HEDIS Benchmarks

and Coding Guidelines for Quality Care

Wellpoint℠

Texas | Medicaid

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* Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan.

Contact information

The following resource grid is a consolidation of the most-used phone and fax numbers, websites, and addresses. We have also included other valuable contact information for you and your staff.

State of Texas

Health service programs handled by the state:

State health service programs contacts	Phone/fax numbers	Other contact information
Medicaid Automated Inquiry System (AIS)	**800-925-9126**	**http://www.tmhp.com/pages/tmhp/tmhp_contacts.aspx**
Children with Special Health Care Needs (CSHCN)	**800-568-2413**	**http://www.tmhp.com/programs/cshcn**
Healthy Texas Women (HTW) and Family Planning Program	**800-925-9126, option 5**	**http://www.tmhp.com/programs/htw**
Personal Care Services (PCS) and Durable Medical Equipment (DME)	**888-276-0702**	
Texas Health and Human Services Ombudsman	Phone: **877-787-8999** Fax: **888-780-8099**	HHS Office of Ombudsman P.O. Box 13247 Austin, TX 78711
Texas Department of State Health Services	**888-963-7111**	**https://dshs.texas.gov**
Texas Department of Insurance Managed Care Quality Assurance (MCQA)	**800-252-3439**	**https://www.tdi.texas.gov/index.html**
The State of Texas offers Relay Texas for those hard of hearing, deaf or speech impaired, which can be used by dialing **711**.		
Medicaid Managed Care Helpline	**866-566-8989 (TTY 711)**	
HHSC Fraud Hotline	**800-436-6184**	
Texas Health Steps	**877-847-8377**	

Contact information related to Medicaid and CHIP programs unless otherwise noted:

Wellpoint contact	Phone numbers	Address, email, fax, and/or website
Availity	**800-282-4548**	**https://www.availity.com**
Provider Services: Medicaid and CHIP	**833-731-2162**	**https://provider.wellpoint.com/tx**
Provider Services: Medicare-Medicaid Plan offered by Wellpoint	**855-878-1785**	
Provider Services: Medicare Advantage offered by Wellpoint	**866-805-4589**	
24-Hour Nurse HelpLine	**833-731-2160 (TTY 711)**	
STAR Kids Nurse Helpline	**844-756-4600 (TTY 711)**	
Case Management Services	**833-731-2162**	**Fax 866-249-1185**
Disease Management (DM)	**888-830-4300**	
Claims Services: Electronic data interchange (EDI) Paper claims	Submit claims online at **https://www.availity.com** Claims Wellpoint P.O. Box 61010 Virginia Beach, VA 23466-1010	
Claim payment dispute	Online: **https://www.availity.com** Fax: **1-844-756-4607** Payment Dispute Unit — Wellpoint P.O. Box 61599 Virginia Beach, VA 23466-1599	
Provider medical appeals	Appeals Team Wellpoint P.O. Box 61599 Virginia Beach, VA 23466-1599	
Behavioral health (BH) Case Management BH prior authorization	**833-731-2162**	Monday through Friday from 8 a.m. to 5 p.m. Central time • Inpatient fax: **844-430-6805** • Outpatient fax: **844-442-8010**

Wellpoint contact	Phone numbers	Address, email, fax, and/or website
Pharmacy		**https://www.covermymeds.com**
Pharmacy Help Desk	**833-252-0329**	
Pharmacy benefits	**833-731-2162**	
Prior authorization requests	Fax: **844-474-3341**	
Medical injectables	Fax: **844-512-8995**	
Member Services	**833-731-2160 (TTY 711)**	
Pharmacy Member Services	**833-235-2022**	
STAR Kids Member Services	**844-756-4600 (TTY 711)**	
STAR Kids Pharmacy Member Services	**833-370-7463**	
Member grievances/complaints	**833-731-2160 (TTY 711)** STAR Kids: **844-756-4600**	Mail letter to: Member Advocates Wellpoint 2505 N. Highway 360, Suite 300 Grand Prairie, TX 75050
Member medical appeals	**833-731-2160** STAR Kids: **844-756-4600**	Wellpoint Appeals PO Box 62429 Virginia Beach, VA 23466-2429 Fax: **877-881-1305**

Wellpoint contact	Phone numbers	Address, email, fax, and/or website
Carelon Medical Benefits Management, Inc.*.®	**833-342-1260**	careloninsights.com
Access2Care (nonemergent transportation other than ambulance)	STAR: **833-721-8184** STAR+PLUS: **844-867-2837** STAR Kids: **844-864-2443**	
DentaQuest (Dental MCO for members 20 years and younger)	CHIP: **800-508-6775** Medicaid: **800-516-0165**	
MCNA Dental (Dental MCO for members 20 years and younger)	**800-494-6262**	

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS MY 2024 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Wellpoint contact	Phone numbers	Address, email, fax, and/or website
UnitedHealthcare Dental (Dental MCO for members 20 years and younger)	**877-901-7321**	
Superior Vison of Texas	For providers: **866-819-4298** For members: **800-428-8789** Medical/surgical prior authorization fax: **855-313-3106**; email: ecs@superiorvision.com	
BH/substance use	**833-731-2160 (TTY 711)** STAR Kids: **844-756-4600 (TTY 711)**	
Wellpoint service coordinators	STAR+PLUS: **833-731-2160 (TTY 711)** STAR Kids: **866-696-0710 (TTY 711)**	
Interpreter services	Telephone interpreters and face-to-face interpreters (including Sign Language): **833-731-2160 (TTY 711)** **STAR Kids members: 844-756-4600 (TTY 711)** Providers may call **833-731-2162 —** 24 hours are required to schedule services.	
Healthy Rewards Program	**888-990-8681 (TTY 711)**	Member log in at wellpoint.com/tx/medicaid
Member Advocate team	Fax: **512-382-4965**	dl-txmemberadvocates@wellpoint.com
Primary care provider change request	Fax: **866-840-4993**	**wellpoint.com/tx/medicaid**
LiveHealth Online (general help/psychiatry)	**888-548-3432 (TTY 711)**	**https://livehealthonline.com**
Texas provider credentialing questions	**TXCredentialing@wellpoint.com**	
Directly contracted with MultiPlan for the Rural Service Areas	**800-950-7040, option 2 for providers, option 7 for application/credentialing**	

Notes

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS MY 2024 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Tips to Improve the Patients' Experience

Wellpoint strives to make the member's experience a positive one!

Each year, from January to May, a sample of members receive a survey called the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) to rate and evaluate their healthcare experiences comprised of several categories. Both children and adults enrolled with Wellpoint receive the survey.

This tip guide will focus on four of those categories:

☐ **Getting Care Quickly (GCQ)** ☐ **Coordination of Care (COC)**
☐ **Getting Needed Care (GNC)** ☐ **How Well Doctors Communicate (HWDC)**

The information from this survey is used to improve the quality of services we give to our members. Wellpoint suggests the following tips to address the above-mentioned CAHPS categories.

Getting care quickly & getting needed care

These categories measure the member's perception of how quickly they received routine or urgent care (GCQ) and how easily they were able to get the care they needed from their doctor or specialist including tests, screenings, visits, and treatments (GNC) within the last six months.

How to improve:

- Consider Open Access Scheduling or Same Day Appointments. Review Strategies for Improving Patient Experience with Ambulatory Care at https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/quality-improvement/improvement-guide/cahps-ambulatory-care-guide-full.pdf
- If possible, leave a few appointments available each day for urgent visits.
- Offer visits to members to see nurse practitioners or physician assistants (if available).
- Offer weekend/evening appointments to accommodate your patients' schedules.
- Include clear instruction on how to access after-hours care, such as dialing **911** in the case of an emergency.
- Consider assigning staff dedicated to preliminary work-up activities.
- Write down details regarding visits and referrals to a specialist for the patient.
- Provider offices should schedule follow-up appointments for needed screenings, tests, treatments, and exams for patients while they are in the office for their visit.

Wellpoint resources available to support you:

- Understand Wellpoint standards for routine and urgent visit wait time for an appointment. Review our standards in your provider manual at **https://provider.Wellpoint.com/texas-provider/resources/manuals-and-guides**
- Review all available treatment options for the patient in their language. Wellpoint offers both telephone and face-to-face interpreter services, which you can access by calling Provider Services at **833-731-2162**. 24 hours are required to schedule services.

- Remind patients they can call the 24-hour Nurse HelpLine, located on their member ID card, available seven days a week for health-related questions.
- Patients can also get help scheduling appointments by contacting Member Services at the number located on their member ID card.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

Coordination of care

This category measures the member's perception of how informed their doctor seemed regarding the care they received with other physicians or health providers within the last six months.

How to improve:

- Regularly talk to your patients about any specialists or other physicians they have seen. Ask about the care they received and if they were given any reports or notes.
- Consider implementing a reminder in the medical record to request test results or follow-up reports. This will ensure appropriate follow-up for the patient.
- Keep an open dialogue with your patient and discuss their previous medical history.
- Set an expectation for the patient so they know when they will receive a follow-up call or test results. If this process is not part of the office protocol, make sure the patient is aware so they understand how they can obtain their results or follow-up.

How well doctors communicate

This category measures the member's perception of how well their physician communicated with them within the last six months. Questions in this category take into consideration how the physician explained things regarding the patient's health, how well the patient understood the information, if the doctor listened to the patient, if the doctor was respectful, and how much time the physician spent with the patient.

How to improve:

- Offer an appointment agenda where patients can list concerns or questions they would like to address during their visit.
- Ensure there is enough time for each patient's appointment to allow time for communication between physician and patient:
  - Allow the opportunity for patients to ask questions and check their understanding of the information provided during the visit.
- Allow the opportunity for patients to ask questions and check their understanding of the information provided during the visit. Use the teach-back method with patients to promote understanding.
- Avoid using medical terms that could confuse the patient.
- Offer a visit summary to the patient that captures treatment or action plans, health goals, new, or changed medications including use and side effects, and any needed diagnostic or lab testing as discussed during the visit. Include the next appointment time or recommended next appointment time frame:

If the patient is being referred to a specialist, include that information in the summary along with the option to email this information to the patient with the appropriate signatures and permissions for (*HIPAA*, compliance, etc.) during the visit.

- Take feedback from your patients by providing short survey cards to see how the office can improve.

Wellpoint resources available to support you:

- To learn more information on ways to improve the patient experience, check out the Wellpoint Training Academy at **provider.wellpoint.com/tx** > **Resources** Multiple trainings and continuing education opportunities are available to providers including:
  - *CAHPS Provider Resources*
  - *What Matters Most: Improving the Patient Experience* training available to you and your office staff through My Diverse Patients.
    - *Continuing medical education (CME) credit is available upon completion*
  - *Consumer Assessment of Healthcare Providers and Systems (CAHPS) Overview* training.
  - *Appointment Availability and After-Hours Access Requirements*

Notes

Waste, fraud, and abuse prevention

At Wellpoint, we have a zero-tolerance policy on fraud, waste, and abuse (FWA), and everyone is responsible for making a difference. Our mission is to protect the overall integrity of the healthcare system, as well as to protect our members, providers, business partners and stakeholders by administering a comprehensive and effective anti-fraud plan to prevent, detect, investigate, and resolve allegations of potential FWA.

What do we mean by fraud, waste, and abuse?

Fraud
A false representation of a matter of fact — whether by words or by conduct, by false or misleading allegations, or by concealment of what should have been disclosed — that deceives and is intended to deceive another so that the individual will act upon his or her legal injury.

Waste
An attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent, but the outcome of a billing error caused unnecessary costs to the companies involved. Waste includes overutilization of services not caused by criminally negligent actions. Waste also involves the misuse of resources.

Abuse
Provider practices that are inconsistent with generally accepted business or medical practices and that result in an unnecessary cost to the Medicaid or Medicare program or in reimbursement for goods or services that are not medically necessary or that fail to meet professionally recognized standards for health care; or recipient practices that result in unnecessary cost to the Medicaid or Medicare program.
Other terms defined

Services not rendered
Billing for goods and/or services that were never delivered or provided.

Not medically necessary
Performing inappropriate or unnecessary medical procedures in order to increase payment.

Unbundling
Using multiple billing codes instead of one billing code in order to increase payment.

Up-coding
Billing for a higher level of service than was actually provided.

Misrepresentation
Forging a physician's signature to obtain goods or services.

Double billing
Charging more than once for the same goods or services.

Underutilization
Not providing adequate medical care to increase profits.

Enrollment fraud
Enrolling a beneficiary into a health plan without that person's knowledge.

Theft of services
Utilizing someone else's insurance card to receive services; either through stealing the card or having it provided by the true card holder.

Overpayment
Overpayment defined in accordance with *s. 409.913, F.S.,* includes any amount that is not authorized to be paid by the Medicaid program whether paid as a result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse, or mistake.

Reporting healthcare fraud, waste, and abuse

If you have a reason to believe FWA may have been committed, please contact us immediately and together we can make a difference.

Report waste, fraud, or abuse at www.fighthealthcarefraud.com.

You can also report suspected fraud by contacting:

- Texas State Auditor's Office:
  - **800-TX-AUDIT** (**800-892-8348)**
- HHS Office of Inspector General:
  - **800-436-6184** or report online at **https://oig.hhs.texas.gov/report-fraud-waste-or-abuse**.

Notes

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

Since there is considerable evidence that prescribing antibiotics for uncomplicated acute bronchitis/bronchiolitis is **not** indicated unless there is an associated comorbid diagnosis, this HEDIS® measure looks at the percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did **not** result in an antibiotic dispensing event.

Exclusions:

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

Description	CPT®/HCPCS/ICD-10
Acute bronchitis	**ICD-10:** J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9
Outpatient, ED, & Telehealth	**CPT:** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 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 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2061-G2063, G2250-G2252, T1015
Pharyngitis	**ICD-10:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

Helpful tips:

- If prescribing an antibiotic for a bacterial infection (or comorbid condition) in patients with acute bronchitis, be sure to use the diagnosis code for the bacterial infection and/or comorbid condition.
- If a patient insists on an antibiotic:
    - Refer to the illness as a chest cold rather than bronchitis; members tend to associate the label with a less-frequent need for antibiotics.
    - Write a prescription for symptom relief, such as an over-the-counter cough medicine.
    - Treat with antibiotics if associated comorbid diagnosis.
- If utilizing an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Experience representative for additional details and questions.

How can we help?

We help you with avoidance of antibiotic treatment for patients with acute bronchitis by:

- Offering current *Clinical Practice Guidelines* on our provider website.

Medicaid members are eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Other available resources

Go to **https://www.cdc.gov/antibiotic-use/index.html**

Notes

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

This HEDIS measure looks at the percentage of members 20 years of age and older who had an ambulatory or preventive care visit. The organization reports percentages for members who had an ambulatory or preventive care visit during the measurement year.

Exclusions:

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

Description	CPT/HCPCS/ICD10CM
Ambulatory visits	**CPT:** 92002, 92004, 92012, 92014, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 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, 99457, 99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, S0620, S0621, T1015
Reason for Ambulatory Visit	**ICD-10-CM**: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2

Helpful tips:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

Medicaid members are eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Notes

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

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

- **Initiation Phase:** the percentage of members 6 to 12 years of age as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
- **Continuation and Maintenance (C&M) Phase:** the percentage of members 6 to 12 years of age as of the IPSD with an ambulatory 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 (nine months) after the Initiation Phase ended.

Record your efforts:

When prescribing a new ADHD medication:

- Be sure to schedule a follow-up visit right away — within 30 days of ADHD medication initially prescribed or restarted after a 120-day break.
- Schedule follow-up visits while patients are still in the office.
- Have your office staff call patients at least three days before appointments.
- After the initial follow-up visits, schedule at least two more office visits in the next nine months to monitor the patient's progress.

Be sure that follow-up visits include the diagnosis of ADHD.

Exclusions:

- Exclude members who had an acute inpatient encounter for a mental, behavioral, or neurodevelopmental disorder during the initiation or continuation and maintenance phase.
- Members with a diagnosis of narcolepsy
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS
Behavioral health (BH) outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015

Description	CPT/HCPCS
Health & Behavior Assessment or Intervention	**CPT:** 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Online assessments	**CPT®:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

Helpful tips:

- Only one of the two visits (during days 31–300) may be an e-visit or virtual check-in (online assessments).
- Educate your patients and their parents, guardians, or caregivers about the use of and compliance with long-term ADHD medications and the condition.
- Collaborate with other organizations to share information, research best practices about ADHD interventions and appropriate standards of practice and their effectiveness and safety.
- Contact your Provider Relationship Management representative for copies of our ADHD-related patient materials.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

- We help you with follow-up care for children who are prescribed ADHD medications by:
  - Providing *Clinical Practice Guidelines* on our provider website.
  - Providing the *Quality Measures Desktop Reference for Medicaid Providers* and other helpful tools on our website.
  - Helping you schedule appointments for your members if needed.
  - Educating our members on ADHD through newsletters and health education fliers.

Other available resources

You can find more information and tools online at:

- **www.healthychildren.org**
- **www.brightfutures.org**
- **www.chadd.org**

Antidepressant Medication Management (AMM)

This measure looks at the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

- **Effective Acute Phase Treatment:** the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase Treatment:** the percentage of members who remained on an antidepressant medication for at least 180 days (six months)

Exclusions:

- Members who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the index prescription start date (IPSD), through the IPSD and the 60 days after the IPSD.
- Members in hospice or using hospice services anytime during the measurement year
- Members who die in the measurement year

Description	CPT/HCPCS/ICD-10
Major depression	**ICD-10:** F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
BH outpatient	**CPT:** 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Electroconvulsive therapy	**CPT:** 90870 **ICD-10-PCS:** GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ
Transcranial Magnetic Stimulation	**CPT:** 90867, 90868, 90869
Online assessments	**CPT®:** 98970, 98971, 98972, 98980, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443

Helpful tips

Educate your patients and their spouses, caregivers, and/or guardians about the importance of:

- Complying with long-term medications.
- Not abruptly stopping medications without consulting you.
- Contacting you immediately if they experience any unwanted/adverse reactions so that their treatment can be re-evaluated.
- Scheduling and attending follow-up appointments to review the effectiveness of their medications.
- Calling your office if they cannot get their medications refilled.
- Discuss the benefits of participating in a behavioral health case management program.

- Ask your patients who have a behavioral health diagnosis to provide you access to their behavioral health records if you are their primary care provider.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

We help you with antidepressant medication management by:

- Offering current *Clinical Practice Guidelines* on our provider website.

Other available resources

You can find more information and tools online at:

- **www.ahrq.gov**
- **www.ncbi.nlm.nih.gov**

Notes

Asthma Medication Ratio (AMR)

This HEDIS measure looks at the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.

Record your efforts:

Oral medication dispensing event: multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events — If multiple prescriptions for the same medication are dispensed on the same day, sum up the days' supply and divide by 30. Use the drug ID to determine if the prescriptions are the same or different.
Inhaler dispensing event: all inhalers (for example, canisters) of the same medication dispensed on the same day count as one dispensing event — Medications with different drug IDs dispensed on the same day are counted as different dispensing events.
Injection dispensing events: Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.
Units of medications: When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication.

Exclusions:

- Members who had no asthma controller or reliever medications dispensed during the measurement year
  - Members in hospice or using hospice services during the measurement year
  - Members who died in the measurement year
  - Members who had a diagnosis that requires a different treatment approach than members with asthma any time during the member's history through December 31 of the measurement year.

Description	CPT/HCPCS/ICD-10
Asthma	**ICD-10:** J45.21, J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.991, J45.998
Outpatient and Telehealth	**CPT®:** 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 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015
CDC Race and Ethnicity	**1002-5: American Indian or Alaska Native**

Description	CPT/HCPCS/ICD-10
	2028-9: Asian
	2054-5: Black or African American
	2076-8: Native Hawaiian or Other Pacific Islander
	2106-3: White
	2135-2: Hispanic or Latino
	2186-5: Not Hispanic or Latino

Helpful tips:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider website.
- Providing you with individual reports of your members overdue for services if needed.
- Assisting with patient scheduling if needed.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Notes

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

This HEDIS measure looks at the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

- The percentage of children and adolescents on antipsychotics who received blood glucose testing
- The percentage of children and adolescents on antipsychotics who received cholesterol testing
- The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

Record your efforts:

- At least one test for blood glucose or HbA1c
- At least one test for LDL-C or cholesterol
- If your office does not perform in-house lab testing, make sure your patients' labs results are recorded in the medical record with your initials where you have acknowledged review of results.

Exclusions:

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

Description	CPT/CAT II/LOINC
Cholesterol lab test	**CPT:** 82465, 83718, 83722, 84478 **LOINC:** 2085-9, 2093-3, 2571-8, 3043-7, 9830-1
Glucose lab test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **LOINC:** 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
HbA1c lab test	**CPT:** 83036, 83037 **LOINC:** 17855-8, 17856-6, 4548-4, 4549-2,96595-4
HbA1c lab test results or findings	**CAT II:** 3044F, 3046F, 3051F, 3052F
LDL-C lab test	**CPT:** 80061, 83700, 83701, 83704, 83721 **LOINC:** 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2, 96259-7
LDL-C lab test results or findings	**CAT II:** 3048F, 3049F, 3050F

How can we help?

Medicaid members are eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

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

This HEDIS measure looks at the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Record your efforts

Documentation of psychosocial care in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD.

Exclusions

Members for whom first-line antipsychotic medications may be clinically appropriate: members with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder on at least two different dates of service during the measurement year.

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

Members who died during the measurement year

Description	CPT/HCPCS/LOINC
Psychosocial care	**CPT:** 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 **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
Residential Behavioral Health Treatment	**HCPCS:** H0017, H0018, H0019, T2048

Helpful tip:

If using an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

- Offering current *Clinical Practice Guidelines* on our provider website.

- Providing you with individual reports of your members overdue for services if needed.
- Assisting with patient scheduling if needed.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Notes

Blood Pressure Control for Patients with Diabetes (BPD)

This HEDIS measure looks at the percentage of members 18 to 75 years of age with diabetes (type 1 and 2) whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.

Record your efforts:

- Members 18 to 75 years of age whose BP is < 140/90 mm Hg
- If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP
- BP readings taken by the member and documented in the member's medical record are eligible for use in reporting (provided the BP does not meet any exclusion criteria).

What does not count?

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Taken by the patient using a nondigital device such as with a manual BP cuff and a stethoscope.

Exclusions:

- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded.
- Members in hospice or using hospice services anytime during the measurement year
- Members receiving palliative care
- Members who died during the measurement year

Description	CPT/HCPCS/ICD-10/CAT II
Diastolic BP	**CAT II:** 3078F-3080F **LOINC:** 75995-1, 8453-3, 8454-1, 8455-8, 8462-4, 8496-2, 8514-2, 8515-9, 89267-9
Diastolic 80 to 89	**CAT II**: 3079F
Diastolic greater than/equal to 90	**CAT II**: 3080F
Diastolic less than 80	**CAT II**: 3078F
Systolic BP	**CAT II: 3074F, 3075F, 3077F** **LOINC: 75997-7, 8459-0, 8460-8, 8461-6, 8480-6, 8508-4, 8546-4, 8547-2, 89268-7**
Systolic greater than/equal to 140	**CAT II:** 3077F
Systolic less than 140	**CAT II:** 3074F, 3075F

Helpful tips:

- Improve the accuracy of BP measurements performed by your clinical staff by:
  - Providing training materials from the American Heart Association.
  - Conducting BP competency tests to validate the education of each clinical staff member.
  - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all patients with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in patient's medical records.
- Refer high-risk members to our hypertension programs for additional education and support.
- Educate patients and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
  - Heart-healthy eating and a low-salt diet.
  - Smoking cessation and avoiding secondhand smoke.
  - Adding regular exercise to daily activities.
  - Home BP monitoring.
  - Ideal body mass index (BMI).
  - The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review!
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We support you in helping patients control high blood pressure by:

- Providing online *Clinical Practice Guidelines* on our provider website.
- Reaching out to our hypertensive members through our programs.
- Helping identify your hypertensive members.
- Helping you schedule, plan, implement and evaluate a health screening Clinic Day; call your Provider Relationship Management representative to find out more.
- Educating our members on high blood pressure through health education materials.
- Supplying copies of healthy education materials for your office.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Other available resources

You can find more information and tools online at:

- **www.nhlbi.nih.gov**
- **https://www.cdc.gov/bloodpressure/index.htm**

Controlling High Blood Pressure (CBP)

This HEDIS measure looks at the percentage of members ages 18 to 85 years who have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (< 140/90 mm Hg) during the measurement year.

Record your efforts

Document blood pressure and diagnosis of HTN. Members whose BP is adequately controlled include:

- Members 18 to 85 years of age who had a diagnosis of HTN and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement year.
- The most recent BP reading during the measurement year on or after the second diagnosis of hypertension:
    - If no BP is recorded during the measurement year, assume that the member is *not controlled*.
    - If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading.

What does not count?

- If taken on the same day as a diagnostic test or procedure that requires a change in diet or medication regimen
- On or one day before the day of the test or procedure with the exception of fasting blood tests
- Taken during an acute inpatient stay or an ED visit
- Taken by the patient using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

Exclusions:

- ESRD
- Kidney transplant
- Pregnancy
- Non acute inpatient stay
- Members 81 and above with frailty
- Members receiving palliative care
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year
- Members 66–80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members must meet BOTH frailty and advanced illness criteria to be excluded.
- Members 81 years of age and older as of December 31 of the measurement year (all product lines) with at least two indications of frailty with different dates of service during the measurement year.

Description	CPT/HCPCS/ICD-10/CAT II
Essential HTN	**ICD-10:** I10
Diastolic BP	**CAT II:** 3078F-3080F **LOINC:** 75995-1**,** 8453-3, 8454-1, 8455-8, 8462-4, 8496-2, 8514-2, 8515-9, 89267-9
Diastolic 80 to 89	**CAT II:** 3079F
Diastolic greater than/equal to 90	**CAT II:** 3080F
Diastolic less than 80	**CAT II:** 3078F
Systolic BP	**CAT II: 3074F, 3075F, 3077F** **LOINC: 75997-7, 8459-0, 8460-8, 8461-6, 8480-6, 8508-4, 8546-4, 8547-2, 89268-7**
Systolic greater than/equal to 140	**CAT II:** 3077F
Systolic less than 140	**CAT II:** 3074F, 3075F
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5: Black or African American** **2076-8: Native Hawaiian or Other Pacific Islander** **2106-3: White** **2135-2: Hispanic or Latino** **2186-5: Not Hispanic or Latino**

Helpful tips:

- Improve the accuracy of BP measurements performed by your clinical staff by:
  - Providing training materials from the American Heart Association.
  - Conducting BP competency tests to validate the education of each clinical staff member.
  - Making a variety of cuff sizes available.
- Instruct your office staff to recheck BPs for all patients with initial recorded readings greater than systolic 140 mm Hg and diastolic of 90 mm Hg during outpatient office visits; have your staff record the recheck in patient's medical records.
- Refer high-risk members to our hypertension programs for additional education and support.
- Educate patients and their spouses, caregivers, or guardians about the elements of a healthy lifestyle such as:
  - Heart-healthy eating and a low-salt diet.
  - Smoking cessation and avoiding secondhand smoke.
  - Adding regular exercise to daily activities.
  - Home BP monitoring.
  - Ideal body mass index (BMI).
  - The importance of taking all prescribed medications as directed.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review!

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We support you in helping members control high blood pressure by:

- Providing online *Clinical Practice Guidelines* on our provider website.
- Reaching out to our hypertensive members through our programs.
- Helping identify your hypertensive members.
- Helping you schedule, plan, implement, and evaluate a health screening Clinic Day; call your Provider Relationship Management representative to find out more.
- Educating our members on high blood pressure through health education materials.
- Supplying copies of healthy education materials for your office.

Medicaid members are eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Other available resources

You can find more information and tools online at:

- **www.nhlbi.nih.gov**
- **https://www.cdc.gov/bloodpressure/index.htm**

Notes

Cervical Cancer Screening (CCS)

This HEDIS measure looks at the percentage of women 21 to 64 years of age who were screened for cervical cancer using either of the following criteria:

- **Women 21 to 64 years of age** who had cervical cytology performed within the last three years
- **Women 30 to 64 years of age** who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years
- **Women 30 to 64 years of age** who had cervical cytology/hrHPV co-testing within the last five years

Record your efforts

Make sure your medical records reflect:

- The date when the cervical cytology was performed.
- The results or findings. "Unknown" is not considered
- Notes in patient's chart if patient has a history of hysterectomy.
  - Complete details if it was a complete, total, or radical abdominal or vaginal hysterectomy with no residual cervix; also, document history of cervical agenesis or acquired absence of cervix. (Include, at a minimum, the year the surgical procedure was performed.)

Exclusions

Members who have one of the following in their history can be excluded:

- Absence of cervix
- Hysterectomy with not residual cervix, cervical agenesis or acquired absence of a cervix
- Members receiving palliative care
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year
- Members with sex assigned at birth of male at any time in the patients history.

Description	CPT/HCPCS/LOINC
Cervical cytology lab test	**CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 **LOINC:** 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
hrHPV lab test	**CPT: 87624, 87625** **HCPCS: G0476** **LOINC: 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3**

Description	CPT/HCPCS/LOINC
Absence of cervix diagnosis	**ICD-10-CM:** Q51.5, Z90.710, Z90.712
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, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956 **ICD-10-PCS:** 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ

Note: The Logical Observation Identifier Names and Codes (LOINC) are for reporting clinical observations and laboratory testing.

Helpful tips:

- Discuss the importance of well-woman exams, mammograms, Pap tests, and HPV testing with all female patients between ages 21 to 64 years.
- Be a champion in promoting women's health by reminding them of the importance of annual wellness visits.
- Refer patients to another appropriate provider if your office does not perform Pap tests and request copies of Pap test/HPV co-testing results be sent to your office.
- Talk to your Provider Relationship Management representative to determine if a health screening Clinic Day has been scheduled in your community. Our staff may be able to help plan, implement, and evaluate events for a particular preventive screening, like a cervical cancer screening or a complete comprehensive women's health screening event (only if this is offered in your practice area).
- Train your staff on the use of educational materials to promote cervical cancer screening.
- Use a tracking mechanism, (for example, EMR flags and/or manual tracking tool) to identify patients due for cervical cancer screening.
- Display posters and educational messages in treatment rooms and waiting areas to help motivate patients to initiate discussions with you about screening.
- Train your staff on preventive screenings or find out if we provide training.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We help you get our members this critical service by:

- Offering you access to our *Clinical Practice Guidelines* on our provider website.
- Coordinating with you to plan and focus on improving health awareness for our members by providing health screenings, activities, materials, and resources if available or as needed.
- Educating members on the importance of cervical cancer screening through various sources, such as phone calls, post cards, newsletters, and health education fliers if available.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Contact your Provider Relationship Management representative for any questions during office visits.

Other available resources

You can find more information and tools online at **www.uspreventiveservicestaskforce.org**.

Notes

Childhood Immunization Status (CIS)

The percentage of children turning 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

- Hep B *initial dose* is the only vaccine that can be given before 42 days after birth
  Influenza cannot be given until infant is six months of age
- MMR, VZV, and Hep A can only be given between first and second birthday to close the gap
- Second Influenza vaccination may be the LAIV given on member's second birthday

Immunization	Dose(s)
DTaP	4
IPV	3
MMR	1
Hib	3
Hep B	3
VZV	1
PCV	4
Hep A	1
Rotavirus	• Two-dose (Rotarix) • Three-dose (Rotateq) vaccine
Influenza	Second dose may be LAIV given on second birthday

Record your efforts

Once you give our members their needed immunizations, let us and the state know by:

- Recording the immunizations in your state registry.
- Documenting the immunizations (historic and current) within medical records to include:
  - A note indicating the name of the specific antigen and the date of the immunization.
  - The certificate of immunization prepared by an authorized healthcare provider or agency.
  - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses, or seropositive test result.
  - The date of the first hepatitis B vaccine given at the hospital and name of the hospital if available.
  - A note that the *patient is up to date* with all immunizations, but which does not list the dates of all immunizations and the names of the immunization agents does not constitute sufficient evidence of immunization for HEDIS reporting.

Exclusions:

- Anaphylactic reaction due to vaccination
- Contraindication to vaccine such as:
  - Disorders of the immune system
  - Encephalopathy due to the vaccination
  - Immunodeficiency
  - HIV
  - Malignant neoplasm of lymphatic tissue
  - Severe combined immunodeficiency
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Codes to identify immunizations:

Immunization	CPT/HCPCS/ICD-10	CVX
DTaP	**CPT:** 90697, 90698, 90700, 90723	20, 50, 106, 107, 110, 120, 146
IPV	**CPT:** 90697, 90698, 90713, 90723	10, 89, 110, 120, 146
MMR	**CPT:** 90707, 90710	03, 94
Hib	**CPT:** 90644, 90647, 90648, 90697, 90698, 90748	17, 46, 47, 48, 49, 50, 51, 120, 146, 148
Hep B Newborn Hep B	**CPT:** 90697, 90723, 90740, 90744, 90747, 90748 **ICD10:** 3E0234Z	08, 44, 45, 51, 110, 146 HCPCS: G0010
VZV	**CPT:** 90710, 90716	21, 94
PCV	**CPT:** 90670, 90671	109, 133, 152, 215
Hep A	**CPT:** 90633	31, 83, 85
Rotavirus (two- or three-dose)	**Two-dose:** 90681	**Two-dose:** 119
	Three-dose: 90680	**Three-dose:** 116, 122
Influenza	**CPT:** 90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756	88, 140, 141, 150, 153, 155, 158, 161, 171, 186 **HCPCS:** G0008
Influenza: live attenuated for intranasal use	**CPT:** 90660, 90672	111, 149

Helpful tips:

- If you use an EMR, create a flag to track patients due for immunizations.
- Extend your office hours into the evening, early morning, or weekends to accommodate working parents.
- Develop or implement standing orders for nurses and physician assistants in your practice to allow staff to identify opportunities to immunize.
- Enroll in the Vaccines for Children (VFC) program to receive vaccines. If you have questions about enrollment and vaccine orders, contact your state VFC coordinator.

Find your coordinator when you visit **www.cdc.gov/vaccines/programs/vfc/contacts-state.html** or call **1-800-CDC-INFO (1-800-232-4636)**.

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We can help you get children in for their immunizations by:

- Offering current *Clinical Practice Guidelines* on our provider website.
- Providing you with individual reports of your members overdue for services if needed.
- Assisting with patient scheduling if needed.

Medicaid members are eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Call your Provider Relationship Management representative for more information.

Notes

Chlamydia Screening in Women (CHL)

This HEDIS measure looks at the percentage of women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Record your efforts

Indicate the date the test was performed and the results

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died in the measurement year
- Based on a pregnancy test alone and who meet either of the following:
  - A pregnancy test and a prescription for isotretinoin on the date of the pregnancy test or the six days after
  - A pregnancy test and an x-ray on the date of the pregnancy test or the six days after

Description	CPT/HCPCS/LOINC
Chlamydia testing	**CPT:** 87110, 87270, 87320, 87490-87492, 87810, 0353U **LOINC:** 14463-4, 14464-2, 14465-9, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 23838-6, 31775-0, 34710-4, 42931-6, 44806-8, 44807-6, 45068-4, 45069-2, 45072-6, 45073-4, 45075-9, 45084-1, 45089-0, 45090-8, 45091-6, 45093-2, 45095-7, 50387-0, 53925-4, 53926-2, 57287-5, 560-3, 6353-7, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6, 82306-2, 87949-4, 87950-2, 88221-7, 89648-0, 91860-7, 91873-0

How can we help?

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Helpful resource:

- **www.cdc.gov/std/chlamydia/default.htm**

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

Colorectal Cancer Screening (COL-E)

This HEDIS® measure evaluates the percentage of members 45 to 75 years of age who had appropriate screening for colorectal cancer:

- **Colonoscopy** during measurement year or nine years prior
- **Fecal occult blood test (FOBT)** during measurement year
- **Computed tomography (CT) colonography** during measurement year or four years prior
- **Stool DNA with fecal immunochemical test (FIT)-DNA test** during measurement year or two years prior
- **Flexible sigmoidoscopy** during measurement year or four years prior

Note: A FIT DNA is a Cologuard test. A FIT test is the fecal occult blood test (FOBT) immunochemical test. They are not the same.

Record your efforts

Acceptable:

- Colonoscopy screening type must be noted or pathology report must indicate evidence that the scope advancing to the decum for a colonoscopy or advancing into sigmoid colon for flexible sigmoidoscopy.
- Two types of FOBT tests: guaiac (gFOBT) and immunochemical (iFOBT/FIT). Depending on the type of FOBT test, a certain number of samples are required for numerator compliance:
    - For FIT test: as long as the medical record indicates that a FIT was done, the member meets criteria regardless of how many samples were returned.
    - For gFOBT and unspecified type of test:
        - If the medical record does not indicate the number of samples (assume correct number returned) or indicates three or more samples were returned, the member meets criteria.
- The FOBT test must be processed and results reported by a lab.
- The advanced illness exclusion can be identified from a telephone visit, e-visit, or virtual check-in.
- Documentation in the medical record of *Colon Cancer Screening Done in 2021* without notation of type of screening can only be used as evidence of FOBT.
- Ensure chart captures members' ethnicity.

Not acceptable:

- Tests performed in an office setting or from any specimen collected during a digital rectal exam.
- CT scan of the abdomen and pelvis.

- Unclear documentation in medical record as *COL* or *COLON 20XX* by provider without mention of the actual screening test completed.
- Colonoscopy report indicates "incomplete" and no evidence the scope advanced to the cecum.

Exclusions:

- Diagnosis of colorectal cancer
- Total colectomy
- Members receiving palliative care
- Members enrolled in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year
- Members receiving palliative care
- Members 66 years of age and with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
  - At least two indications of frailty
  - At least two outpatient visits with an advanced illness diagnosis or dispensed dementia medication

Description	CPT/HCPCS
Colonoscopy	**CPT:** 44388-44392, 44394, 44401-44408, 45378, 45379, 45380-45382, 45384-45386, 45388-45393, 45398 **HCPCS:** G0105, G0121
FOBT lab test	**CPT:** 82270, 82274 **HCPCS:** G0328
CT colonography	**CPT:** 74261-74263
sDNA FIT lab test	**CPT:** 81528
Flexible sigmoidoscopy	**CPT:** 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 **HCPCS:** G0104
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

How can we help?

Members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Helpful tips and resources:

- Best practice to have the actual screening test and result. However, result is not required as long as documentation is part of the medical record and clearly indicates screening was completed and not merely ordered
- Stress importance of screening
- Always include a date of service and place of service if known
- If utilizing an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements.
- Educate the members about the importance of early detection and encourage screening.
- Submit claims and encounter data in a timely manner.
- Centers for Disease Control and Prevention (CDC), Colorectal Cancer Screening Tests, **https://www.cdc.gov/cancer/colorectal/basic_info/screening/tests.htm**
- **www.cdc.gov/cancer/colorectal/index.htm**

Notes

Appropriate Testing for Pharyngitis (CWP)

This HEDIS measure evaluates members 3 years of age and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

Record your efforts:

- Document results of all strep tests or refusal for testing in medical record.
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.

Exclusions:

Visits that result in an inpatient stay:

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

Description	CPT/HCPCS/ICD-10/LOINC
Pharyngitis	**ICD10:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Group A streptococcal tests	**CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880** **LOINC: 101300-2, 11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2**
Outpatient, ED, & Telehealth	**CPT®:** 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99281-99285, 99341-99345, 99347-99349, 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015

Helpful tips:

If a patient tests negative for group A strep but insists on an antibiotic:

- Refer to the illness as a sore throat due to a cold; patients tend to associate the label with a less-frequent need for antibiotics.
- Write a prescription for symptom relief, like over-the-counter medications.
- Educate patients on the difference between bacterial and viral infections. This is the key point in the success of this measure. Use CDC handouts or education tools as needed.

Discuss with patient ways to treat symptoms:

- Get extra rest.
- Drink plenty of fluids.

- Use over-the-counter medications.
- Use the cool-mist vaporizer and nasal spray for congestion.
- Eat ice chips or use throat spray/lozenges for sore throats.

Educate patients and their parents or caregivers that they can prevent infection by:

- Washing hands frequently.
- Disinfecting toys.
- Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

Medicaid members are eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Helpful resources:

- **www.CDC.gov/getsmart**
- **www.CDC.gov/antibiotic-use**

Notes

Eye Exam for Patients with Diabetes (EED)

This HEDIS measure looks at the percentage of members 18 to 75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Record your efforts:

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

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members receiving palliative care
- Members who died during the measurement year
- Members 66 years of age and older with frailty **and** advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
  - At least two indications of frailty
  - At least two outpatient visits with an advanced illness diagnosis or dispensed dementia medication

Unilateral eye enucleation left

ICD-10-PCS
08T1XZZ

Unilateral eye enucleation right

ICD-10-PCS
08T0XZZ

Services	CPT
Diabetic retinal screenings	**CPT:** 67028, 67030, 67031, 67036, 67039, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245 **HCPCS:** S0620, S0621, S3000
Diabetic retinal screening negative in prior year	**CPT-CAT II:** 3072F

Services	CPT
Eye exam with evidence of retinopathy	**CPT-CAT II:** 2022F, 2024F, 2026F,
Eye exam without evidence of retinopathy	**CPT-CAT II:** 2023F, 2025F, 2033F,
Unilateral eye enucleation	**CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
CDC Race and Ethnicity	**1002-5: American Indian or Alaska Native** **2028-9: Asian** **2054-5: Black or African American** **2076-8: Native Hawaiian or Other Pacific Islander** **2106-3: White** **2135-2: Hispanic or Latino** **2186-5: Not Hispanic or Latino**

Helpful tips:

- For the recommended frequency of testing and screening, refer to the *Clinical Practice Guidelines* on the provider website for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call patients to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results, eye exam results, or any specialist referral and document on your chart.
- Refer members to the network of eye providers for their annual diabetic eye exam.
- Educate your patients and their families, caregivers, and guardians on diabetes care, including:
  - Taking all prescribed medications as directed.
  - Adding regular exercise to daily activities.
  - Having a diabetic eye exam each year with an eye care provider.
  - Regularly monitoring blood sugar and blood pressure at home.
  - Maintaining healthy weight and ideal body mass index.
  - Eating heart-healthy, low-calorie, and low-fat foods.
  - Stopping smoking and avoiding second-hand smoke.
  - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings, and tests to improve compliance.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If utilizing an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We can help you with comprehensive diabetes care by:

- Providing online *Clinical Practice Guidelines* on our provider website.
- Providing programs that may be available to our diabetic members.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Providing education at your office if available in your area.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Please contact your Provider Relationship Management representative for more information.

Notes

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

This HEDIS measure evaluates the percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow up visit for SUD during the measurement year. Two rates are reported:

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

Record your efforts:

- **30-Day Follow-Up:** a member has a follow-up visit or a pharmacotherapy dispensing event 30 days after the ED visit (31 total days). Include events and visits that occur on the date of the ED visit
- **Seven-Day Follow-Up:** a member has a follow-up visit or a pharmacotherapy dispensing event seven days after the ED visit (eight total days). Include events and visits that occur on the date of the ED visit

Exclusions:

- ED visits that result in an inpatient stay
- Members in hospice or using hospice services anytime during the measurement year
- Members who died in the measurement year

Services	CPT/HCPCS
Alcohol and other drug (AOD) abuse and dependence	**ICD 10**: 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, 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,

Services	CPT/HCPCS
	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
AOD medication treatment	**HCPCS**: G2069, G2070, G2072, G2073, H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109
BH assessment	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049
Substance induced disorders	**ICD-10-CM: F10.90,** 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
Substance use disorder services	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Substance use services	**HCPCS:** H0006, H0028
OUD monthly office-based treatment	**HCPCS:** G2086, G2087
OUD weekly drug treatment service	**HCPCS:** G2067, G2068, G2069, G2070, G2072, G2073
OUD weekly nondrug service	**HCPCS:** G2071, G2074, G2075, G2076, G2077, G2080
Residential Behavioral	**HCPCS:** H0017, H0018, H0019, T2048

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS MY 2024 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

Services	CPT/HCPCS
Health Treatment	
Residential Program Detoxification	**HCPCS:** H0010, H0011
Online assessments	**CPT®:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	**POS:** 02, 10
CDC Race and Ethnicity	**1002-5: American Indian or Alaska Native** **2028-9: Asian** **2054-5: Black or African American** **2076-8: Native Hawaiian or Other Pacific Islander** **2106-3: White** **2135-2: Hispanic or Latino** **2186-5: Not Hispanic or Latino**

How can we help?

- Offer current *Clinical Practice Guidelines* on our provider website.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Other available resources

You can find more information and tools online at:

- **www.mhpa.org**
- **www.qualityforum.org**

Helpful tip: If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

Follow-Up After Hospitalization for Mental Illness (FUH)

This HEDIS measure evaluates members ages 6 years and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

- The percentage of discharges for which the member received follow-up within 30 days after discharge
- The percentage of discharges for which the member received follow-up within seven days after discharge

Exclusions:

- Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission.
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Services	CPT/HCPCS
Transitional care management services	**CPT:** 99495, 99496
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	02, 10
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
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, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Psychiatric Collaborative Care Management	**CPT:** 99492, 99493, 99494 **HCPCS:** G0512
Outpatient POS	**POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
CDC Race and Ethnicity	**1002-5: American Indian or Alaska Native** **2028-9: Asian** **2054-5: Black or African American** **2076-8: Native Hawaiian or Other Pacific Islander** **2106-3: White** **2135-2: Hispanic or Latino** **2186-5: Not Hispanic or Latino**

Helpful tips:

- Educate your patients and their spouses, caregivers, or guardians about the importance of compliance with long-term medications, if prescribed.
- Encourage members to participate in our behavioral health case management program for help getting a follow-up discharge appointment within seven days and other support.
- Teach patient's families to review all discharge instructions for patients and ask for details of all follow-up discharge instructions, such as the dates and times of appointments. The post discharge follow up should optimally be within seven days of discharge.
- Ask patients with a mental health diagnosis to allow you access to their mental health records if you are their primary care provider.
- Telehealth services that are completed by a qualified mental health provider can be used for this measure.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current *Clinical Practice Guidelines* on our provider website.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Other available resources

You can find more information and tools online at:

- **www.mhpa.org**
- **www.qualityforum.org**

Notes

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

This HEDIS measure evaluates the percentage of emergency department (ED) visits for members ages 6 years and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

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

Exclusions:

- ED visits that result in an inpatient stay
- ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days)
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Services	CPT/HCPCS
Telephone visits	**CPT:**98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	02, 10
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
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, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002. H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Outpatient POS	**POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Online Assessments	**CPT:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252

Services	CPT/HCPCS
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3:** White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

How can we help?

We help you with follow-up after hospitalization for mental illness by:

- Offer current *Clinical Practice Guidelines* on our provider website.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Other available resources

You can find more information and tools online at:

- **www.mhpa.org**
- **www.qualityforum.org**

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

Glycemic Status Assessment for Patients with Diabetes (GSD)

This measure looks at the percentage of members 18 to 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 during the measurement year:

- HbA1c control (< 8%)
- HbA1c poor control (> 9%)

Record your efforts:

- Document the date and result of the most recent glycemic status assessment (HbA1c or GMI) performed during the measurement year
- When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Members receiving palliative care
- Members who died during the measurement year
- Members 66 years of age and older with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
  - At least two indications of frailty
  - At least two outpatient visits with an advanced illness diagnosis or dispensed dementia medication

Services	Codes
HbA1c level greater than 9	**CPT-CAT II:** 3046F
HbA1c Level less than 7	**CPT-CAT II:** 3044F
HbA1c level greater than or equal to 7 or less than 8	**CPT-CAT II:** 3051F
HbA1c level greater than or equal to 8 or less than 9	**CPT-CAT II:** 3052F
HbA1c tests results or findings	**CPT-CAT II:** 3044F, 3046F, 3051F, 3052F
HbA1c lab test	**CPT:** 83036, 83037 **LOINC:** 17855-8, 17856-6, 4548-4, 4549-2, 96595-4
CDC Race and Ethnicity	**1002-5: American Indian or Alaska Native** **2028-9: Asian** **2054-5: Black or African American** **2076-8: Native Hawaiian or Other Pacific Islander** **2106-3:** White

Services	Codes
	2135-2: Hispanic or Latino **2186-5: Not Hispanic or Latino**

Helpful tips:

- For the recommended frequency of testing and screening, refer to the *Clinical Practice Guidelines* on our website for diabetes mellitus.
- If your practice uses EMRs, have flags or reminders set in the system to alert your staff when a patient's screenings are due.
- Send appointment reminders and call patients to remind them of upcoming appointments and necessary screenings.
- Follow up on lab test results and document on your chart.
- Draw labs in your office if accessible or refer members to an in-network lab for screenings.
- Educate your patients and their families, caregivers, and guardians on diabetes care, including:
    - Taking all prescribed medications as directed.
    - Adding regular exercise to daily activities.
    - Regularly monitoring blood sugar and blood pressure at home.
    - Maintaining healthy weight and ideal body mass index.
    - Eating heart-healthy, low-calorie, and low-fat foods.
    - Stopping smoking and avoiding second-hand smoke.
    - Fasting prior to having blood sugar and lipid panels drawn to ensure accurate results.
    - Keeping all medical appointments; getting help with scheduling necessary appointments, screenings, and tests to improve compliance.
- Remember to include the applicable Category II reporting code above on the claim form to help reduce the burden of HEDIS medical record review.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We can help you with comprehensive diabetes care by:

- Providing online *Clinical Practice Guidelines* on our provider website.
- Providing programs that may be available to our diabetic members.
- Supplying copies of educational resources on diabetes that may be available for your office.
- Scheduling Clinic Days or providing education at your office if available in your area.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Please contact your Provider Relationship Management representative for more information.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

This measure looks at the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:

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

Record your efforts:

- At each follow-up appointment, use the same diagnosis for substance use disorder.

Exclusions:

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

Initiation and engagement of alcohol and other drug dependence treatment (IET) codes:

Description	Codes
Alcohol abuse and dependence	**ICD-10-CM:** F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, 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
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, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Opioid abuse and dependence	**ICD-10-CM:** F11.10, F11.120-F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29
Other drug abuse and dependence	**ICD-10:** 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-F12.222, 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,

Description	Codes
	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-F13.282, 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-F14.182, F14.188, F14.19, F14.20, F14.220-F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280-F14.282, F14.288, F14.29, F15.10, F15.120-F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, 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-F15.282, 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-F19.182, F19.188, F19.19, F19.20, F19.220-F19.222, F19.229, F19.230-F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280-F19.282, F19.288, F19.29
Online assessments	**CPT®:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
Telehealth POS	**POS:** 02,10
OUD Monthly Office-Based Treatment	**HCPCS:** G2086, G2087
OUD Weekly Drug Treatment Service	**HCPCS:** G2067, G2068, G2069, G2072, G2073
OUD Weekly Nondrug Service	**HCPCS:** G2071, G2074, G2075, G2076, G2077, G2080
Substance Abuse Counseling and Surveillance	**ICD10CM:** Z71.41, Z71.51
Substance Abuse Disorder Services	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
CDC Race and Ethnicity	**1002-5: American Indian or Alaska Native** **2028-9: Asian** **2054-5: Black or African American** **2076-8: Native Hawaiian or Other Pacific Islander** **2106-3: White** **2135-2: Hispanic or Latino** **2186-5: Not Hispanic or Latino**

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS MY 2024 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

How can we help?

We can help you with monitoring initiation and engagement of alcohol and other drug dependence treatment by:

- Reaching out to providers to be advocates and providing the resources to educate our members.
- Guiding with the above noted services to drive member success in completing alcohol and other drug dependence treatment.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Helpful tip:

- If utilizing an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

Immunizations for Adolescents (IMA)

This measure reviews members 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Vaccines administered on or before their 13th birthday:

- One MCV/meningococcal vaccine on or between 11th and 13th birthdays, and one Tdap or one Td vaccine on or between their 10th and 13th birthdays
- At least two doses of HPV vaccine with DOS at 146 days apart on or between the 9th and 13th birthdays:
  - Or at least three HPV vaccines with different dates of service on or between the 9th and 13th birthdays

Record your efforts

Immunization information obtained from the medical record:

- A note indicating the name of the specific antigen and the date of the immunization.
- A certificate of immunization prepared by an authorized healthcare provider or agency, including the specific dates and types of immunizations administered.
- Document in the medical record parent or guardian refusal.

Two-dose HPV vaccination series:

- There must be at least 146 days between the first and second dose of the HPV vaccine.

Meningococcal:

- *Do not count* meningococcal recombinant (serogroup B) (MenB) vaccines.

Exclusions:

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

Description	CPT	CVX
Meningococcal	90619, 90733, 90734	32, 108, 114, 136, 147, 167
Tdap	90715	
HPV	90649, 90650, 90651	62, 118, 137, 165
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino	

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider website.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

Kidney Health Evaluation for Patients with Diabetes (KED)

This measure evaluates members 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) ***and*** a urine albumin-creatinine ratio (uACR), during the measurement year.

Exclusions:

- Members with evidence of ESRD
- Dialysis
  Members 66-80 years of age and with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
    - At least two indications of frailty

  At least two outpatient visits with an advanced illness diagnosis or dispensed dementia medication
- Members 81 years & older with at least two indications of frailty with different dates of service during the measurement year
- Members who died in the measurement year
- Members receiving palliative care
  Members in hospice or using hospice services anytime during the measurement year

Description	CPT/HCPCS/ICD-10/ LOINC
Estimated Glomerular Filtration Rate Lab Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82565 **LOINC:** 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6
Quantitative Urine Albumin Lat Test	**CPT: 82043** **LOINC:** 100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53530-2, 53531-0, 57369-1, 89999-7
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
Urine Creatinine Lab Test	**CPT: 82570** **LOINC: 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5**
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider website.
- Helping identify community resources, such as health education classes that may be available in your area.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Contact your Provider Relationship Management representative for more information.

Notes

Use of Imaging Studies for Low Back Pain (LBP)

This HEDIS measure looks at the percentage of members 18 to 75 years of age with a primary 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 measure is reported as an inverted rate. A higher score indicates appropriate treatment of low back pain (for example, the proportion for whom imaging studies did not occur).

Exclusions:

- Cancer
- Recent trauma
- Intravenous drug abuse
- Neurological impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids
- Osteoporosis
- Lumbar surgery
- Spondylopathy
- Fragility fractures
- Palliative care
- Frailty
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year
- Members 66 years of age and older with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
  - At least two indications of frailty
  - At least two outpatient visits with an advanced illness diagnosis or dispensed dementia medication

Services	CPT/HCPCS/ICD-10
Uncomplicated low back pain	**ICD-10-CM:** M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.50, 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
Imaging study	**CPT:** 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081,

Services	CPT/HCPCS/ICD-10
	72082, 72083, 72084, 72100, 72110, 72114, 72120, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72200, 72202, 72220

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider website.
- Helping identify community resources, such as health education classes that may be available in your area.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Contact your provider relationship management representative for more information.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

Pharmacotherapy Management of COPD Exacerbation (PCE)

This HEDIS measure looks at the percentage of COPD exacerbations for members 40 years and older, who had an acute inpatient discharge or ED visit on or between January 1 to November 30 of the measurement year, and who were dispensed appropriate medications.

The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. Two rates are reported:

- Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event
- Dispensed a bronchodilator within 30 days of the event (or there was evidence of an active prescription for either rate/event)

Exclusions:

Members in hospice care or using hospice services, members who died during the measurement year

Record your efforts:

- Schedule member appointment upon notice of an acute inpatient discharge or ED visit.
- Ensure medical record documentation of your review of the discharge summary along with discharge medications for both a systemic corticosteroid and bronchodilator.
- Schedule regular follow-up visits to review medication management/compliance.

Document discussions about the COPD process and medication compliance.

Systemic corticosteroid medications

Description	Prescription		
Glucocorticoids	Cortisone	Hydrocortisone	Prednisone
	Dexamethasone	Methylprednisolone	Prednisolone

Bronchodilator medications

Description	Prescription		
Anticholinergic agents	Ipratropium	Umeclidinium	
	Aclidinium-bromide	Tiotropium	
Beta 2-agonists	Albuterol	Indacaterol	Metaproterenol
	Arformoterol	Levalbuterol	Salmeterol
	Formoterol	Olodaterol	
Bronchodilator combinations	Albuterol-ipratropium	Formoterol-glycopyrrolate	
	Budesonide-formoterol	Formoterol-mometasone	
	Fluticasone-salmeterol	Glycopyrrolate-indacaterol	

	Fluticasone-vilanterol	Olodaterol-tiotropium
	Formoterol-aclidinium	Umeclidinium-vilanterol
	Fluticasone furoate umeclidinium-vilanterol	

Notes

Prenatal and Postpartum Care (PPC)

This HEDIS measure looks at the percentage of women who delivered a live birth between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

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

Record your efforts:

Prenatal care visit must include one of the following:

- Diagnosis of pregnancy
- A physical examination that includes one of the following:
  - Auscultation for fetal heart tone
  - Pelvic exam with obstetric observations
  - Measurement of fundus height
- Evidence that a prenatal care procedure was performed such as one of the following:
  - Obstetric panel including hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing)
  - TORCH antibody panel alone
  - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing
  - Ultrasound of a pregnant uterus
- Documentation of LMP, EDD, or gestational age in conjunction with *either* of the following:
  - Prenatal risk assessment and counseling/education
  - Complete obstetrical history

Postpartum care visit on or between seven and 84 days after delivery
Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and *one* of the following:

- Pelvic exam
- Evaluation of weight, BP, breasts, and abdomen
- Notation of *breastfeeding* is acceptable for the *evaluation of breasts* component
- Notation of postpartum care, including, but not limited to:
  - Notation of *postpartum care*, *PP care*, *PP check*, *6-week check*
  - A preprinted *Postpartum Care* form in which information was documented during the visit
- Perineal or cesarean incision/wound check
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders

- Glucose screening for women with gestational diabetes
- Documentation of any of the following topics:
  - Infant care or breastfeeding
  - Resumption of intercourse, birth spacing or family planning
  - Sleep/fatigue
  - Resumption of physical activity and attainment of healthy weight

Exclusions:

- Non live births
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Services	CPT/ CPT CAT II/HCPCS/LOINC/ICD10
Deliveries	**CPT:** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622 **ICD10:** 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3-10D07Z8, 10E0XZZ
Prenatal visits	**CPT:** 98966-98968, 98970-97972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99421-99423, 99441-99423, 99457, 99458, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015
Stand-alone prenatal visits	**CPT:** 99500 **CPT CAT II:** 0500F, 0501F, 0502F **HCPCS:** H1000-H1004
Postpartum Care	**CPT:** 57170, 58300, 59430, 99501 **CPT CAT II: 0503F** **HCPCS: G0101** **ICD10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
CDC Race and Ethnicity	**1002-5: American Indian or Alaska Native** **2028-9: Asian** **2054-5: Black or African American** **2076-8: Native Hawaiian or Other Pacific Islander** **2106-3: White** **2135-2: Hispanic or Latino** **2186-5: Not Hispanic or Latino**

These codes are used to capture encounter data for individual prenatal and postpartum visits. Category II codes do not generate payment but help with more accurate reporting. The designated CPT Category II codes should be used in conjunction with the date of the prenatal or postpartum visit.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider website.

- Helping identify community resources, such as health education classes that may be available in your area.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Contact your Provider Relationship Management representative for more information.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

Statin Therapy for Patients with Cardiovascular Disease (SPC)

This HEDIS measure looks at the percentage of males 21 to 75 years of age and females 40 to 75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

- **Received statin therapy:** Members who were dispensed at least one high-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.

Exclusions:

- Members in hospice or using hospice services anytime during the measurement year
- Pregnancy in the measurement year or year prior to the measurement year
- In vitro fertilization in the measurement year or year prior to the measurement year
- Dispensed at least one prescription for clomiphene in the measurement year or year prior to the measurement year
- ESRD in the measurement year or year prior to the measurement year
- Cirrhosis in the measurement year or year prior to the measurement year
- Dialysis in the measurement year or year prior to the measurement year
- Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year
- Members 66 years of age and older with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
    - At least two indications of frailty
    - At least two outpatient visits with an advanced illness diagnosis or dispensed dementia medication
- Members receiving palliative care
- Members who die any time during the measurement year

High and Moderate Intensity Statin Medications

Description	Prescription
High-intensity statin therapy	Atorvastatin 40-80 mg, Amlodipine-atorvastatin 40-80 mg, Rosuvastatin 20-40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	Atorvastatin 10-20 mg, Amlodipine-atorvastatin 10-20 mg, Rosuvastatin 5-10 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Pravastatin 40-80 mg, Lovastatin 40 mg, Fluvastatin 40-80 mg, Pitavastatin 1-4 mg

How can we help?

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS MY 2024 Technical Specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider website.
- Helping identify community resources, such as health education classes that may be available in your area.

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Contact your Provider Relationship Management representative for more information.

Helpful tip:

- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

Notes

Statin Therapy for Patients with Diabetes (SPD)

This HEDIS measure looks at the percentage of members 40 to 75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.

Two rates are reported:

- **Received statin therapy:** 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

Record your efforts:

- Document review of continued use of prescribed medications during member visits
- Document evidence of exclusion criteria

Exclusions:

- Members with at least one of the following during the year prior to the measurement year:
  - CABG
  - MI
  - PCI
  - Other revascularization procedures
- Diagnosis of ischemic vascular disease (IVD) during both the measurement year and year prior to the measurement year
- Pregnancy during the measurement year or year prior to the measurement year
- In vitro fertilization during the measurement year or year prior to the measurement year
- Prescription for clomiphene during the measurement year or year prior to the measurement year
- ESRD during the measurement year or year prior to the measurement year
- Dialysis during the measurement year or year prior to the measurement year
- Cirrhosis during the measurement year or year prior to the measurement year
- Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year
- Members 66 years of age and older with frailty and advanced illness. Members must meet BOTH of the following frailty and advanced illness criteria to be excluded:
  - At least two indications of frailty
  - At least two outpatient visits with an advanced illness diagnosis or dispensed dementia medication
- Members receiving palliative care
  Members in hospice or using hospice services anytime during the measurement year
  Members who died during the measurement year

High and Moderate Intensity Statin Medications

Description	Prescription
High-intensity statin therapy	Atorvastatin 40-80 mg, Amlodipine-atorvastatin 40-80 mg, Rosuvastatin 20-40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	Atorvastatin 10-20 mg, Amlodipine-atorvastatin 10-20 mg, Rosuvastatin 5-10 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Pravastatin 40-80 mg, Lovastatin 40 mg, Fluvastatin 40-80 mg, Pitavastatin 1-4 mg
Low-intensity statin therapy	Ezetimibe-simvastatin 10 mg, Fluvastatin 20 mg, Lovastatin 10-20mg, Pravastatin 10-20 mg, Simvastatin 5-10 mg

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Notes

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

This HEDIS measure looks at the percentage of members 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder and who were dispensed an antipsychotic medication and had a diabetic screening test during the measurement year.

Record your efforts:

- Document review of continued use of prescribed medications during member visits.
- Document evidence of exclusion criteria.

An antipsychotic medication dispensed event during the measurement year identified by claim/encounter data or pharmacy data **and** a glucose test or an HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.

Exclusions:

- Members with diabetes by claim encounter data and by pharmacy data
- Members who had no antipsychotic medications dispensed during the measurement year
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Services	CPT/HCPCS/ICD-10
Glucose lab tests	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **LOINC:** 10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 2345-7, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7
Glucose lab tests	**SNOWMED:** 166890005, 166891009, 166892002, 166914001, 166915000, 166916004, 166917008, 166918003, 166919006, 166921001, 166922008, 166923003, 442545002, 444780001, 1179458001
HbA1c lab tests	**CPT:** 83036, 83037 **LOINC:** 17855-8, 17856-6, 4548-4, 4549-2, 96595-4
HbA1c lab tests results	CPT: 3044F, 3046F, 3051F, 3052F

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider website.

- Helping identify community resources, such as health education classes that may be available in your area.

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Helpful tip:

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Notes

Topical Fluoride for Children (TFC)

This HEDIS measure looks at the percentage of members 1 to 4 years of age who received at least two fluoride varnish applications during the measurement year.

Record your efforts:

- Two or more fluoride varnish applications on different dates of services

Exclusions:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who died during the measurement year

Services	CPT/CDT/SNOWMED
Application of Fluoride Varnish	**CPT:** 99188 **CDT:** D1206 **SNOWMED:** 313042009

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Notes

Appropriate Treatment for Upper Respiratory Infection (URI)

This HEDIS measure looks at the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in a dispensed antibiotic prescription.

Since there is considerable evidence that prescribing antibiotics is not the first line of treatment for cold or sore throat caused by viruses; *Clinical Practice Guidelines* recommend only individuals with lab-confirmed group A strep or other bacteria-related ailments be treated with appropriate antibiotics.

Record your efforts:

- Document results of all strep tests or refusal for testing in medical records.
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.

Exclusions:

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

Description	CPT/HCPCS/ICD-10
Pharyngitis	**ICD-10-CM:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
URI	**ICD-10-CM:** J00, J06.0, J06.9
Outpatient, ED, and Telehealth	**CPT:** 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 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 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015

Helpful tips:

- If a patient tests negative for group A strep but insists on an antibiotic:
  - Refer to the illness as a sore throat due to a cold; patients tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, like over-the-counter medications.
- Educate patients on the difference between bacterial and viral infections. This is the key point in the success of this measure.

- Discuss with patients ways to treat symptoms:
  - Get extra rest.
  - Drink plenty of fluids.
  - Use over-the-counter medications.
  - Use the cool-mist vaporizer and nasal spray for congestion.
  - Eat ice chips or use throat spray/lozenges for sore throats.
- Educate patients and their parents or caregivers that they can prevent infection by:
  - Washing hands frequently.
  - Disinfecting toys.
  - Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

Medicaid members may be eligible for transportation assistance at no cost, contact Access2Care for arrangement.

Helpful resources:

- **www.CDC.gov/getsmart**
- **www.CDC.gov/antibiotic-use**

Notes

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

This HEDIS measure looks at the percentage of members who had the following number of Texas Health Steps/well-child visits with a PCP during the last 15 months. The following rates are reported:

- **Well-Child Visits in the First 15 Months:** children who turned 15 months old during the measurement year: six or more well-child visits
- **Well-Child Visits for Age 15 Months to 30 Months:** children who turned 30 months old during the measurement year: Two or more well-child visits

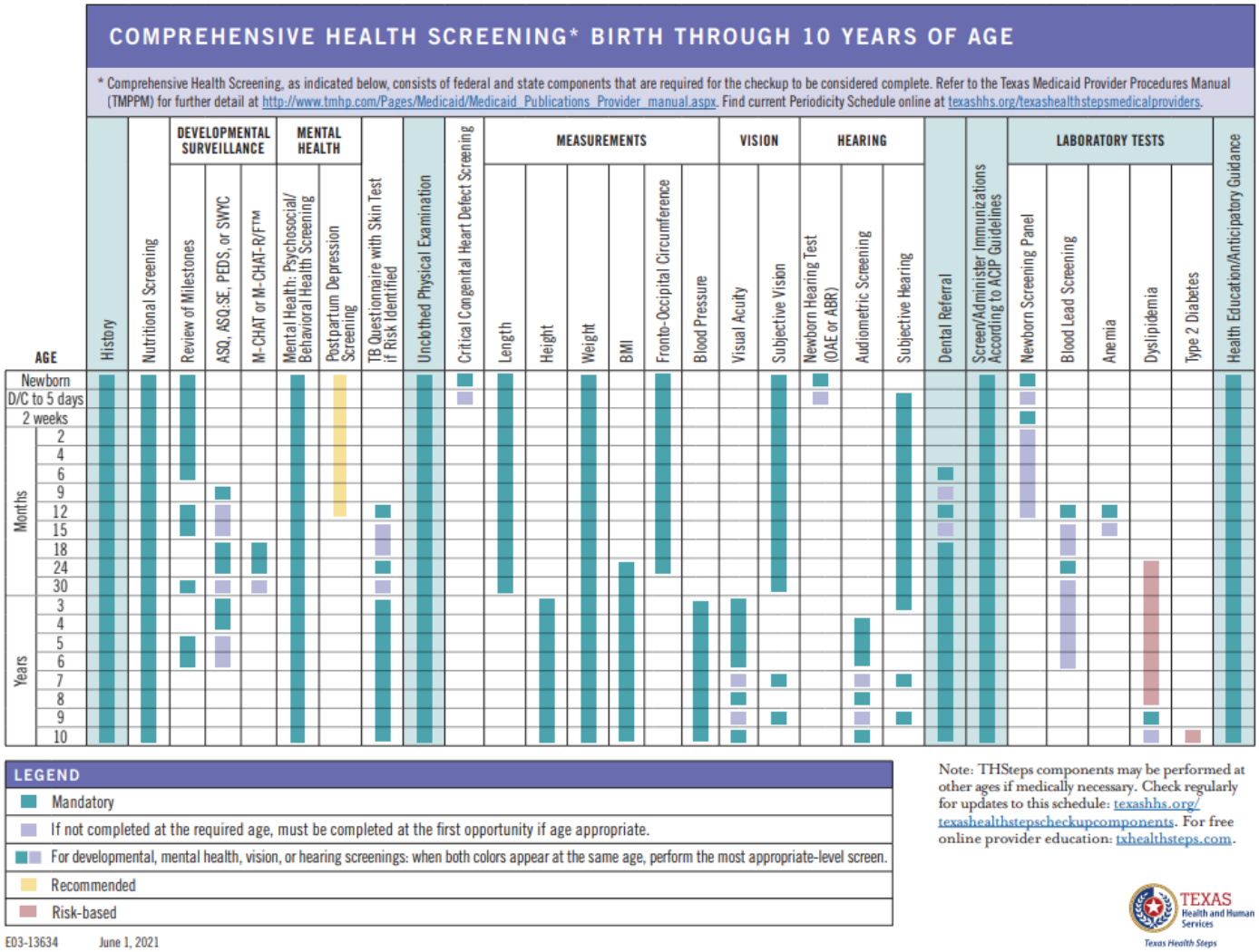
Record your efforts

Documentation from the medical record must include a note indicating a visit with a PCP, the date when the Texas Health Steps/well-child visit occurred and evidence of *all* the following:

- **A health history:** Health history is an assessment of the patient's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **A physical developmental history:** Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- **A mental developmental history:** Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- **A physical exam** (for example, height, weight, BMI, heart, lungs, abdomen, more than one system assessed)
- **Health education/anticipatory guidance:** Health education/anticipatory guidance is given by the healthcare provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Description	CPT/HCPCS/ICD-10
Well-care	**CPT:** 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439, S0302 **ICD-10:** Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents



Exclusion:

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

Helpful tips:

- Use your member roster to contact members who are due for an exam or are new to your practice.
- Schedule the next visit at the end of the appointment.

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- If you use EMRs, consider creating a flag to track patients due or past due for a visit. If you do not use EMRs, consider creating a manual tracking method. Sick visits may be a missed opportunity for your patient to get a wellness exam.
- Consider extending your office hours into the evening, early morning, or weekend to accommodate working parents:
    - Remember to include the applicable ICD-10 code above on the claim form to help reduce the burden of HEDIS medical record review!
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

How can we help?

We help you meet this benchmark by:

- Offering current *Clinical Practice Guidelines* on our provider website.
- Providing individualized reports of your members overdue for services.
- Encouraging members to get preventive care through our programs. Contact your Provider Relationship Management representative for more information.

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Notes

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

This HEDIS measure looks at the percentage of members ages 3 to 17 years who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:

- *BMI Percentile documentation
- Counseling for Nutrition
- Counseling for Physical Activity

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

Record your efforts

Three separate rates are reported:

- Height, weight, and BMI percentile (not BMI value):
  - May be a BMI growth chart if utilized
- Counseling for nutrition (diet) such as:
  - Discussion of current nutrition behaviors
  - Counseling or referral for nutrition education
  - Weight or obesity counseling
- Counseling for physical activity (sports participation/exercise) such as:
  - Discussion of current physical activity behaviors
  - Anticipatory guidance specific to child's physical activity
  - Weight or obesity counseling
- Services may be rendered during a visit other than a well-child visit. These services count if the specified documentation is present, regardless of the primary intent of the visit; however, services specific to the assessment or treatment of an acute or chronic condition do not count toward the Counseling for Nutrition and Counseling for Physical Activity indicators.

Exclusion:

- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year
- Members who had a diagnosis of pregnancy any time during the measurement year

Description	CPT/HCPCS/ICD-10
BMI percentile	**ICD10:** Z68.51-Z68.54 **LOINC:** 59574-4, 59575-1, 59576-9
Nutrition counseling	**CPT: 97802, 97803, 97804** **HCPCS: G0270, G0271, G0447, S9449, S9452, S9470** **ICD-10-CM:** Z71.3

Description	CPT/HCPCS/ICD-10
Physical activity counseling	**HCPCS: G0447, S9451** **ICD-10-CM: Z02.5, Z71.82**

Helpful tips:

- Measure height and weight at least annually and document the BMI percentile for age in the medical record.
- Consider incorporating appropriate nutritional and weight management questioning and counseling into your routine clinical practice.
- Document any advice you give the patient.
- Document face-to-face discussion of current nutritional behavior, like appetite or meal patterns, eating and dieting habits, any counselling or referral to nutrition education, any nutritional educational materials that were provided during the visit, anticipatory guidance for nutrition, eating disorders, nutritional deficiencies, underweight, and obesity or overweight discussion.
- Document face-to-face discussion of current physical activity behaviors, like exercise routines, participation in sports activities or bike riding, referrals to physical activity, educational material that was provided, anticipatory guidance on physical activity, and obesity or overweight discussion.
- If utilizing an EMR system, consider electronic data sharing with your health plan to capture all coded elements. Contact your Provider Relationship Management representative for additional details and questions.

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Notes

Child and Adolescent Well-Care Visits (WCV)

This HEDIS measure looks at the percentage of members ages 3 to 21 years who had at least one comprehensive Texas Health Steps/well-care visit with a PCP or an OB/GYN during the measurement year.

Record your efforts

Documentation must include a note indicating a visit to a PCP, the date when the Texas Health Steps/well-child visit occurred and evidence of *all* of the following:

- **A health history:** Health history is an assessment of the patient's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **A physical developmental history:** Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- **A mental developmental history:** Mental developmental history assesses specific age-appropriate mental developmental milestones, which are behaviors seen in children as they grow and develop.
- **A physical exam** (for example, height, weight, BMI, heart, lungs, abdomen, more than one system assessed)
- **Health education/anticipatory guidance:** Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Exclusion:

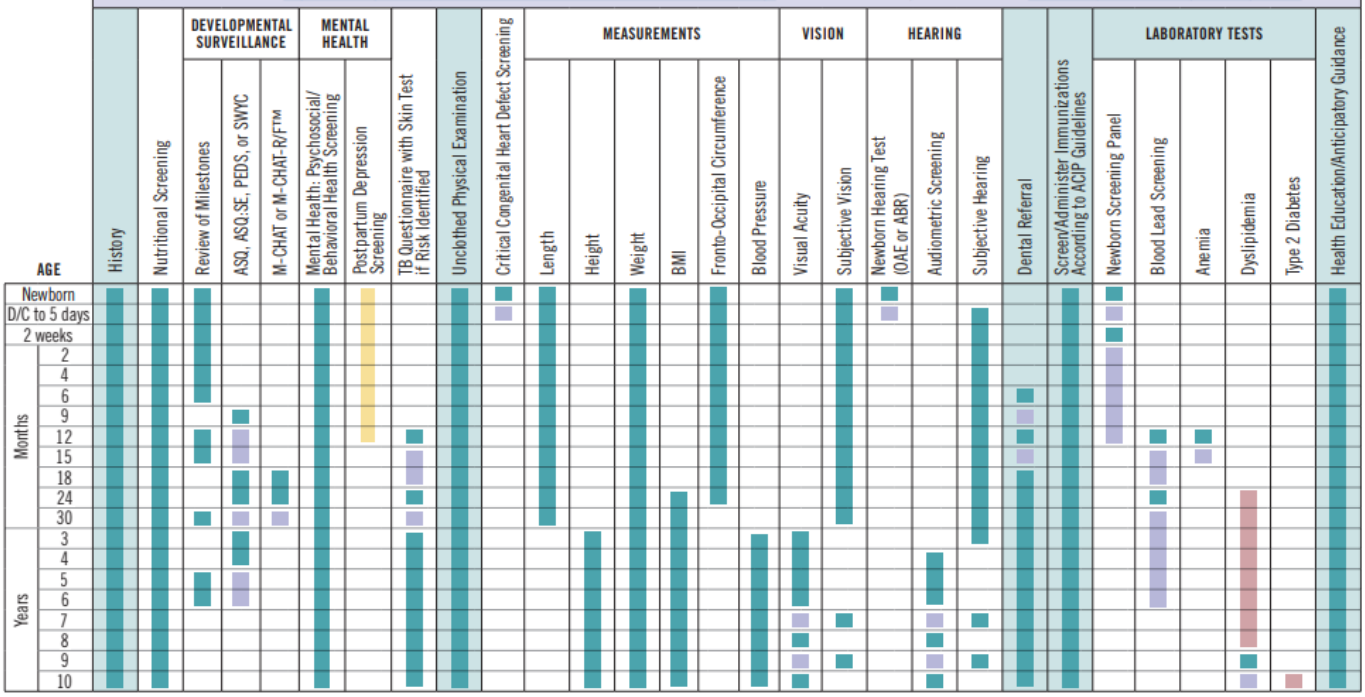
- Members in hospice or using hospice services anytime during the measurement year
- Members who died during the measurement year

Description	CPT/HCPCS/ICD-10
Well-care	**CPT:** 99381-99385, 99391-99395, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612, S0613 **ICD-10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
CDC Race and Ethnicity	**1002-5:** American Indian or Alaska Native **2028-9:** Asian **2054-5:** Black or African American **2076-8:** Native Hawaiian or Other Pacific Islander **2106-3**: White **2135-2:** Hispanic or Latino **2186-5:** Not Hispanic or Latino

Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

COMPREHENSIVE HEALTH SCREENING* BIRTH THROUGH 10 YEARS OF AGE

* Comprehensive Health Screening, as indicated below, consists of federal and state components that are required for the checkup to be considered complete. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for further detail at http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx. Find current Periodicity Schedule online at texashhs.org/texashealthstepsmedicalproviders.



LEGEND

- Mandatory
- If not completed at the required age, must be completed at the first opportunity if age appropriate.
- For developmental, mental health, vision, or hearing screenings: when both colors appear at the same age, perform the most appropriate-level screen.
- Recommended
- Risk-based

Note: THSteps components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: texashhs.org/texashealthstepscheckupcomponents. For free online provider education: txhealthsteps.com.

TEXAS Health and Human Services
Texas Health Steps

E03-13634 June 1, 2021

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Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

COMPREHENSIVE HEALTH SCREENING* 11 THROUGH 20 YEARS OF AGE

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AGE	History	Nutritional Screening	MENTAL HEALTH: Mental Health: Psychosocial/ Behavioral Health Screening	MENTAL HEALTH: PSC-17, PSC-35, Y-PSC, PHQ-9, PHQ-A, CRAFFT, Patient Health Questionnaire for Adolescents, or RAAPS	TB Questionnaire with Skin Test if Risk Identified	Unclothed Physical Examination	MEASUREMENTS: Height	MEASUREMENTS: Weight	MEASUREMENTS: BMI	MEASUREMENTS: Blood Pressure	VISION: Visual Acuity	VISION: Subjective Vision	HEARING: Audiometric Screening	HEARING: Subjective Hearing	Dental Referral	Screen/Administer Immunizations According to ACIP Guidelines	LABORATORY TESTS: Dyslipidemia	LABORATORY TESTS: Type 2 Diabetes	LABORATORY TESTS: STD/STI Screening	LABORATORY TESTS: HIV Test	Health Education/Anticipatory Guidance
Years 11	■	■	■		■	■	■	■	■	■	▫	■	▫	■	■	■	▫	■	■	▫	■
12	■	■	■	▭	■	■	■	■	■	■	■	▫	▫	▫	■	■	▭	■	■	▭	■
13	■	■	■	▭	■	■	■	■	■	■	▫	■	▫	▫	■	■	▭	■	■	▭	■
14	■	■	■	▭	■	■	■	■	■	■	■	▫	▫	▫	■	■	▭	■	■	▭	■
15	■	■	■	▭	■	■	■	■	■	■	■	▫	■	▫	■	■	▭	■	■	▭	■
16	■	■	■	▭	■	■	■	■	■	■	▫	■	▫	■	■	■	▭	■	■	■	■
17	■	■	■	▭	■	■	■	■	■	■	■	▫	▫	▫	■	■	▭	■	■	▫	■
18	■	■	■	▭	■	■	■	■	■	■	▫	■	▫	■	■	■	▫	■	■	▫	■
19	■	■	■	▭	■	■	■	■	■	■	■	▫	▫	▫	■	■	▭	■	■	▭	■
20	■	■	■	▭	■	■	■	■	■	■	▫	■	▫	■	■	■	▭	■	■	▭	■

LEGEND
■ Mandatory
▫ If not completed at the required age, must be completed at the first opportunity if age appropriate.
■▫ For developmental, mental health, vision, or hearing screenings: when both colors appear at the same age, perform the most appropriate-level screen.
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▭ Risk-based

Note: THSteps components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: texashhs.org/texashealthstepscheckupcomponents. For free online provider education: txhealthsteps.com.

E03-13634 June 1, 2021

TEXAS Health and Human Services
Texas Health Steps

Helpful tips:

- Use your member roster to contact members who are due for an annual exam.
- Schedule the next visit at the end of the appointment.
- If you use EMRs, consider creating a flag to track patients due or past due for preventive services. If you do not use EMRs, consider creating a manual tracking method for well checks. Sick visits may be missed opportunities for your patient to get health checks.
- Consider extending your office hours into the evening, early morning, or weekend to accommodate working parents:
    - Remember to include the applicable ICD-10-CM code above on the claim form to help reduce the burden of HEDIS medical record review!

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Patient care opportunities

You can find patient care opportunities within the Patient360 application located on Availity Essentials Payer Spaces. To access the Patient360 application you must have the Patient360 role assignment. From the Availity home page select Payer Spaces, then choose the health plan from the menu. Choose the Patient360 tile from the Payer Space Applications menu and complete the required information on the screen. Gaps in care are located in the Active Alerts section of the Member Summary.

TXWP-CD-044092-23