MY 2026 Blue Cross NC Provider Reference Guide

This version of the MY 2026 Blue Cross NC Provider Reference Guide is based on the final HEDIS Specifications published on March 31, 2026 by NCQA.

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This reference guide is not intended to be a complete guide for all HEDIS® measures and requirements.
For additional details and specifications for HEDIS® measures, please go to **https://www.ncqa.org/hedis/measures** or contact Blue Cross NC Quality Management at **qualitymanagement@bcbsnc.com** or **919-765-4809.**

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The adjusted measure specification may be used only for internal quality improvement purposes.

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Important Information

A comprehensive list of medication and NDC codes can be found on www.ncqa.org

Important Exclusion Information

– All exclusions are required.

– All deceased members are required to be excluded, even if there was compliance before death.

Important Definitions

- **Measurement year** – Considered 1/1 to 12/31 unless otherwise stated within measure specifications.
- **Direct Reference Code** – A code included directly within the measure specifications with no associated value set or value set name. Note: Some Direct Reference Codes took the place of previous value sets that were retired due to only having one code.
- **Administrative Measure** – Transaction data or other administrative data are used to identify the eligible population and numerator.
- **Hybrid Measure** – Organizations look for numerator compliance in both administrative and medical record data.
- **IPSD** – Index Prescription Start Date
- **IESD** – Index Episode Start Date

Race and Ethnicity Stratification Included Measures:

- **AIS-E** – Adult Immunization Status
- **BCS-E** – Breast Cancer Screening
- **BPC-E** - Blood Pressure Control for Patients with Hypertension
- **CBP** – Controlling High Blood Pressure
- **CCS-E** – Cervical Cancer Screening
- **CIS-E** – Childhood Immunization Status Combo 10 Indicator
- **COL-E** – Colorectal Cancer Screening
- **EED** – Eye Exam for Patients with Diabetes
- **FUA** – Follow-up After Emergency Department Visit for Substance Use
- **FUH** – Follow-Up After Hospitalization for Mental Illness
- **FUM** – Follow-up After Emergency Department Visit for Mental Illness
- **GSD** – Glycemic Status Assessment in Patients with Diabetes
- **IET** – Initiation and Engagement of Substance Use Disorder Treatment
- **IMA-E** – Immunizations for Adolescents
- **KED** – Kidney Health Evaluation for Patients with Diabetes
- **PDS-E** – Postpartum Depression Screening and Follow-Up
- **PND-E** – Prenatal Depression Screening and Follow-Up
- **POD** – Pharmacotherapy for Opioid Use Disorder
- **PPC** – Prenatal and Postpartum Care
- **PRS-E** – Prenatal Immunization Status
- **W30** – Well-Child Visits in the First 30 Months of Life
- **WCV** – Child and Adolescent Well-Care Visits

Helpful Links and Resources

Sign up for Provider E-briefs:
https://www.BlueCrossNC.com/Providers/Provider-News

Provider Blueline℠:
1-800-214-4844 (toll free)

Network Management:
1-800-777-1643 (toll free)
919-765-4349 (fax)

ProviderUpdates@bcbsnc.com (email)

Risk Adjustment Contacts	
Prospective Risk Adjustment Program	**Prospective Risk Adjustment Chart Requests**
Heidi Veazey Manager, Clinical Teams **Heidi.Veazey@bcbsnc.com** **984-777-5597**	**George Taylor** Team Lead, Operations **George.Taylor@bcbsnc.com** **919-765-2750**

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
AAB – Avoidance of Antibiotic Treatment for Acute Bronchitis / Bronchiolitis **Administrative Measure** The percentage of episodes for persons 3 months of age and older with a diagnosis of acute bronchitis / bronchiolitis that did **NOT** result in an antibiotic dispensing event. **The Intake Period:** 7/1 of the year prior to measurement year to 6/30 of the measurement year.	Members treated for acute bronchitis / bronchiolitis should **NOT** be prescribed antibiotics unless there are co-morbid conditions or competing diagnoses that require antibiotic therapy. **Product Line** Commercial, Marketplace, Medicare and Medicaid	**Claims:** • Numerator compliance for this measure is based on pharmacy claims. **Medical Record documentation not applicable.** **Required Exclusion:** • Members in hospice or using hospice services anytime during the measurement year. **Note:** *To avoid inappropriate members being included into the eligible population, submit a claim with all appropriate diagnosis codes including any competing conditions (i.e. cellulitis, pharyngitis) and any co-morbid condition diagnoses. Telehealth visits are allowed for this measure.*

AAF-E

HEDIS® Quality Measure

AAF-E – Follow-Up After Acute and Urgent Care Visits for Asthma

ECDS Measure

Measure Description:
The percentage of persons 5-64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days.

Clinical Goal

Members will have at least one outpatient visit, telephone visit, e-visit or virtual check-in with a diagnosis of asthma within 30 days after a qualifying asthma episode.

Product Line

Commercial, Medicaid

Criteria to Meet the Goal

Claims:
- Submit a claim, with the appropriate coding, for a follow-up service within 30 days of a qualifying asthma episode.

Required Exclusions:
- Use of hospice services any time during the measurement period.
- Diagnosis of cystic fibrosis.

HEDIS Value Set Name	Code Set	Code	Comments
Outpatient and Telehealth	CPT	98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 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, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483, 98979, 99470	With a diagnosis of asthma
Outpatient and Telehealth	HCPCS	G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015, G0544	With a diagnosis of asthma
Asthma	ICD10CM	J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998	With an outpatient or telehealth code

ADD-E

HEDIS® Quality Measure

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

ECDS Measure

The percentage of persons newly prescribed ADHD medication who had at least 3 follow-up visits within a 10 month period; one needs to be within 30 days of when the medication was dispensed.

The Intake Period: 3/1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year.

Clinical Goal

Initiation Phase: The percentage of members 6 – 12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.

Continuation and Maintenance Phase:
The percentage of members 6 – 12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. Only one of the two visits may be an e-visit or virtual check-in.

Product Line

Commercial and Medicaid

Criteria to Meet the Goal

Claims:

- Submit a claim for a follow-up visit with a prescribing provider and the appropriate CPT and ICD-10 ADHD codes within 30 days of staring the medication and then at least two additional visits with a provider in the 9 months following the 30 day visit.

Medical record documentation not applicable.

Required Exclusions:

- Members in hospice or using hospice services anytime during the measurement year.
- Members with a diagnosis of narcolepsy any time during their history through December 31 of the measurement year.

HEDIS Value Set Name	Code Set	Code	Comments
Visit Setting Unspecified	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837,90838, 90839, 90840, 90845,90847, 90849, 90853, 90875,90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255	With one of the following: • Outpatient POS • POS code 52 • POS code 53 • Teleheatlh POS code

Remaining HEDIS Value Set codes can be found in Appendix 6.

AIS-E

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
AIS-E – Adult Immunization Status **ECDS Measure** The percentage of persons 19 years of age and older 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).	Annual routine influenza vaccination; tetanus, diphtheria, and acellular pertussis (Tdap) and/or tetanus and diphtheria (Td) vaccine; herpes zoster; pneumococcal, hepatitis B and coronavirus disease 2019 (COVID-19) vaccination for adults at various ages. Members 19 years of age and older: • Influenza: 1 influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period. • Td/Tdap: At least one TD vaccine **OR** one TDAP vaccine between 9 years prior to the start of the measurement period and the end of the measurement period. Members 19-59 years of age: • Hepatitis B: Any of the following: ‡ At least 3 doses of the childhood hepatitis vaccine. ‡ Received a hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period. Members 50 years of age and older: • Zoster: 2 doses of the herpes zoster recombinant vaccine at least 28 days apart, on Oct 20, 2017, through the end of the measurement period. Members 65 years and older: • Pneumococcal: At least one dose of an adult pneumococcal vaccine on or after their 19th birthday, before or during the measurement period. • 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. **Product Line** Commercial, Medicaid and Medicare	**Claims:** Submit a claim for all immunizations given. Report all immunizations to the North Carolina Immunization Registry. **Required Exclusions:** • Members who use hospice services or elect to use a hospice benefit any time during the measurement period. **Notes:** Additional numerator compliance: • All immunization numerators: Anaphylaxis due to the vaccine at any time before or during the measurement year. • Hepatitis B: A history of or immunity to hepatis B illness; or had a positive hepatitis B surface antigen, hepatitis B surface antibody, or total antibody to hepatitis B core antigen test, any time before or during the measurement period. • Td/Tdap: Encephalitis due to the diphtheria, tetanus, or pertussis vaccine.

HEDIS Value Set Name	Code Set	Code
Adult Immunization Value Set	CVX	135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205
Adult Influenza Vaccine Procedure	CPT	90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756
Influenza Virus LAIV Immunization	CVX	111, 149, 333
Influenza Virus LAIV Vaccine Procedure	CPT	90672
Td Immunization	CVX	09, 113, 138, 139
Td Immunization	CPT	90714, 90715
Herpes Zoster Recombinant Vaccine Procedure	CPT	90750
Adult Pneumococcal Immunization	CVX	33, 109, 133, 152, 215, 216, 327
Adult Pneumococcal Vaccine Procedure	CPT	90670, 90671, 90677, 90732, 90684
Adult Pneumococcal Vaccine Procedure	HCPCS	G0009
Hepatitis B Immunization	CVX	08, 44, 45, 51, 110 ,146 198
Hepatitis B Vaccine Procedure	CPT	90697, 90723, 90740, 90744, 90747, 90748
Hepatitis B Vaccine Procedure	HCPCS	G0010
Direct Reference Code (Newborn Hepatitis B Vaccination)	ICD10PCS	3E0234Z
Adult Hepatitis B Immunization (3 dose)	CVX	43, 44, 45, 104, 220
Adult Hepatitis B Vaccine Procedure (2 dose)	CPT	90739, 90740, 90743, 90744, 90746, 90747, 90759
Direct Reference Code (Hepatitis B Vaccination 2 Dose)	CVX	189
Positive Hepatitis B Status	ICD10CM	B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
Adult COVID-19 Immunization	CVX	309, 312, 313, 334
Adult COVID-19 Vaccine Procedure	CPT	91304, 91320, 91322, 91323

APM-E

HEDIS® Quality Measure

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

ECDS Measure

The percentage of persons 1 – 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates are reported:

Percentage of children and adolescents on antipsychotics who received:

- Blood glucose testing.
- Cholesterol testing.
- Blood glucose and cholesterol testing.

Clinical Goal

Children and adolescents who had two or more antipsychotic medication dispensing events during the measurement year will have metabolic testing.

Product Line

Commercial and Medicaid

Criteria to Meet the Goal

Claims:

Blood Glucose Testing Rate:

- Submit a claim for at least one test for blood glucose or HbA1c.

Cholesterol Testing Rate:

- Submit a claim for at least one test for LDL-C or cholesterol.

Blood Glucose and Cholesterol Testing Rate:

Submit claims for both of the following during the measurement year on the same or different dates of service:

- At least one test for blood glucose or HbA1c.
- At least one test for LDL-C or cholesterol.

Medical record documentation not applicable.

Required Exclusions:

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

HEDIS Value Set Name	Code Set	Code	Comments
Glucose Lab Test	CPT	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	
HbA1c Lab Test	CPT	83036, 83037	
HbA1c Lab Test	LOINC	17856-6, 4548-4, 4549-2, 96595-4, 17855-8	
HbA1c Test Result or Finding	CPT – CAT-II	3044F, 3046F, 3051F, 3052F	Without a 1P, 2P, 3P, or 8P modifier, or POS code 81
LDL-C Lab Test	CPT	80061, 83700, 83701, 83704, 83721	
LDL-C Test Result or Finding	CPT – CAT-II	3048F, 3049F, 3050F	Without a 1P, 2P, 3P, or 8P modifier, or POS code 81
Cholesterol Lab Test	CPT	82465, 83718, 83722, 84478	

APP

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
APP – Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics **Administrative Measure** The percentage of persons 1 – 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.	Children and adolescents aged 1 – 17 years of age will have psychosocial care as first-line treatment prior to receiving new prescription for antipsychotic medication. **Product Line** Commercial, Medicaid	**Claims:** • Submit claim for psychosocial care 4 months prior to the IPSD through the 30 days after the IPSD. **Required Exclusions:** Exclude members who met any of the following during the measurement year: • Members in hospice or using hospice services any time during the measurement year. • One acute inpatient encounter or 2 visits in an outpatient, intensive outpatient, or partial hospitalization with diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder during the measurement year. • An outpatient visit for Behavioral Health. • A community mental health center visit. • Electroconvulsive therapy. • An observation visit, telehealth visit, telephone visit, e-visit, or virtual check-in with POS value set.

HEDIS Value Set Name	Code Set	Code
Psychosocial Care	CPT	90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880
Psychosocial Care	HCPCS	G0176, G0177, G0409, G0410, G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485

BCS-E

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
BCS-E – Breast Cancer Screening **ECDS Measure** The percentage of persons 40 – 74 years of age who had a mammogram to screen for breast cancer. There is a 27 month look back period from 10/1 two years prior to 12/31 of the current year.	Members between the age of 40 and 74 years will have one or more mammograms at least every 2 years. **Product Line** Commercial, Marketplace, Medicaid and Medicare	**Claims:** • Submit a claim for mammogram any time on or between October 1 two years prior to the measurement period and 12/31 of the measurement year. **Required Exclusions:** • Bilateral mastectomy. • Persons who had a bilateral mastectomy or both right and left unilateral mastectomies any time during their history though the last day of the measurement period. • Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year. • Members 66 years of age and older as of 12/31 of the measurement year with frailty **and** advanced illness. • Members receiving palliative care or hospice services during the measurement year. • Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history through the end of the measurement period.

HEDIS Value Set Name	Code Set	Code	Comments
Mammography	CPT	77061, 77062, 77063, 77065, 77066, 77067	
History of Bilateral Mastectomy	ICD10CM	Z90.13	Required Exclusion
Gender Dysphoria	ICD10CM	F64.1, F64.2, F64.8, F64.9, Z87.890	• Required Exclusion • With gender-affirming chest surgery (CPT Code 19318)

BPC-E

HEDIS® Quality Measure

BPC-E – Blood Pressure Control for Patients with Hypertension

ECDS Measure

Measure Description:
The percentage of persons 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg during the measurement period.

Identify members who had:

- At least two outpatient visits, telephone visits, e-visits or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.
- At least one outpatient visit, telephone visit, e-visit or virtual check-in with a diagnosis of hypertension and at least one dispensed antihypertensive medication on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.

Clinical Goal

Treatment of adults who have hypertension to a standard blood pressure target (<140/90 mm Hg) to reduce the risk of all-cause and cardiovascular mortality.

Product Line

Commercial, Marketplace, Medicaid and Medicare

Criteria to Meet the Goal

Claims:

- Submit a claim with the 2 appropriate CPTII codes to report results of the BP at each routine office visit.
- The member is numerator compliant if the representative BP is <140/90 mm Hg. The member is not compliant if the BP is ≥140/90 mm Hg, if there is no BP reading during the measurement period, or if the reading is incomplete.

Note: BPs must occur on or after the date of second diagnosis of HTN. BPs taken in an acute inpatient setting or during an ED visit do not count.

Required Exclusions:

- Members who use hospice or palliative care services or elect to use a hospice benefit any time during the measurement period.
- Members with a nonacute inpatient admission during the measurement period.
- Members with a diagnosis that indicates end-stage renal disease (ESRD) any time during the member's history on or prior to the last day of the measurement period.
- Members with a procedure that indicates ESRD: dialysis, nephrectomy, or kidney transplant any time during the member's history on or prior to the last day of the measurement period.
- Members with a diagnosis of pregnancy any time during the measurement period.
- Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.
- Members 66 – 80 years of age and older as of 12/31 of the measurement year with frailty and advanced illness.
- Members 81 years of age and older as of the 12/31 with at least two indications of frailty with different dates of service during the measurement period.

HEDIS Value Set Name	Code Set	Code	Comments*
Systolic and Diastolic Result	CPT-CAT-II	3074F	Most recent systolic blood pressure < 130 mm Hg (Systolic Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3075F	Most recent systolic blood pressure 130-139 mm Hg (Systolic Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3077F	Most recent systolic blood pressure ≥ 140 mm Hg (Systolic Non-Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3078F	Most recent diastolic blood pressure < 80 mm Hg (Diastolic Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3079F	Most recent diastolic blood pressure 80-89 mm Hg (Diastolic Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3080F	Most recent diastolic blood pressure ≥ 90 mm Hg (Diastolic Non-Compliant)

*(Without a 1P, 2P, 3P, or 8P modifier)

BPD

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
BPD – Blood Pressure Control for Patients with Diabetes **Hybrid Measure** Persons 18 – 75 years of age with diabetes (Types 1 and 2) whose BP was adequately controlled (< 140/90) during the measurement year.	Members with diabetes will have blood pressure control of < 140/90 mm Hg. **Product Line** Commercial, Medicaid and Medicare	**Claims:** • Submit a claim with the 2 appropriate CPTII codes to report results of the BP at each office visit. **Medical record documentation*:** • A visit note identifying the most recent BP reading (< 140/90mm Hg) during the measurement year. • 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 reading. **Note:** *BP readings taken by the member with a digital cuff and documented in the member's medical record are eligible for use in reporting.* **Required Exclusions:** • Members receiving palliative care or hospice services during the measurement year. • Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year. • Members 66 of age and older as of 12/31 of the measurement year with frailty and advanced illness. * *Medical record documentation is only accepted for gap closure during the annual HEDIS Medical Record Review.*

HEDIS Value Set Name	Code Set	Code	Comments*
Systolic and Diastolic Result	CPT-CAT-II	3074F	Most recent systolic blood pressure < 130 mm Hg (Systolic Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3075F	Most recent systolic blood pressure 130-139 mm Hg (Systolic Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3077F	Most recent systolic blood pressure ≥ 140 mm Hg (Systolic Non-Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3078F	Most recent diastolic blood pressure < 80 mm Hg (Diastolic Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3079F	Most recent diastolic blood pressure 80-89 mm Hg (Diastolic Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3080F	Most recent diastolic blood pressure ≥ 90 mm Hg (Diastolic Non-Compliant)

*(Without a 1P, 2P, 3P, or 8P modifier)

CBP

HEDIS® Quality Measure

CBP – Controlling High Blood Pressure

Hybrid Measure

The percentage of persons 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was controlled during the measurement year.

- BP goal < 140/90 mm Hg

Identify members who had at least two outpatient visits, telephone visits, e-visits or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement year and June 30 of the measurement year.

Clinical Goal

Control of high BP < 140/90 is extremely important to prevent additional cardiovascular conditions.

Product Line

Commercial, DSNP, Marketplace, Medicare and Medicaid

Criteria to Meet the Goal

Claims:

- Submit a claim with the 2 appropriate CPTII codes to report results of the BP at each routine office visit.

Note: *BPs must occur on or after the date of second diagnosis of HTN. BPs taken in an acute inpatient setting or during an ED visit do not count.*

Medical record documentation*:

- A visit note identifying the most recent BP reading (< 140/90 mm Hg) during the measurement year on or after the second diagnosis of hypertension.
- If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic reading.

Note: *BP readings taken by the member with a digital cuff and documented in the member's medical record are eligible for use in reporting.*

Required Exclusions:

- Members with evidence of end-stage renal disease, dialysis, nephrectomy or kidney transplant any time during the member's history on or prior to December 31 of the measurement year.
- Members with a diagnosis of pregnancy any time during the measurement year.
- Members receiving palliative care or hospice services during the measurement year.
- Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.
- Members 66 – 80 years of age and older as of 12/31 of the measurement year with frailty and advanced illness.
- Members 81 years of age and older as of 12/31 of the measurement year with at least two indications of frailty on different dates of service.

* *Medical record documentation is only accepted for gap closure during the annual HEDIS Medical Record Review.*

HEDIS Value Set Name	Code Set	Code	Comments*
Systolic and Diastolic Result	CPT-CAT-II	3074F	Most recent systolic blood pressure < 130 mm Hg (Systolic Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3075F	Most recent systolic blood pressure 130-139 mm Hg (Systolic Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3077F	Most recent systolic blood pressure ≥ 140 mm Hg (Systolic Non-Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3078F	Most recent diastolic blood pressure < 80 mm Hg (Diastolic Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3079F	Most recent diastolic blood pressure 80-89 mm Hg (Diastolic Compliant)
Systolic and Diastolic Result	CPT-CAT-II	3080F	Most recent diastolic blood pressure ≥ 90 mm Hg (Diastolic Non-Compliant)

*(Without a 1P, 2P, 3P, or 8P modifier)

CCS-E

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
CCS-E – Cervical Cancer Screening **ECDS Measure** The percentage of persons 21 – 64 years of age who were screened for cervical cancer. The measurement year is 1/1 to 12/31.	Members 21 – 64 will have a cervical cytology (Pap smear) every 3 years. **OR** Members 30 – 64 years of age will have primary HPV testing every 5 years. **OR** Members age 30 – 64 will have cervical cytology with HPV co-testing every 5 years. **Note:** *HPV reflex testing does not count for the 5-year timeframe.*	**Claims:** • Submit a claim for procedures completed with appropriate codes. • Submit a claim using the appropriate code for history of exclusion. **Medical Record documentation of:** • Screening and results from appropriate testing completed in the last 3 – 5 years. • Documentation of "total","radical","complete" abdominal / vaginal hysterectomy must be present to meet for hysterectomy exclusion. **Required Exclusions:** • Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix anytime during the member's history through December 31 of the measurement year. • Members receiving palliative care or hospice services during the measurement year. • Members with Sex Assigned at Birth of Male at any time in the patient's history.
	Product Line Commercial, Marketplace and Medicaid	

HEDIS Value Set Name	Code Set	Code	Comments
Direct Reference Code	LOINC	76689-9 (Sex assigned at birth), LA2-8 (Male)	Required exclusion when used together at any time in patient's history
Cervical Cytology Lab Test	CPT	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175	
Cervical Cytology Lab Test	HCPCS	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001	
High Risk HPV Lab Test	CPT	87624, 87625, 87626, 0502U	
High Risk HPV Lab Test	HCPCS	G0476	
High Risk HPV Lab Test	LOINC	106508-5, 106509-3	
Absence of Cervix Diagnosis	ICD10M	Q51.5, Z90.710, Z90.712	Required Exclusion
Hysterectomy With No Residual Cervix	CPT	57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135	Required Exclusion

HEDIS® Quality Measure

CHL – Chlamydia Screening

Administrative Measure

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

Clinical Goal

Annual screening for chlamydia for all sexually active members 16 – 24 years or age who were recommended for screening.

Obtain a urine sample or obtain a direct sample (i.e. cervix, urethra, vagina) for chlamydia culture yearly.

Product Line

Commercial, Marketplace and Medicaid

Criteria to Meet the Goal

Claims:

- Submit a claim for chlamydia screening with appropriate codes.

Medical record documentation:

- A visit note indicating date of service and lab results showing chlamydia screening was performed.

Note: *The two methods to determine sexual activity are pharmacy data (contraceptives) and claims encounter for sexual activity, pregnancy test or pregnancy diagnosis.*

Required Exclusions:

- Members in hospice or using hospice services anytime during the measurement year.
- Members who were assigned male at birth.

HEDIS Value Set Name	Code Set	Code	Comments
Chlamydia Tests	CPT	87110, 87270, 87320, 87490, 87491, 87492, 87810, 87494	
Direct Reference Code	LOINC	76689-9 (Sex assigned at birth), LA2-8 (Male)	Required exclusion when used together at any time in patient's history

CIS-E

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
CIS-E – Childhood Immunization Status **ECDS Measure** The percentage of persons 2 years of age who received all of the immunizations listed under the Clinical Goal column.	Children who turn 2 years of age during the measurement year will have the following vaccinations by their 2nd birthday: • 4 DTaP • 3 IPV • 1 MMR • 3 HiB • 3 HepB • 1 VZV • 4 PCV • 1 HepA • 2 or 3 Rotavirus • 2 Flu vaccinations **Combo 7** = Numerator compliant for all except Flu. **Combo 10** = Numerator compliant for all. **Combo 3** = Numerator compliant for all except Hep A, RV, and Flu. **Product Line** Commercial, Medicaid and Medicare	**Claims:** • Submit a claim for all immunizations given. • Report all immunizations to the North Carolina Immunization Registry. **Medical record documentation:** • A visit note indicating the name of the specific antigen and the date of the immunization. • A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. **Required Exclusions:** • Members in hospice or using hospice services anytime during the measurement year. • Members who had any of the following on or before their second birthday: – Severe combined immunodeficiency – Immunodeficiency – HIV – Lymphoreticular cancer, multiple myeloma or leukemia – Intussusception – Organ or Bone Marrow Transplant **Note:** *For measure compliance, MMR, HepA, and VZV vaccines should be given between the child's 1st and 2nd birthdays.* For all vaccines the member is considered compliant for the indicator if anaphylaxis to vaccine occurs on or before the 2nd birthday.

HEDIS Value Set Name	Code Set	Code
DTaP Immunization	CVX	20, 50, 106, 107, 110, 120, 146, 198
DTaP Vaccine Procedure	CPT	90697, 90698, 90700, 90723
Hepatitis A Immunization	CVX	31, 83, 85
Hepatitis A Vaccine Procedure	CPT	90633
Hepatitis A	ICD10CM	B15.0, B15.9
Hepatitis B	ICD10CM	B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11

Remaining HEDIS Value Set codes can be found in Appendix 6.

HEDIS® Quality Measure

COA – Care for Older Adults

Administrative Measure

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

- Medication review.
- Functional status assessment.

Clinical Goal

Medication Review –
Either of the following meets criteria:

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

Exclude services provided in an acute inpatient setting.

Functional Status Assessment –
At least one functional status assessment during the measurement year. Exclude services provided in an acute inpatient setting.

Product Line

DSNP

Criteria to Meet the Goal

Claims:

- Submit a claim for services completed with appropriate codes.

Medical record documentation*:

- 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.
- Medication list, signed and dated during the measurement year by the appropriate practitioner type.
- Functional status assessment during the measurement year.

Required Exclusion:

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

** Medical record documentation is only accepted for gap closure during the annual HEDIS Medical Record Review.*

HEDIS Value Set Name	Code Set	Code	Comments
Medication List	CPT-CAT-II	1159F	Without a 1P, 2P, 3P, or 8P modifier. Must be used with a Medication Review code during the same visit.
Medication List	HCPCS	G8427	Must be used with a Medication Review code during the same visit
Medication Review	CPT	90863, 99483, 99605, 99606	Must be used with a Medication List code during the same visit
Medication Review	CPT-CAT-II	1160F	Without a 1P, 2P, 3P, or 8P modifier. Must be used with a Medication List code during the same visit
Transitional Care Management Services	CPT	99495, 99496	
Functional Status Assessment	CPT-CAT-II	1170F	Without a 1P, 2P, 3P, or 8P modifier
Functional Status Assessment	HCPCS	G0438, G0439	
Functional Status Assessment	CPT	99483	

COL-E

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
COL-E – Colorectal Cancer Screening **ECDS Measure** The percentage of persons 45 – 75 years of age who had appropriate screening for colorectal cancer.	The member will have one of the following screening tests during the indicated period: • Fecal occult blood test (FOBT or FIT) between 1/1 and 12/31 of the measurement year.** • Colonoscopy performed between 1/1 nine (9) years prior to the measurement year and 12/31 of the measurement year. • Flexible sigmoidoscopy performed between 1/1 four (4) years prior to the measurement year and 12/31 of the measurement year. • CT colonography performed between 1/1 four (4) years prior to the measurement year and 12/31 of the measurement year. • Stool DNA (sDNA) with FIT test performed between 1/1 two (2) years prior to the measurement year and 12/31 of the measurement year. **Note:** *For Stool DNA (sDNA) with FIT test, please verify with customer service the patient's availability of coverage for the test.* ** *FOBT tests performed on a sample collected from a digital rectal exam do not meet the measure requirements.*	**Submit a claim(s) for any of the following:** • 3 Fecal Occult Blood (FOBT) or 1 Fecal Immunochemical (FIT) test. • Sigmoidoscopy. • CT colonography. • Stool DNA (sDNA) with FIT test. • Colonoscopy. **Medical Record Documentation of:** • FOBT (3) done during the measurement year. • FIT (1) done during the measurement year. • Colonoscopy done within 9 years prior to the measurement year and 12/31 of the measurement year. • Flexible sigmoidoscopy done within 4 years prior to the measurement year and 12/31 of the measurement year. • CT colonography done within 4 years prior to the measurement year and 12/31 of the measurement year. • FIT-DNA test done within 2 years prior to the measurement year and 12/31 of the measurement year. • Documentation of exclusion: colorectal cancer or a total colectomy at any time during the member's history through 12/31 of the measurement year. **Required Exclusions:** • Members receiving palliative care or hospice services during the measurement year. • Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year. • Members 66 of age and older as of 12/31 of the measurement year with frailty and advanced illness. • Members who had colorectal cancer or a total colectomy any time during the member's history through December 31 of the measurement year (no longer optional).
	Product Line Commercial, DSNP, Marketplace, Medicaid and Medicare	

HEDIS Value Set Name	Code Set	Code	Comments
Colonoscopy	CPT	44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398	
Colonoscopy	HCPCS	G0105, G0121	
CT Colonography	CPT	74261, 74262, 74263	
Flexible Sigmoidoscopy	CPT	45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350	
Flexible Sigmoidoscopy	HCPCS	G0104	
FOBT Lab Test	CPT	82270, 82274	
FOBT Lab Test	HCPCS	G0328	
sDNA FIT Lab Test	CPT	81528, 0464U	
Total Colectomy	CPT	44150, 44151, 44152, 44153, 44155, 44156, 44157, 44158, 44210, 44211, 44212	Required Exclusion

COU

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
COU – Risk of Continued Opioid Use **Administrative Measure** The percentage of persons 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported: 1. The percentage of members with at least 15 days of prescription opioids in a 30-day period. 2. The percentage of members with at least 31 days of prescription opioids in a 62-day period. **Note:** A lower rate indicates better performance. Intake Period 11/1 of the year prior to the measurement year to 10/31 of the measurement year.	Identify members who have a risk of continued opioid use. **Product Line** Commercial, Medicaid and Medicare	**Claims:** Numerator compliance for this measure is based on pharmacy claims. **≥ 15 Days Covered:** Members who had 15 or more calendar days covered by an opioid medication during the 30-day period beginning on the IPSD through 29 days after the IPSD meet numerator compliance. **≥ 31 Days Covered:** Members who had 31 or more calendar days covered by an opioid medication during the 62-day period beginning on the IPSD through 61 days after the IPSD meet numerator compliance. **Medical record documentation not applicable.** **Required Exclusions:** Members who met at least one of the following at any time 1 year prior to the IPSD through 61 days after the IPSD: • Cancer • Sickle cell disease • Palliative care • Members in hospice or using hospice services any time during the measurement year. • Members who died any time during the measurement year.

CWP

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
CWP – Appropriate Testing for Pharyngitis **Administrative Measure** The percentage of persons 3 years of age and older who were diagnosed with pharyngitis, dispensed an antibiotic and received a Group A streptococcus (strep) test for the episode in the 7 day period from 3 days prior to the episode date through 3 days after the episode date. **The Intake Period:** 7/1 of the prior year to 6/30 of the measurement year.	Members 3 years of age and older diagnosed with pharyngitis / tonsillitis must receive a strep test prior to receiving a prescription for antibiotics. **Product Line** Commercial, Marketplace, Medicare and Medicaid	**Claims:** • Submit a claim for a group A step test with appropriate code. • Submit a claim for all additional competing diagnoses that would require antibiotic therapy. **Medical record documentation not applicable.** **Required Exclusion:** • Members in hospice or using hospice services anytime during the measurement year. **Note:** *Other family members with strep and parental refusal are not exclusions to this measure.* HEDIS Value Set Name / Code Set / Code Group A Strep Tests / CPT / 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880

DAE

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
DAE – Use of High-Risk Medications in Older Adults **Administrative Measure** The percentage of persons 67 years of age and older who had at least two dispensing events for the same high-risk medication. Measure includes: • The percentage of persons 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same class. • The percentage of 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. The measure reflects potentially inappropriate medication use in older adults, both for medications where any use is inappropriate (Rate 1) and for medications where use under all but specific indications is potentially inappropriate (Rate 2). **Note:** *A lower rate represents better performance.*	High-risk medications will **NOT** be prescribed unless absolutely necessary and when appropriate diagnoses are present. **Product Line** Medicare	**Claims:** • Numerator compliance for this measure is based on pharmacy claims. **Medical record documentation not applicable.** **Required Exclusions:** • Members receiving palliative care or hospice services during the measurement year.

DBM-E

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
DBM-E – Documented Assessment After Mammogram **ECDS Measure** **Measure Description:** The percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram for persons 40 – 74 years of age. **Intake Period:** December 18 of the prior measurement period to December 17 of the measurement period. The intake period is used to capture the episode date.	Episodes of mammograms will receive a Breast Imaging Reporting and Data System (BI-RADS) scoring category on or within 14 days after the episode date (15 days total). **Product Line** Commercial, Medicaid and Medicare	Mammogram episode is assigned BI-RADS score on or within 14 days after the episode date (15 days total). **Notes:** The denominator for this measure is based on episodes, not on members. **Required Exclusions:** • Members who use hospice services or elect to use a hospice benefit any time during the measurement period.

DDE

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
DDE – Potentially Harmful Drug-Disease Interactions in Older Adults **Administrative Measure** The percentage of persons 67 years of age and older who have 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:** **Drug-Disease Interactions:** A history of falls and a prescription for anticholinergic agents, antiepileptics, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics or antidepressants (SSRIs, tricyclic antidepressants and SNRIs). **Drug-Disease Interactions:** Dementia and a prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents. **Drug-Disease Interactions:** Chronic kidney disease and prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs. Measurement period 1/1 of the year prior to the measurement year and 12/1 of the measurement year. **Note:** • *A lower rate indicates better performance for all rates.* • *Members with more than one disease or condition may appear in the measure multiple times.*	Potentially harmful prescriptions will **NOT** be prescribed unless absolutely necessary and when an appropriate diagnosis is present. **Product Line** Medicare	**Claims:** • Numerator compliance for this measure is based on pharmacy claims. **Medical record documentation not applicable.** **Required Exclusions:** • For all three rates: Members receiving palliative care or hospice services during the measurement year. • For Rate 1: Diagnosis of psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, or seizure disorder on or between January 1 of the year prior to the measurement year and December 1 of the measurement year. • For Rate 2: Diagnosis of psychosis, schizophrenia, schizoaffective disorder or bipolar disorder, between January 1 of the year prior to the measurement year and December 1 of the measurement year.

DSF-E

HEDIS® Quality Measure

DSF-E Depression Screening and Follow-Up for Adolescents and Adults

ECDS Measure

Measure Description:
The percentage of persons 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- Depression Screening. The percentage of persons who were screened for clinical depression using a standardized instrument.
- Follow-Up on Positive Screen. The percentage of persons who received follow-up care within 30 days of a positive depression screen finding.

Clinical Goal

Persons 12 years of age and older will be screened for clinical depression with a standardized instrument, and if screen positive will receive follow-up care within 30 days.

Product Line

Commercial, Marketplace, Medicaid, and Medicare

Criteria to Meet the Goal

A documented result for depression screening using an age-appropriate standardized instrument between January 1 and December 1 of the measurement period.

- Persons with a positive screening received follow up care on or up to 30 days after the date of the first positive screen.
  Follow-up care includes:
  - Outpatient, telephone, e-visit, or virtual check-in visit with a diagnosis of depression or other behavioral health condition.
  - Depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
  - Behavioral health encounter, including assessment, therapy, collaborative care or medication management.
  - Diagnosis of encounter for exercise counseling.
  - Dispensed antidepressant medication.
  - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument

Required Exclusions:

- Use of hospice services any time during the measurement period.
- Persons with a history of bipolar disorder any time during the person's history through the last day of the year prior to the measurement period.
- Persons with depression that starts during the year prior to the measurement period.

Depression Screening Instruments for Adolescents (≤ 17 Years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥ 10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥ 10
Patient Health Questionnaire - 2 (PHQ-2)®*	55758-7	Total score ≥ 3
Beck Depression Inventory - Fast Screen (BDI-FS)®*	89208-3	Total score ≥ 8
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score ≥ 17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥ 10
PROMIS Depression	71965-8	Total score (T score) ≥ 60

Depression Screening Instruments for Adults (18+ Years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥ 10
Patient Health Questionnaire - 2 (PHQ-2)®*	55758-7	Total score ≥ 3
Beck Depression Inventory - Fast Screen (BDI-FS)	89208-3	Total score ≥ 8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥ 20
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score ≥ 17
Duke Anxiety- Depression Scale (DUKE-AD)®	90853-3	Total score ≥ 30
Geriatric Depression Scale Short Form (GDS)*	48545-8	Total score ≥ 5

* Brief screening instrument. All other instruments are full-length.

Remaining Depression Screening Instruments can be found in Appendix 6.

EED

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal

EED – Eye Exam for Patients with Diabetes
 	
Administrative Measure
 	
Persons 18 – 75 years of age with diabetes (Types 1 and 2) who had a retinal eye exam.
	Member will have:
	• A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.
	• A *negative* retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the **year prior** to the measurement year.
	
	Product Line
	
	Commercial, Marketplace, Medicare and Medicaid
		Eye exam from year prior to measurement year **MUST** be negative for numerator compliance.
		
		Claims:
		• If you have or reviewed a report form the patient's ophthalmologist or optometrist submit a claim with appropriate CPT II code.
		
		Medical record documentation of one of the following:
		1. A note or letter indicating that an ophthalmoscopic exam was completed by an eye care professional, the date when the procedure was performed, and the results.
		2. A chart or photograph indicating the date the fundus photography was performed and one of the following:
		  • Evidence that results were read by an eye care professional.
		  • Evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.
		3. Evidence results were read by a system that provides an artificial intelligence (AI) interpretation.
		4. Bilateral eye enucleation or acquired absence of both eyes.
		5. Negative retinal or dilated exam by an eye care professional in the year prior to the measurement year.
		
		Required Exclusions:
		• Members receiving palliative care or hospice services during the measurement year.
		• Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.
		• Members 66 of age and older as of 12/31 of the measurement year with frailty and advanced illness.
		• Bilateral eye enucleation or absence of eyes anytime during the member's history through December 31 of the measurement year.

HEDIS Value Set Name	Code Set	Code	Comments
Retinal Eye Exams	CPT	92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92250, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 92137, 92227, 92228	Billed by an eye care professional (optometrist or ophthalmologist) during the measurement year **OR** during the year prior to the measurement year, with a diagnosis of diabetes without complications
Retinal Eye Exams	HCPCS	S0620, S0621, S3000	Billed by an eye care professional (optometrist or ophthalmologist) during the measurement year **OR** during the year prior to the measurement year, with a diagnosis of diabetes without complications
Diabetes Mellitus Without Complications	ICD10M	E10.9, E11.9, E13.9	To be used with appropriate visit code for numerator compliance
Direct Reference Code *(Automated Eye Exam)*	CPT	92229	Billed by any provider type during the measurement year
Eye Exam With Evidence of Retinopathy	CPT-CAT-II	2022F, 2024F, 2026F	Without a 1P, 2P, 3P, or 8P modifier and during the measurement year
Eye Exam Without Evidence of Retinopathy	CPT-CAT-II	2023F, 2025F, 2033F	Without a 1P, 2P, 3P, or 8P modifier, and during the measurement year or the year prior to the measurement year
Direct Reference Code *(Diabetic Retinal Screening Negative In Prior Year)*	CPT-CAT-II	3072F	Without a 1P, 2P, 3P, or 8P modifier, and during the measurement year
Retinal Imaging	CPT	92227, 92228	During the measurement year

FMA-E

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
FMA-E – Follow-up After Abnormal Mammogram Assessment **ECDS Measure** **Measure Description:** The percentage of episodes for persons 40 – 74 years of age with inconclusive or high-risk BI-RADS assessments who received appropriate follow-up within 90 days of the assessment. **Intake Period:** October 3 of the year prior to the measurement period to October 2 of the measurement period. The intake period is used to capture the episode date.	Appropriate and timely follow up for members whose breast cancer screening was classified as High-Risk (Category 4 or 5) or Incomplete (Category 0) with the Breast Imaging Reporting and Data System (BI-RADS) reporting system. Follow up includes: • Category 0 – Incomplete: Received an additional screening (mammogram or ultrasound) on or within 90 days after the episode date (91 days total). • Category 4 – Suspicious **OR** • Category 5 – Highly Suggestive of Malignancy: Received a breast biopsy on or within 90 days after the episode date (91 days total). **Product Line** Commercial, Medicaid and Medicare	**Claims:** • Submit a claim for services completed with appropriate codes. **Notes:** • A higher rate indicates better performance • The denominator of this measure is based on episodes, not on members. **Required Exclusions:** • Members who use hospice services or elect to use a hospice benefit any time during the measurement period.

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
FMC – Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions **Administrative Measure** The percentage of emergency department (ED) visits for persons 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit. The denominator for this measure is based on ED visits, not on members. All eligible ED visits are included on or between 1/1 – 12/24 of the measurement year.	There will be a follow-up service within 7 days after the ED visit (8 days total). ED visits resulting in an inpatient stay are excluded. **Eligible chronic conditions:** COPD and Asthma, Alzheimer's disease and related disorders, Chronic kidney disease, Depression, Heart Failure, Acute myocardial infarction, Atrial Fibrillation, Stroke and Transient Ischemic Attack **Product Line** Medicare	**Claims:** • Submit a claim, with the appropriate coding, for a follow-up service within 7 days after ED visit. **Visits that will meet follow-up criteria:** • Outpatient • Telephone • E-visit or virtual check-in • Telehealth • Transitional care management • Case management • Complex care management • Outpatient or Telehealth behavioral health • Intensive outpatient encounter or partial hospitalization • Community mental health center • Electroconvulsive therapy • Substance use disorder service • Substance abuse counseling and surveillance **Medical record documentation not applicable.** **Required Exclusion:** • Members in hospice or using hospice services anytime during the measurement year.

HEDIS Value Set Name	Code Set	Code	Comments
Transitional Care Management Services	CPT	99495, 99496	
Case Management Encounter	CPT	99366	
Case Management Encounter	HCPCS	T1016, T1017, T2022, T2023	
Complex Care Management Services	CPT	99439, 99487, 99489, 99490, 99491	
Complex Care Management Services	HCPCS	G0506	

Remaining HEDIS Value Set codes can be found in Appendix 6.

FUA

HEDIS® Quality Measure

FUA – Follow-Up After Emergency Department Visit for Substance Use

Administrative Measure

The percentage of emergency department (ED) visits among persons age 13 years and older with a principal diagnosis of Substance Use Disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

Two rates are reported:

7-Day Follow-Up: The percentage of ED visits for which the member received follow-up within 7 days of the ED visits (8 total days).

30-Day Follow-Up: The percentage of ED visits for which the member received follow-up within 30 days of the ED visits (31 total days).

The denominator for this measure is based on ED visits, not on members. All eligible ED visits are included on or between 1/1 – 12/1 of the measurement year.

Clinical Goal

7-Day Follow-up:
Members who had an ED visit for substance use disorder or drug overdose will have a follow-up visit or have a pharmacotherapy dispensing event within 7 days of ED visit.

30-Day Follow-up:
Members who had an ED visit for substance use disorder or drug overdose will have a follow-up visit or have a pharmacotherapy dispensing event within 30 days of ED visit.

Product Line

Commercial, Medicaid and Medicare

Criteria to Meet the Goal

Claims:

- Submit a claim, with the appropriate provider and coding, for a follow-up service within 7 days after discharge and 30 days after discharge.

Visits, when paired with appropriate diagnosis / provider, or events that will meet follow-up criteria:

- Outpatient
- Intensive outpatient encounter or partial hospitalization
- Non-residential substance abuse treatment facility
- Community mental health center
- Peer support service
- Opioid treatment service that bills monthly or weekly
- Telehealth
- Telephone
- E-visit or virtual check-in
- Substance abuse disorder service, counseling, or surveillance.
- Behavioral health screening or assessment
- Pharmacotherapy dispensing or medication treatment event

Medical record documentation not applicable.

Required Exclusion:

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

HEDIS Value Set Name	Code Set	Code	Comments
Visit Setting Unspecified	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255	With either a mental health provider **OR** a diagnosis of SUD, substance use, or drug overdose **AND** one of the following: • Outpatient POS code • POS code 52 • POS code 53 • Non-residential substance abuse treatment facility POS code • Telehealth POS code

Remaining HEDIS Value Set codes can be found in Appendix 6.

FUH

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
FUH – Follow-Up After Hospitalization for Mental Illness **Administrative Measure** The percentage of discharges for persons 6 years of age and older who were hospitalized for a principle diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. **Two rates are reported:** **7-Day Follow-Up:** The percentage of discharges for which the member received follow-up within 7 days after discharge. **30-Day Follow-Up:** The percentage of discharges for which the member received follow-up within 30 days after discharge. The denominator for this measure is based on discharges, not on members. All discharges are included on or between 1/1 to 12/1 of the measurement year.	**7-Day Follow-up:** Members who were hospitalized for select mental illnesses or intentional self-harm diagnoses will have a mental health follow-up service within 7 days after discharge. **30-Day Follow-up:** Members who were hospitalized for select mental illnesses or intentional self-harm diagnoses will have a mental health follow- up service within 30 days after discharge. **Note:** • *Do not include services that occur on the date of discharge.* **Product Line** Commercial, DSNP, Marketplace, Medicare and Medicaid	**Claims:** • Submit a claim, with the appropriate provider and coding, for a follow-up service within 7 days after discharge and 30 days after discharge. **Visits, when paired with appropriate diagnosis / provider, that will meet follow-up criteria:** • Outpatient • Intensive outpatient encounter or partial hospitalization • Community mental health center visit • Electroconvulsive therapy • Telehealth • Telephone • Transitional care management services • Psychiatric collaborative care management • Behavioral healthcare setting • Peer support services • Psychiatric residential treatment **Medical record documentation not applicable.** **Required Exclusion:** • Members in hospice or using hospice services anytime during the measurement year.

HEDIS Value Set Name	Code Set	Code	Comments
Visit Setting Unspecified	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255	With one of the following: • Outpatient POS code with **EITHER** a mental health provider **OR** mental health disorder diagnosis • POS code 52 • POS code 53 • POS code 56 • Telehealth POS with **EITHER** a mental health provider **OR** mental health disorder diagnosis • Electroconvulsive Therapy
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	

Remaining HEDIS Value Set codes can be found in Appendix 6.

FUI

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
FUI – Follow-Up After High-Intensity Care for Substance Use Disorder **Administrative Measure** The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among persons 13 years of age and older that result in a follow-up visit or service for substance use disorder. **Two rates are reported:** **7-Day Follow-Up:** The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge. **30-Day Follow-Up:** The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge. The denominator for this measure is based on episodes, not on members. Include all episodes on or between 1/1 to 12/1 of the measurement year.	**7-Day Follow-up:** Members will have a follow-up visit or event with any practitioner for a principle diagnosis of substance use disorder within the 7 days after an episode for substance use disorder. **30-Day Follow-up:** Members will have a follow-up visit or event with any practitioner for a principle diagnosis of substance use disorder within the 30 days after an episode for substance use disorder. **Note:** *Do not include visits that occur on the date of the denominator episode.* **Product Line** Commercial, Medicaid and Medicare	**Claims:** • Submit a claim, with the appropriate coding, for a follow-up service within 7 days after discharge and 30 days after discharge or visit. **Visits, when paired with appropriate diagnosis / provider, or events that will meet follow-up criteria:** • Acute or nonacute inpatient admission or residential behavioral health stay on the D/C claim • Outpatient • Intensive outpatient encounter or partial hospitalization • Non-residential substance abuse treatment facility • Community mental health center • Telehealth • Substance use disorder service • Opioid treatment service that bills monthly or weekly • Residential behavioral health treatment • Telephone • E-visit or virtual check-in • Pharmacotherapy dispensing event • Acute or nonacute inpatient admission or residential behavioral health stay **Note:** *Follow-up does not include withdrawal management.* **Required Exclusion:** • Members in hospice or using hospice services any time during the measurement year. HEDIS Value Set codes can be found in Appendix 6.

FUM

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
FUM – Follow-Up After Emergency Department Visit for Mental Illness **Administrative Measure** The percentage of emergency department (ED) visits for members 6 years of age and older 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:** The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days) The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days) The denominator for this measure is based on ED visits, not on members. All eligible ED visits are included on or between 1/1 – 12/1 of the measurement year.	**7-Day Follow-up:** Members who had an ED visit for a principle diagnosis of mental illnesses or intentional self-harm diagnoses will have a mental health follow-up service within 7 days after the ED visit. **30-Day Follow-up:** Members who had an ED visit for a principle diagnosis of mental illnesses or intentional self-harm diagnoses will have a mental health follow-up service within 30 days after the ED visit. **Product Line** Commercial, Medicaid and Medicare	**Claims:** • Submit a claim, with the appropriate coding, for a follow-up service within 7 days after ED visit and 30 days after ED visit. **Visits, when paired with appropriate diagnosis / provider, that will meet follow-up criteria:** • Outpatient • Intensive outpatient encounter or partial hospitalization • Community mental health center • Electroconvulsive therapy • Telehealth • Telephone • E-visit or virtual check-in • Behavioral healthcare setting • Peer support services • Psychiatric residential treatment • Psychiatric collaborative care management **Medical record documentation not applicable.** **Required Exclusion:** • Members in hospice or using hospice services anytime during the measurement year. HEDIS Value Set codes can be found in Appendix 6.

GSD – Glycemic Status Assessment for Patients with Diabetes
Hybrid Measure – The percentage of persons 18 – 75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI] was at the following levels dring the measurement year:
• Glycemic Status < 8.0% • Glycemic Status > 9.0%

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
Glycemic Status < 8.0%. Identify the most recent glycemic status assessment (HbA1c or GMI) during the measurement year. The member is numerator compliant if the most recent glycemic status assessment has a result of < 8.0%. The member is not numerator compliant if the result of the most recent glycemic status assessment is ≥ 8.0% or is missing a result, or if a glycemic status assessment was not done during the measurement year.	Members glycemic status (HbA1c or GMI test) remains < 8% during the measurement year. **Product Line** Commercial, Marketplace, Medicaid and Medicare	**Claims:** Submit a claim for HbA1c or GMI with appropriate coding. **Medical Record Documentation of:** • Date and value of most recent HbA1C or GMI test result of the measurement year. • If there are multiple glycemic status assessments on the same date of service, use the lowest results. **Required Exclusions:** • Members receiving palliative care or hospice services during the measurement year. • Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year. • Members 66 years or age and older as of 12/31 of the measurement year with frailty and advanced illness.

HEDIS Value Set Name	Code Set	Code	Comments
HbA1c Lab Test	CPT	83036, 83037	Most recent and with CPT-CAT-II code (without a 1P, 2P, 3P, or 8P modifier, or POS code 81).
HbA1c Lab Test	LOINC	17855-8, 17856-6, 4548-4, 4549-2, 96595-4	Most recent and with CPT-CAT-II code (without a 1P, 2P, 3P, or 8P modifier, or POS code 81).
HbA1c Testing Result or Finding	CPT-CAT-II	3046F	Most recent hemoglobin A1c level Greater Than 9.0% (Numerator Non-Compliant).
HbA1c Testing Result or Finding	CPT-CAT-II	3052F	Most recent hemoglobin A1c (HbA1c) level Greater Than or Equal to 8.0% and Less Than or Equal to 9.0% (Numerator Non-Compliant).
HbA1c Testing Result or Finding	CPT-CAT-II	3044F	Most recent hemoglobin A1c (HbA1c) level Less Than 7.0% (Numerator Compliant).
HbA1c Testing Result or Finding	CPT-CAT-II	3051F	Most recent hemoglobin A1c (HbA1c) level Greater Than or Equal to 7.0% and Less Than 8.0% (Numerator Compliant).
Direct Reference Code (Glucose Management Indicator)	LOINC	97506-0	The CPT-CAT-II Codes listed above only apply to the HbA1c Lab Test, not the Glucose Management Indicator.

GSD – Glycemic Status Assessment for Patients with Diabetes
Hybrid Measure – The percentage of persons 18 – 75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI] was at the following levels dring the measurement year:
• Glycemic Status < 8.0% • Glycemic Status > 9.0%

HEDIS® Quality Measure

Glycemic Status > 9.0%. Identify the most recent glycemic status assessment (HbA1c or GMI) during the measurement year. The member is numerator compliant if the most recent glycemic status assessment has a result of > 9.0% or is missing a result, or if a glycemic status assessment was not done during the measurement year. The member is not numerator compliant if the result of the most recent glycemic status assessment is ≤ 9.0%.

Note: This is an inverse measure rate. A lower reported rate indicates better performance for this indicator (i.e., low rates of Glycemic Status > 9% indicate better care). **However, on reporting given to Providers Blue Cross NC chooses to reflect this rate as the actual clinical goal of ≤ 9% to align reporting of both Glycemic Status rates and reduce confusion of the clinical goal.**

Clinical Goal

Members glycemic status (HbA1c or GMI test) remains ≤ 9% during the measurement year.

Product Line

Commercial, Marketplace, Medicaid and Medicare

Criteria to Meet the Goal

Claims:

- Submit a claim for HbA1c or GMI with appropriate coding.

Medical Record Documentation of:

- Date and value of most recent HbA1C or GMI test result of the measurement year.
- If there are multiple glycemic status assessments on the same date of service, use the lowest results.

Required Exclusions:

- Members receiving palliative care or hospice services during the measurement year.
- Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.
- Members 66 years or age and older as of 12/31 of the measurement year with frailty and advanced illness.

HEDIS Value Set Name	Code Set	Code	Comments
HbA1c Lab Test	CPT	83036, 83037	Most recent and with CPT-CAT-II code (without a 1P, 2P, 3P, or 8P modifier).
HbA1c Lab Test	LOINC	17855-8, 17856-6, 4548-4, 4549-2, 96595-4	Most recent and with CPT-CAT-II code (without a 1P, 2P, 3P, or 8P modifier).
HbA1c Test Result or Finding	CPT-CAT-II	3046F	Most recent hemoglobin A1c level Greater Than 9.0% (Numerator Compliant).
HbA1c Testing Result or Finding	CPT-CAT-II	3052F	Most recent hemoglobin A1c (HbA1c) level Greater Than or Equal to 8.0% and Less Than or Equal to 9.0% (Numerator Non-Compliant).
HbA1c Testing Result or Finding	CPT-CAT-II	3044F	Most recent hemoglobin A1c (HbA1c level Less Than 7.0% (Numerator Non-Compliant).
HbA1c Testing Result or Finding	CPT-CAT-II	3051F	Most recent hemoglobin A1c (HbA1c) level Greater Than or Equal to 7.0% and Less Than 8.0% (Numerator Non-Compliant).
Direct Reference Code (Glucose Management Indicator)	LOINC	97506-0	The CPT-CAT-II Codes listed above only apply to the HbA1c Lab Test, not the Glucose Management Indicator.

HDO

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
HDO – Use of Opioids at High Dosage **Administrative Measure** The percentage of persons 18 years of age and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥ 90) for ≥ 15 days during the measurement year. **Note:** *A lower rate indicates better performance.*	Assesses potentially high-risk opioid analgesic prescribing practices. **Product Line** Commercial, Medicaid and Medicare	Members whose average MME was ≥ 90 meet the numerator criteria. **Medical record documentation not applicable.** **Required Exclusions:** • Cancer • Sickle cell disease • Palliative care • Members in hospice or using hospice services.

IET

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
IET– Initiation and Engagement of Substance Use Disorder Treatment **Administrative Measure** New Substance Use Disorder (SUD) episodes that result in treatment initiation and engagement. Ages 13 and older as of the SUD episode date. **Two rates are reported:** **Initiation of SUD Treatment:** The percentage of new SUD episodes that result in treatment initiation through inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. **Engagement of SUD Treatment:** The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. **The Intake Period:** 11/15 of the year prior to the measurement year to 11/14 of the measurement year.	**Initiation phase –** Members will have a follow-up visit within 14 days of the SUD diagnosis. **Continuation phase –** Members will have at least two of the following on the day after the initiation encounter through 34 days after the initiation event: • Engagement visit. • Engagement medication treatment event. **Note:** *If a member is non-compliant with Initiation within 14 days the member is then non-compliant for both Initiation and Engagement.* **Product Line** Commercial, Marketplace, Medicare and Medicaid	**Claims:** • Submit a claim, with the appropriate coding, for follow-up services within the appropriate time frame. **Visits, when paired with appropriate diagnosis/coding, or events that will meet follow-up criteria:** • An acute or nonacute inpatient admission with diagnosis of alcohol abuse and dependence, opioid abuse and dependence and other drug abuse and dependence. • An outpatient visit. • Intensive outpatient encounter or partial hospitalization. • A non-residential substance abuse treatment facility visit. • A community mental health center visit. • A telehealth visit. • Substance use disorder service. • Telephone visit. • E-visit or virtual check-in. • An acute or nonacute inpatient. • Inpatient stay for medically managed withdrawal. **Either of the following meets criteria for a medication treatment event:** • Alcohol use disorder and alcohol use disorder medication treatment dispensing event. • Opioid use disorder medication treatment dispensing event. **Medical record documentation not applicable.** **Required Exclusion:** • Members in hospice or using hospice services anytime during the measurement year. HEDIS Value Set codes can be found in Appendix 6.

IMA-E

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
IMA-E – Immunizations for Adolescents **ECDS Measure** The percentage of persons 13 years of age who had the vaccinations listed under the Clinical Goal column.	By the 13th birthday, members will have received: • 1 meningococcal vaccine on or between 10th and 13th birthdays. • 1 Tdap vaccine on or between 10th and 13th birthdays. • 2 or 3 HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays. • If reporting only 2 vaccines, there must be at least 146 days between the first and second dose of the HPV vaccine. **Combo 1** = Numerator compliant for both meningococcal and Tdap. **Combo 2** = Numerator compliant for all. **Product Line** Commercial, Marketplace and Medicaid	**Claims:** • Submit a claim for all vaccinations members receive. • Report all Immunizations to the North Carolina Immunization Registry. **Required Exclusion:** • Members in hospice or using hospice services anytime during the measurement year. **Medical record documentation of:** • A visit note indicating the name of the specific antigen and the date of the immunization. • A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered. **Note:** *A member is numerator compliant if:* • *Anaphylaxis due to the meningococcal, tetanus, diphtheria, pertussis or HPV vaccine occurs any time on or before the 13th birthday meets criteria for the measure.* • *Encephalitis due to the tetanus, diphtheria or pertussis vaccine occurs any time on or before the 13th birthday meets criteria for the numerator compliance for Tdap.*

HEDIS Value Set Name	Code Set	Code
Meningococcal Immunization	CVX	32, 108, 114, 136, 147, 167, 203, 316, 328
Meningococcal Vaccine Procedure	CPT	90619, 90733, 90734, 90623, 90624
Direct Reference Code *(Tdap)*	CVX	115
Direct Reference Code *(Tdap)*	CPT	90715
HPV Immunization	CVX	62, 118, 137, 165
HPV Vaccine Procedure	CPT	90649, 90650, 90651

HEDIS® Quality Measure

KED – Kidney Health Evaluation for Patients with Diabetes

Administrative Measure

Persons 18 – 85 years of age with diabetes (Type 1 and Type 2) who received a kidney health evaluation during the measurement year.

Clinical Goal

Kidney Health Evaluation:
Member received both an eGFR and a uACR on the same or different dates of service.

- eGFR – Estimated Glomerular Filtration Rate.
- uACR – at least one defined by either of the following:
  - Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart.
  - A urine albumin creatinine ratio lab test.

Product Line

Commercial, Marketplace, Medicare and Medicaid

Criteria to Meet the Goal

Claims:

- Submit a claim for eGFR AND both a quantitative urine albumin test and a urine creatinine test OR a urine albumin creatinine ratio lab test.

Medical record documentation not applicable.

Required Exclusions:

- Members who had dialysis any time during the member's history on or prior to December 31 of the measurement year.
- ESRD
- Members receiving palliative care or hospice services during the measurement year.
- Medicare members 66-80 years of age as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.
- Members 66 years of age and older as of 12/31 of the measurement year with frailty and advanced illness.
- Members 81 years of age and older as of 12/31 of the measurement year with frailty during the measurement year.

HEDIS Value Set Name	Code Set	Code	Comments
Estimated Glomerular Filtration Rate Lab Test	CPT	80047, 80048, 80050, 80053, 80069, 82565	
Quantitative Urine Albumin Lab Test	CPT	82043	With urine creatinine test (with service dates four days or less apart)
Urine Creatinine Lab Test	CPT	82570	With quantitative urine albumin test (with service dates four days or less apart)
Urine Albumin Creatinine Ratio Lab Test	LOINC	13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7	

LBP

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
LBP – Use of Imaging Studies for Low Back Pain **Administrative Measure** The percentage of persons 18 – 75 years of age with a principal diagnosis of low back pain who did **NOT** have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. **The Intake Period:** 1/1 to 12/3 of the measurement year. This measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain.	Members 18 – 75 years will **NOT** receive imaging studies within 28 days of the initial diagnosis of low back pain. ***This includes a plain X-ray.*** **Note:** *Consider referral for physical therapy evaluation before X-rays are ordered.* **Product Line** Commercial, Marketplace, Medicaid and Medicare	**Claims:** • Submit a claim with a code for low back pain with first symptom of low back pain. **Medical record documentation not applicable.** **Required Exclusions*:** • Cancer or a history of cancer • Fragility fracture • HIV • Hospice • IV drug abuse • Lumbar surgery • Major organ transplant • Neurologic impairment • Osteoporosis • Palliative care • Prolonged use of Corticosteroids • Recent trauma • Spinal infection • Spondylopathy • Members 66 years or age and older as of 12/31 of the measurement year with frailty and advanced illness. * Please see specification for the time frame for an exclusion.

HEDIS Value Set Name	Code Set	Code	Comments
Imaging Study	CPT	72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220 72040, 72050, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72125, 72126, 72127, 72128, 72129, 72130, 72157	Must be used along with a diagnosis of uncomplicated low back pain
Uncomplicated Low Back Pain	ICD10CM	M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, 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, M51.360, M51.362, M51.369, M51.370, M51.372, M51.379	Must be used along with an imaging study

OMW

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
OMW – Osteoporosis Management in Women Who Had a Fracture **Administrative Measure** The percentage of women 67 – 85 years of age who suffered a fracture and had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture. **The Intake Period:** 7/1 of the prior year to 6/30 of the measurement year.	Members 67 – 85 years of age, who had a fracture, will have a BMD test or a prescription for a drug to treat osteoporosis within 6 months of the date of fracture. **Note:** *Consider BMD testing every 2 years in this age group.* **Product Line** DSNP and Medicare	**Claims:** • Submit a claim for BMD testing within 6 months of a fracture. • Numerator compliance for medication to treat osteoporosis is based off of pharmacy claims. **Medical Record documentation:** • A visit note with evidence of BMD test in the appropriate timeframe. • A visit note with evidence of fill or dispense date of medication given within the appropriate timeframe. **Required Exclusions:** • Members receiving palliative care or hospice services during the measurement year. • Medicare members 67 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year. • Members 67 – 80 years of age and older as of 12/31 of the measurement year with frailty and advanced illness. • Members 81 years of age and older as of 12/31 of the measurement year with frailty.

HEDIS Value Set Name	Code Set	Code	Comments
Bone Mineral Density Test Procedures	CPT	76977, 77078, 77081, 77085, 77086, 77080	Either on the IESD or in the 180-day period after the IESD (in any setting) OR during the inpatient stay (if the IESD was an inpatient stay)
Long-Acting Osteoporosis Medications	HCPCS	J0897, J1740, J3489, Q5136	During the inpatient stay, if the IESD was an inpatient stay
Osteoporosis Medication Therapy	HCPCS	J0897, J1740, J3110, J3111, J3489, Q5136	On the IESD or in the 180-day period after the IESD

OSW

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
OSW – Osteoporosis Screening in Older Women **Administrative Measure** Women 65 – 75 years of age who received osteoporosis screening.	One or more osteoporosis screening tests on or between the member's 65th birthday and 12/31 of the measurement year. **Product Line** Medicare	**Claims:** • Submit a claim for osteoporosis screening. **Medical record documentation not applicable.** **Required Exclusions:** • Osteoporosis therapy. • A prescription to treat osteoporosis any time on or between 1/1 three years prior to the measurement year through 12/31 of the year prior to the measurement year. • Members receiving palliative care or hospice services during the measurement year. • Members 66 years of age and older as of 12/31 of the measurement year with frailty and advanced illness.

HEDIS Value Set Name	Code Set	Code
Osteoporosis Screening Tests	CPT	76977, 77080, 77081, 77085

PBH

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
PBH – Persistence of Beta-Blocker Treatment After a Heart Attack **Administrative Measure** The percentage of persons 18 years of age and older who were hospitalized and discharged with a diagnosis of AMI and who remained on beta-blocker treatment for six months after discharge. **The Intake Period:** 7/1 of the prior year to 6/30 of the measurement year.	Members 18 years of age and older with a new diagnosis of AMI will remain on beta-blocker treatment for six months after the hospital discharge. **Note:** *Consider 90 day supply or refills x 6 if appropriate.* **Product Line** Commercial, DSNP, Medicare and Medicaid	**Claims:** • Numerator compliance for this measure is based on pharmacy claims. • At least 135 days of treatment with beta-blockers during the 180-day measurement interval. **Medical record documentation not applicable.** **Required Exclusions:** • Asthma • Hypotension • Heartblock > 1 degree • Sinus bradycardia • COPD • Chronic respiratory due to inhaled fumes / vapors • Intolerance or allergy to beta-blocker therapy • Members in hospice or using hospice services anytime during the measurement year. • Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year. • Members 66 – 80 years of age and older as of 12/31 of the measurement year with frailty and advanced illness. • Members 81 years of age and older as of 12/31 of the measurement year with frailty. • Member with a medication dispensing event that indicates contraindication to beta-blocker therapy any time during the member's history through the end of continuous enrollment period. **Required Asthma Medication Exclusions:**

Description	Prescription	
Bronchodilator combinations	Budesonide-formoterol	Fluticasone-salmeterol
	Fluticasone-vilanterol	Formoterol-mometasone
Inhaled corticosteroids	Beclomethasone	Flunisolide
	Budesonide	Fluticasone
	Ciclesonide	Mometasone

PCE

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
PCE – Pharmacotherapy Management of COPD Exacerbation **Administrative Measure** The percentage of COPD exacerbations for persons 40 years of age and older who had an acute inpatient discharge or ED visit and were dispensed appropriate medications. **Two rates are reported:** 1. Systemic corticosteroid dispensed within 14 days of discharge date. 2. Bronchodilator dispensed on or within 30 days of discharge date. **The Intake Period:** 1/1 to 11/30 of the measurement year.	Member will have a dispensed prescription for an appropriate systemic corticosteroid on or 14 days after the discharge date and a bronchodilator on or 30 days after the discharge date. **Product Line** Commercial, DSNP, Medicare and Medicaid	**Claims:** • Numerator compliance for this measure is based on pharmacy claims. **Medical record documentation not applicable.** **Required Exclusion:** • Members in hospice or using hospice services anytime during the measurement year. **Note:** *Measure is based on acute inpatient discharges and ED visits, not on members – denominator can include multiple events for the same member.*

PCR

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
PCR – Plan All-Cause Readmissions For persons 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. **Note:** *For Commercial and Medicaid, report only members 18 – 64 years of age.* **Event / diagnosis date:** 1/1 to 12/1 of the measurement year.	Members will not have unnecessary / avoidable readmissions. **Product Line** **Commercial, DSNP, Marketplace, Medicare and Medicaid** **Note:** *Per General Guideline Members With Dual Enrollment, members with dual commercial and Medicaid enrollment may only be reported in the commercial product line. Members with dual Medicaid / Medicare enrollment "dual eligible" and with Medicare-Medicaid (MMP) enrollment may only be reported in the Medicare product line.*	This is a risk adjusted measure that calculates 30 day readmission rates utilizing the following components: • Number of discharges: denominator • Number of 30-day readmissions: numerator • Rate = (numerator / expected number of readmissions) • Global rate • Expected readmission probability is calculated with each discharge **Medical record documentation is not applicable.** **Required Exclusion:** • Members in hospice are excluded from the eligible population. **Exclude acute hospitalizations for the following reasons:** • Pregnancy • A principle diagnosis for a perinatal condition originating in the perinatal period, on the discharge claim. • Planned admission; chemotherapy, rehabilitation, an organ transplant or a potentially planned procedure without an acute diagnosis. • Outliers: – MA member with 4 or more IHS. – Commercial member with 3 or more IHS. – The member died during stay. ***IHS (Index Hospital Stay):*** *An acute inpatient or observation stay with a discharge on or between January 1 and December 1 of the measurement year, as identified in the denominator.* **Tips for success:** *Ensure proper HCC coding on all members. Having members coded to the highest specificity will help capture the complexity of a member.*

POD

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
POD – Pharmacotherapy for Opioid Use Disorder **Administrative Measure** The percentage of Opioid Use Disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event. **The Intake Period:** 7/1 of the prior year to 6/30 of the measurement year.	Members will have OUD pharmacotherapy for 180 or more days without a gap in treatment of 8 or more consecutive days. **Product Line** Commercial, Medicaid and Medicare	**Claims:** • Numerator compliance for this measure is based on pharmacy claims. **Medical record documentation is not applicable.** **Required Exclusion:** • Members in hospice or using hospice services any time during the measurement year.

PPC

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
PPC – Prenatal and Postpartum Care **Hybrid Measure** **Timeliness of Prenatal Care** The percentage of deliveries that received a prenatal visit in the first trimester. **Postpartum Care** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. **The Intake Period:** 10/8 of the prior year to 10/7 of the measurement year.	Members will receive a prenatal visit in the first trimester of pregnancy (or within 42 days of enrollment in Blue Cross NC plan). Members will receive a postpartum visit with their provider between day 7 and day 84 postpartum. **Product Line** Commercial, Marketplace and Medicaid	**Claims:** • Submit claim for prenatal and postpartum visit with appropriate coding. • **For Global Billing –** You **must** submit an additional claim with the dates of the prenatal and postpartum visits. Refer to Corporate Reimbursement Policy. **Medical record documentation:** • Date service rendered • Service rendered • EDC or LMP • Date of Delivery **Required Exclusion:** • Members in hospice or using hospice services anytime during the measurement year. HEDIS Value Set codes can be found in Appendix 6.

PRS-E

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
PRS-E – Prenatal Immunization Status **ECDS Measure** The percentage of deliveries in the measurement period in which members received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations. The denominator for this measure is based on deliveries, not on members. Intake Period: 28 days prior to the delivery date through the delivery date.	Members who have deliveries will receive influenza, tetanus, diphtheria toxoids and acellular vaccinations. **Product Line** Commercial and Medicaid	**Influenza:** • Deliveries where members received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date, or • Deliveries where members had anaphylaxis due to the influenza vaccine on or before the delivery date. **Tdap:** • Deliveries where members received at least one Tdap vaccine during the pregnancy, or • Deliveries where members had any of the following: – Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date. – Encephalitis due to the diphtheria, tetanus, or pertussis vaccine on or before the delivery date. **Required Exclusions:** • Deliveries that occurred at less than 37 weeks gestation. • Deliveries in which members were in hospice or using hospice services any time during the measurement year.

HEDIS Value Set Name	Code Set	Code
Adult Influenza Immunization	CVX	88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205, 320
Adult Influenza Vaccine Procedure	CPT	90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756
Direct Reference Code	CVX	115
Direct Reference Code	CPT	90715

SAA

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
SAA – Adherence to Antipsychotic Medications for Individuals with Schizophrenia **Administrative Measure** The percentage of persons 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	Members will achieve 80% adherence for their antipsychotic medications during the measurement year. **Adherence defined as:** A proportion of days covered (PDC) at 80% or over for antipsychotic medication(s) during the measurement period. **Product Line** Commercial, Medicaid and Medicare	**Claims:** • Numerator compliance for this measure is based on pharmacy claims. **Medical record documentation is not applicable.** **Required Exclusions:** Exclude members who met any of the following during the measurement year: • A diagnosis of dementia • Members in hospice or using hospice services any time during the measurement year. • Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year. • Members 66 years of age and older as of 12/31 of the measurement year with frailty and advanced illness. • Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty. • Did not have at least two antipsychotic medication dispensing events.

SNS-E

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
SNS-E – Social Need Screening and Intervention **ECDS Measure** The percentage of persons who were screened using prespecified instrument for unmet food, housing and transportation needs at least once during the measurement period, and the percentage of persons with a positive screen for food, housing or transportation who received an intervention corresponding to the positive screen within 30 days. Six Rates are reported: • Food Screening • Food Intervention • Housing Screening • Housing Intervention • Transportation Screening • Transportation Intervention	Complete food, housing, and transportation screenings on all members; provide an appropriate intervention which includes assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision or referral for a positive screening in any category. **Product Line** Commercial, Medicaid and Medicare	An intervention corresponding to the type of need identified on or up to 30 days after the date of the first positive screening during the measurement period. **Interventions may include any of the following categories:** Assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision, or referral. **Note:** *Only screening instruments documented using the LOINC codes specified in the SNS-E measure count toward the measure's screening numerators. Please ask your QMC for a list of specific screening instruments.* **Required Exclusions:** • Members who use hospice services or elect to use a hospice benefit any time during the measurement period. • Members receiving palliative care or hospice services during the measurement year. • Medicare members 66 years of age and older as of 12/31 of the measurement year who are in an I-SNP or living long-term in an institution any time during the measurement year.

HEDIS Value Set Name	Code Set	Code	Comments
Food Insecurity Procedures	CPT	97802, 97803, 97804	Numerator compliance for Food Intervention
Food Insecurity Procedures	HCPCS	S5170, S9470, G0019, G0022, G0023, G0024, G1040	Numerator compliance for Food Intervention
Homelessness / Housing / Instability / Inadequate Housing Procedures	HCPCS	G0019, G0022, G0023, G0024, G1040	Numerator compliance for Housing Intervention
Transportation Insecurity Procedures	HCPCS	G0019, G0022, G0023, G0024, G1040	Numerator compliance for Transportation Intervention

Food Insecurity Screening Item Response Exception:
Credit for screening occurrence is given when documentation of a non-null response for a given screening item exists. There is one exception for Food Insecurity Screening Item in Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®[1] (LOINC 93031-3). Given the structure of this question, a null response is considered a valid negative screen result. Therefore, a null result is considered a valid response to screening item LOINC 93031-3. All other screening items require a non-null response to meet numerator 1.

SPC-E

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
SPC-E – Statin Therapy for Patients With Cardiovascular Disease **ECDS Measure** The percentage of persons 21-75 of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASVCD) and met the following criteria: **Two rates are reported:** **Received Statin Therapy:** Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year. **Statin Adherence 80%:** Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.	Members identified as having clinical atherosclerotic cardiovascular disease (ASCVD) will be prescribed and then maintain 80% adherence on a statin medication. **Product Line** Commercial, Medicaid and Medicare	**Claims:** • Numerator compliance for this measure is based on pharmacy claims. **Medical record documentation not applicable.** **Required Exclusions:** • Pregnancy diagnosis in the measurement year or the year prior. • IVF – in the measurement year or the year prior. • ESRD in the measurement year or the year prior. • Dialysis during the measurement year or year prior to the measurement year. • Dialysis during the measurement year or year prior to the measurement year. • Dispensed at least one prescription for clomiphene in the measurement year or the year prior. • Cirrhosis in the measurement year or the year prior. • Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year. • Myalgia or rhabdomyolysis caused by a statin. • Members receiving palliative care or hospice services during the measurement year. • Members 66 years of age and older as of 12/31 of the measurement year with frailty and advanced illness.

SPD-E

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
SPD-E – Statin Therapy for Patients With Diabetes **Administrative Measure** The percentage of persons 40 – 75 years of age during the measurement year with diabetes but do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria: **Two rates are reported:** **Received Statin Therapy:** Members who were dispensed at least one statin medication of any intensity during the measurement year. **Statin Adherence 80%:** Members who remained on a statin medication of any intensity for at least 80% of the treatment period.	Members identified as having diabetes who do not have atherosclerotic cardiovascular disease (ASCVD) will be prescribed and then maintain 80% adherence on a statin medication. **Product Line** Commercial, Medicaid and Medicare	**Claims:** • Numerator compliance for this measure is based on pharmacy claims. Medical record documentation not applicable. **Required Exclusions:** • Members with at least one of the following during the year prior to measurement year: MI, CABG, PCI, or other revascularization. • Members with diagnosis of pregnancy during the measurement year or the year prior. • Dispensed at least one prescription for clomiphene during the measurement year or the year prior. • ESRD diagnosis or dialysis during the measurement year or the year prior. • Cirrhosis during the measurement year or the year prior. • Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year. • Myalgia or rhabdomyolysis caused by a statin. • Members in palliative care or using hospice anytime during the measurement year. • Members 66 years of age and older as of 12/31 of the measurement year with frailty and advanced illness. • IVF during the measurement year or year prior to the measurement year. • Members who had at least two diagnoses of ASCVD on different dates of service during the measurement period or the year prior to the measurement year.

TRC – Transitions of Care
Hybrid Measure – Persons 18 years and older as of December 31 of the measurement year who had each of the following:
Medication Reconciliation Post-Discharge, Notification of Inpatient Admission, Receipt of Discharge Information, and Patient Engagement After Inpatient Admission.
Note: The denominator for this measure is based on discharges, not on members.

HEDIS® Quality Measure

TRC – Transitions of Care

MRP – Medication Reconciliation Post-Discharge

Hybrid Measure

The percentage of discharges for members 18 years of age and older who had documentation of medication reconciliation post-discharge.

Eligible Population Event – An acute or non-acute inpatient discharge on or between 1/1 and 12/1 of the measurement year.

Clinical Goal

Medication reconciliation conducted on the date of discharge through 30 days after discharge (31 total days).

Note:

- *This measure assesses whether medication reconciliation occurred. It does not attempt to assess the quality of the medication list documented in the medical record or the process used to document the most recent medication list in the medical record.*
- *Medication reconciliation must be conducted by a prescribing practitioner, clinical pharmacist, registered nurse or physician assistant.*

Product Line

DSNP and Medicare

Criteria to Meet the Goal

Claims:

- Submit a claim with a medication reconciliation visit code.

Medical Record Documentation:

- Documentation of any of the following meet criteria:
  - The current medications with a notation that the provider reconciled the current and discharge medications.
  - The current medications with a notation that references the discharge medications.
  - The member's current medications with a notation that the discharge medications were reviewed.
  - A current medication list, a discharge medication list and notation that both lists were reviewed on the same date of service.
  - The current medications with evidence that the member was seen for post-discharge hospital follow-up with evidence of medication reconciliation or review. Evidence that the member was seen for post-discharge hospital follow-up requires documentation that indicates the provider was aware of the member's hospitalization or discharge.
  - Noted in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).
  - That no medications were prescribed or ordered upon discharge.

Required Exclusion:

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

HEDIS Value Set Name	Code Set	Code	Comments
Medication Reconciliation Encounter	CPT	99483, 99495, 99496, 99605, 99606	
Medication Reconciliation Intervention	CPT-CAT-II	1111F	Without a 1P, 2P, 3P, or 8P modifier

TRC

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
TRC – Notification of Inpatient Admission **Hybrid Measure** Documentation of receipt of notification of inpatient admission on the day of admission or through 2 days after the admission (3 total days). **Eligible Population Event –** An acute or non-acute inpatient discharge on or between 1/1 and 12/1 of the measurement year.	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 admission. The documentation must include evidence of the date when the documentation was received. **Product Line** DSNP and Medicare	**Medical record documentation, any of the following meet criteria:** • Communication between inpatient providers or staff and the member's PCP or ongoing care provider. • Communication about admission between emergency department and the member's PCP or ongoing care provider. • Communication about admission to the member's PCP or ongoing care provider: – Through a health information exchange; an automated admission, or discharge and transfer (ADT) alert system. – Through a shared electronic medical record (EMR) system. – From the member's health plan. • **Indication:** – That the member's PCP or ongoing care provider admitted the member to the hospital. – That a specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider. – That the PCP or ongoing care provider placed orders for tests and treatments any time during the member's inpatient stay. • Documentation that the PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission. **Required Exclusion:** • Members in hospice or hospice services anytime during the measurement year.

TRC

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
TRC – Receipt of Discharge Information **Hybrid Measure** Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days). **Eligible Population Event –** An acute or non-acute inpatient discharge on or between 1/1 and 12/1 of the measurement year.	Documentation in the outpatient medical record must include evidence of receipt of discharge information on the day of discharge through 2 days after the discharge with evidence of the date when the documentation was received. **Product Line** DSNP and Medicare	**Medical record documentation:** The discharge information must include all of the following: • The practitioner responsible for the member's care during the inpatient stay. • Procedures or treatment provided. • Diagnoses at discharge. • Current medication list. • Testing results, or documentation of pending tests or no tests pending. • Instructions for patient care post-discharge. **Required Exclusion:** • Members in hospice or hospice services anytime during the measurement year.

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
TRC – Patient Engagement After Inpatient Discharge **Hybrid Measure** Documentation of patient engagement within 30 days after discharge. Do not include patient engagement that occurred on the date of discharge. **Eligible Population Event –** An acute or non-acute inpatient discharge on or between 1/1 and 12/1 of the measurement year.	Patient engagement occurs within 30 days after discharge. **Product Line** DSNP and Medicare	**Claims:** • Submit a claim for patient engagement after discharge. Medical record documentation*, any of the following meet criteria: • An outpatient visit, including office visits and home visits. • A telephone visit. • A synchronous telehealth visit where real-time interaction occurred between the member and provider using audio and video communication. • An e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not real-time, occurred between the member and provider). **Required Exclusion:** • Members in hospice or hospice services anytime during the measurement year.

HEDIS Value Set Name	Code Set	Code
Outpatient and Telehealth	CPT	98966, 98967, 98968, 99441, 99442, 99443, 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458, 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, 99429, 99455, 99456, 99483 98000,98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016
Outpatient and Telehealth	HCPCS	G0402, G0438, G0439, G0463, G0071, G2010, G2012, G2250, G2251, G2252, T1015, G0544
Transitional Care Management Services	CPT	99495, 99496

TSC-E

HEDIS® Quality Measure

TSC-E – Tobacco Use Screening and Cessation Intervention

Measure Description:

The percentage of persons 12 years of age and older who were screened for commercial tobacco product use at least once during the measurement period, and who received tobacco cessation intervention if identified as a tobacco user.

Two rates are reported:

1. *Tobacco Use Screening.* The percentage of persons who were screened for tobacco use.
2. *Cessation Intervention.* The percentage of persons who were identified as a tobacco user and who received tobacco cessation intervention.

Clinical Goal

Members 12 years of age and older, as of 180 days prior to the measurement period, will be screened for tobacco use; those identifying as using tobacco will receive tobacco cessation intervention.

Product Line

Commercial, Medicaid, and Medicare

Criteria to Meet the Goal

Claims

- Submit a claim with appropriate coding for screening, result, and intervention (for members that screened positive)

Required Exclusions:

- Use of hospice or palliative care services any time during the measurement period.

HEDIS Value Set Name	Code Set	Code	Comments
Tobacco Use Screening	LOINC	39240-7, 68535-4, 68536-2	With a Yes or No code for Screening numerator compliance
Yes	LOINC	LA33-6	Positive Finding for Screening
No	LOINC	LA32-8	Negative Finding for Screening
Direct Reference Code *(Tobacco smoking status)*	LOINC	72166-2	With a Negative or Positive Tobacco Use Status code for Screening numerator compliance
Negative Tobacco Use Status	LOINC	LA159520-4, LA18978-9	With code 72166-2 for Screening numerator compliance
Positive Tobacco Use Status	LOINC	LA18976-3, LA18977-1, LA18961-3, LA18982-1	With code 72166-2 for Screening numerator compliance
Tobacco Use Cessation Counseling	CPT	99406, 99407	Numerator compliance for Intervention
Direct Reference Code *(Tobacco abuse counseling)*	ICD10CM	Z71.6	Numerator compliance for Intervention; do not use claims with POS code 81

UOP

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
UOP – Use of Opioids from Multiple Providers **Administrative Measure** The percentage of persons 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, who received opioids from multiple providers. **Three rates are reported:** 1. **Multiple Prescribers.** The percentage of members receiving prescriptions for opioids from four or more different prescribers during the measurement year. 2. **Multiple Pharmacies.** The percentage of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year. 3. **Multiple Prescribers and Multiple Pharmacies.** The percentage of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year. **Note:** *A lower rate indicates better performance.* **Eligible Population Event:** Identify members who met both of the following criteria during the measurement year: • At least two or more opioid dispensing events on different dates of service. • ≥ 15 total days covered by opioids.	Assesses potentially high-risk opioid analgesic prescribing practices. **Product Line** Commercial, Medicaid and Medicare	Members who received opioids from four or more different prescribers and four or more different pharmacies during the measurement year meet numerator compliance. **Medical record documentation not applicable.** **Required Exclusion:** • Members in hospice or using hospice services any time during the measurement year. **Note:** *The following opioid medications are excluded from this measure:* • *Injectables* • *Opioid cough and cold products* • *Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder* • *Ionsys (fentanyl transermal patch)* • *Methadone for the treatment of opioid use disorder*

URI

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
URI – Appropriate Treatment for Upper Respiratory Infection This measure is reported as an inverted rate. A higher score indicates appropriate URI treatment. **Administrative Measure** The percentage of episodes for persons 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did **NOT** result in an antibiotic dispensing event. **The Intake Period:** 7/1 of the prior year to 6/30 of the measurement year.	Antibiotics will **NOT** be prescribed to members who are diagnosed with URI only. If there is another diagnosis which requires antibiotic treatment, include the coding information on the claim. **Product Line** Commercial, Marketplace, Medicare and Medicaid	**Claims:** • Submit a claim for all additional competing diagnoses requiring antibiotic therapy on or within 3 days after the date of claim for URI. **Medical record documentation not applicable.** **Required Exclusion:** • Members in hospice or using hospice services anytime during the measurement year.

W30

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
W30 – Well-Child Visits in the First 30 Months of Life (Revised Measure Name from W15) **Administrative Measure** The percentage of persons who had the following number of well-child visits with a PCP during the last 15 months. **Two rates are reported:** **Well-Child Visits in the First 15 Months:** Children who turned 15 months old during the measurement year: • Six or more well-child visits. **Well-Child Visits for Age 15 Months – 30 Months:** Children who turned 30 months old during the measurement year: • Two or more well-child visits.	Children should have 6 or more well-child visits during the first 15 months of life. Children who turn 30 months old during the measurement year should have 2 or more well-child visits between 15 and 30 months. **Product Line** Commercial, Marketplace and Medicaid	**Claims:** • Submit a claim for all member visits with proper coding for the visit service. **Medical record documentation not applicable.** **Required Exclusion:** • Members in hospice or using hospice services anytime during the measurement year. **Note:** *Telehealth well visits no longer count for numerator compliance.*

HEDIS Value Set Name	Code Set	Code	Comments
Well Care	CPT	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	
Well Care	HCPCS	G0438, G0439, S0302, S0610, S0612, S0613	
Encounter for Well Care	ICD10CM	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2	Do not include laboratory claims (claims with POS code 81)

Refer to the AAP's Bright Futures website for more information about well-child visits **(https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/)**.

WCC

WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
Hybrid Measure
The **percentage** of persons 3 – 17 years of age who had an outpatient visit with a PCP or OB/GYN and had the following during the measurement year (1/1 to 12/31):

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
WCC – BMI Percentile documentation BMI percentile during the measurement year.	Members ages 3 – 17 will be assessed for height, weight, and BMI percentile during the measurement year. **Product Line** Commercial, Marketplace and Medicaid	**Claims:** • Submit a claim including the appropriate code. **Medical record documentation of:** • Height, Weight and **BMI percentile** or **BMI percentile plotted on age-growth chart** during the measurement year. The height, weight and BMI percentile must be from the same data source. • Ranges and thresholds do not meet criteria for this indicator. Documentation of > 99% or < 1% meets criteria because a distinct BMI percentile is evident. **Required Exclusions:** • Members in hospice or using hospice services anytime during the measurement year. • Members who have a diagnosis of pregnancy. **Note:** *Member-collected biometric values (height, weight, BMI percentile) are eligible for use in reporting. They must be collected by a PCP or specialist, the information must be recorded, dated and maintained in the member's legal health record.*

HEDIS® Value Set Name	Code Set	Code	Comment
BMI Percentile	ICD10M	Z68.51, Z68.52, Z68.53, Z68.54	Do not include laboratory claims (claims with POS code 81)
BMI Percentile	LOINC	59574-4, 59575-1, 59576-9, Z68.55, Z68.56	Do not include laboratory claims (claims with POS code 81)

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
WCC – Counseling for Nutrition Documentation of counseling for nutrition or referral for nutrition education during the measurement year.	Members ages 3 – 17 will be counseled on nutrition during the measurement year. **Product Line** Commercial, Marketplace and Medicaid	**Claims:** • Submit a claim with the appropriate code. **Medical record documentation of:** • A note indicating the date of service and at least one of the following: – Discussion of current nutrition behaviors. – Checklist indicating nutrition was addressed. – Educational materials on nutrition given to the member during face to face visits. – Anticipatory guidance for nutrition. – Counseling or referral for nutrition education. – Weight or obesity counseling. – Referral to WIC. **Required Exclusions:** • Members in hospice or using hospice services anytime during the measurement year. • Members who have a diagnosis of pregnancy.

HEDIS Value Set Name	Code Set	Code	Comment
Nutrition Counseling	CPT	97802, 97803, 97804	
Nutrition Counseling	HCPCS	G0270, G0271, G0447, S9449, S9452, S9470	
Direct Reference Code	ICD10M	Z71.3	Do not include laboratory claims (claims with POS code 81)

WCC

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
WCC – Counseling for Physical Activity Documentation of counseling for physical activity or referral for physical activity during the measurement year.	Members ages 3 – 17 will be counseled on physical activity during the measurement year. **Product Line** Commercial, Marketplace and Medicaid	**Claims:** • Submit a claim with the appropriate code. Medical record documentation of: • A note indicating the date of service and at least one of the following: – Discussion of current physical activity. – 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 for physical activity. – Weight or obesity counseling. **Required Exclusions:** • Members in hospice or using hospice services anytime during the measurement year. • Members who have a diagnosis of pregnancy.

HEDIS Value Set Name	Code Set	Code	Comment
Physical Activity Counseling	HCPCS	G0447, S9451	
Encounter for Physical Activity Counseling	ICD10CM	Z02.5, Z71.82	Do not include laboratory claims (claims with POS code 81).

WCV

HEDIS® Quality Measure	Clinical Goal	Criteria to Meet the Goal
WCV – Child and Adolescent Well-Care Visits **Administrative Measure** The percentage of persons 3 – 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Measure includes 3 age stratifications and total rate: • 3 – 11 years • 12 – 17 years • 18 – 21 years	Members 3 – 21 years of age will have at least one well-care visit durincg the measurement year. The visit must occur with a PCP or an aOB/GYN practitioner but the practitioner does not have to be the practitioner assigned to the member. **Product Line** Commercial, Marketplace and Medicaid	**Claims:** • Submit a claim for all member visits with proper coding for the visit service. **Medical record documentation not applicable.** **Required Exclusion:** • Members in hospice or using hospice services anytime during the measurement year. **Note:** *Telehealth well visits no longer count for numerator compliance.*

HEDIS Value Set Name	Code Set	Code	Comments
Well Care	CPT	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	
Well Care	HCPCS	G0438, G0439, S0302, S0610, S0612, S0613	
Encounter for Well Care	ICD10CM	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2	Do not include laboratory claims (claims with POS code 81)

Refer to the AAP's Bright Futures website for more information about well-child visits (**https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/**).

Medicare Part D Pharmacy

Medicare Part D Pharmacy Measures	Clinical Goal	Criteria to Meet the Goal
Medication Adherence for Cholesterol (Statins) **Administrative Measure** The percentage of Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy for statin cholesterol medications during the measurement period.	**CONSIDER** 90-day supply of medication. Medication synchronization. Cost savings by using preferred retail or mail order pharmacy. **EDUCATE** member regarding medication compliance and risk factors. **ASSESS** compliance and remove barriers to compliance.	**Claims:** • Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year. **There is no reporting required from the provider.** **Medical record documentation not applicable.** **Adherence defined as:** A proportion of days covered (PDC) at **80%** or over for statin cholesterol medication(s) during the measurement period. **Required Exclusions:** • Hospice enrollment. • ESRD diagnosis. • Dialysis coverage dates.

Medicare Part D Pharmacy Measures	Clinical Goal	Criteria to Meet the Goal
Medication Adherence for Hypertension (RAS antagonists) **Administrative Measure** The percentage of Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy for Renin Angiotensin System (RAS) antagonists: Angiotensin Converting Enzyme Inhibitor (ACEI), Angiotensin Receptor Blocker (ARB), or direct renin inhibitor medications.	**CONSIDER** 90-day supply of medication. Medication synchronization. Cost savings by using preferred retail or mail order pharmacy. **EDUCATE** member regarding medication compliance and risk factors. **ASSESS** compliance and remove barriers to compliance.	**Claims:** • Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year. **There is no reporting required from the provider.** **Medical record documentation not applicable.** **Adherence defined as:** A proportion of days covered (PDC) at **80%** or higher for RAS antagonist medications during the measurement period. **Required Exclusions:** • Hospice enrollment. • ESRD diagnosis or dialysis coverage dates. • One or more prescriptions for sacubitril / valsartan.

For the complete description of the Medicare Part D Pharmacy Measures please refer to the Medicare 2026 Part C & D Star Ratings Technical Notes: https://www.cms.gov/files/document/2026-star-ratings-technical-notes.pdf.

Medicare Part D Pharmacy

Medicare Part D Pharmacy Measures	Clinical Goal	Criteria to Meet the Goal
Medication Adherence for Diabetes Medications **Administrative Measure** The percentage of Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy across classes of diabetes medications: biguanides, sulfonylureas, thiazolidinediones, DiPeptidyl Peptidase (DDP)-4 inhibitors, GIP/GLP-1 receptor antagonists, meglitinides, and sodium glucose cotransporter 2 (SGLT2) inhibitors.	**CONSIDER** 90-day supply of medication. Medication synchronization. Cost savings by using preferred retail or mail order pharmacy. An alternate generic regimen for therapeutic coverage of brand name medications for greater affordability, or in the event of a drug shortage. **EDUCATE** member regarding medication compliance and risk factors. **ASSESS** compliance and remove barriers to compliance.	**Claims:** • Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year. **There is no reporting required from the provider.** **Medical record documentation not applicable.** **Adherence defined as:** A proportion of days covered (PDC) at **80%** or higher across the classes of diabetes medications. **Required Exclusions:** • One or more prescriptions for insulin. • Hospice enrollment. • ESRD diagnosis or dialysis coverage dates.

Medicare Part D Pharmacy Measures	Clinical Goal	Criteria to Meet the Goal
Statin Use in Persons with Diabetes (SUPD) **Administrative Measure** The percentage of Medicare Part D beneficiaries between 40 and 75 years old who received at least two diabetes medication fills and also received a statin medication during the measurement period. **Note:** The PQA updated the SUPD measure specifications to add a denominator exception for beneficiaries from the eligible population without one or more prescription claims for a statin medication and with one or more prescription claims for either bempedoic acid or one or more prescription claims for a PCSK9 inhibitor during the measurement year.	**CONSIDER** 90-day supply of medication. Medication synchronization. Cost savings by using preferred retail or mail order pharmacy. **EDUCATE** member regarding medication compliance and risk factors. **ASSESS** compliance and remove barriers to compliance.	**Claims:** • Information for this measure is based on claims data for prescription drugs filled by the members through December 31 of the measurement year. **There is no reporting required from the provider.** **Medical record documentation not applicable.** **Required Exclusions:** Any of the following during the measurement year: • Hospice enrollment. • ESRD diagnosis or dialysis coverage dates • Rhabdomyolysis and myopathy • Pregnancy • Lactation and fertility • Cirrhosis • Pre-Diabetes • Polycystic Ovary Syndrome **Note:** *The ICD-10 diagnosis code must be submitted each measurement year for exclusion from the measure.*

Exclusion*	Code Set	Code
Rhabdomyolysis or myopathy	ICD10CM	G72.0, G72.89, G72.9, M60.80, M60.9, M62.82, etc.
Pre-diabetes	ICD10CM	R73.03, R73.09
Cirrhosis	ICD10CM	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69
Currently pregnant, breast-feeding, or of child-bearing age	ICD10CM	O91.03, O92.03, Z39.1, O00.111, etc.
Polycystic ovary syndrome (PCOS)	ICD10CM	E28.2
ESRD	ICD10CM	I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2

*Please contact your QMC for a complete list of exclusion codes.

For the complete description of the Medicare Part D Pharmacy Measures please refer to the Medicare 2026 Part C & D Star Ratings Technical Notes: https://www.cms.gov/files/document/2026-star-ratings-technical-notes.pdf.

Medicare Part D Pharmacy

Medicare Part D Pharmacy Measures	Clinical Goal	Criteria to Meet the Goal
Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH) **Administrative Measure** The percentage of Medicare Part D beneficiaries 65 years of age or older with concurrent use of two or more unique anticholinergic (ACH) medications during the measurement period. The PQA defines concurrent use as overlapping days' supply for at least 30 cumulative days during the measurement period.	**CONSIDER** Deprescribing ACH medications when appropriate as the use of multiple anticholinergics in older adults is associated with an increased risk of cognitive decline. Alternate regimens should be considered.	The goal is to have a low percentage of members with overlapping days' supply for at least 30 cumulative days of two or more unique anticholinergic (ACH) medications. **Required Exclusions:** • Hospice enrollment

Medicare Part D Pharmacy Measures	Clinical Goal	Criteria to Meet the Goal
Concurrent Use of Opioids and Benzodiazepines (COB) **Administrative Measure** The percentage of Medicare Part D beneficiaries, 18 years or older, with concurrent use of prescription opioids and benzodiazepines during the measurement period. The PQA defines concurrent use as overlapping days' supply for an opioid and benzodiazepine at least 30 cumulative days during the measurement period.	**CONSIDER** Deprescribing opioids and benzodiazepines when appropriate since the concurrent use of these medications is deemed a serious safety concern for Medicare Part D beneficiaries. Alternate regimens should be considered.	The goal is to have a low percentage of members with overlapping days' supply for at least 30 cumulative days of an opioid and benzodiazepine. **Required Exclusions:** • Hospice enrollment • Cancer diagnosis • Sickle Cell disease diagnosis • Palliative Care

For the complete description of the Medicare Part D Pharmacy Measures please refer to the Medicare 2026 Part C & D Star Ratings Technical Notes: https://www.cms.gov/files/document/2026-star-ratings-technical-notes.pdf.

APPENDIX 1

BMI Code Chart

ICD-10-CM Codes for WCC Ages 3 – 17 Per HEDIS Specifications
Z68.51 Body mass index (BMI) pediatric, less than 5th percentile for age
Z68.52 Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age
Z68.53 Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age
Z68.54 Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age
Z68.55 Body mass index [BMI] pediatric, 120% of the 95th percentile for age to less than 140% of the 95th percentile for age
Z68.56 Body mass index [BMI] pediatric, greater than or equal to 140% of the 95th percentile for age

APPENDIX 2

Measures Used in Overall Medicare Star Ratings

The Centers for Medicare and Medicaid Services (CMS) uses a five-star quality rating system to promote improvement in quality. The following weighted measures are utilized when calculating an overall Medicare Star Rating:

Measure	Weight
Medication Adherence for Cholesterol (Statins)	1
Medication Adherence for Hypertension (RAS Antagonists)	1
Medication Adherence for Diabetes Medications	1
GSD – Glycemic Status Assessment for Patients with Diabetes > 9.0%	3
CBP – Controlling High Blood Pressure	3
PCR – Plan All-Cause Readmissions	3
OMW – Osteoporosis Management	1
COL-E – Colorectal Cancer Screening	1
FMC – Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions	1
EED – Eye Exam for Patients with Diabetes	1
TRC – Transitions of Care	1
SUPD – Statin Use in Persons with Diabetes	1
BCS-E -Breast Cancer Screening	1
KED - Kidney Health Evaluation for Patients with Diabetes	1
COB-Concurrent Use of Opioids and Benzodiazepines	1
Poly-Ach - Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults	1

APPENDIX 3

CAHPS and Medicare HOS Information

CAHPS (Consumer Assessment of Healthcare Providers and Systems) Survey: Evaluating the Patient's Experience

The CAHPS® survey evaluates the consumer's perspective of the quality of health services provided by Commercial, Medicare Advantage and Part D programs.

Below are some tips to addressing the CAHPS-specific patient experience factors:

- Be familiar with the questions patients are being asked on the member survey.
- Blue Cross and Blue Shield of North Carolina (Blue Cross NC) has changed the benefit for payment of the Medicare Advantage Annual Wellness Visit from once every 12 months to once per calendar year. This reconfiguration took effect January 1, 2021 and will remain in place until further notice.
- Encourage patients to get a flu shot each year.
- Understand patients' costs for prescribed drugs based on their plan formulary.
- Follow up with patients promptly regarding test results, regardless of whether the results require additional care.
- Prioritize timely appointment scheduling, for both routine and specialty care.

Medicare Health Outcomes Survey (HOS) 101: For Providers

The HOS member survey assesses the physical and mental health of patients over a two year period. Responses to this survey contribute to the plan's overall Star Rating. Many of the survey questions ask the patient if they have had conversations with their doctor or nurse about activity level, falls, and bladder control.

Best Practices for Providers:

- Be familiar with the questions patients are being asked on the member survey.
- Place reminders in your EMR to speak with patients at each visit regarding these topics:
  - Suggest that they use a cane or walker if needed.
  - Lying or standing blood pressure.
  - Exercise or physical therapy program recommendations.
  - Vision or hearing test (if necessary).
- Advise patients on ways to manage the leaking of urine, including bladder training exercises, medication and surgery.

APPENDIX 4

Medicare Medications with $0 Copay*

2026 Formulary Tier 6 Select Care Drugs – GENERIC DRUGS ONLY

*$0 copay at Preferred Retail Pharmacies and Amazon Pharmacy::
(List of Preferred Retail Pharmacies available at **https://www.bluecrossnc.com/members/medicare/prescription-drug**.)

Drug Class		
Angiotensin – Converting Enzyme Inhibitors (ACE-I)	**Angiotensin – Receptor Blockers (ARB)**	**Statins**
Benazepril Benazepril / Amlodipine Benazepril / HCTZ Captopril Enalapril tablet Enalapril / HCTZ Fosinopril Fosinopril / HCTZ Lisinopril Lisinopril / HCTZ Moexipril Perindopril Quinapril Quinapril / HCTZ Ramipril Trandolapril Trandolapril / Verapamil ER	Candesartan Candesartan / HCTZ Irbesartan Irbesartan / HCTZ Losartan Losartan / HCTZ Olmesartan Olmesartan / Amlodipine Olmesartan / HCTZ Telmisartan Telmisartan / HCTZ Valsartan Valsartan / Amlodipine Valsartan / Amlodipine / HCTZ Valsartan / HCTZ	Atorvastatin Lovastatin Pravastatin Rosuvastatin Simvastatin Simvastatin / Ezetimibe
COMMON USE		
Blood Pressure	**Blood Pressure**	**Cholesterol**

Drug Class			
Sulfonylureas	**Thiazolidinediones (TZDs)**	**Meglitinides**	**Biguanides**
Glimepiride Glimepiride / Pioglitazone Glipizide Glipizide ER Glipizide XL Glipizide / Metformin Glyburide / Metformin	Pioglitazone Pioglitazone / Glimepiride Pioglitazone / Metformin	Nateglinide Repaglinide	Metformin tablet Metformin ER tablet** Metformin / Glipizide Metformin / Glyburide Metformin / Pioglitazone ** Metformin ER does not include generic Fortamet (Metformin ER osmotic release tablet) or Glumetza (Metformin ER modified release tablet).
COMMON USE			
Diabetes	**Diabetes**	**Diabetes**	**Diabetes**

APPENDIX 5

Electronic Clinical Data Systems (ECDS) Measures

Electronic Clinical Data Systems (ECDS) Measures

- A structured method to collect and report electronic clinical data for HEDIS quality measurement and for quality improvement.
- HEDIS reporting standard for health plans collecting and submitting measures to NCQA. This reporting standard defines the data sources and types of structured data acceptable for use for a measure.

‡ Data collection:

- Personal Health Record (PHR) / Electronic Health Record (EHR)
- Clinical Registry / Health Information Exchange (HIE)
- Case management system
- Admin / enrollment

‡ Data must:

- Use standard layouts
- Meet the technical specifications
- Must be accessible by the care team upon request
- Elements reported according to data source

NCQA developed ECDS to encourage health information exchange, the secure sharing of patient medical information electronically.

Appendix 6

Measure Value Set Codes (Continued)

ADD-E (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
BH Outpatient	CPT	98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 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, 99483, 99492, 99493, 99510, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007	
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015, G0560	
Health and Behavior Assessment or Intervention	CPT	96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171	
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443, 98008, 98009, 98010, 98011, 98012, 98014, 98015	
Online Assessment	CPT	98970, 98971, 98972, 99421, 99422, 99423, 98016	Only Numerator Compliance for Rate 2 (C&M Phase), and only one of the two visits (during the 31 – 300 days after the IPSD) may be an e-visit or virtual check-in.
Online Assessment	HCPCS	G0071, G2010, G2012, G2250, G2251, G2252	Only Numerator Compliance for Rate 2 (C&M Phase), and only one of the two visits (during the 31 – 300 days after the IPSD) may be an e-visit or virtual check-in.
Direct Reference Code	POS	52, 53	With a Visit Setting Unspecified code
Telehealth POS	POS	2, 10	With a Visit Setting Unspecified code
Outpatient POS	POS	03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 27	With a Visit Setting Unspecified code

CIS (continued)

HEDIS® Quality Measure	Code Set	Code
Hepatitis B Immunization	CVX	8, 44, 45, 51, 110, 146, 198
Hepatitis B Vaccine Procedure	CPT	90697, 90723, 90740, 90744, 90747, 90748
Hepatitis B Vaccine Procedure	HCPCS	G0010
Direct Reference Code (Newborn Hepatitis B Vaccine)	ICD10PCS	3E0234Z
Haemophilus Influenzae Type B (HiB) Immunization	CVX	17, 46, 47, 48, 49, 50, 51, 120, 146, 148, 198
Haemophilus Influenzae Type B (HiB) Vaccine Procedure	CPT	90644, 90647, 90648, 90697, 90698, 90748
Inactivated Polio Vaccine (IPV) Immunization	CVX	10, 89, 110, 120, 146
Inactivated Polio Vaccine (IPV) Procedure	CPT	90697, 90698, 90713, 90723
Influenza Immunization	CVX	88, 140, 141, 150, 153, 158, 161, 171, 186, 320
Influenza Vaccine Procedure	CPT	90655, 90657, 90661, 90674, 90685, 90686, 90687, 90688, 90689, 90756, 90565, 90658
Influenza Virus LAIV Immunization	CVX	111, 149, 333
Influenza Virus LAIV Vaccine Procedure	CPT	90660, 90672
Measles	ICD10CM	B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9
Measles, Mumps and Rubella (MMR) Immunization	CVX	3, 94
Measles, Mumps and Rubella (MMR) Vaccine Procedure	CPT	90707, 90710
Mumps	ICD10CM	B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9
Rubella	ICD10CM	B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Pneumococcal Conjugate Immunization	CVX	109, 133, 152, 215
Pneumococcal Conjugate Vaccine Procedure	CPT	90670, 90671
Pneumococcal Conjugate Vaccine Procedure	HCPCS	G0009
Direct Reference Code (formally Rotavirus) (2 Dose Schedule) Immunization	CVX	119
Rotavirus (3 Dose Schedule) Immunization	CVX	116, 122
Rotavirus Vaccine (2 Dose Schedule) Procedure	CPT	90681
Rotavirus Vaccine (3 Dose Schedule) Procedure	CPT	90680
Varicella Zoster (VZV) Immunization	CVX	21, 94
Varicella Zoster (VZV) Vaccine Procedure	CPT	90710, 90716
Varicella Zoster	ICD10CM	B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9

DSF-E (continued)

Depression Screening Instruments for Adults (18+ Years)	Total Score LOINC Codes	Positive Finding
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥ 10
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥ 10
My Mood Monitor (M-3)®	71777-7	Total score ≥ 5
PROMIS Depression	71965-8	Total score (T Score) ≥ 60
PROMIS Emotional Distress - Depression - Short Form	77861-3	Total score (T Score) ≥ 60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥ 31

* Brief screening instrument. All other instruments are full-length.

HEDIS® Quality Measure	Code Set	Code	Comments
Follow Up Visit	CPT	98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008 ,98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98979, 98980, 98981, 99078, 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, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99470	With a diagnosis of depression or other behavioral health condition
Follow Up Visit	HCPCS	G0544, G2010, G2012, G2250, G2251, G2252, T1015	With a diagnosis of depression or other behavioral health condition
Depression Case Management Encounter	CPT	99366, 99492, 99493	That either documents assessment for symptoms of depression **OR** with a diagnosis of depression or other behavior health condition
Depression Case Management Encounter	HCPCS	T1016, T1017, T2022, T2023	That either documents assessment for symptoms of depression **OR** with a diagnosis of depression or other behavior health condition
Behavioral Health Encounter	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493	
Behavioral Health Encounter	HCPCS	G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485	
Direct Reference Code	ICD10CM	Z71.82	Do not include claims with POS code 81

Continued on the following page

DSF-E (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Depression or Other Behavioral Health Condition	ICD10CM	F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22,F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12,F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345	With the appropriate encounter code

FMC (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Visit Setting Unspecified	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255	With one of the following: • Outpatient POS code • POS code 52 • POS code 53 • Telehealth POS code
BH Outpatient	CPT	98960, 98961, 98962, 99078, 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, 99483, 99492, 99493, 99510, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 9800	
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015, G0560	
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	
Electroconvulsive Therapy	CPT	90870	With Outpatient POS code **OR** POS code 24 **OR** POS code 52 **OR** POS code 53
Electroconvulsive Therapy	HCPCS	GZB0ZZZ, GZB2ZZZ, GZB4ZZZ	With one of the following: • Outpatient POS code • POS code 24 • POS code 52 • POS code 53
Substance Use Disorder Services	CPT	99408, 99409	
Substance Use Disorder Services	HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012	
Outpatient POS	POS	03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 27	With a Visit Setting Unspecified code **OR** Electroconvulsive Therapy
Direct Reference Code	POS	52, 53	With a Visit Setting Unspecified code **OR** Electroconvulsive Therapy
Direct Reference Code	POS	24	With Electroconvulsive Therapy
Telehealth POS	POS	2, 10	With a Visit Setting Unspecified code
Substance Abuse Counseling and Surveillance	ICD10CM	Z71.41, Z71.51	Do not include laboratory claims (claims with POS code 81)

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FMC (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Outpatient and Telehealth	CPT	98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 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, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98979, 99470	
Outpatient and Telehealth	HCPCS	G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015	

FUA (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
AOD Abuse and Dependence	ICD10CM	F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29	To be used with appropriate visit codes for numerator compliance
AOD Medication Treatment	HCPCS	G2073, H0020, H0033, J0571, J0572, J0573, J0574, J0575, J0577, J0578, J2315, Q9991, Q9992, S0109, G0533	
Substance Induced Disorders	ICD10CM	F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.90, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F12.99, F13.90, F13.920, F13.921, F13.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99, F14.90, F14.920, F14.921, F14.922, F14.929, F14.93, F14.94, F14.950, F14.951, F14.959, F14.980, F14.981, F14.982, F14.988, F14.99, F15.90, F15.920, F15.921, F15.922, F15.929, F15.93, F15.94, F15.950, F15.951, F15.959, F15.980, F15.981, F15.982, F15.988, F15.99, F16.90, F16.920, F16.921, F16.929, F16.94, F16.950, F16.951, F16.959, F16.980, F16.983, F16.988, F16.99, F18.90, F18.920, F18.921, F18.929, F18.94, F18.950, F18.951, F18.959, F18.97, F18.980, F18.988, F18.99, F19.90, F19.920, F19.921, F19.922, F19.929, F19.930, F19.931, F19.932, F19.939, F19.94, F19.950, F19.951, F19.959, F19.96, F19.97, F19.980, F19.981, F19.982, F19.988, F19.99, F10.90	To be used with appropriate visit codes for numerator compliance

Continued on the following page

FUA (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Unintentional Drug Overdose	ICD10CM	T40.0X1A, T40.0X1D, T40.0X1S, T40.0X4A, T40.0X4D, T40.0X4S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X4A, T40.2X4D, T40.2X4S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X4A, T40.3X4D, T40.3X4S, T40.411A, T40.411D, T40.411S, T40.414A, T40.414D, T40.414S, T40.421A, T40.421D, T40.421S, T40.424A, T40.424D, T40.424S, T40.491A, T40.491D, T40.491S, T40.494A, T40.494D, T40.494S, T40.5X1A, T40.5X1D, T40.5X1S, T40.5X4A, T40.5X4D, T40.5X4S, T40.601A, T40.601D, T40.601S, T40.604A, T40.604D, T40.604S, T40.691A, T40.691D, T40.691S, T40.694A, T40.694D, T40.694S, T40.711A, T40.711D, T40.711S, T40.714A, T40.714D, T40.714S, T40.721A, T40.721D, T40.721S, T40.724A, T40.724D, T40.724S, T40.8X1A, T40.8X1D, T40.8X1S, T40.8X4A, T40.8X4D, T40.8X4S, T40.901A, T40.901D, T40.901S, T40.904A, T40.904D, T40.904S, T40.991A, T40.991D, T40.991S, T40.994A, T40.994D, T40.994S, T41.0X1A, T41.0X1D, T41.0X1S, T41.0X4A, T41.0X4D, T41.0X4S, T41.1X1A, T41.1X1D, T41.1X1S, T41.1X4A, T41.1X4D, T41.1X4S, T41.201A, T41.201D, T41.201S, T41.204A, T41.204D, T41.204S, T41.291A, T41.291D, T41.291S, T41.294A, T41.294D, T41.294S, T41.3X1A, T41.3X1D, T41.3X1S, T41.3X4A, T41.3X4D, T41.3X4S, T41.41XA, T41.41XD, T41.41XS, T41.44XA, T41.44XD, T41.44XS, T41.5X1A, T41.5X1D, T41.5X1S, T41.5X4A, T41.5X4D, T41.5X4S, T42.3X1A, T42.3X1D, T42.3X1S, T42.3X4A, T42.3X4D, T42.3X4S, T42.4X1A, T42.4X1D, T42.4X1S, T42.4X4A, T42.4X4D, T42.4X4S, T43.601A, T43.601D, T43.601S, T43.604A, T43.604D, T43.604S, T43.621A, T43.621D, T43.621S, T43.624A, T43.624D, T43.624S, T43.631A, T43.631D, T43.631S, T43.634A, T43.634D, T43.634S, T43.641A, T43.641D, T43.641S, T43.644A, T43.644D, T43.644S, T43.691A, T43.691D, T43.691S, T43.694A, T43.694D, T43.694S, T51.0X1A, T51.0X1D, T51.0X1S, T51.0X4A, T51.0X4D, T51.0X4S, T43.651A, T43.651D, T43.651S, T43.654A, T43.654D, T43.654S	To be used with appropriate visit codes for numerator compliance
BH Outpatient	CPT	98960, 98961, 98962, 99078, 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, 99483, 99492, 99493, 99510, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007	With diagnosis of SUD, substance use, or drug overdose **OR** with a mental health provider
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015, G0560	With diagnosis of SUD, substance use, or drug overdose **OR** with a mental health provider
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	With diagnosis of SUD, substance use, or drug overdose **OR** with a mental health provider
Peer Support Services	HCPCS	G0140, G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017	With diagnosis of SUD, substance use, or drug overdose

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FUA (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
OUD Monthly Office Based Treatment	HCPCS	G2086, G2087	With diagnosis of SUD, substance use, or drug overdose
OUD Weekly Non-Drug Service	HCPCS	G2074, G2075, G2076, G2077, G2080	With diagnosis of SUD, substance use, or drug overdose
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443, T1017, 98008, 98009, 98010, 98011, 98012, 98014, 98015	With diagnosis of SUD, substance use, or drug overdose **OR** with a mental health provider
Online Assessments	CPT	98971, 98972, 99421, 99422, 99423, 98016, 98970	With diagnosis of SUD, substance use, or drug overdose **OR** with a mental health provider
Online Assessments	HCPCS	G0071, G2010, G2012, G2250, G2251, G2252	With diagnosis of SUD, substance use, or drug overdose **OR** with a mental health provider
Substance Use Disorder Services	CPT	99408, 99409	
Substance Use Disorder Services	HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012	
Behavioral Health Assessment	CPT	99408, 99409	
Behavioral Health Assessment	HCPCS	G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049	
Substance Use Services	HCPCS	H0006, H0028	
Outpatient POS	POS	03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 27	With a Visit Setting Unspecified code **AND** with either any diagnosis of SUD, substance use, or drug overdose **OR** with a mental health provider

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FUA (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Non-residential Substance Abuse Treatment Facility POS	POS	57, 58	With a Visit Setting Unspecified code **AND** with either any diagnosis of SUD, substance use, or drug overdose **OR** with a mental health provider
Direct Reference Code	POS	52, 53	With a Visit Setting Unspecified code **AND** with either any diagnosis of SUD, substance use, or drug overdose **OR** with a mental health provider
Telehealth POS	POS	2, 10	With a Visit Setting Unspecified code **AND** with either any diagnosis of SUD, substance use, or drug overdose **OR** with a mental health provider
Substance Abuse Counseling and Surveillance	ICD10CM	Z71.41, Z71.51	Do not include laboratory claims (claims with POS code 81)

FUH (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
BH Outpatient	CPT	98960, 98961, 98962, 99078, 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, 99483, 99492, 99493, 99510, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007	With one of the following: • A mental health provider • Mental health disorder diagnosis • POS code 53
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015, G0560	With one of the following: • A mental health provider • Mental health disorder diagnosis • POS code 53
Transitional Care Management Services	CPT	99495, 99496	With one of the following: • A mental health provider • Mental health disorder diagnosis • POS code 53
Electroconvulsive Therapy	CPT	90870	With one of the following: • Oupatient POS code • POS code 24 • POS code 52 • POS code 53
Electroconvulsive Therapy	HCPCS	GZB0ZZZ, GZB2ZZZ, GZB4ZZZ	With one of the following: • Oupatient POS code • POS code 24 • POS code 52 • POS code 53
Psychiatric Collaborative Care Management	CPT	99492, 99493	
Psychiatric Collaborative Care Management	HCPCS	G0512	
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443, 98008, 98009, 98010, 98011, 98012, 98014, 98015	With a mental health provider **OR** mental health disorder diagnosis
Direct Reference Code	POS	52	With a Visit Setting Unspecified code **OR** Electroconvulsive Therapy
Direct Reference Code	POS	53	With Visit Setting Unspecified code **OR** Electroconvulsive Therapy **OR** Transitional Care Management Services **OR** BH Outpatient
Direct Reference Code	POS	24	With Electroconvulsive Therapy
Direct Reference Code	POS	56	With Visit Setting Unspecified code
Telehealth POS	POS	2, 10	With a mental health provider and Visit Setting Unspecified code

FUH – Follow-Up After Hospitalization for Mental Illness (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Outpatient POS	POS	03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 27	With one of the following: • Visit Setting Uanspecified code with either a mental health provider **OR** mental health disorder diagnosis • POS code 53
Mental Health Diagnosis	ICD10CM	F03.90, F03.91, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00, F50.82, F50.89, F50.9, F51.01, F51.02, F51.03, F51.04, F51.05, F51.09, F51.11, F51.12, F51.13, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F64.0, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F69, F80.0, F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, F95.0, F95.1, F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3, F98.4, F98.5, F98.8, F98.9, F99, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F43.81, F43.89, F50.010, F50.011 F50.012, F50.013, F50.014, F50.019, F50.020, F50.021, F50.022, F50.023, F50.024, F50.029, F50.20, F50.21, F50.22, F50.23, F50.24, F50.25, F50.810, F50.811, F50.812, F50.813, F50.814, F50.89, F50.83, F50.84	To be used with appropriate visit codes for numerator compliance
Peer Support Services	HCPCS	G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016, G0140, T1017	With a mental health disorder diagnosis
Residential Behavioral Health Treatment	HCPCS	T2048, H0019, H0017, H0018	

FUI (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
AOD Abuse and Dependence	ICD10CM	F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29	To be used with appropriate visit codes for numerator compliance
Visit Setting Unspecified	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255	With a diagnosis of substance use disorder **AND** one of the following: • Outpatient POS code • POS code 52 • POS code 53 • Telehealth POS code • Non-residential substance abuse treatment facility POS
BH Outpatient	CPT	98960, 98961, 98962, 99078, 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, 99483, 99492, 99493, 99510, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007	With a diagnosis of substance use disorder
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015, G0560	With a diagnosis of substance use disorder

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FUI (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	With a diagnosis of substance use disorder
Substance Use Disorder Services	CPT	99408, 99409	With a diagnosis of substance use disorder
Substance Use Disorder Services	HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012	With a diagnosis of substance use disorder
OUD Monthly Office Based Treatment	HCPCS	G2086, G2087, G2069	With a diagnosis of substance use disorder
OUD Weekly Non Drug Service	HCPCS	G2074, G2075, G2076, G2077, G2080	With a diagnosis of substance use disorder
Online Assessments	CPT	98970, 98971, 98972, 99421, 99422, 99423, 98016	With a diagnosis of substance use disorder
Online Assessments	HCPCS	G0071, G2010, G2012, G2250, G2251, G2252	With a diagnosis of substance use disorder
Residential Behavioral Health Treatment	HCPCS	H0017, H0018, H0019, T2048	With a diagnosis of substance use disorder
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015	With a diagnosis of substance use disorder
AOD Medication Treatment	HCPCS	G2073, H0020, H0033, J0571, J0572, J0573, J0574, J0575, J0577, J0578, J2315, Q9991, Q9992, S0109, G0533	
Outpatient POS	POS	03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 27	With a Visit Setting Unspecified code **AND** a diagnosis of substance abuse disorder
Non-residential Substance Abuse Treatment Facility POS	POS	57, 58	With a Visit Setting Unspecified code **AND** a diagnosis of substance abuse disorder
Direct Reference Code	POS	52, 53	With a Visit Setting Unspecified code **AND** a diagnosis of substance abuse disorder
Telehealth POS	POS	2, 10	With a Visit Setting Unspecified code **AND** a diagnosis of substance abuse disorder
Substance Abuse Counseling and Surveillance	ICD10CM	Z71.41, Z71.51	With a diagnosis of substance abuse disorder. Do not include laboratory claims (claims with POS code 81)
Peer Support Services	HCPCS	G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016, G0140, T1017	With a diagnosis of substance use disorder

FUM (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Mental Health Diagnosis	ICD10CM	F03.90, F03.91, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00, F50.82, F50.89, F50.9, F51.01, F51.02, F51.03, F51.04, F51.05, F51.09, F51.11, F51.12, F51.13, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F64.0, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F69, F80.0, F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, F95.0, F95.1, F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3, F98.4, F98.5, F98.8, F98.9, F99, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03A18, F03.A2, F03. A3, F03.A4. F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03. B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F43.81, F43.89, F50.010, F50.011 F50.012, F50.013, F50.014, F50.019, F50.020, F50.021, F50.022, F50.023, F50.024, F50.029, F50.20, F50.21, F50.22, F50.23, F50.24, F50.25, F50.810, F50.811	To be used with appropriate visit codes for numerator compliance
Visit Setting Unspecified	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255	With one of the following: • Outpatient POS code with mental health disorder diagnosis • POS code 52 • POS code 53 • POS code 56 • Telehealth POS code with mental health disorder diagnosis • Electroconvulsive Therapy

Continued on the following page

FUM (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
BH Outpatient	CPT	98960, 98961, 98962, 99078, 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, 99483, 99492, 99493, 99510, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007	With any diagnosis of a mental health disorder
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015, G0560	With any diagnosis of a mental health disorder
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	With a diagnosis of a mental health disorder
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015	With a diagnosis of a mental health disorder
Online Assessments	CPT	98970, 98971, 98972, 99421, 99422, 99423, 98016	With a diagnosis of a mental health disorder
Online Assessments	HCPCS	G0071, G2010, G2012, G2250, G2251, G2252	With a diagnosis of a mental health disorder
Electroconvulsive Therapy	CPT	90870	With one of the following: • Oupatient POS • POS code 24 • POS code 52 • POS code 53
Electroconvulsive Therapy	ICD10PCS	GZB0ZZZ, GZB2ZZZ, GZB4ZZZ	With one of the following: • Oupatient POS • POS code 24 • POS code 52 • POS code 53
Outpatient POS	POS	03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 27	With a Visit Setting Unspecified code **AND** a diagnosis of a mental health disorder
Direct Reference Code	POS	52, 53	With a Visit Setting Unspecified code **OR** an Electroconvulsive therapy code
Direct Reference Code	POS	24	With a Visit Setting Unspecified code
Telehealth POS	POS	2, 10	With a Visit Setting Unspecified code **AND** a diagnosis of a mental health disorder
Direct Reference Code	POS	56	With a Visit Setting Unspecified code
Psychiatric Collaborative Care Management	CPT	99492, 99493, G0512	
Peer Support Services	HCPCS	G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016, G0140, T1017	With a mental health disorder diagnosis
Residential Behavioral Health Treatment	HCPCS	T2048, H0019, H0017, H0018	

FUM Measure Value Set Codes (continued)

IET (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Alcohol Abuse and Dependence	ICD10CM	F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29	To be used with appropriate visit codes for numerator compliance
Opioid Abuse and Dependence	ICD10CM	F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29	To be used with appropriate visit codes for numerator compliance
Other Drug Abuse and Dependence	ICD10CM	F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29	To be used with appropriate visit codes for numerator compliance
Visit Setting Unspecified	CPT	90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255	With a diagnosis of Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence **AND** one of the following: • Outpatient POS code • POS code 52 • POS code 53 • Telehealth POS code • Non-residential substance abuse treatment facility POS

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IET (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
BH Outpatient	CPT	98960, 98961, 98962, 99078, 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, 99483, 99492, 99493, 99510, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007	With a diagnosis of Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence
BH Outpatient	HCPCS	G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015, G0560	With a diagnosis of Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence
Partial Hospitalization or Intensive Outpatient	HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	With a diagnosis of Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence
Telephone Visits	CPT	98966, 98967, 98968, 99441, 99442, 99443	With a diagnosis of Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence
Online Assessments	CPT	98970, 98971, 98972, 99421, 99422, 99423, 98016	With a diagnosis of Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence
Online Assessments	HCPCS	G0071, G2010, G2012, G2250, G2251, G2252	With a diagnosis of Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence
Substance Use Disorder Services	CPT	99408, 99409	With a diagnosis of Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence
Substance Use Disorder Services	HCPCS	G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012	With a diagnosis of Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence
OUD Weekly Non-Drug Service	HCPCS	G2074, G2075, G2076, G2077, G2080	
OUD Monthly Office Based Treatment	HCPCS	G2086, G2087	Numerator Compliance for Initiation Only
Buprenorphine Implant	HCPCS	G2070, G2072, J0570	Numerator compliance for opioid use disorder cohort for Initiation rate only
Buprenorphine Injection	HCPCS	G2069, Q9991, Q9992, G0533, J0577, J0578	Numerator compliance for opioid use disorder cohort for Initiation rate only

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IET (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Buprenorphine Naloxone	HCPCS	J0572, J0573, J0574, J0575	Numerator compliance for opioid use disorder cohort only
Buprenorphine Oral	HCPCS	H0033, J0571	Numerator compliance for opioid use disorder cohort only
Buprenorphine Oral Weekly	HCPCS	G2068, G2079	Numerator compliance for opioid use disorder cohort only
Direct Reference Code	POS	52, 53	With a Visit Setting Unspecified Code **AND** one of the following diagnoses: Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence OR Other Drug Abuse / Dependence
Methadone Oral	HCPCS	H0020, S0109, 310653000	Numerator compliance for opioid use disorder cohort only
Methadone Oral Weekly	HCPCS	G2067, G2078	Numerator compliance for opioid use disorder cohort only
Naltrexone Injection	HCPCS	J2315	Numerator compliance for Initiation rate only
Non-residential Substance Abuse Treatment Facility POS	POS	57, 58	With a Visit Setting Unspecified Code **AND** one of the following diagnoses: Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence
OUD Weekly Drug Treatment Service	HCPCS	G2067, G2068, G2070, G0533	Numerator Compliance for Initiation Only
Outpatient	CPT	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, 99429, 99455, 99456, 99483, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007	With a Visit Setting Unspecified Code **AND** one of the following diagnoses: Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence
Outpatient	HCPCS	G0402, G0438, G0439, G0463, T1015, 77406008	With a Visit Setting Unspecified Code **AND** one of the following diagnoses: Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence
Substance Abuse Counseling and Surveillance	ICD10CM	Z71.41, Z71.51	With a diagnosis of Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence. Do not include laboratory claims (claims with POS code 81)
Telehealth	POS	02, 10	With a Visit Setting Unspecified Code **AND** one of the following diagnoses: Alcohol Abuse / Dependence **OR** Opioid Abuse / Dependence **OR** Other Drug Abuse / Dependence

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HEDIS® Quality Measure	Code Set	Code	Comments
Prenatal Bundled Services	CPT	59400, 59425, 59426, 59510, 59610, 59618	
Prenatal Bundled Services	HCPCS	H1005	
Stand Alone Prenatal Visits	CPT	99500	
Stand Alone Prenatal Visits	CPT-CAT-II	0500F, 0501F, 0502F	Do not include codes with any of these CPT II Modifiers: 1P, 2P, 3P, 8P
Stand Alone Prenatal Visits	HCPCS	H1000, H1001, H1002, H1003, H1004	
Prenatal Visits	CPT	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99215, 99242, 99243, 99244, 99245, 99483, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98979, 99470	With a pregnancy-related diagnosis code
Prenatal Visits	HCPCS	G0463, T1015, G0071, G2010, G2012, G2250, G2251, G2252, G0544	With a pregnancy-related diagnosis code
Pregnancy Diagnosis	ICD10CM	O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09.A2, O09.A3, O10.011, O10.012, O10.013, O10.019, O10.111, O10.112, O10.113, O10.119, O10.211, O10.212, O10.213, O10.219, O10.311, O10.312, O10.313, O10.319, O10.411, O10.412, O10.413, O10.419, O10.911, O10.912, O10.913, O10.919, O11.1, O11.2, O11.3, O11.9, O12.00, O12.01, O12.02, O12.03, O12.10, O12.11, O12.12, O12.13, O12.20, O12.21, O12.22, O12.23, O13.1, O13.2, O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12, O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.00, O15.02, O15.03, O15.1, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10, O22.11, O22.12, O22.13, O22.20, O22.21, O22.22, O22.23, O22.30, O22.31, O22.32, O22.33, O22.40, O22.41, O22.42, O22.43, O22.50, O22.51, O22.52, O22.53, O22.8X1, O22.8X2, O22.8X3, O22.8X9, O22.90, O22.91, O22.92, O22.93, O23.00, O23.01, O23.02, O23.03, O23.10, O23.11, O23.12, O23.13, O23.20, O23.21, O23.22, O23.23, O23.30, O23.31, O23.32, O23.33, O23.40, O23.41, O23.42, O23.43, O23.511, O23.512, O23.513, O23.519, O23.521, O23.522, O23.523, O23.529, O23.591, O23.592, O23.593, O23.599, O23.90, O23.91, O23.92, O23.93, O24.011, O24.012, O24.013, O24.019, O24.111, O24.112, O24.113, O24.119, O24.311, O24.312, O24.313, O24.319, O24.410, O24.414, O24.415, O24.419, O24.811, O24.812, O24.813, O24.819, O24.911, O24.912, O24.913, O24.919, O25.10, O25.11, O25.12, O25.13, O26.00, O26.01, O26.02, O26.03, O26.10, O26.11, O26.12, O26.13, O26.20,	To be used with appropriate visit codes for numerator compliance

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PPC (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Pregnancy Diagnosis (continued)	ICD10CM	O26.21, O26.22, O26.23, O26.30, O26.31, O26.32, O26.33, O26.40, O26.41, O26.42, O26.43, O26.50, O26.51, O26.52, O26.53, O26.611, O26.612, O26.613, O26.619, O26.711, O26.712, O26.713, O26.719, O26.811, O26.812, O26.813, O26.819, O26.821, O26.822, O26.823, O26.829, O26.831, O26.832, O26.833, O26.839, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891, O26.892, O26.893, O26.899, O26.90, O26.91, O26.92, O26.93, O28.0, O28.1, O28.2, O28.3, O28.4, O28.5, O28.8, O28.9, O29.011, O29.012, O29.013, O29.019, O29.021, O29.022, O29.023, O29.029, O29.091, O29.092, O29.093, O29.099, O29.111, O29.112, O29.113, O29.119, O29.121, O29.122, O29.123, O29.129, O29.191, O29.192, O29.193, O29.199, O29.211, O29.212, O29.213, O29.219, O29.291, O29.292, O29.293, O29.299, O29.3X1, O29.3X2, O29.3X3, O29.3X9, O29.40, O29.41, O29.42, O29.43, O29.5X1, O29.5X2, O29.5X3, O29.5X9, O29.60, O29.61, O29.62, O29.63, O29.8X1, O29.8X2, O29.8X3, O29.8X9, O29.90, O29.91, O29.92, O29.93, O30.001, O30.002, O30.003, O30.009, O30.011, O30.012, O30.013, O30.019, O30.021, O30.022, O30.023, O30.029, O30.031, O30.032, O30.033, O30.039, O30.041, O30.042, O30.043, O30.049, O30.091, O30.092, O30.093, O30.099, O30.101, O30.102, O30.103, O30.109, O30.111, O30.112,O30.113, O30.119, O30.121, O30.122, O30.123, O30.129, O30.131, O30.132, O30.133, O30.139, O30.191, O30.192, O30.193, O30.199, O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.219, O30.221, O30.222, O30.223, O30.229, O30.231, O30.232, O30.233, O30.239, O30.291, O30.292, O30.293, O30.299, O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.819, O30.821, O30.822, O30.823, O30.829, O30.831, O30.832, O30.833, O30.839, O30.891, O30.892, O30.893, O30.899, O30.90, O30.91, O30.92, O30.93, O31.00X0, O31.00X1, O31.00X2, O31.00X3, O31.00X4, O31.00X5, O31.00X9, O31.01X0, O31.01X1, O31.01X2, O31.01X3, O31.01X4, O31.01X5, O31.01X9, O31.02X0, O31.02X1, O31.02X2, O31.02X3, O31.02X4, O31.02X5, O31.02X9, O31.03X0, O31.03X1, O31.03X2, O31.03X3, O31.03X4, O31.03X5, O31.03X9, O31.10X0, O31.10X1, O31.10X2, O31.10X3, O31.10X4, O31.10X5, O31.10X9, O31.11X0, O31.11X1, O31.11X2, O31.11X3, O31.11X4, O31.11X5, O31.11X9, O31.12X0, O31.12X1, O31.12X2, O31.12X3, O31.12X4, O31.12X5, O31.12X9, O31.13X0, O31.13X1, O31.13X2, O31.13X3, O31.13X4, O31.13X5, O31.13X9, O31.20X0, O31.20X1, O31.20X2, O31.20X3, O31.20X4, O31.20X5, O31.20X9, O31.21X0, O31.21X1, O31.21X2, O31.21X3, O31.21X4, O31.21X5, O31.21X9, O31.22X0, O31.22X1, O31.22X2, O31.22X3, O31.22X4, O31.22X5, O31.22X9, O31.23X0, O31.23X1, O31.23X2, O31.23X3, O31.23X4, O31.23X5, O31.23X9, O31.30X0, O31.30X1, O31.30X2, O31.30X3, O31.30X4, O31.30X5, O31.30X9, O31.31X0, O31.31X1, O31.31X2, O31.31X3, O31.31X4, O31.31X5, O31.31X9, O31.32X0, O31.32X1, O31.32X2, O31.32X3, O31.32X4, O31.32X5, O31.32X9, O31.33X0, O31.33X1, O31.33X2, O31.33X3, O31.33X4, O31.33X5, O31.33X9, O31.8X10, O31.8X11, O31.8X12, O31.8X13, O31.8X14, O31.8X15, O31.8X19, O31.8X20, O31.8X21, O31.8X22, O31.8X23, O31.8X24, O31.8X25, O31.8X29, O31.8X30, O31.8X31, O31.8X32, O31.8X33, O31.8X34, O31.8X35, O31.8X39, O31.8X90, O31.8X91, O31.8X92, O31.8X93, O31.8X94, O31.8X95, O31.8X99, O32.0XX0, O32.0XX1, O32.0XX2, O32.0XX3, O32.0XX4, O32.0XX5, O32.0XX9, O32.1XX0, O32.1XX1, O32.1XX2, O32.1XX3, O32.1XX4, O32.1XX5, O32.1XX9, O32.2XX0, O32.2XX1, O32.2XX2, O32.2XX3, O32.2XX4, O32.2XX5, O32.2XX9, O32.3XX0, O32.3XX1, O32.3XX2, O32.3XX3, O32.3XX4, O32.3XX5, O32.3XX9, O32.4XX0, O32.4XX1, O32.4XX2, O32.4XX3, O32.4XX4,	To be used with appropriate visit codes for numerator compliance

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PPC (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Pregnancy Diagnosis (continued)	ICD10CM	O32.4XX5, O32.4XX9, O32.6XX0, O32.6XX1, O32.6XX2, O32.6XX3, O32.6XX4, O32.6XX5, O32.6XX9, O32.8XX0, O32.8XX1, O32.8XX2, O32.8XX3, O32.8XX4, O32.8XX5, O32.8XX9, O32.9XX0, O32.9XX1, O32.9XX2, O32.9XX3, O32.9XX4, O32.9XX5, O32.9XX9, O33.0, O33.1, O33.2, O33.3XX0, O33.3XX1, O33.3XX2, O33.3XX3, O33.3XX4, O33.3XX5, O33.3XX9, O33.4XX0, O33.4XX1, O33.4XX2, O33.4XX3, O33.4XX4, O33.4XX5, O33.4XX9, O33.5XX0, O33.5XX1, O33.5XX2, O33.5XX3, O33.5XX4, O33.5XX5, O33.5XX9, O33.6XX0, O33.6XX1, O33.6XX2, O33.6XX3, O33.6XX4, O33.6XX5, O33.6XX9, O33.7XX0, O33.7XX1, O33.7XX2, O33.7XX3, O33.7XX4, O33.7XX5, O33.7XX9, O33.8, O33.9, O34.00, O34.01, O34.02, O34.03, O34.10, O34.11, O34.12, O34.13, O34.211, O34.212, O34.218, O34.219, O34.22, O34.29, O34.30, O34.31, O34.32, O34.33, O34.40, O34.41, O34.42, O34.43, O34.511, O34.512, O34.513, O34.519, O34.521, O34.522, O34.523, O34.529, O34.531, O34.532, O34.533, O34.539, O34.591, O34.592, O34.593, O34.599, O34.60, O34.61, O34.62, O34.63, O34.70, O34.71, O34.72, O34.73, O34.80, O34.81, O34.82, O34.83, O34.90, O34.91, O34.92, O34.93, O35.2XX0, O35.2XX1, O35.2XX2, O35.2XX3, O35.2XX4, O35.2XX5, O35.2XX9, O35.3XX0, O35.3XX1, O35.3XX2, O35.3XX3, O35.3XX4, O35.3XX5, O35.3XX9, O35.4XX0, O35.4XX1, O35.4XX2, O35.4XX3, O35.4XX4, O35.4XX5, O35.4XX9, O35.5XX0, O35.5XX1, O35.5XX2, O35.5XX3, O35.5XX4, O35.5XX5, O35.5XX9, O35.6XX0, O35.6XX1, O35.6XX2, O35.6XX3, O35.6XX4, O35.6XX5, O35.6XX9, O35.7XX0, O35.7XX1, O35.7XX2, O35.7XX3, O35.7XX4, O35.7XX5, O35.7XX9, O35.8XX0, O35.8XX1, O35.8XX2, O35.8XX3, O35.8XX4, O35.8XX5, O35.8XX9, O35.9XX0, O35.9XX1, O35.9XX2, O35.9XX3, O35.9XX4, O35.9XX5, O35.9XX9, O36.0110, O36.0111, O36.0112, O36.0113, O36.0114, O36.0115, O36.0119, O36.0120, O36.0121, O36.0122, O36.0123, O36.0124, O36.0125, O36.0129, O36.0130, O36.0131, O36.0132, O36.0133, O36.0134, O36.0135, O36.0139, O36.0190, O36.0191, O36.0192, O36.0193, O36.0194, O36.0195, O36.0199, O36.0910, O36.0911, O36.0912, O36.0913, O36.0914, O36.0915, O36.0919, O36.0920, O36.0921, O36.0922, O36.0923, O36.0924, O36.0925, O36.0929, O36.0930, O36.0931, O36.0932, O36.0933, O36.0934, O36.0935, O36.0939, O36.0990, O36.0991, O36.0992, O36.0993, O36.0994, O36.0995, O36.0999, O36.1110, O36.1111, O36.1112, O36.1113, O36.1114, O36.1115, O36.1119, O36.1120, O36.1121, O36.1122, O36.1123, O36.1124, O36.1125, O36.1129, O36.1130, O36.1131, O36.1132, O36.1133, O36.1134, O36.1135, O36.1139, O36.1190, O36.1191, O36.1192, O36.1193, O36.1194, O36.1195, O36.1199, O36.1910, O36.1911, O36.1912, O36.1913, O36.1914, O36.1915, O36.1919, O36.1920, O36.1921, O36.1922, O36.1923, O36.1924, O36.1925, O36.1929, O36.1930, O36.1931, O36.1932, O36.1933, O36.1934, O36.1935, O36.1939, O36.1990, O36.1991, O36.1992, O36.1993, O36.1994, O36.1995, O36.1999, O36.20X0, O36.20X1, O36.20X2, O36.20X3, O36.20X4, O36.20X5, O36.20X9, O36.21X0, O36.21X1, O36.21X2, O36.21X3, O36.21X4, O36.21X5, O36.21X9, O36.22X0, O36.22X1, O36.22X2, O36.22X3, O36.22X4, O36.22X5, O36.22X9, O36.23X0, O36.23X1, O36.23X2, O36.23X3, O36.23X4, O36.23X5, O36.23X9, O36.4XX0, O36.4XX1, O36.4XX2, O36.4XX3, O36.4XX4, O36.4XX5, O36.4XX9, O36.5110, O36.5111, O36.5112, O36.5113, O36.5114, O36.5115, O36.5119, O36.5120, O36.5121, O36.5122, O36.5123, O36.5124, O36.5125, O36.5129, O36.5130, O36.5131, O36.5132, O36.5133, O36.5134, O36.5135, O36.5139, O36.5190, O36.5191, O36.5192, O36.5193, O36.5194, O36.5195, O36.5199, O36.5910, O36.5911, O36.5912, O36.5913, O36.5914, O36.5915, O36.5919, O36.5920,	To be used with appropriate visit codes for numerator compliance

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PPC (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Pregnancy Diagnosis (continued)	ICD10CM	O36.5921, O36.5922, O36.5923, O36.5924, O36.5925, O36.5929, O36.5930, O36.5931, O36.5932, O36.5933, O36.5934, O36.5935, O36.5939, O36.5990, O36.5991, O36.5992, O36.5993, O36.5994, O36.5995, O36.5999, O36.60X0, O36.60X1, O36.60X2, O36.60X3, O36.60X4, O36.60X5, O36.60X9, O36.61X0, O36.61X1, O36.61X2, O36.61X3, O36.61X4, O36.61X5, O36.61X9, O36.62X0, O36.62X1, O36.62X2, O36.62X3, O36.62X4, O36.62X5, O36.62X9, O36.63X0, O36.63X1, O36.63X2, O36.63X3, O36.63X4, O36.63X5, O36.63X9, O36.70X0, O36.70X1, O36.70X2, O36.70X3, O36.70X4, O36.70X5, O36.70X9, O36.71X0, O36.71X1, O36.71X2, O36.71X3, O36.71X4, O36.71X5, O36.71X9, O36.72X0, O36.72X1, O36.72X2, O36.72X3, O36.72X4, O36.72X5, O36.72X9, O36.73X0, O36.73X1, O36.73X2, O36.73X3, O36.73X4, O36.73X5, O36.73X9, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O36.8120, O36.8121, O36.8122, O36.8123, O36.8124, O36.8125, O36.8129, O36.8130, O36.8131, O36.8132, O36.8133, O36.8134, O36.8135, O36.8139, O36.8190, O36.8191, O36.8192, O36.8193, O36.8194, O36.8195, O36.8199, O36.8210, O36.8211, O36.8212, O36.8213, O36.8214, O36.8215, O36.8219, O36.8220, O36.8221, O36.8222, O36.8223, O36.8224, O36.8225, O36.8229, O36.8230, O36.8231, O36.8232, O36.8233, O36.8234, O36.8235, O36.8239, O36.8290, O36.8291, O36.8292, O36.8293, O36.8294, O36.8295, O36.8299, O36.8310, O36.8311, O36.8312, O36.8313, O36.8314, O36.8315, O36.8319, O36.8320, O36.8321, O36.8322, O36.8323, O36.8324, O36.8325, O36.8329, O36.8330, O36.8331, O36.8332, O36.8333, O36.8334, O36.8335, O36.8339, O36.8390, O36.8391, O36.8392, O36.8393, O36.8394, O36.8395, O36.8399, O36.8910, O36.8911, O36.8912, O36.8913, O36.8914, O36.8915, O36.8919, O36.8920, O36.8921, O36.8922, O36.8923, O36.8924, O36.8925, O36.8929, O36.8930, O36.8931, O36.8932, O36.8933, O36.8934, O36.8935, O36.8939, O36.8990, O36.8991, O36.8992, O36.8993, O36.8994, O36.8995, O36.8999, O36.90X0, O36.90X1, O36.90X2, O36.90X3, O36.90X4, O36.90X5, O36.90X9, O36.91X0, O36.91X1, O36.91X2, O36.91X3, O36.91X4, O36.91X5, O36.91X9, O36.92X0, O36.92X1, O36.92X2, O36.92X3, O36.92X4, O36.92X5, O36.92X9, O36.93X0, O36.93X1, O36.93X2, O36.93X3, O36.93X4, O36.93X5, O36.93X9, O40.1XX0, O40.1XX1, O40.1XX2, O40.1XX3, O40.1XX4, O40.1XX5, O40.1XX9, O40.2XX0, O40.2XX1, O40.2XX2, O40.2XX3, O40.2XX4, O40.2XX5, O40.2XX9, O40.3XX0, O40.3XX1, O40.3XX2, O40.3XX3, O40.3XX4, O40.3XX5, O40.3XX9, O40.9XX0, O40.9XX1, O40.9XX2, O40.9XX3, O40.9XX4, O40.9XX5, O40.9XX9, O41.00X0, O41.00X1, O41.00X2, O41.00X3, O41.00X4, O41.00X5, O41.00X9, O41.01X0, O41.01X1, O41.01X2, O41.01X3, O41.01X4, O41.01X5, O41.01X9, O41.02X0, O41.02X1, O41.02X2, O41.02X3, O41.02X4, O41.02X5, O41.02X9, O41.03X0, O41.03X1, O41.03X2, O41.03X3, O41.03X4, O41.03X5, O41.03X9, O41.1010, O41.1011, O41.1012, O41.1013, O41.1014, O41.1015, O41.1019, O41.1020, O41.1021, O41.1022, O41.1023, O41.1024, O41.1025, O41.1029, O41.1030, O41.1031, O41.1032, O41.1033, O41.1034, O41.1035, O41.1039, O41.1090, O41.1091, O41.1092, O41.1093, O41.1094, O41.1095, O41.1099, O41.1210, O41.1211, O41.1212, O41.1213, O41.1214, O41.1215, O41.1219, O41.1220, O41.1221, O41.1222, O41.1223, O41.1224, O41.1225, O41.1229, O41.1230, O41.1231, O41.1232, O41.1233, O41.1234, O41.1235, O41.1239, O41.1290, O41.1291, O41.1292, O41.1293, O41.1294, O41.1295, O41.1299, O41.1410, O41.1411, O41.1412, O41.1413, O41.1414, O41.1415, O41.1419, O41.1420, O41.1421, O41.1422, O41.1423, O41.1424, O41.1425, O41.1429, O41.1430, O41.1431, O41.1432, O41.1433, O41.1434, O41.1435,	To be used with appropriate visit codes for numerator compliance

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HEDIS® Quality Measure	Code Set	Code	Comments
Pregnancy Diagnosis (continued)	ICD10CM	O41.1439, O41.1490, O41.1491, O41.1492, O41.1493, O41.1494, O41.1495, O41.1499, O41.8X10, O41.8X11, O41.8X12, O41.8X13, O41.8X14, O41.8X15, O41.8X19, O41.8X20, O41.8X21, O41.8X22, O41.8X23, O41.8X24, O41.8X25, O41.8X29, O41.8X30, O41.8X31, O41.8X32, O41.8X33, O41.8X34, O41.8X35, O41.8X39, O41.8X90, O41.8X91, O41.8X92, O41.8X93, O41.8X94, O41.8X95, O41.8X99, O41.90X0, O41.90X1, O41.90X2, O41.90X3, O41.90X4, O41.90X5, O41.90X9, O41.91X0, O41.91X1, O41.91X2, O41.91X3, O41.91X4, O41.91X5, O41.91X9, O41.92X0, O41.92X1, O41.92X2, O41.92X3, O41.92X4, O41.92X5, O41.92X9, O41.93X0, O41.93X1, O41.93X2, O41.93X3, O41.93X4, O41.93X5, O41.93X9, O42.00, O42.011, O42.012, O42.013, O42.019, O42.02, O42.10, O42.111, O42.112, O42.113, O42.119, O42.12, O42.90, O42.911, O42.912, O42.913, O42.919, O42.92, O43.011, O43.012, O43.013, O43.019, O43.021, O43.022, O43.023, O43.029, O43.101, O43.102, O43.103, O43.109, O43.111, O43.112, O43.113, O43.119, O43.121, O43.122, O43.123, O43.129, O43.191, O43.192, O43.193, O43.199, O43.211, O43.212, O43.213, O43.219, O43.221, O43.222, O43.223, O43.229, O43.231, O43.232, O43.233, O43.239, O43.811, O43.812, O43.813, O43.819, O43.891, O43.892, O43.893, O43.899, O43.90, O43.91, O43.92, O43.93, O44.00, O44.01, O44.02, O44.03, O44.10, O44.11, O44.12, O44.13, O44.20, O44.21, O44.22, O44.23, O44.30, O44.31, O44.32, O44.33, O44.40, O44.41, O44.42, O44.43, O44.50, O44.51, O44.52, O44.53, O45.001, O45.002, O45.003, O45.009, O45.011, O45.012, O45.013, O45.019, O45.021, O45.022, O45.023, O45.029, O45.091, O45.092, O45.093, O45.099, O45.8X1, O45.8X2, O45.8X3, O45.8X9, O45.90, O45.91, O45.92, O45.93, O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.019, O46.021, O46.022, O46.023, O46.029, O46.091, O46.092, O46.093, O46.099, O46.8X1, O46.8X2, O46.8X3, O46.8X9, O46.90, O46.91, O46.92, O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O60.02, O60.03, O71.00, O71.02, O71.03, O71.1, O71.2, O71.3, O71.4, O71.5, O71.6, O71.7, O71.81, O71.82, O71.89, O71.9, O88.011, O88.012, O88.013, O88.019, O88.111, O88.112, O88.113, O88.119, O88.211, O88.212, O88.213, O88.219, O88.311, O88.312, O88.313, O88.319, O88.811, O88.812, O88.813, O88.819, O91.011, O91.012, O91.013, O91.019, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.23, O92.011, O92.012, O92.013, O92.019, O92.03, O92.111, O92.112, O92.113, O92.119, O92.13, O92.3, O92.4, O92.5, O92.6, O92.70, O92.79, O98.011, O98.012, O98.013, O98.019, O98.111, O98.112, O98.113, O98.119, O98.211, O98.212, O98.213, O98.219, O98.311, O98.312, O98.313, O98.319, O98.411, O98.412, O98.413, O98.419, O98.511, O98.512, O98.513, O98.519, O98.611, O98.612, O98.613, O98.619, O98.711, O98.712, O98.713, O98.719, O98.811, O98.812, O98.813, O98.819, O98.911, O98.912, O98.913, O98.919, O99.011, O99.012, O99.013, O99.019, O99.111, O99.112, O99.113, O99.119, O99.210, O99.211, O99.212, O99.213, O99.280, O99.281, O99.282, O99.283, O99.310, O99.311, O99.312, O99.313, O99.320, O99.321, O99.322, O99.323, O99.330, O99.331, O99.332, O99.333, O99.340, O99.341, O99.342, O99.343, O99.350, O99.351, O99.352, O99.353, O99.411, O99.412, O99.413, O99.419, O99.511, O99.512, O99.513, O99.519, O99.611, O99.612, O99.613, O99.619, O99.711, O99.712, O99.713, O99.719, O99.810, O99.820, O99.830, O99.840, O99.841, O99.842, O99.843, O99.891, O9A.111, O9A.112, O9A.113, O9A.119, O9A.211, O9A.212, O9A.213, O9A.219, O9A.311, O9A.312, O9A.313, O9A.319, O9A.411, O9A.412, O9A.413, O9A.419, O9A.511, O9A.512, O9A.513, O9A.519, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z32.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9,	To be used with appropriate visit codes for numerator compliance

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PPC (continued)

HEDIS® Quality Measure	Code Set	Code	Comments
Pregnancy Diagnosis (continued)	ICD10CM	O35.00X0, O35.00X1, O35.00X2, O35.00X3, O35.00X4, O35.00X5, O35.00X9, O35.01X0, O35.01X1, O35.01X2, O35.01X3, O35.01X4, O35.01X5, O35.01X9, O35.02X0, O35.02X1, O35.02X2, O35.02X3, O35.02X4, O35.02X5, O35.02X9, O35.03X0, O35.03X1, O35.03X2, O35.03X3, O35.03X4, O35.03X5, O35.03X9, O35.04X0, O35.04X1, O35.04X2, O35.04X3, O35.04X4, O35.04X5, O35.04X9, O35.05X0, O35.05X1, O35.05X2, O35.05X3, O35.05X4, O35.05X5, O35.05X9, O35.06X0, O35.06X1, O35.06X2, O35.06X3, O35.06X4, O35.06X5, O35.06X9, O35.07X0, O35.07X1, O35.07X2, O35.07X3, O35.07X4, O35.07X5, O35.07X9, O35.08X0, O35.08X1, O35.08X2, O35.08X3, O35.08X4, O35.08X5, O35.08X9, O35.09X0, O35.09X1, O35.09X2, O35.09X3, O35.09X4, O35.09X5, O35.09X9,, O35.10X0, O35.10X1, O35.10X2, O35.10X3, O35.10X4, O35.10X5, O35.10X9, O35.11X0, O35.11X1, O35.11X2, O35.11X3, O35.11X4, O35.11X5, O35.11X9, O35.12X0, O35.12X1, O35.12X2, O35.12X3, O35.12X4, O35.12X5, O35.12X9, O35.13X0, O35.13X1, O35.13X2, O35.13X3, O35.13X4, O35.13X5, O35.13X9, O35.14X0, O35.14X1, O35.14X2, O35.14X3, , O35.14X4, O35.14X5, O35.14X9, O35.15X0, O35.15X1, O35.15X2, O35.15X3, O35.15X4, O35.15X5, O35.15X9, O35.19X0, O35.19X1, O35.19X2, O35.19X3, O35.19X4, O35.19X5, O35.19X9, O35.AXX0, O35.AXX1, O35.AXX2, O35.AXX3, O35.AXX4, O35.AXX5, O35.AXX9, O35.BXX0, O35.BXX1, O35.BXX2, O35.BXX3, O35.BXX4, O35.BXX5, O35.BXX9, O35.CXX0, O35.CXX1, O35.CXX2, O35.CXX3, O35.CXX4, O35.CXX5, O35.CXX9, O35.DXX0, O35.DXX1, O35.DXX2, O35.DXX3, O35.DXX4, O35.DXX5, O35.DXX9, O35.EXX0, O35.EXX1, O35.EXX2, O35.EXX3, O35.EXX4, O35.EXX5, O35.EXX9, O35.FXX0, O35.FXX1, O35.FXX2, O35.FXX3, O35.FXX4, O35.FXX5, O35.FXX9, O35.GXX0, O35.GXX1, O35.GXX2, O35.GXX3, O35.GXX4, O35.GXX5, O35.GXX9, O35.HXX0, O35.HXX1, O35.HXX2, O35.HXX3, O35.HXX4, O35.HXX5, O35.HXX9	To be used with appropriate visit codes for numerator compliance
Cervical Cytology Lab Test	CPT	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175	
Cervical Cytology Lab Test	HCPCS	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	
Postpartum Bundled Services	CPT	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622	
Postpartum Care	CPT	57170, 58300, 59430, 99501	
Postpartum Care	CPT-CAT-II	0503F	Do not include codes with any of these CPT II Modifiers: 1P, 2P, 3P, 8P
Postpartum Care	HCPCS	G0101	
Encounter for Postpartum Care	ICD10CM	Z01.411, Z01.419, Z01.42, 30.430, Z39.1, Z39.2	Do not include laboratory claims (claims with POS code 81)

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