9, E11.00, E11.01, E11.8-E11.11, E13.00–E13.9

CPT/CPT II Codes Blood Pressure Documentation:

3074F – Most recent systolic < 130 mmHg
3075F – Most recent systolic 130–139 mmHg
3077F – Most recent systolic ≥ 140 mmHg
3078F – Most recent diastolic < 80 mmHg
3079F – Most recent diastolic 80–89 mmHg
3080F – Most recent diastolic ≥ 90 mmHg

Bill ICD-10 + CPT II codes together to capture compliance.

Blood Pressure Control for Patients With Hypertension (BPC-E)

Definition: Persons age 18-85

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Persons who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90mmhg during the measurement year.

Identify the most recent BP reading noted during the measurement year.

The BP reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred.

Exclusion Criteria: Persons in hospice or using hospice services or receiving palliative care anytime during the measurement year. Persons with a nonacute inpatient admission during the measurement period. Persons with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant anytime during the person's history on or prior to December 31 of the measurement year. Persons with a diagnosis of pregnancy anytime during the measurement year. Persons who died anytime during the measurement year.

ICD-10 Codes – Hypertension Diagnosis

- I10 – Essential (primary) hypertension
- I11.0 – Hypertensive heart disease with heart failure
- I11.9 – Hypertensive heart disease without heart failure
- I12.0 – Hypertensive CKD with stage 5 CKD/ESRD
- I12.9 – Hypertensive CKD with stage 1–4 CKD
- I13.10 – Hypertensive heart & CKD

CPT II Codes – Blood Pressure Documentation

- 3074F – Most recent systolic < 130 mmHg
- 3075F – Most recent systolic 130–139 mmHg
- 3077F – Most recent systolic ≥ 140 mmHg
- 3078F – Most recent diastolic < 80 mmHg
- 3079F – Most recent diastolic 80–89 mmHg
- 3080F – Most recent diastolic ≥ 90 mmHg

Bill ICD-10 + CPT II codes together to capture compliance.

Breast Cancer Screening (BCS-E)

VBC Measure

Definition: Persons 40-74 years of age (denominator) who had a mammogram to screen for breast cancer (numerator) during measurement year

Applicable Quality Program(s): HEDIS, CMS Medicare Advantage Star Rating

Helpful Tips To Achieve Performance Measure:

A mammogram to screen for breast cancer on or between October 1 of 2024 through December 31 of 2026.



Exclusion Criteria: Persons in hospice or using hospice services or receiving palliative care anytime during the measurement year. Bilateral mastectomy or both a right and left unilateral mastectomies anytime during the person's history through the end of the measurement year. Persons who died anytime during the measurement year.

Codes

ICD-10-CM Codes:

Mammography: 77061, 77062, 77063, 77065, 77066, 77067
Absence of left breast: Z90.12
Absence of right breast: Z90.11
Bilateral mastectomy: OHTV0ZZ
History of bilateral mastectomy: Z90.13
Unilateral mastectomy: OHTU0ZZ (left), OHTT0ZZ (right)
Gender Dysphoria codes: F64.1, F64.2, F64.8, F64.9, Z87.890
Gender-Affirming Chest Surgery CPT Code: 19318
Unilateral Mastectomy CPT Codes: 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307



Cardiac Rehabilitation (CRE)

Definition: Persons ages 18 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Persons who attended cardiac rehabilitation following a qualifying cardiac event, (myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement).

Four rates are reported:

1. **Initiation:** Percentage of persons who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
2. **Engagement 1:** Percentage of persons who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
3. **Engagement 2:** Percentage of persons who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
4. **Achievement:** Percentage of persons who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

Exclusion Criteria: Persons in hospice or using hospice services, receiving palliative care, had PCI, or died anytime during the measurement year. Discharged from an inpatient setting with any of the following on the discharge claim 180 days after the episode date: MI, CABG, heart or heart/lung transplant, or heart valve repair or replacement.

Codes

CPT Codes to Identify Cardiac Rehabilitation:
93797–93798

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC) *Medicaid Only

Definition: Persons ages 18-64

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Percentage of persons with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.



Exclusion Criteria:

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

Codes

CPT Codes To Identify LDL-C Screening:

80061, 83700, 83701, 83704, 83721

Care for Older Adults (COA) *Medicare Only

VBC Measure

Definition: Persons ages 66 and older

Applicable Quality Program(s): HEDIS, CMS Medicare Advantage Star Rating

Helpful Tips To Achieve Performance Measure:



Persons who had each of the following during the measurement year:

Medication Review:

- At least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record, as documented through either administrative data or medical record review.
- A medication list, signed and dated during the measurement year by the appropriate practitioner type (prescribing practitioner or clinical pharmacist), meets criteria (the practitioner's signature is considered evidence that the medications were reviewed).
- Medication review performed without the person meets criteria.
- Documentation must come from the same medical record and must include one of the following:
  - A medication list in the medical record and evidence of a medication review by a prescribing practitioner or clinical pharmacist and the date when it was performed.
  - Notation that the person is not taking any medication and the date when it was noted.

**A review of side effects for a single medication at the time of prescription alone is not sufficient. An outpatient visit is not required to meet criteria. Do not include medication lists or medication reviews performed in an acute inpatient setting.*

Care for Older Adults (COA) *Medicare Only - Continued

Functional Status Assessment:



- At least one functional status assessment during the measurement year, as documented through either administrative data or medical record review.
- Documentation in the medical record must include evidence of a complete functional status assessment and the date when it was performed.
- A functional status assessment limited to an acute or single condition, event, or body system (e.g., lower back, leg) does not meet criteria for a comprehensive functional status assessment. The components of the functional status assessment numerator may take place during separate visits within the measurement year. Do not include comprehensive functional status assessments performed in an acute inpatient setting.

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

CPT/CPT CAT II Codes for COA:
Medication review: 1160F, 90863, 99483, 99605, 99606
Medication list: 1159F
Transition care management: 99495, 99496
Functional Status Assessment: 1170F, 99483

STARS Focus Measure

Cervical Cancer Screening (CCS-E)

VBC Measure

Definition: Persons ages 21–64

- PAP test (cervical cytology) within the last three years for persons ages 21–64.
- Cervical high-risk human papillomavirus (hrHPV) testing within the last five years for persons ages 30–64.
- Cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years for persons ages 30–64.

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Documentation in the record must include both of the following:

- Date the test was performed.
- The result or finding.

Note: *Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting; therefore, additional methods to identify cotesting are not necessary.*

Exclusion Criteria: Documentation of hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix. Persons in hospice or using hospice services or receiving palliative care anytime during the measurement year. Persons who died anytime during the measurement year. Persons with sex assigned at birth of male at any time during the persons history through the last day of the measurement year.

Codes

CPT Codes To Identify Cervical Cancer Screening:
Cervical Cytology: 88141–88143, 88147–88148, 88150, 88152, 88153, 88164–88167, 88174–88175
High Risk HPV: 87624, 87625, 87626, 0502U

Child and Adolescent Well-Care Visits (WCV)

VBC Measure

Definition: Persons ages 3–21
Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



At least one (1) comprehensive well-care visit with a PCP or OB/GYN during the measurement year.

The well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the member.

- Clearly state the visit is a well-child or preventive visit.
- Document a comprehensive history and physical exam.
- Document developmental assessment addressing age appropriate physical, cognitive, emotional and social milestones.
- Provide and document anticipatory guidance or preventive counseling.
- Ensure documentation supports use of a preventive CPT code.

WCV is a claims-based measure. Accurate preventive coding supported by clear documentation is required to meet HEDIS compliance.

Reminder: Do not include Telehealth visits

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

CPT Codes To Identify Well-child Visits:
99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461

ICD-10 Codes:
Z00.0, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z76.1, Z76.2, 2Z01.411, Z01.419, Z02.5, Z02.84

Childhood Immunization Status (CIS-E)

VBC Measure

Definition: Combo 3-Persons who are numerator compliant for DTaP, IPV, MMR, HiB, hepatitis B, VZV and pneumococcal. CIS-E Vaccines should be completed by age 2.

- 4 DTaP or anaphylaxis or encephalitis due to diphtheria, tetanus, or pertussis vaccine (do not count any before 42 days of age).
- 3 IPV or anaphylaxis due to the IPV vaccine (do not count any before 42 days of age).
- 1 MMR; history of measles, mumps, and rubella; or anaphylaxis due to the MMR vaccine (do not count any before 42 days of age).
- 3 HiB or anaphylaxis due to HiB vaccine (do not count any before 42 days of age).
- 3 hepatitis B, anaphylaxis due to hepatitis B vaccine, positive serology, or history of hepatitis B.
- 1 VZV, anaphylaxis due to the VZV vaccine, positive serology, or documented history of chicken pox disease.
- 4 pneumococcal conjugates or anaphylaxis due to the pneumococcal conjugate vaccine (do not count any before 42 days of age).
- 1 hepatitis A, anaphylaxis due to the hepatitis A vaccine, or documented hepatitis A illness.
- 2 or 3 rotavirus vaccines - depends on the vaccine administered - or documented anaphylaxis due to the rotavirus vaccine (do not count any before 42 days of age).
- 2 influenza with different dates of service or anaphylaxis due to the influenza vaccine. One of the two vaccinations can be a live attenuated influenza vaccine (LAIV) if administered on the child's second birthday (do not count any given prior to 6 months of age).

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Parental refusal is not an exclusion.

- Documentation of "immunizations are up-to-date" is not acceptable.
- Documentation of an immunization (such as the first Hep B) received "at delivery" or "in the hospital" may be counted.
- For documented history of illness, a seropositive test result, or anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the person's second birthday.

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who had a contraindication to a childhood vaccine on or before their second birthday. Persons who died anytime during the measurement year. Organ and bone marrow transplants on or before their 2nd birthday excludes the person from the measure.

Childhood Immunization Status (CIS-E) - Continued

VBC Measure

Codes

42 Days of Age Through Second Birthday:
(4) DTap - Recommended Codes - CPT: 90697, 90698, 90700, 90723
(3) IPV - Recommended Codes - CPT: 90697, 90698, 90713, 90723
(3) HiB - Recommended Codes - CPT: 90644, 90647, 90648, 90697, 90698, 90748
(4) Pneumococcal Conjugate - Recommended Code - CPT: 90670, 90671, 90677
(2 or 3) Rotavirus - Recommended Codes - 2-dose CPT Code: 90681, CVX Code: 119 or 3-Dose CPT Code: 90680 CVX Codes: 116, 122

Hepatitis A - CPT Code: 90633, CVX Codes: 31, 83, 85

Value sets deleted from directory, have CVX codes available.

On or Between First and Second Birthdays:
(1) VZV - Recommended Codes - CPT: 90710, 90716
(1) MMR - Recommended Codes - CPT: 90707; MMRV - 90710
(1) Hepatitis A - Use both CVX and CPT Codes

On or Before Second Birthday:
(3) Hepatitis B - Recommended Codes - CPT: 90697, 90723, 90740, 90744, 90747, 90748

6 Months of Age Through Second Birthday:
(2) Influenza - Recommended Codes - CPT: 90655, 90656, 90657, 90658, 90661, 90674, 90685, 90686, 90687, 90688, 90689, 90765,

On the Second Birthday:
Influenza Virus LAIV Vaccine : 90660 & 90672

Chlamydia Screening

Definition: Persons ages 16-24
Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Persons who were recommended for routine chlamydia screening were identified as sexually active and had at least one test for chlamydia during the measurement year.

Exclusion Criteria: Sex Assigned at Birth: (LOINC code 76689-9) Male (LOINC code LA2-8) any time in the person's history. Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

CPT Codes for Chlamydia Screening:

87110; 87270; 87320;87490- 87492; 87810

Colorectal Cancer Screening (COL-E)

VBC Measure

Definition: Persons ages 45–75

Applicable Quality Program(s): HEDIS, CMS Medicare Advantage Star Ratings

Helpful Tips To Achieve Performance Measure:



One or more of the following screenings:

- Colonoscopy in past 10 years (measurement year and nine years prior).
- Flexible sigmoidoscopy in past five years (measurement year and four years prior).
- CT colonography (e.g., virtual colonoscopy) in the past five years (measurement year and four years prior).
- FIT-DNA (e.g., Cologuard) test in the past three years (measurement year and two years prior).
- Fecal occult blood test (iFOBT or gFOBT) annually (measurement year).

Medical record documentation that meets the criteria:

- Date and type of screening - results or findings aren't required if the screening documentation is clear in the medical history/health maintenance section, ie: colonoscopy 5/2020.
- Member-reported colorectal cancer screening documented in the medical history (e.g., member reports normal colonoscopy in 2020).
- Pathology report indicating date and type of screening.
- Simply documenting "colorectal screening," "colo," or "UTD" does not meet criteria.

Colorectal Cancer Screening (COL-E) - Continued

Exclusion Criteria: Diagnosis of colorectal cancer or total colectomy anytime during the person's history through the measurement year. Persons in hospice or using hospice services or receiving palliative care anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

FOBT:
CPT: 82270, 82274
HCPCS: G0328

FIT-DNA Test:
CPT: 81528. This code is specific to the Cologuard® FIT-DNA test.
CPT: 0464U Cologuard Plus

Flexible Sigmoidoscopy:
CPT: 45330–45335, 45337, 45338, 45340–45342, 45346, 45347, 45349, 45350

Computed Tomography (CT) Colonography:
CPT: 74261–74263

Colonoscopy:
CPT: 44388–44394, 44401–44408, 45378–45382, 45384–45386, 45388–45393, 45398



Controlling High Blood Pressure (CBP)

VBC Measure

Definition: Persons ages 18–85

Adequate control is defined as: <140/90

Applicable Quality Program(s): HEDIS, CMS Medicare Advantage Star Ratings

Helpful Tips To Achieve Performance Measure:



Identify the most recent BP reading noted during the measurement year.

The BP reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred.

Always enter numerical BP values in vitals (the vitals section of the medical record).

- If BP is retaken, document all readings and indicate the final/used value.
- For telehealth/phone visits, record exact patient-reported BP, date, and source.
- Bill ICD-10 + CPT-II codes together to capture compliance.
- 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.

BP readings taken on the same day the person receives a common low-intensity or preventive procedure are eligible for use; for example, the following procedures are considered common low intensity or preventive (this list is for reference only and is not exhaustive):

- Vaccinations.
- Injections (e.g., allergy, vitamin B-12, insulin, steroid, Toradol, Depo-Provera, testosterone, lidocaine).
- TB test.
- IUD insertion.
- Eye exam with dilating agents.
- Wart or mole removal.

Exclusion Criteria: Persons in hospice or receiving palliative care anytime during the measurement year. Persons with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant anytime during the person's history on or prior to December 31 of the measurement year. Persons with a diagnosis of pregnancy anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

ICD-10 Codes To Identify HTN:

I10 – Essential (Primary) hypertension

I11.9 – Hypertension heart disease without heart failure

I13.10 - Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease

I12.9 – Hypertensive CKD with stage 1-4 CKD

STARS Focus Measure

CPT II Codes - Blood Pressure Documentation

- 3074F – Most recent systolic < 130 mmHg
- 3075F – Most recent systolic 130–139 mmHg
- 3077F – Most recent systolic ≥ 140 mmHg
- 3078F – Most recent diastolic < 80 mmHg
- 3079F – Most recent diastolic 80–89 mmHg
- 3080F – Most recent diastolic ≥ 90 mmHg

Bill ICD-10 plus CPT II codes together to capture compliance.

Deprescribing of Benzodiazepines in Older Adults (DBO) *Medicare Only

Definition: Persons ages 67 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Persons who were dispensed benzodiazepines and experienced a 20% decrease or greater in benzodiazepine dose (diazepam milligram equivalent [DME] dose) during the measurement year.

Exclusion Criteria: Persons with a diagnosis of seizure disorder, REM sleep behavior disorder, benzodiazepine withdrawal, or ethanol withdrawal on or before January 1 of the year prior to the measurement year and the ITE start date. Persons in hospice using hospice services, or palliative care. Persons who died anytime during the measurement year.

Increased score indicates improvement

Depression Remission or Response for Adolescents and Adults (DRR-E)

Definition: Ages 12 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Diagnosis of depression with an elevated PHQ-9 (total score ≥ 9) who had evidence of response or remission within four to eight months of the elevated score.

Three rates are reported:

1. **Follow-up PHQ-9** within four to eight months after the initial elevated PHQ-9 score.
2. **Depression Remission:** Achieved remission within four to eight months after the initial elevated PHQ-9 score of <5.
3. **Depression Response:** Showed a response within four to eight months after the initial elevated PHQ-9 score, with PHQ-9 score reduction of at least 50%.

Exclusion Criteria: Persons with any of the following anytime during the person's history through the end of the measurement year: bipolar disorder, personality disorder, psychotic disorder, or pervasive developmental disorder. Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

**Adapted with financial support from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) under the CHIPRA Pediatric Quality Measures Program Centers of excellence grant number U18HS020503, and with permission from the measure developer, Minnesota Community Measurement.*

Codes

ICD-10 Codes To Identify Major Depression and Dysthymia:
F32.0–F32.5, F32.9, F33.0–F33.3, F43.40–F43.42, F33.9, F34.1

CPT Codes To Identify Interactive Outpatient Encounters:
90791, 90792, 90832, 90834, 90837, 98000-98016 98960–98962, 98967–98972, 98980, 98981, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99421–99423, 99441–99443, 99457, 99458, 99483, 99492–99494, 99510

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)*

Definition: Ages 12 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Screened for clinical depression using a standardized tool and, if screened positive, received follow-up care within 30 days following a positive depression screen finding.



Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons with a history of bipolar disorder anytime during the person's history through the end of the year prior to the measurement year. Persons with depression that starts in the prior year through the measurement year. Persons who died anytime during the measurement year.

**Adapted with financial support from the Centers for Medicare & Medicaid Services (CMS).*

Depression Screening Instrument for DSF-E

Instruments for Adults (18+ Years)	Total Score LOINC Codes
Patient Health Questionnaire (PHQ-9)®	44261-6
Patient Health Questionnaire-2 (PHQ-2)®1	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS)®1,2	89208-3
Beck Depression Inventory (BDI-II)	89209-1
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9
Duke Anxiety—Depression Scale (DUKE-AD)®2	90853-3
Geriatric Depression Scale Short Form (GDS)1	48545-8
Geriatric Depression Scale Long Form (GDS)	48544-1
Edinburgh Postnatal Depression Scale (EPDS)	99046-5
My Mood Monitor (M-3)®	71777-7
PROMIS Depression	71965-8
PROMIS Emotional Distress—Depression—Short Form	77861-3
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3

Instruments for Adolescents (≤17 Years)	Total Score LOINC Codes
Patient Health Questionnaire (PHQ-9)®	44261-6
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2
Patient Health Questionnaire-2 (PHQ-2)®1	55758-7
Edinburgh Postnatal Depression Scale (EPDS)	99046-5
PROMIS Depression	71965-8

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Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD) *Medicaid Only

Definition: Persons ages 18–64

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Persons with diagnosis of schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and HbA1c test during the measurement year.

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

CPT Codes To Identify:
HBA1c Tests: 83036, 83037
LDL-C Screening: 80061, 83700, 83701, 83704, 83721

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) *Medicaid Only

Definition: Persons ages 18–64

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

- Diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder.
- Dispensed an antipsychotic medication.
- Diabetes screening (glucose or HbA1c) test during the measurement year.

Exclusion Criteria: Persons with diabetes or who were dispensed insulin or oral hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year. Persons who had no antipsychotic medications dispensed during the measurement year. Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

ICD-10 Codes To Identify Diagnosis:
Bipolar: F30.10–F30.13, F30.2–F30.4, F30.8–F30.9, F31.0, F31.10–F31.13, F31.2, F31.30–F31.32, F31.4–F31.5, F31.60–F31.64, F31.70–F31.78,
Schizophrenia: F20.0–F20.3, F20.5, F20.81, F20.89, F20.9, F25.0–F25.1, F25.8–F25.9

CPT Codes To Identify Diabetes Screening:
Glucose Tests: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Tests: 83036, 83037

Documented Assessment After Mammogram (DBM-E)*

Definition: Persons ages 40-74

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of a mammogram.



Exclusion Criteria: Persons in hospice or using hospice services or receiving palliative care anytime during the measurement year. Persons who died anytime during the measurement year.

**This measure was supported by Cooperative Award NU380T000303 from the Centers for Disease Control and Prevention and the National Network of Public Health Institutes (NNPHI). Its contents are the sole responsibility of the authors (NCQA) and do not necessarily represent the official position of the Centers for Disease Control and Prevention, the US Department of Health and Human Services, the US government, or the NNPHI.*

CPT Codes for Mammography:
77066, 77065, 77063, 77067

Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes (EDH) *Medicare Only

Definition: Persons 67 years of age or older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



For persons 67 years of age and older with diabetes (types 1 and 2), the risk-adjusted ratio of observed to expected (O/E) emergency department (ED) visits for hypoglycemia during the measurement period.

Two rates are reported:

1. For persons 67 years of age and older with diabetes (types 1 and 2), the risk-adjusted ratio of O/E ED visits for hypoglycemia during the measurement period, stratified by dual eligibility.
2. For persons 67 years of age and older with diabetes (types 1 and 2) who had at least one dispensing event of insulin within each 180-day (6-month) treatment period from July 1 of the year prior to the measurement period through December 31 of the measurement period, the risk-adjusted ratio of O/E ED visits for hypoglycemia, stratified by dual eligibility.

Exclusion Criteria: Persons in hospice or using hospice services during the measurement year.

Eye Exam for Patients With Diabetes (EED)

VBC Measure

Definition: Persons ages 18–75

Applicable Quality Program(s): HEDIS, CMS Medicare Advantage Star Ratings

Helpful Tips To Achieve Performance Measure:

Diagnosis of diabetes (Types 1 and 2) who had a retinal exam. Screening or monitoring for diabetic retinal disease as identified by administrative data or pharmacy data.



This includes diabetics who had one of the following:

- Retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
- Negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year.

Exclusion Criteria: Persons with bilateral absence of eyes or eye enucleation anytime during the person's history through December 31 of the measurement year. Persons in hospice, using hospice services, or receiving palliative care anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

ICD-10 Codes To Identify Diabetes:
E10.10, E10.11, E10.21, E10.22, E10.29, E11.00, E11.01, E11.8-E11.11, E13.00–E13.9

CPT/CPT II Codes for Diabetic Retinal Screening:
92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201, 92202, 92230, 92235, 92250, 99203–92205, 99213–99215, 99242–99245
Positive CPT II Codes: 2022F, 2024F, 2026F
Negative CPT II Codes: 2023F, 2025F, 2033F

CPT Codes for Retinal Imaging:
92227, 92228

Bill ICD-10 plus CPT II codes together to capture compliance

STARS Focus Measure

Fall Risk Management (FRM) *Medicare Only

Definition: Persons ages 65 and older.

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Two components of this measure that assess different facets of fall risk management:

1. **Discussing fall risk**
   - Seen by a practitioner in the past 12 months.
   - Discussed falls or problems with balance or walking with their current practitioner.
2. **Managing fall risk**
   - Had a fall or problems with balance or walking in the past 12 months.
   - Seen by a practitioner in the past 12 months.
   - Received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner.

Follow-Up After Abnormal Mammogram Assessment (FMA-E)*

Definition: Persons ages 40-74

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



- Percentage of episodes with inconclusive or high-risk BI-RADS assessments that received appropriate follow-up for high-risk or inconclusive BI-RADS assessment. High-risk and inconclusive BI-RADS assessment during the intake period that received appropriate follow-up. Appropriate follow-up is defined as either of the following:
  - A high-risk BI-RADS assessment result (Category 4: Suspicious—Category 5: Highly Suggestive of Malignancy), that received a breast biopsy on or within 90 days after the episode date (91 days total).
  - An inconclusive BI-RADS assessment (BI-RADS 0: Incomplete—Need Additional Imaging Evaluation and/or Prior Mammograms for Comparison), that received a mammogram or ultrasound on or within 90 days after the episode date (91 days total).

Follow-Up After Abnormal Mammogram Assessment (FMA-E)* - Continued

Exclusion Criteria: Persons in hospice or using hospice services or receiving palliative care anytime during the measurement year. Persons who died anytime during the measurement year.

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Codes

CPT Codes Mammography: 77066, 77065, 77063, 77067
Breast Biopsy: 19081, 19083, 19085, 19100, 19101
Breast Ultrasound: 76641, 76642

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

VBC Measure

Definition: Ages 6 years and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Percentage of emergency department visits with a principal diagnosis of mental illness or any diagnosis of intentional self-harm and had a mental health follow-up service.

Two rates are reported:

1. The percentage of ED visits for which the person received follow-up within seven days of the ED visit (eight total days).
2. The percentage of ED visits for which the person received follow-up within 30 days of the ED visit (31 total days).

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

Behavioral Health Outpatient Visit:

CPT: 98000-98007, 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510

**Adapted from an NCQA measure with financial support from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) under Prime Contract No. HHSP23320100019WI/ HHSP23337001T, in which NCQA was a subcontractor to Mathematica. Additional financial support was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA).*

Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC) *Medicare Only

VBC Measure

Definition: Ages 18 and older

Applicable Quality Program(s): HEDIS, CMS Medicare Advantage Star Rating

Helpful Tips To Achieve Performance Measure:

Persons with emergency department (ED) visits who have multiple high-risk chronic conditions such as COPD/asthma, dementia, CKD, major depression, heart failure, MI, atrial fibrillation, or stroke who had a follow-up service within seven days of the ED visit (eight total days).

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

Outpatient and Telehealth Visit:

CPT: 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458

STARS Focus Measure

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

VBC Measure

Definition: Ages 13 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

ED visit with principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose for which there was a follow-up.

Two rates are reported:

1. Follow-up visit within seven days of the ED visit (eight total days).
2. Follow-up visit within 30 days of the ED visit (31 total days).

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

Outpatient and Telehealth Visit:

CPT: 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458

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

Definition: Ages 13 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



- Acute inpatient hospitalization, residential treatment, or withdrawal management visits.
- Diagnosis of substance use disorder.
- Follow-up visit or service for substance use disorder.

Two rates are reported:

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

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Follow-Up After Hospitalization for Mental Illness (FUH)

Definition: Ages 6 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Percentage of discharges for persons hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow up service.



Two rates are reported:

1. Follow-up visit within seven days of discharge.
2. Follow-up visit within 30 days of discharge.

Do not include services that occur on the date of discharge.

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

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

Definition: Persons ages 6–12

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Persons with a newly prescribed ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was prescribed.

Two rates are reported:

1. **Initiation Phase:** One follow-up visit with a practitioner with prescribing authority within 30 days.
2. **Continuation and Maintenance Phase:** Remained on the medication for at least 210 days and had two additional visits with a practitioner within 270 days (nine months) after the initiation phase ended.

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons with a diagnosis of narcolepsy anytime during their history through the measurement year. Persons who died anytime during the measurement year.

Glycemic Status Assessment for Patients With Diabetes (GSD)

VBC Measure

Definition: Persons ages 18–75

Applicable Quality Program(s): HEDIS, CMS Medicare Advantage Star Ratings

Helpful Tips To Achieve Performance Measure:



Diagnosis of diabetes (Types 1 and 2) whose most recent glycemic status (hemoglobin A1c (HbA1c) or glucose management indicator (GMI) was at the following levels from measurement year:

- Glycemic Status (<8.0%).
- Glycemic Status (<9.0%).

If using Glycemic Status from Continuous Glucose Monitoring (GMI), document the GMI value, the date range of the CGM data used, and the device type.

Exclusion Criteria: Persons in hospice or using hospice services or palliative care anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

ICD-10 Codes To Identify Diabetes:
E10.10, E10.11, E10.21, E10.22, E10.29, E10.8, E10.9, E11.00, E11.01, E11.8-E11.11, E13.00–E13.9

CPT/CPT II for HbA1c:
83036, 83037, 3044F, 3046F, 3051F, 3052F

Bill ICD-10 + CPT II codes together to capture compliance.
Report CPT II code with the date the A1c test was done, not the date of the office visit.

STARS Focus Measure

Immunizations for Adolescents (IMA-E)

VBC Measure

Definition: Persons who turn 13 years old during the measurement year

- 1 dose meningococcal vaccine between the 11th and 13th birthdays, or anaphylaxis due to the vaccine anytime on or before the person's 13th birthday, and
- 1 tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine between the 10th and 13th birthdays; or anaphylaxis or encephalitis due to the vaccine anytime on or before the 13th birthday, and
- 2-dose or 3-dose HPV vaccination series between the 9th and 13th birthdays, or anaphylaxis due to the vaccine anytime on or before the 13th birthday.

To align with ACIP recommendations:

- Meningococcal: the quadrivalent (serogroups A, C, W and Y) and pentavalent meningococcal vaccines (serogroups A, C, W, Y and B) are included in the measure.
- HPV: the minimum interval for the two-dose HPV vaccination schedule is 150 days, with a 4-day grace period (146 days).

Note: *The measure calculates a rate for each vaccine and two combination rates.*

Combo 1: Meningococcal and Tdap
Combo 2: Meningococcal , Tdap and HPV

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

- All vaccines must be completed on or before the 13th birthday.
- For documented history of anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the person's 13th birthday.

Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

- Parental refusal is not an exclusion.

Codes

CPT Codes:
Meningococcal CPT: 90619, 90623, 90624, 90733, 90734, 99242-99245
Tdap CPT: 90715
HPV-CPT: 90649–90651

Initiation and Engagement of Substance Use Disorder Treatment (IET)

VBC Measure

Definition: Persons ages 13 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

New substance use disorder (SUD) episodes that results in treatment initiation and engagement.

Two rates are reported:

1. **Initiation of SUD Treatment:** Within 14 days of the diagnosis through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment.
2. **Engagement of SUD Treatment:** Evidence of treatment engagement within 34 days of the initiation.

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

Codes To Identify AOD Visits:

CPT: 98960–98962, 98980, 98981, 98966-98968 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510

Codes To Identify Substance Use Disorder Service:

99408, 99408

Kidney Health Evaluation for Patients With Diabetes (KED)*

VBC Measure

Definition: Persons ages 18–85

Applicable Quality Program(s): HEDIS, CMS Medicare Advantage Star Ratings

Helpful Tips To Achieve Performance Measure:

Diagnosis of diabetes (type 1 and type 2) who received a kidney health evaluation during the measurement year, defined by:

- An estimated glomerular filtration rate (eGFR) **and**
- A urine albumin-creatinine ratio (uACR).

Exclusion Criteria: Persons with evidence of ESRD or dialysis anytime during the person's history on or prior to December 31 of the measurement year. Persons in hospice or using hospice services or receiving palliative care anytime during the measurement year. Persons who died anytime during the measurement year.

Codes:

ICD-10 Codes To Identify Diabetes:
E10.10, E10.11, E10.21, E10.22, E10.29, E11.00–E11.9, E13.00–E13.9

CPT Codes:
eGFR: 80047–80048, 80050, 80053, 80069, 82565
uACR: 82043, 82570

**This measure was developed by NCQA with input from the National Kidney Foundation.*

STARS Focus Measure

Lead Screening in Children (LCS-E) *Medicaid Only

Definition: Persons who turn 2 years old during the measurement year

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



At least one or more capillary or venous lead blood test by their second birthday.

Documentation in the record must include both of the following:

- Date the test was performed.
- Result of finding.

Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

Codes

CPT Codes: 83655

Management of Urinary Incontinence in Older Adults (MUI) *Medicare Only

Definition: Persons ages 65 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Three components that assess the management of urinary incontinence in older adults:

1. **Discussing urinary incontinence**
   - Reported having urine leakage in the past six months.
   - Discussed their urinary leakage problem with a healthcare provider.
2. **Discussing treatment of urinary incontinence**
   - Reported having urine leakage in the past six months.
   - Discussed treatment options for their current urine leakage problem.
3. **Impact of urinary incontinence**
   - Reported having urine leakage in the past six months.
   - Reported that urine leakage made them change their daily activities or interfered with their sleep a lot.

Exclusion Criteria: Evidence from CMS administrative records of a hospice start date.

Note: *A lower rate indicates better performance for this indicator.*

Medication Adherence for Cholesterol (Statins)

VBC Measure

Definition: Any adult 18 years or older who has at least two fills of a designated medication(s) as defined in each measure. The measurement is calculated using Proportion of Days Covered (PDC) using Pharmacy Data Encounter (PDE) data. PDC is the number of days the member has medication on hand/is covered by the medication based on the dates of prescription fills (numerator) compared to the number of days in the time period (denominator).

Applicable Quality Program(s): CMS Medicare Advantage Star Ratings

Helpful Tips To Achieve Performance Measure:



The measurement is calculated using Proportion of Days Covered (PDC) using Pharmacy Data Encounter (PDE) data. PDC is the number of days the member has medication on hand/ is covered by the medication based on the dates of prescription fills (numerator) compared to the number of days in the time period (denominator). Persons will only be recognized when filling medication through Sentara Health Plans.

This measure is calculated daily and is not a "gap" that can be closed.

- **Write for 90-day supplies:** This will ensure that a member is "covered" for 90 days. This gives the member a better chance to make the 80% PDC threshold throughout the year.
- **Update prescriptions:** If the dose changes, make sure to update the prescription with the new directions.
- **Ask persons about barriers to medication use:** Cost of medications is well-known as a barrier, but other factors are just as prevalent. Can persons get to the pharmacy? Can persons read the small labels? Do persons know how to take the medications?

MAC Medication Inclusion: Statin medications

Exclusion Criteria: Hospice enrollment, ESRD diagnosis or coverage dates.

Medication Adherence for Diabetes Medications

VBC Measure

Definition: Any adult 18 years or older who has at least two fills of a designated medication(s) as defined in each measure.

The measurement is calculated using Proportion of Days Covered (PDC) with Pharmacy Data Encounter (PDE) data. PDC is the number of days the member has medication on hand/is covered by the medication based on the dates of prescription fills (numerator) compared to the number of days in the time period (denominator).

Applicable Quality Program(s): CMS Medicare Advantage Star Ratings

Helpful Tips To Achieve Performance Measure:



This measure is calculated daily and is not a "gap" that can be closed.

- **Write for 90-day supplies:** This will ensure that a member is "covered" for 90 days. This gives the member a better chance to make the 80% PDC threshold throughout the year.
- **Update prescriptions:** If the dose changes, make sure to update the prescription with the new directions.
- **Ask persons about barriers to medication use:** Cost of medications is well-known as a barrier, but other factors are just as prevalent. Can persons get to the pharmacy? Can persons read the small labels? Do persons know how to take the medications?
- Only medications filled through Sentara Health Plans will be recognized.
- This measure is calculated daily and is not a "gap" that can be closed.

Medication Inclusion: Biguanides, sulfonylureas, thiazolidinediones, and dipeptidyl peptidase (DPP)-IV inhibitors, incretin mimetics, meglitinides, and sodium glucose cotransporter 2 (SGLT2) inhibitors.

Medication Adherence for Hypertension (RAS Antagonists)

VBC Measure

Definition: The measurement is calculated using Proportion of Days Covered (PDC) with Pharmacy Data Encounter (PDE) data. PDC is the number of days the member has medication on hand/is covered by the medication based on the dates of prescription fills (numerator) compared to the number of days in the time period (denominator).

Applicable Quality Program(s): CMS Medicare Advantage Star Ratings

Helpful Tips To Achieve Performance Measure:



Any member 18 years or older who has at least two fills of a designated medication(s) as defined in each measure. The measurement is calculated using PDC with PDE data. PDC is the number of days the member has medication on hand/ is covered by the medication based on the dates of prescription fills (numerator) compared to the number of days in the time period (denominator). Only medications filled through Sentara Health Plans will be recognized.

This measure is calculated daily and is not a "gap" that can be closed.

- **Write for 90-day supplies:** This will ensure that a member is "covered" for 90 days. This gives the member a better chance to make the 80% PDC threshold throughout the year.
- **Update prescriptions:** If the dose changes, make sure to update the prescription with the new directions.
- **Ask persons about barriers to medication use:** Cost of medications is well-known as a barrier, but other factors are just as prevalent. Can persons get to the pharmacy? Can persons read the small labels? Do persons know how to take the medications?

Medication Inclusion: Angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor medications.

Exclusion Criteria: Hospice enrollment, ESRD diagnosis or coverage dates, one or more prescriptions for sacubitril/valsartan.

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

Definition: Persons ages 1–17

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Persons who had two or more antipsychotics prescriptions and had metabolic testing.



Three rates are reported:

1. Persons on antipsychotics who received blood glucose testing.
2. Persons on antipsychotics who received cholesterol testing.
3. Persons on antipsychotics who received blood glucose and cholesterol testing.

Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

Codes

CPT Codes To Identify Cholesterol Tests Other Than LDL: 82465, 83718, 83722, 84478

CPT II Codes LDL Screening: 3048F, 3049F, 3050F

CPT Codes Glucose: ab Test: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

**Developed with financial support from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) under the CHIPRA Pediatric Quality Measures Program Centers of Excellence grant number U18 HS020503.*

Non-Recommended PSA-based Screening in Older Men (PSA) *Medicare Only

Definition: Men ages 70 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening during the measurement year.

Exclusion Criteria: Prostate cancer diagnosis anytime during the person's history through December 31 of the measurement year. Dysplasia of the prostate anytime during the measurement year or the year prior to the measurement year. A PSA test during the year prior to the measurement year where laboratory data indicated an elevated (>4.0 ng/ml) or abnormal result. Dispensed prescription for a 5-alpha reductase inhibitor during the measurement year. Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

Codes

CPT codes for PSA-based Screening:
84152–84154

Oral Evaluation Dental Services (OED) *Medicaid Only

Definition: Persons 21 years of age and younger

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Persons who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

**This measure has been included in and/or adapted for HEDIS with the permission of the Dental Quality Alliance (DQA) and American Dental Association (ADA). © 2023 DQA on behalf of ADA, all rights reserved.*

Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

Osteoporosis Screening in Older Women (OSW) *Medicare Only

Definition: Women ages 65–75

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Received one or more osteoporosis screening tests on or between the person's 65th birthday and December 31 of the measurement year.



Exclusion Criteria: Persons who had a claim/encounter for osteoporosis therapy anytime in the person's history through December 31 of the year prior to the measurement year. Persons who were prescribed a prescription to treat osteoporosis anytime on or between January 1, 2023–December 31, 2025. Persons in hospice or using hospice services or receiving palliative care anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

CPT Codes for Osteoporosis Screening:

76977, 77078, 77080–77081, 77085

Osteoporosis Management in Women Who Had a Fracture (OMW) *Medicare Only

VBC Measure

Definition: Women ages 67-85

Applicable Quality Program(s): HEDIS, CMS Medicare Advantage Star Ratings

Helpful Tips To Achieve Performance Measure:

Suffered a fracture and had one of the following in the six months after the fracture:

- A bone mineral density (BMD) test **or**
- A prescription for a drug to treat osteoporosis.



Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who received palliative care anytime during the intake period through the end of the measurement year. Persons who died anytime during the measurement year.

Codes

Bone Mineral Density Tests:
CPT: 76977, 77078, 77080, 77081, 77085, 77086

Osteoporosis Medications:
HCPCS: J0897, J1740, J3110, J3489, Q5136



Pediatric Quality Indicator 14: Asthma Admission Rate (PDI)

VBC Measure

Definition: Persons ages 2 through 17 with a principal ICD-10-CM diagnosis code for asthma (ACSASTD)

Applicable Quality Program(s): AHRQ

Helpful Tips To Achieve Performance Measure:

- Development of a written asthma action plan in partnership with patient/family.
- Monitor medication compliance.

Exclusion Criteria: Excludes cases with a diagnosis code for cystic fibrosis and anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.

Codes

Asthma Diagnosis Codes:
J4521, J4552, J4522, J45901, J4531, J45902, J4532, J45990, J4541, J45991, J4542, J45998, J4551

Pharmacotherapy Management of COPD Exacerbation (PCE)

Definition: Persons ages 40 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Discharged from an acute inpatient admission or an ED visit with a primary diagnosis of COPD on or between January 1–November 30 of the measurement year.

Prescribed appropriate medications (or already had an active prescription for):

- A systemic corticosteroid within 14 days of the event.
- A bronchodilator within 30 days of the event.

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

ICD-10 Codes To identify COPD:

J41.0, J41.1, J41.8, J42, J43.0-J43.2, J43.8. J43.9, J44.0, J44.1, J44.81, J44.89, J44.9

Pharmacotherapy for Opioid Use Disorder (POD)

Definition: Persos ages 16 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Diagnosis 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.

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Physical Activity in Older Adults (PAO) *Medicare Only

Definition: Persons ages 65 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Two components of this measure that assess different facets of promoting physical activity in older adults:

1. **Discussing Physical Activity**
   - Had a doctor's visit in the past 12 months.
   - Spoke with a doctor or other healthcare provider about their level of exercise or physical activity.
2. **Advising Physical Activity**
   - Had a doctor's visit in the past 12 months.
   - Received advice to start, increase, or maintain their level of exercise or physical activity.

Exclusion Criteria: Evidence from CMS guidelines administrative records of a hospice start date.

Plan All-Cause Readmissions (PCR)

VBC Measure

Definition: Persons 18 years of age and older

Applicable Quality Program(s): HEDIS

Helpful Tips to Achieve Performance Measure:



The risk-adjusted ratio of observed-to-expected unplanned acute readmissions (inpatient and observation stays) for any diagnosis within 30 days of an acute hospitalization (inpatient and observation stays).

Measurement Period: January 1 – December 31

Clinical recommendation statement/rationale:

Readmission to the hospital within 30 days of discharge is frequently avoidable and can lead to adverse outcomes for patients. Any preventable hospitalization can have a negative impact on health outcomes, particularly for older adults and adults with multiple chronic conditions. Health risks associated with hospitalization include infection, adverse drug events, loss of function, isolation, lower quality of life and readmission.

Plan All-Cause Readmissions (PCR) - Continued

Programming Guidance



Dual enrollment: Persons with dual commercial/Medicaid enrollment may only be reported in the commercial product line. Persons with dual Medicaid and Medicare enrollment may only be reported in the Medicare product line. Dual enrollment is assessed after the continuous enrollment criteria are applied. To meet criteria for dual enrollment, persons must have dual enrollment at the end of the continuous enrollment period.

Facilities: The measure includes acute discharges from any type of facility (including behavioral health care facilities).

Postpartum Depression Screening and Follow-Up (PDS-E)

Definition: Deliveries in the measurement year

Applicable quality program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

Two rates are reported:

1. **Depression Screening:** Screened for clinical depression using a standardized instrument during the postpartum period (7–84 days following date of delivery).
2. **Follow-up on Positive Screen:** Received follow-up care within 30 days of a positive depression screen finding.

Exclusion Criteria: Deliveries in which persons were in hospice or using hospice services anytime during the measurement period. Persons who died during the measurement year.

Definition: Deliveries in the measurement year

Instruments for Adolescents (≤17 Years)	Total Score LOINC Codes
Patient Health Questionnaire (PHQ-9)®	44261-6
Patient Health Questionnaire Modified for Teens (PHQ- 9M)®	89204-2
Patient Health Questionnaire-2 (PHQ-2)®1	55758-7
Beck Depression Inventory—Fast Screen (BDI-FS)®1,2	89208-3
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	99046-5
PROMIS Depression	71965-8

Instruments for Adults (18+ Years)	Total Score LOINC Codes
Patient Health Questionnaire (PHQ-9)®	44261-6
Patient Health Questionnaire-2 (PHQ-2)®1	55758-7
Beck Depression Inventory—Fast Screen (BDI-FS)®1,2	89208-3
Beck Depression Inventory (BDI-II)	89209-1
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9
Duke Anxiety-Depression Scale (DUKE-AD)®2	90853-3
Edinburgh Postnatal Depression Scale (EPDS)	99046-5
My Mood Monitor (M-3)®	71777-7
PROMIS Depression	71965-8
PROMIS Emotional Distress—Depression—Short Form	77861-3
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3
PROMIS Emotional Distress—Depression—Short Form	77861-3
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3

Potentially Harmful Drug-Disease Interactions in Older Adults (DDE) *Medicare Only

Definition: Persons ages 67 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Evidence of an underlying disease, condition, or health concern, and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with, or after the diagnosis.

Three rates are reported:

1. **A history of falls** and a prescription for antiepileptics, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, or antidepressants (SSRIs, tricyclic antidepressants, SNRIs).
2. **Dementia** and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents.
3. **Chronic kidney disease** and a prescription for COX-2 selective NSAIDs or nonaspirin NSAIDs.

Exclusion Criteria: Persons in hospice or using hospice services or receiving pallative care anytime during the measurement year. Persons with a diagnosis of major depressive disorder, seizure disorder, psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1, 2025 to December 1, 2026. Persons who died anytime during the measurement year.

Note: *A lower rate represents better performance for all rates.*

Prenatal and Postpartum Care (PPC)

VBC Measure

Definition: The percentage of deliveries of live births on or between October 8 of the year prior to the measurement period and October 7 of the measurement period.

Applicable Quality Program(s): HEDIS

Prenatal Care

Helpful Tips To Achieve Performance Measure:



- Submit eligible CPT Category II code at the time of the visit. CPT II codes track performance measures and quality of care without affecting bundle payment structure.
- Initial prenatal visit must occur within first 12 weeks and 6 days of pregnancy with an OB/GYN, PCP or other prenatal care practitioner. For PCP visit, a pregnancy diagnosis is required.
- Prenatal documentation must include pregnancy diagnosis, LMP and/or EDD. Include a note indicating evidence of prenatal care such as a basic physical obstetrical exam, prenatal risk assessment, complete obstetrical history, fetal heart tone, screening tests, etc.
- Telehealth/virtual visits are acceptable.
- Visits that occur on or after the date of delivery cannot be used as evidence of the prenatal visit.

Timeliness of Prenatal Care: Prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment.

Postpartum Care: Postpartum visit on or between 7 and 84 days after delivery.

Prenatal Care: What services count?

Include all paid, suspended, pending, and denied claims.

- Services over multiple visits count if within timeframe.
- Ultrasound and lab services alone do not count without an office visit.
- Acceptable providers: OB/GYN, Certified Nurse Midwife, Nurse Practitioner, Physician Assistant, PCP.
- Registered Nurse-only visits do not meet compliance.

Codes

Bundled Services

To close PPC gaps, bundled services must include documentation of the actual prenatal and postpartum dates of service.

Prenatal Bundled Services:

CPT: 59400, 59425-59426, 59510, 59610, 59618
CPT II: 0500F-0502F (must document the prenatal date of service)

Prenatal and Postpartum Care - Continued

Prenatal Care

Any one of the following during the first trimester:

Stand-Alone Prenatal Visits

CPT: 99500
CPT II: 0500F-0502F

Prenatal Visits/Telehealth Visits/Online Assessments
A Pregnancy Diagnosis Code must be included in addition to the Visit Code.

Prenatal Visits
CPT: 98966-98968, 98970-98972, 98980-98981, 99202-99205, 99211-99215, 99242- 99245, 99421-99423, 99441-99443, 99457-99458, 99483

Pregnancy Diagnosis
ICD-10: 009-016, 020-026, 028-036, 040-048, 060.00-060.03, 071, 088, 091, 092, 092.3-092.6, 092.7, 092.79, 098, 099, O9A, 203.71-203.75, 203.79 232.01, 234, 236

Postpartum Care

Helpful Tips To Achieve Performance Measure:



- Submit eligible CPT Category II code at the time of the visit. CPT II codes track performance measures and quality of care without affecting bundle payment structure.
- Schedule postpartum visit prior to discharge; must occur 7–84 days after delivery.
- Document the postpartum visit noting PPC, PP check, or six-week check with a brief note documenting pelvic exam, and assessment of weight, blood pressure, breasts, and abdomen. Breastfeeding notation is acceptable for the breast evaluation.
- Visit must be with OB/GYN practitioner or midwife, family practitioner, or other PCP.
- Perineal or cesarean incision/wound check is acceptable postpartum documentation.
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
- Documentation and or counseling related to resumption of intercourse; sleep/fatigue; physical activity and return to healthy weight; infant care; birth spacing or family planning.
- Glucose screening for women with gestational diabetes.
- Telehealth/virtual visits are acceptable.

Postpartum Care - Continued

Exclusion Criteria: Deliveries resulting in non-live births; fetal demise between October 8 of the prior year to October 7 of measurement year. Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Bundled Services

To close PPC gaps, bundled services must include documentation of the actual prenatal and postpartum dates of service.

Postpartum Bundled Services:
CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
CPT II: 0503F (must document the postpartum date of service)

Postpartum Care Visit and Related Codes:
Cervical Cytology
CPT: 88141-88143, 88147-88148, 88150, 88152-88153, 88164-88167, 88174-88175

Postpartum Visit
CPT: 57170, 58300, 59430, 99501
CPT II: 0503F

Telehealth Visits/Online Assessments
CPT: 98966-98968, 99441-99443

Prenatal Depression Screening and Follow-Up (PND-E)*

Definition: Deliveries in the measurement year.

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Screened for clinical depression while pregnant and, if screening is positive, received follow-up care.

Two rates are reported:

1. **Depression Screening:** Screened for clinical depression during pregnancy using a standardized instrument.
2. **Follow-up on Positive Screen:** Received follow-up care within 30 days of a positive depression screening finding.

Exclusion Criteria: Deliveries in which persons were in hospice or using hospice services anytime during the measurement period. Deliveries that occurred at less than 37 weeks gestation. Persons who died during the measurement year.

**Developed with support from the California HealthCare Foundation (CHCF). CHCF works to ensure that people have access to the care they need, when they need it, at a price they can afford. Visit https://www.chcf.org/ to learn more. Also supported by the Zoma Foundation.*

Prenatal Depression Screening and Follow-Up (PND-E)* (continued)

Prenatal and Postpartum Depression Screening Codes

Instruments for Adolescents (≤17 Years)	Total Score LOINC Codes
Patient Health Questionnaire (PHQ-9)®	44261-6
Patient Health Questionnaire Modified for Teens (PHQ- 9M)®	89204-2
Patient Health Questionnaire-2 (PHQ-2)®1	55758-7
Beck Depression Inventory—Fast Screen (BDI-FS)®1,2	89208-3
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9
Edinburgh Postnatal Depression Scale (EPDS)	99046-5
PROMIS Depression	71965-8

Instruments for Adults (18+ Years)	Total Score LOINC Codes
Patient Health Questionnaire (PHQ-9)®	44261-6
Patient Health Questionnaire-2 (PHQ-2)®1	55758-7
Beck Depression Inventory—Fast Screen (BDI-FS)®1,2	89208-3
Beck Depression Inventory (BDI-II)	89209-1
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9
Duke Anxiety-Depression Scale (DUKE-AD)®2	90853-3
Edinburgh Postnatal Depression Scale (EPDS)	99046-5
My Mood Monitor (M-3)®	71777-7
PROMIS Depression	71965-8
PROMIS Emotional Distress—Depression—Short Form	77861-3
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3
PROMIS Emotional Distress—Depression—Short Form	77861-3
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3

Prenatal Immunization Status (PRS-E)

Definition: Deliveries in the measurement year

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Received the following recommended vaccines during the measurement year:

- Influenza.
- Tetanus, diphtheria toxoids, and acellular pertussis (Tdap) during the pregnancy (including on the delivery date).

Exclusion Criteria: Deliveries in which persons were in hospice or using hospice services anytime during the measurement period. Deliveries that occurred at less than 37 weeks gestation. Persons who died during the measurement year.

Prevention Quality Indicator 05 (as calculated by DMAS): COPD or Asthma in Older Adults Admission Rate (PQI)

VBC Measure

Definition: Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older

Applicable Quality Program(s): AHRQ

Helpful Tips To Achieve Performance Measure:

Discharges, for patients ages 40 years and older, with either:

- Principal ICD-10-CM diagnosis code for COPD (ACCOPDD*) (excluding acute bronchitis) **or**
- Principal ICD-10-CM diagnosis code for asthma (ACSASTD*).

Exclusion Criteria: Excludes obstetric admissions and transfers from other institutions.

Codes

Primary Diagnosis Codes for COPD and Asthma:

J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J47.0, J47.1, J47.9, J45.21, J45.22, J45.31, J45.32, J45.41, J45.42, J45.51, J45.52, J45.901, J45.902, J45.990, J45.991, J45.998

Prevention Quality Indicator 08 (as calculated by DMAS): Heart Failure Admission Rate (PQI)

VBC Measure

Definition: Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older

Applicable Quality Program(s): AHRQ

Helpful Tips To Achieve Performance Measure:

Discharges, for patients ages 18 years and older, with a principal ICD-10-CM diagnosis code for heart failure.



Exclusion Criteria: Discharges, for patients ages 18 years and older, with a principal ICD-10-CM diagnosis code for heart failure.

Codes

Primary Diagnosis Codes for Heart Failure:

I09.81, I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.4, I50.41, I50.42, I50.43, I50.9, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89

Risk of Continued Opioid Use (COU)*

Definition: Persons ages 18 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

A new episode of opioid use that puts them at risk for continued opioid use.

Two rates are reported:

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

Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who had at least one of the following during the 12 months (1 year) prior to the prescription start date through 61 days after the prescription start date: cancer, sickle cell disease, or palliative care. Persons who died anytime during the measurement year.

Note: *A lower rate represents better performance for all rates.*

**Adapted with financial support from CMS and with permission from the measure developer, Pharmacy Quality Alliance (PQA).*

Social Need Screening and Intervention (SNS-E)

Definition: Persons ≤ 17–65 years and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Persons who were screened, using prespecified instruments, at least once during the measurement year for unmet food, housing, and transportation needs, and received a corresponding intervention within one month if they screened positive.

Provider assessments: screenings for Food, Housing and Transposition. Screenings and assessments must be done by a provider.

Food Screening: The percentage of persons who were screened for food insecurity.

Food Intervention: The percentage of persons who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.

Housing Screening: The percentage of persons who were screened for housing instability, homelessness, or housing inadequacy.

Housing Intervention: The percentage of persons who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness, or housing inadequacy.

Transportation Screening: The percentage of persons who were screened for transportation insecurity.

Transportation Intervention: The percentage of persons who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.

Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Medicare persons 66 years of age and older by the end of the measurement year who meet either of the following:

- Enrolled in Institutional SNP (I-SNP) during the measurement year.
- Age limit removed for exclusion of Medicare enrollee.
- Living long-term in an institution during the measurement year, as identified by the LTI flag in the Monthly Membership Detail Data File. This exclusion is captured through our Inovalon software.
- Persons who died during the measurement year.

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

VBC Measure

Definition: Persons ages 21-75

Applicable quality program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Identified as having clinical atherosclerotic cardiovascular disease (ASCVD) in the measurement period or the year prior to the measurement year.

Two rates are reported:

1. **Received Statin Therapy:** Persons who were dispensed at least one high or moderate-intensity statin medication during the measurement year.
2. **Statin Adherence 80%:** Persons who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period (from prescription date through end of year).

Exclusion Criteria: Diagnosis of pregnancy or had IVF during the measurement year or the year prior. Diagnosis of ESRD, dialysis, or cirrhosis during the measurement year or the year prior. Diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year. Myalgia, myositis, myopathy or rhabdomyolysis caused by a statin. Dispensed at least one prescription for clomiphene during the measurement year or the year prior. Persons in hospice or using hospice services or receiving palliative care anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

Moderate or High-intensity Statin Therapy:

Atorvastatin: 10–80mg
Amlodipine-atorvastatin: 10–80mg
Rosuvastatin: 5–40mg
Simvastatin: 20–80mg
Ezetimibe-simvastatin: 20–80mg
Pravastatin: 40–80mg
Lovastatin: 40mg
Fluvastatin 40–80mg
Pitavastatin 1–4mg

ICD-10 Codes for Myalgia/Myositis/Myopathy/Rhabdomyolysis:

G72.0, G72.2, G72.9, M60.80–M60.812, M60.819, M60.821–M60.822, M60.829, M60.831–M60.832, M60.839, M60.841–M60.842, M60.849, M60.851– M60.852, M60.859, M60.861–M60.862, M60.869, M60.871–M60.872, M60.879, M60.88–M60.89, M60.9, M62.82, M79.1–M79.12, M79.18

Statin Therapy for Patients With Diabetes (SPD-E)

VBC Measure

Definition: Persons ages 40–75

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Identified as having diabetes and does not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:



Two rates are reported:

1. **Received Statin Therapy:** Persons who were dispensed at least one statin medication of any intensity during the measurement year.
2. **Statin Adherence 80%:** Persons who remained on a statin medication of any intensity for at least 80% of the treatment period (from prescription date through end of year).

Exclusion Criteria: Persons diagnosed with myalgia, myositis, myopathy, or rhabdomyolysis in the measurement year. Myalgia, myositis, myopathy or rhabdomyolysis caused by a statin. Persons with any of the following: IVD diagnosis, pregnancy/IVF, prescribed clomiphene, ESRD or dialysis, cirrhosis. Persons who had at least one of the following during the year prior to the measurement year: discharged from an inpatient setting with MI or had a CABG, PCI, or another revascularization procedure. Persons who have had at least 2 diagnoses of atherosclerotic cardiovascular disease (ASCVD) on different dates of service during the measurement year or the year prior. Persons in hospice or using hospice services or receiving palliative care anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

Moderate or High-intensity Statin Therapy:

Atorvastatin: 10–80mg
Amlodipine-atorvastatin: 10–80mg
Rosuvastatin: 5–40mg
Simvastatin: 20–80mg
Ezetimibe-simvastatin: 20–80mg
Pravastatin: 40–80mg
Lovastatin: 40mg
Fluvastatin 40–80mg
Pitavastatin 1–4mg

ICD-10 Codes for Myalgia/Myositis/Myopathy/Rhabdomyolysis:

G72.0, G72.2, G72.9, M60.80–M60.812, M60.819, M60.821–M60.822, M60.829, M60.831–M60.832, M60.839, M60.841–M60.842, M60.849, M60.851– M60.852, M60.859, M60.861–M60.862, M60.869, M60.871–M60.872, M60.879, M60.88–M60.89, M60.9, M62.82, M79.1–M79.12, M79.18

Topical Fluoride for Children (TFC) *Medicaid Only

Definition: Persons ages 1–4 years

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Persons who received at least two fluoride varnish applications during the measurement year.

**This measure has been included in and/or adapted for HEDIS with permission, from a measure owned by the American Dental Association (ADA) on behalf of the Dental Quality Alliance (DQA). ©ADA (on behalf of DQA).*

Exclusion Criteria: Persons in hospice or using hospice services anytime during the measurement year. Persons who died anytime during the measurement year.

Transitions of Care (TRC) *Medicare Only

VBC Measure

Definition: Persons ages 18 and older

Applicable Quality Program(s): HEDIS, CMS Medicare Advantage Star Rating

Helpful Tips To Achieve Performance Measure:



1. **Notification of Inpatient Admission**
   - On the day of admission through two days after (three total days).
2. **Receipt of Discharge Information**
   - On the day of discharge through two days after (three total days).
3. **Patient Engagement After Inpatient Discharge**
   - (E.g., office visits, home visits, telehealth) provided within 30 days after discharge.
4. **Medication Reconciliation Post Discharge**
   - On the date of discharge through 30 days after discharge (31 total days).

Notification of Inpatient Admission: Documentation in the outpatient medical record must include evidence of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).

Evidence that the information was integrated in the appropriate medical record and is accessible to the PCP or ongoing care provider (OCP) on the day of admission through 2 days after admission (3 total days) meets criteria.

The PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission.

Documentation in the outpatient medical record must include evidence of receipt of notification of inpatient admission that includes evidence of the date when the documentation was received.

Compliance through Medical Record Review, ensure admission / discharge notifications are in member's outpatient chart. Compliance is only met if the required information is in the member's medical record within the 3 days total timeframe.

If a scanned date/time is not populated in the EMR once the documents are scanned in the members Medical Record, please enter note in the Medical Record when the documents were placed with a date and time.

If unable to scan, include a progress note stating that notification documents were placed in the Medical Record on that specific date/time.

Receipt of Discharge Information: Documentation of receipt of discharge information in the outpatient medical record on the day of discharge through 2 days after the discharge (3 total days), with evidence of the date when the documentation was received.

Evidence that the information was integrated in the appropriate medical record and is accessible to the PCP or ongoing care provider on the day of discharge through 2 days after the discharge (3 total days) meets criteria.

Documentation in the outpatient medical record must include evidence of receipt of discharge information that includes evidence of the date when the documentation was received.

Discharge information must include all of the following:

- The practitioner responsible for the person's care during the inpatient stay.
- Procedures or treatment provided.
- Diagnoses at discharge.
- Current medication list.
- Testing results, or documentation of pending tests or no tests pending.
- Instructions for patient care post-discharge.

Note: Even when the PCP or OCP is the discharging provider, required discharge information must be documented in the appropriate medical record within timeframe.

Patient Engagement After Inpatient Discharge: (E.g., office visits, home visits, telehealth) provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge.

Any of the following meet criteria:

- An outpatient visit, including office visits and home visits.
- A telephone visit.
- A synchronous telehealth visit where real-time interaction occurred between the person and provider using audio and video communication.
- An e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not in real-time, occurred between the person and provider).

Note: If the person is unable to communicate with the provider, interaction between the caregiver and the provider meets criteria.

Compliance with acceptable visit codes: Add appropriate Medication Reconciliation Post-Discharge Code to Patient Engagement visit claim to meet medication reconciliation compliance.

Medication Reconciliation Post Discharge: Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse, as documented through either administrative data or medical record review on the date of discharge through 30 days after discharge (31 total days).

A provider signature is not required to meet the criteria. The printed provider name and credentials (i.e., prescribing practitioner, clinical pharmacist, or registered nurse) AND a documented reconciled/reviewed statement may be used as evidence that the appropriate provider performed the reconciliation, in place of an actual signature.

Documentation and evidence the member was seen for post-discharge hospital follow-up indicating the provider was aware of the hospitalization or discharge.

Medication reconciliation can be documented if there is evidence that:

- A member was seen for a post-discharge follow-up
- Medication review or reconciliation was completed at the appointment

The presence of a discharge summary alone in the outpatient medical record is not compliant for this measure.

A Medication list must be present in the outpatient record to fully comply with the measure

The following examples (without a reference to "hospitalization," "admission" or "inpatient stay") are not considered evidence that the provider was aware of the person's hospitalization or discharge:

- Documentation of "post-op/surgery follow-up."
- Documentation only of a procedure that is typically inpatient (e.g. open-heart surgery).
- Documentation indicating that the visit was with the same provider who admitted the person or who performed the surgery.

Licensed practical/vocational nurse (LPN/LVN) services alone do not meet the criteria. However, if these services were co-signed by one of the appropriate provider types within the correct time frame, this meets the criteria.

Note: A medication reconciliation performed without the person present meets criteria.

Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who died during the measurement year.

Codes

CPT Codes for Transitional Care Management Services and Medication Reconciliation:
99483, 99495, 99496, 99605, 99606

CPT II: 1111F

CPT Codes for Patient Engagement:
98970-98972, 98980, 98981, 98966-98968, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99349, 99350, 99381-99384, 99385-99387, 99391-99397, 99401-99404, 99412, 99411, 99421-99423, 99429, 99441-99443, 99456, 99455, 99457, 99458, 99483

Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)*

Definition: Persons ages 18 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



- The percentage of persons 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.
- Unhealthy Alcohol Use Screening. The percentage of persons who had a systematic screening for unhealthy alcohol use.
- Follow-up care on Positive Screen. The percentage of persons receiving brief counseling or other follow-up care within 60 days (2 months) of screening positive for unhealthy alcohol use.

Exclusion Criteria: Persons with alcohol use disorder that starts during the year prior to the measurement year. Persons with a history of dementia anytime during the person's history through the end of the measurement year. Persons in hospice or using hospice services during the measurement year. Persons who died during the measurement year.

**Adapted with financial support from the Substance Abuse and Mental Health Services Administration (SAMHSA) and with permission from the measure developer, the American Medical Association (AMA).*

Codes

Alcohol Counseling or Other Follow Up Care:
CPT: 99408, 99409

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

Definition: Persons ages 1–17 years

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Persons who had a **new** prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.



Exclusion Criteria: Persons for whom first-line antipsychotic medications may be clinically appropriate: persons with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder during the measurement year. Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

Codes:

CPT Codes To Identify Psychosocial Care:

90832–90834, 90836–90840, 90845–90847, 90849, 90853, 90875–90876, 90880

**Developed with financial support from the Agency for Healthcare Research and Quality (AHRQ) and CMS under the CHIPRA Pediatric Quality Measures Program Centers of Excellence grant number U18HS020503, from a measure developed by MedNet Medical Solutions.*

Use of High-Risk Medications in Older Adults (DAE) *Medicare Only

Definition: Persons ages 67 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Persons who had a least two dispensing events for the same high-risk medication.

Three rates are reported:

1. The percentage of Medicare persons 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class.
2. The percentage of Medicare persons 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses.
3. Total rate (the sum of the two numerators divided by the denominator, deduplicating for persons in both numerators).

Exclusion Criteria: Persons in hospice or using hospice services or receiving palliative care during the measurement year. Persons who died anytime during the measurement year.

Note: *A lower rate represents a better performance.*

Use of Imaging Studies for Low Back Pain (LBP)

VBC Measure

Definition: Persons ages 18–75

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT) within 28 days of the diagnosis.



Exclusion Criteria: Persons in hospice or using hospice services or receiving palliative care anytime during the measurement year. Persons who died anytime during the measurement year. Diagnosis of cancer, HIV, spondylopathy, major organ transplant, or history of major organ transplant, osteoporosis therapy, or a dispensed prescription to treat osteoporosis or lumbar surgery anytime during the person's history through 28 days after the IESD. Trauma or a fragility fracture anytime during the 90 days prior to the IESD through 28 days after the IESD. IV drug abuse, neurological impairment, or spinal infection anytime during the 365 days prior to IESD through 28 days after IESD. Prolonged use of corticosteroids: 90 consecutive days of corticosteroid treatment anytime during the 365 days prior to the IESD and ends on the IESD.

Index Episode Start Date (IESD) is defined as the earliest date of service for an eligible encounter during the intake period (January 1 through December 3, 2026) with a principal diagnosis of low back pain.

Codes

ICD-10 Codes To Identify Uncomplicated Low Back Pain:

M47.26–M47.28, M47.816–M47.818, M47.896–M47.898, M48.061–M48.07, M48.08, M51.16–M51.17, M51.26, M51.27–M51.36, M51.360, M51.362, M51.39, M51.37, M51.370, M51.372, M51.379, M51.86, M51.87, M53.2X6–M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30–M54.32, M54.40–M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

Note: *A higher score indicates appropriate treatment of low back pain (the portion for whom imaging did not occur).*

Use of Opioids at High Dosage (HDO)

Definition: Persons ages 18 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Received a prescription for opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.

Exclusion Criteria: Persons with cancer or sickle cell disease anytime during the measurement year. Persons in hospice or using hospice services or receiving palliative care during the measurement year. Persons who died anytime during the measurement year.

Note: *A lower rate indicates better performance.*

Use of Opioids From Multiple Providers (UOP)*

Definition: Persons ages 18 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:

Received a prescription for ≥15 days from multiple providers during the measurement year.

Three rates are reported: Opioid prescriptions received from and/or filled at:

1. **Multiple Prescribers** (four or more different prescribers).
2. **Multiple Pharmacies** (four or more different pharmacies).
3. **Multiple Prescribers and Multiple Pharmacies** (both four or more different prescribers and four or more different pharmacies).

Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

Note: *A lower rate represents better performance for all rates.*

**Adapted with financial support from CMS and with permission from the measure developer, Pharmacy Quality Alliance (PQA).*

Utilization of the PHQ-9 To Monitor Depression Symptoms for Adolescents and Adults (DMS-E)*

Definition: Persons ages 12 and older

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Persons with diagnosis of major depression or dysthymia, and had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

Assessment Period: The measurement period is divided into three assessment periods with specific dates of service:

- Assessment period 1: January 1–April 30.
- Assessment period 2: May 1–August 31.
- Assessment period 3: September 1-December 31

Exclusion Criteria: Persons with any of the following anytime during the person's history through the end of the measurement year: bipolar disorder, personality disorder, psychotic disorder, or pervasive developmental disorder. Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

**Adapted with financial support from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) under the CHIPRA Pediatric Quality Measures Program Centers of excellence grant number U18HS020503, and with permission from the measure developer, Minnesota Community Measurement.*

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

Definition: Persons 3–17 years of age who had an outpatient visit with a PCP or an OB/GYN during the measurement year and had evidence of the following documented:

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

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



BMI Percentile documentation must include date, height, and weight. BMI percentile documented as a value (e.g., *5th percentile). A distinct BMI percentile is required for numerator compliance

- **BMI percentile** - May be plotted on age-growth chart.
- **Weight and height** - Must be taken during the measurement year.

Counseling for nutrition documentation must include a note indicating the **date** and **at least one of the following**:

- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).
- Checklist indicating nutrition was addressed.
- Counseling or referral for nutrition education.
- Educational materials on nutrition during a face-to-face visit.
- Anticipatory guidance for nutrition.
- Weight or obesity counseling.
- Referral to WIC.

Counseling for physical activity documentation includes a note indicating the **date** and **at least one of the following**:

- Documentation of counseling for physical activity or a referral for physical activity
- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation).
- Checklist indicating physical activity was addressed.
- Counseling or referral for physical activity.
- Member received educational materials on physical activity during a face-to-face visit.
- Anticipatory guidance specific to the child's physical activity.
- Weight or obesity counseling.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - Continued

Documentation of meeting Developmental Milestones only does not meet HEDIS® criteria for Physical Activity Counseling.

Services specific to an acute or chronic condition do not count toward the counseling indicators for either nutrition or physical activity.



Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who have a diagnosis of pregnancy anytime during the measurement year. Persons who died anytime during the measurement year.

Codes

ICD-10 Codes:
BMI Percentile: Z68.51-Z68.56
Counseling for Nutrition: Z71.3
Counseling for Physical Activity: Z02.5, Z71.82

CPT Codes:
Counseling for Nutrition: 97802–97804

HCPCS Codes
Physical Activity Counseling: G0447, S9451

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

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

Definition: Persons who turned 15 months or 30 months during measurement year.

Applicable Quality Program(s): HEDIS

Helpful Tips To Achieve Performance Measure:



Well-child visits with a PCP/pediatrician during the last 15 months.

Two rates are reported:

1. **Six (6)** or more well-child visits on different dates of service **on or before the 15-month birthday.**
2. **Two (2)** or more well-child visits on different dates of service **between the person's 15-month birthday plus one day and the 30-month birthday.**

The well-care visit must occur with a PCP/Pediatrician, but the PCP/Pediatrician does not have to be the PCP/Pediatrician assigned to the person.

- Clearly state the visit is a well-child or preventive visit.
- Document a comprehensive history and physical exam.
- Document developmental assessment addressing age appropriate physical, cognitive, emotional and social milestones.
- Provide and document anticipatory guidance or preventive counseling.
- Ensure documentation supports use of a preventive CPT code.

W30 is a claims-based measure. Accurate preventive coding supported by clear documentation is required to meet HEDIS compliance.

Reminder: Do not include Telehealth visits

Exclusion Criteria: Persons in hospice or using hospice services during the measurement year. Persons who died anytime during the measurement year.

Codes

CPT Codes To Identify Well-child Visits:
99381–99385, 99391–99395, 99461

ICD-10 Codes:
Z00.00–Z00.01,
Z00.110–Z00.111, Z00.121,
Z00.129, Z00.2, Z00.3,
Z02.5, Z02.84, Z76.1–Z76.2

Glossary

Attributed Member: Member for whom the provider is held accountable in regards to care.

CPT Category II Code: Tracking codes, ending with an "F," which facilitate data collection related to quality and performance measurement. CPT II codes are primarily used for performance measurement and quality reporting in healthcare. CPT II codes facilitate the collection of data for quality and performance metrics such as HEDIS. By using these codes, providers can reduce the need for chart abstraction and medical record requests.

CPT Code: Medical code set used to report medical, surgical, diagnostic procedures, and other services by physicians/providers/facilities to health insurance companies and accreditation organizations.

CVX Codes: Standardized codes used in healthcare to uniquely identify vaccines administered to patients. Codes are maintained and updated by the CDC, codes support interoperability across EMR systems.

Denominator: The number of persons who qualify for the measure criteria.

Drug Tiers: A way for insurance providers to determine medicine costs. The higher the tier, the higher the cost of the medicine for the member in general.

HCPCS Code: Healthcare Common Procedure Coding System (often pronounced hick picks). A set of codes, beginning with a letter, used to report supplies, materials, drugs, procedures, and other services.

HEDIS: Health Care Effectiveness Data and Information Set. Standardized performance measures developed by NCQA (National Committee for Quality Assurance).

ICD-10-CM (Diagnosis Code): A code system used by physicians and other healthcare providers to classify and code all diagnoses, signs, and symptoms.

ICD-10 (Procedure Code): A code system used to report procedures performed by physicians and other healthcare providers in a facility/hospital setting.

Numerator: The number of persons who meet compliance criteria.

PMPM: Per member per month. Usual unit of measure that payers remit to providers.

Measurement Year: January 1 through December 31.

Stars: CMS rating system used to measure how well Medicare Advantage and Part D plans perform in several areas, including quality of care and customer satisfaction. Stars ratings range from one to five, with one being the lowest score and five being the highest.

Step Therapy: Trying less expensive options before "stepping up" to drugs that cost more.

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