HEDIS® Child 2021

Documentation and Coding Guidelines

ACCESS AND AVAILABILITY

Measure/coding tips	Measure description	Documentation required	Coding
Prenatal and Postpartum Care (PPC)	The percentage of deliveries of live births on or between October 8 of the year prior to the MY and October 7 of the MY. 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.	**Prenatal care visit** to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of **one** of the following: • Documentation indicating pregnancy or reference to pregnancy (use of a standardized prenatal flow sheet, documentation of last menstrual period [LMP], estimated due date [EDD], gestational age [GA], a positive pregnancy test, gravidity and parity, a complete obstetrical history, prenatal risk assessment or counseling/education). • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height. • Evidence that a prenatal care procedure was performed (e.g., OB panel, ultrasound). **Postpartum visit** to an OB/GYN or other prenatal care practitioner or PCP. Documentation in the medical record must include a note indicating the date when the postpartum care visit occurred, and evidence of one of the following: • Pelvic exam: colposcopy is not acceptable for a postpartum visit. • Evaluation of weight, blood pressure (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 checks," "six-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: infant care or breastfeeding; resumption of intercourse, birth spacing, family planning; sleep/fatigue; resumption of physical activity; attainment of healthy weight. **Note:** • Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. • Services that occur over multiple visits count toward Timeliness of Prenatal Care if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Non-live birth. **Optional exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • In hospice or using hospice services any Deceased in the MY. **Common chart deficiencies:** • Missing signature on charts so unable to determine provider type of services. • Only initials on charts so unable to determine provider type of services. • Ultrasound and/or labs with no associated prenatal visit documentation in measure time frame. • Initial prenatal visit documented as intake with RN but no visit with OB/GYN or PCP. • Diagnosis of pregnancy not documented in chart. • Dates of service in progress notes do not align with dates on ONAF. • ONAF not filled out completely.	**Prenatal indicator:** **Stand-alone prenatal visits:** **CPT:** 99500 **CPT-CAT-II:** 0500F, 0501F, 0502F **HCPS:** H1000, H1001, H1002, H1003, H1004 **Bundled prenatal visits:** **CPT:** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS:** H1005 **Prenatal visits (with diagnosis of pregnancy):** **CPT:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483 **HCPS:** G0463, T1015 **Telephone visit (with diagnosis of pregnancy):** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Online assessment (with diagnosis of pregnancy):** **CPT:** 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 **HCPCS:** G2010, G2012, G2061, G2062, G2063 **Pregnancy diagnosis:** **ICD-10-CM:** O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, 009.41, 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ACCESS AND AVAILABILITY

Measure/coding tips	Coding
Prenatal And Postpartum Care (PPC) **(Continued from page 2)**	**Pregnancy diagnosis:** **ICD-10-CM:** O30.101, O30.102, O30.103, O30.109, O30.111, O30.112, O30.113, O30.119, O30.121, O30.122, O30.123, O30.129, O30.131, O30.132, O30.133, O30.139, O30.191, O30.192, O30.193, O30.199, O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.219, O30.221, O30.222, O30.223, O30.239, O30.291, O30.292, O30.293, O30.299, O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.819, O30.821, O30.822, O30.823, O30.829, O30.831, O30.101, O30.102, O30.103, O30.109, O30.111, O30.112, O30.113, O30.119, O30.121, O30.122, O30.123, O30.129, O30.131, O30.132, O30.133, O30.139, O30.191, O30.192, O30.193, O30.199, O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.219, O30.221, O30.222, O30.223, O30.239, O30.291, O30.292, O30.293, O30.299, O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.819, O30.821, O30.822, O30.823, O30.829, O30.831, O30.832, 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O36.70X5, O36.70X9, O36.71X0, O36.71X1, O36.71X2, O36.71X3, O36.71X4, O36.71X5, O36.72X0, O36.72X1, O36.72X2, O36.72X3, O36.72X4, O36.72X5, O36.72X9, O36.73X0, O36.73X1, O36.73X2, O36.73X3, O36.73X4, O36.73X5, O36.73X9, O36.80X0, O36.80X1, O36.80X2, O36.80X3, O36.80X4, O36.80X5, O36.80X9, O36.8120, O36.8121, O36.8122, O36.8123, O36.8124, O36.8125, O36.8129, O36.8130, O36.8131, O36.8132, O36.8133, O36.8134, O36.8135, O36.8139, O36.8190, O36.8191, O36.8192, O36.8193, O36.8194, O36.8195, O36.8199, O36.8210, O36.8211, O36.8212, O36.8213, O36.8214, O36.8215, O36.8219, O36.8220, O36.8221, O36.8222, O36.8223, O36.8224, O36.8225, O36.8229, O36.8230, O36.8231, O36.8232, O36.8233, O36.8234, O36.8235, O36.8239, O36.8290, O36.8291, O36.8292, O36.8294, O36.8295, O36.8299, O36.8310, O36.8311, O36.8312, O36.8313, O36.8314, O36.8315, O36.8319, O36.8320, O36.8321, O36.8322, O36.8323, O36.8324, O36.8325, O36.8329, O36.8330, O36.8331, O36.8332, O36.8333, O36.8334, O36.8335, O36.8339, O36.8390, O36.8391, 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O41.01X4, O41.01X5, O41.01X9, O41.02X0, O41.02X1, O41.02X2, O41.02X3, O41.02X4, O41.02X5, O41.02X9, O41.03X0, O41.03X1, O41.03X2, O41.03X4, O41.03X5, O41.03X9, O41.1010, O41.1011, O41.1012, O41.1013, O41.1014, O41.1015, O41.1019, O41.1020, O41.1021, O41.1022, O41.1023, O41.1024, O41.1025, O41.1029, O41.1030, O41.1031, O41.1032, O41.1033, O41.1034, O41.1035,

ACCESS AND AVAILABILITY

Measure/coding tips	Coding
Prenatal And Postpartum Care (PPC) **(Continued from page 3)**	**Pregnancy diagnosis:** **ICD-10-CM:** O41.1039, O41.1090, O41.1091, O41.1092, O41.1093, O41.1094, O41.1095, O41.1099, O41.1210, O41.1211, O41.1212, O41.1213, O41.1214, O412.1215, O41.1219, O41.1220, O41.1221, O41.1222, O41.122,3 O41.1224, O41.1225, O41.1229, O41.1230, O41.1231, O41.1232, O41.1233, O41.1234, O41.35, O41.1239, O41.1290, O41.1291, O41.1292, O41.1293, O41.1294, O41.1295, O41.129, O41.1410, O41.144, O41.1412, O41.1413, O41.1414, O41.1415, O41.1419, O41.1420, O41.1421, O41.1422, O41.1423, O41.1424, O41.1425, O41.1429, O41.1430, O41.1431, O41.1432, O41.1433, O41.1434, O41.1435, O41.1439, O41.1490, O41.1491, O41.1492, O41.1493, O41.1494, O41.1495, O41.1499, O41.8X10, O41.1420, O41.8X11, O41.8X12, O41.8X13, O41.8X14, O41.8X15, O41.8X19, O41.8X20, O41.8X21, O41.8X22, O41.8X23, O41.8X24, O41.8X25, O41.8X29, O41.8X30, O41.8X31, O41.8X32, O41.8X33, O41.8X34, O41.8X35, O41.8X39, O41.8X90, O41.8X91, O41.8X92, O41.8X93, O41.8X94, O41.8X95, O41.8X99, O41.90X0, O41.90X1, O41.90X2, O41.90X3, O41.90X4, O41.90X5, O41.90X9, O41.91X0, O41.91X1, O41.91X2, O41.91X3, O41.91X4, O41.91X5, O41.91X9, O41.92X0, O41.92X1, O41.92X2, O41.92X3, O41.92X4, O41.92X5, O41.92X9, O41.93X0, O41.93X1, O41.93X2, O41.93X3, O41.93X4, O41.93X5, O41.93X9, O042.00, O42.011, O42.012, O42.013, O42.019, O42.02, O42.10, O42.111, O42.112, O42.113, O42.119, O42.12, O42.90, O42.911, O42.912, O42.913, O42.91,9 O42.92, O43.011, O43.012, O43.013, O43.019, O43.021, O432.022, O43.023, O43.029, O43.101, O43.102, O43.103, O43.0109, O43.111, O43.112, O43.113, O43.119, O43.121, O43.122, O43.123, O43.129, O43.191, O43.192, O43.193, O43.199, O43.211, O43.212, O43.213, O43.219, O43.221, O43.222, O43.223, O43.229, O43.231, O43.232, O43.233, O43.239, O43.811, O43.812, O43.813, O43.819, O43.891, O43.892, O43.893, O43.899, O43.90, O43.91, O43.92, O43.93, O44.00, O44.01, O44.02, O44.03, O44.10, O44.11, O44.12, O44.13, O44.20, O44.21, O44.22, O44.23, 044.30, O44.31, O44.32, O44.33, O44.40, O44.41, O44.42, O44.43, O44.50, O44.51, O44.52 O44.53 O45.001 O45.002 O45.003 O45.009 O45.011 O45.012 O45.013 O45.019 O45.021 O45.022, O45.023, O45.029, O45.091, O45.092, O45.093, O45.099, O45.8X1, O45.8X2, O45.8X3, O45.8X9, O45.90, O45.91, O45.92 O45.93 O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.019, O46.021, O46.022, O46.023, O46.029, O46.091, O46.092, O46.093, O46.099, O46.8X1, O46.8X2, O46.8X3, O46.8X9, O46.90, O46.91, O46.92, O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O060.02, O60.03, O71.00, O71.02, O71.03, O71.1, O71.2, O71.3, O71.4, O71.5, 071.6, O71.7, O71.81, O71.82, O71.89, O71.9, O88.011, O88.012, O88.013, O88.019, O88.111, O88.112, O88.113, O88.119, O88.211, O88.212, O88.213, O88.219, O88.311, O88.312, O88.313, O88.319, O88.811, O88.812, O88.813, O88.819, O91.011, O91.012, O91.013, O91.019, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.23, O92.011, O92.012, O92.013, O92.019, O92.03, O92.111, O92.112, O92.113, O92.119, O92.13, O92.3, O92.4, O92.5, O92.6, O92.70, O92.79, O98.011, O98.012, O98.013, O98.019, O98.111, O98.112, O98.113, O98.119, O98.211, O98.212, O98.213, O98.219, O98.311, O98.312, O98.313, O98.319, O98.411, O98.412, O98.413, O98.419, O98.511, O98.512, O98.513, O98.519, O98.611, O98.612, O98.613, O98.619, O98.711, O98.712, O98.713, O98.719, O98.811, O98.812, O98.813, O98.819, O98.911, O98.912, O98.913, O98.919, O99.011, O99.012, O99.013, O99.019, O99.111, O99.112, O99.113, O99.119, O99.119, O99.210, O99.211, O99.212, O99.213, O99.280, O99.281, O99.282, O99.283, O99.310, O99.311, O99.312, O99.313, O99.320, O99.321, O99.322, O99.323, O99.330, O99.331, O99.332, O99.333, O99.340, O99.341, O99.342, O99.343, O99.350, O99.351, O99.352, O99.353, O99.411, O99.412, O99.413, O99.419, O99.511, 099.512, O99.513, O99.519, O99.611, O99.612, O99.613, O99.619, O99.711, O99.712, O99.713, O99.719, O99.810, O99.820, O99.830, O99.840, O99.841, O99.842, O99.843, O99.841, O9A.111, O9A.112, O9A.113, O9A.119, O9A.211, O9A.212, O9A.213, O9A.219, O9A.311, O9A.312, O9A.313, O9A.319, O9A.411, O9A.412, O9A.413, O9A.419, O9A.511, O9A.512, O9A.513, O9A.519, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z32.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9 **Postpartum indicator:** **Postpartum visits:** **CPT:** 57170, 58300, 59430, 99501 **CPT-CAT-II:** 0503F **ICD-10-CM:** Z01.411, Z01.419, Z01.42, Z430.430, Z39.1, Z39.2 **Bundled postpartum visits:** **CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 **Cervical cytology lab test:** **CPT:** 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

Measure/coding tips	Measure description	Documentation required	Coding
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	Children and adolescents 1 – 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as |first-line treatment.	Documentation of psychosocial care in the 121-day period from 90 days prior to the prescription dispensing date through 30 days after the Rx dispensing date. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY.	**Psychosocial care:** **CPT:** 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880 **HCPCS:** G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure/coding tips	Measure description	Documentation required	Coding
Chlamydia Screening in Women (CHL)	Women ages 16 – 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year (MY)..	Perform chlamydia screening every year on every female ages 16 – 24 identified as sexually active. Offer member the option to have the chlamydia screening performed through a urine test. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional exclusions:** Noncompliant members who qualified for the measure based solely on a pregnancy test maybe excluded from the measure with documentation of any of the following: • A pregnancy test in the MY and a prescription for isotretinoin (retinoid) on the date of the pregnancy test or six days after the pregnancy test. • A pregnancy test in the MY and an X-ray on the date of the pregnancy test or the six days after the pregnancy test. • Deceased in the MY. **Common chart deficiencies:** • Not collecting/testing urine sample routinely at well visit. • Criteria is **not** met by notation of parental/patient refusal. • Criteria is not met by notation that patient is not sexually active.	**Chlamydia tests:** **CPT:** 87110, 87270, 87320, 87490, 87491, 87492, 87810 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure/coding tips	Measure description	Documentation required	Coding
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Members 3 – 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of each of the following during the measurement year (MY): • BMI percentile documentation. • Counseling for nutrition. • Counseling for physical activity.	**Body mass index (BMI) percentile:** • Documentation must include height, weight, and BMI percentile during the MY. • The height, weight and BMI must be from the same data source. • BMI percentile can be documented as a value or plotted on an age-growth chart. • Member-reported values (weight, height, BMI) can be captured during a telephone visit, e-visit or virtual check-in. **Counseling for nutrition:** Documentation of counseling for nutrition or referral for nutrition education during the MY. Examples include: • Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors). • Checklist indicating nutrition was addressed. • Member received educational materials on nutrition during a face-to-face visit. • Anticipatory guidance for nutrition. • Weight or obesity counseling. • Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). **Counseling for physical activity:** Documentation of counseling for physical activity or referral for physical activity during the MY. Examples include: • Checklist indicating physical activity was addressed. • Member received educational materials on physical activity during a face-to-face visit. • Anticipatory guidance for physical activity or weight or obesity counseling. • Weight or obesity counseling. • Discussion of current physical activity (e.g., sports activities, exercise routines). • Exam for sport participation or sports physical. **Notes:** • Services may be rendered during a visit other than a well-child 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. • Services for counseling for nutrition and counseling for physical activity may be delivered during a telephone visit, e-visit, or virtual check-in. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional exclusions:** Noncompliant members may be excluded from the measure with documentation of: • Diagnosis of pregnancy during the MY. • Deceased in the MY. **Common chart deficiencies:** • Height, weight and BMI percentile not documented each year. • BMI documented as a value and not as a percentile. • BMI percentile documented as a range or threshold. • Documentation of developmental milestones without notation of anticipatory guidance or education for physical activity. • Missing counseling/education on physical activity and/or nutrition. • Notation of "health education" or "anticipatory guidance" without specific mention of nutrition and/or physical activity. • Counseling on safety (e.g., "wears helmet" or "water safety") without specific mention of physical activity recommendations. • Notation solely related to "screen time" without specific mention of physical activity recommendations. • Documentation of diet or appetite 'regular' or 'good' without notation of counseling. • Criteria is **not** met by documentation specific to the assessment or treatment of an acute or chronic condition. • Well-child services delivered in sick visit but not coded on claim.	**BMI percentiles:** **ICD-10:** Z68.51, Z68.52, Z68.53, Z68.54 **Nutrition counseling:** **CPT:** 97802, 97803, 97804 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470 **Physical activity counseling:** **HCPCS:** G0447, S9451 **ICD-10:** Z02.5, Z71.82 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure/coding tips	Measure description	Documentation required	Coding
Childhood Immunization Status (CIS) When coding evaluation and management (E/M) and vaccine administration services on the same date, you must append modifier 25 to the E&M code effective January 1, 2014.	Children 2 years of age who had the following administered on or **before their second birthday:** • One MMR, one VZV, one Hep A administered on or between the child's first and second birthdays. • Three Hep B with different dates of service before the second birthday or history of the illness. One of the three can be newborn (DOB to seven days after birth). • Three IPV, three Hib, four PCV, four DTaP, two or three RV. Do not count vaccinations administered prior to 42 days after birth. • Two influenza vaccines. Do not count vaccinations administered prior to six months (180 days) after birth. One of the two vaccinations can be LAIV administered only on the child's second birthday.	**Documentation:** • A note indicating the name of the specific antigen and the date of the immunization. • A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. • Initial Hep B given "at birth" or "nursery/ hospital" should be documented in the medical record or indicated on the immunization record as appropriate. • Immunizations documented using a generic header (e.g., "polio vaccine") or "IPV/OPV" can be counted as evidence of IPV. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional exclusions:** Noncompliant members may be excluded from the measure (all antigen rates) with documentation of any of the following by the second birthday: • A contraindication for a specific vaccine. • Anaphylactic reaction to a vaccine or its components. • DTaP — Encephalopathy with a vaccine adverse side effect code. • MMR, VZV, and influenza — immunodeficiency, HIV, lymphoreticular cancer, multiple myeloma or leukemia, anaphylactic reaction to neomycin. • Rotavirus — Severe combined immunodeficiency or history of intussusception. • IPV — Anaphylactic reaction to streptomycin, polymyxin B, or neomycin. • Hepatitis B — Anaphylactic reaction to common baker's yeast. • Deceased in the MY. **Common chart deficiencies:** Immunizations administered after the second birthday. • PCP charts do not contain immunization records if vaccine(s) received elsewhere such as Health Departments or those given in the hospital at birth. • No documentation of Contraindications/ Allergies. • Flu Mist only meets criteria when administered **on** the second birthday. • A note that "member is up to date" with all immunization does **not** constitute compliance due to insufficient data. • Parental refusal does not meet compliance. • Rotavirus documentation does not specify if two-dose or three-dose.	Use applicable vaccination code or diagnosis indicating history of disease. **Encounter for immunization:** **ICD-10:** Z23 **Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP):** **CVX:** 20, 50, 106, 107, 110, 120 **CPT:** 90698, 90700, 90723 **Haemophilus influenzae type B (Hib):** **CVX:** 17, 46, 47, 48, 49, 50, 51, 120, 148 **CPT:** 90644, 90647, 90648, 90698, 90748 **Hepatitis A vaccine (Hep A):** **CVX:** 31, 83, 85 **CPT:** 90633 **Hepatitis A:** **ICD-10-CM:** B15.0, B15.9 **Hepatitis B vaccine (Hep B):** **CVX:** 08, 44, 45, 51, 110 **CPT:** 90723, 90740, 90744, 90747, 90748 **HCPCS:** G0010 **Hepatitis B newborn vaccine:** **ICD-10-PCS:** 3E0234Z **Hepatitis B:** **ICD-10-CM:** B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 **Inactivated poliovirus vaccine (IPV):** **CVX:** 10, 89, 110, 120 **CPT:** 90698, 90713, 90723 **Influenza vaccine:** **CVX:** 88, 140, 141, 150, 153, 155, 158, 161 **CPT:** 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689 **HCPCS:** G0008 **Live attenuated influenza vaccine (LAIV) immunization:** **CVX:** 111, 149 **CPT:** 90660, 90672 **Measles vaccine:** **CVX:** 05 **CPT:** 90705 **Measles:** **ICD-10-CM:** B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9 **Measles, mumps, and rubella vaccine (MMR):** **CVX:** 03, 94 **CPT:** 90707, 90710 **Measles-rubella vaccine (MR):** **CVX:** 04 **CPT:** 90708 **Mumps vaccine:** **CVX:** 07 **CPT:** 90704 **Mumps:** **ICD-10-CM:** B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9 **Rubella vaccine:** **CVX:** 06 **CPT:** 90706 **Rubella:** **ICD-10-CM:** B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9 **Pneumococcal conjugate vaccine (PCV):** **CVX:** 133, 152 **CPT:** 90670 **HCPS:** G0009 **Rotavirus vaccine (RV):** **CVX:** 116, 122 (three dose), 119 (two dose) **CPT:** 90680 (three dose), 90681 (two dose) **Varicella zoster virus (VZV):** **CVX:** 21, 94 **CPT:** 90710, 90716 **Varicella zoster:** **ICD-10-CM:** B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure/coding tips	Measure description	Documentation required	Coding
Immunizations for Adolescents (IMA) When coding E&M and vaccine administration services on the same date you must append modifier 25 to the E&M code effective January 1, 2014. *This is also a measure (IMA-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	Adolescents 13 years of age who have completed each: • Meningococcal MCV (on or between 11th and 13th birthdays). • Tdap or TD (on or between 10th and 13th birthdays). • HPV (three doses with different dates of service on or between ninth and 13th birthdays or two doses with at least 146 days between the first and second dose on or between ninth and 13th birthdays).	**Documentation:** • A note indicating the name of the specific antigen and the date of the immunization. • A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional exclusions:** Noncompliant members may be excluded from the measure (all antigen rates) with documentation of any of the following: • A contraindication for a specific vaccine. • Anaphylactic reaction to a vaccine or its components. • Tdap — encephalopathy with a vaccine adverse side effect code. • Deceased in the MY. **Common chart deficiencies:** • Immunizations administered outside of the appropriate time frames. • PCP charts do not contain records when immunizations administered elsewhere (i.e., Health Departments, school clinics, Urgent Care Facility). • HPV does are not at least 146 days apart. • A note that "member is up to date" with all immunization does not constitute compliance due to insufficient data. • Parental refusal does not meet compliance. • Td (tetanus and diphtheria toxoids) does not meet criteria for Tdap. • Meningococcal recombinant (serogroup B) (MenB) do not meet criteria for the meningococcal vaccine.	**Meningococcal vaccine:** **CVX:** 108, 114, 136, 147, 167 **CPT:** 90734 **Tetanus, diphtheria, and acellular pertussis vaccine (Tdap):** **CVX:** 115 **CPT:** 90715 **HPV vaccine:** **CVX:** 62, 118, 137, 165 **CPT:** 90649, 90650, 90651 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Lead Screening in Children (LSC)	Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning at any time by their second birthday.	**Documentation in the medical record must include both of the following on or before the second birthday:** • A note indicating the date the test was performed. • The result or finding. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common chart deficiencies:** • Lab results not documented in the record. • Documentation of a lead assessment versus a lead screening. • Lead screening not ordered, completed, or result not documented. • Lead screening after the child's second birthday. • Results of screening performed at an outside lab, health department, or WIC office not included in record.	**Lead tests** **CPT:** 83655 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information

EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS

Measure/coding tips	Measure description	Documentation required	Coding
Appropriate Testing for Children with Pharyngitis (CWP) *This is also a measure (CWP-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.	Outpatient or ER visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care during the intake period (IP), which is three days prior and three days after the diagnosis. Member is compliant with a strep test during IP. Telehealth visits are included in event/diagnosis criteria. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common chart deficiencies:** Additional/competing diagnosis requiring antibiotics not documented in visit or coded on claim.	**Group A strep test:** **CPT:** 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880 **Pharyngitis diagnosis:** **ICD-10:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Asthma Medication Ratio (AMR)	The percentage of members 5 – 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 50% or greater during the measurement year (MY).	**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 day's supply and divide by 30. Use the drug ID to determine if the prescriptions are the same or different. **Inhaler dispensing event:** All inhalers (i.e., 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 30 days' or less supply of an oral medication. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • Members who had no asthma medications dispensed during the MY. • Members who had a diagnosis anytime during the member's history through December 31 of the MY of any of the following: emphysema, COPD, chronic respiratory conditions due to fumes/vapors, cystic fibrosis, acute respiratory failure. **Optional exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common chart deficiencies:** No documentation of review of medications at every visit.	Population includes ER, IP, and/or observation visits billed with asthma diagnosis or four non-controller asthma medication dispensing events during the MY and the year prior. **Asthma diagnoses:** **ICD-10:** J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998 **Asthma controller medications:** **Antiasthmatic combinations:** dyphylline-guaifenesin **Antibody inhibitors:** omalizumab **Anti-interleukin-4:** dupilumab **Anti-interleukin-5:** benralizumab, mepolizumab, reslizumab **Inhaled steroid combinations:** budesonide-formoterol, fluticasone-salmeterol, fluticasone-vilanterol, formoterol-mometasone **Inhaled corticosteroids:** beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone **Leukotriene modifiers:** montelukast, zafirlukast, zileuton **Methylxanthines:** theophylline **Asthma reliever medications:** **Short-acting, inhaled beta-2 agonists:** albuterol, levalbuterol **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: UTILIZATION

Measure/coding tips	Measure description	Documentation required	Coding
Well-Child Visits in the First 30 Months of Life (W30)	The percentage of members who had the recommended well-child visits with a PCP. Two rates are reported: 1. Six or more visits **on or before** the 15-month birthday. 2. Two or more visits between the 15-month birthday **plus one day** and the 30-month birthday.	Documentation from the medical record must include a note indicating a well visit with a PCP and the date the well-child visit occurred. Well-child/EPDST visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents (**https://brightfutures. aap.org/materials-and-tools/guidelines-and-pocket-guide**). **Note:** Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. • Deceased in the MY. The telehealth exclusion was removed from W30. **Common chart deficiencies:** Children being seen for sick visits only and no documentation / claims / encounter data related to well-visit services provided.	Use age-appropriate preventive E&M. **Well-care:** **CPT:** 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 **HCPCS:** G0438, G0439, **ICD-10-CM:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.
Child and Adolescent Well-Care Visits (WCV)	The percentage of members 3 – 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the MY.	Documentation from the medical record must include a note indicating a visit with a PCP or OBGYN and the date when the well-child visit occurred. Well-child/EPDST visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents (**https://brightfutures. aap.org/materials-and-tools/guidelines-and-pocket-guide**). **Note:** Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional exclusions:** Members who meet any of the following criteria are excluded from the measure: • Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. The telehealth exclusion was removed from W30. **Common chart deficiencies:** Children or adolescents being seen for sick visits only and no documentation / claims / encounter data related to well-visit services provided.	Use age-appropriate preventive E&M. **Well-care:** **CPT:** 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 **HCPCS:** G0438, G0439, S0302 **ICD-10-CM:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

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

This is also a measure (ADD-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.

The percentage of children 6 – 12 years of age who had a newly prescribed ADHD medication and who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two rates are reported:

1. **Initiation phase:** Members who had one follow-up visit with practitioner with prescribing authority during the 30 days following the IPSD.

2. **Continuation phase:** Members who remained on the medication for at least 210 days, had a visit in the initiation phase, and had at least two follow-up visits within 270 days after the initiation phase ended.

The Intake Period (IP) is the 12-month window starting March 1 of the year prior to the Measurement Year(MY) and ending the last calendar day of February of the MY.

The IPSD is the earliest prescription dispensing date for an ADHD medication in the IP.

Telephone and telehealth visits are acceptable in both the Initiation and Continuation Phases.

Only one of the two Continuation Phase visits can be e-visit or virtual check.

Required exclusions:
Members who meet any of the following criteria are excluded from the measure:

- In hospice or using hospice services any time in the MY.

- Acute inpatient encounter or discharge with principal diagnosis of mental, behavioral, or neurodevelopmental disorder.

Optional exclusions:
Noncompliant members may be excluded from the measure with documentation of any of the following:

- Diagnosis of narcolepsy.
- Deceased in the MY.

Common Chart Deficiencies:

- Follow-up visit more than 30 days after initial medication dispensed date.
- Two additional visits within nine months of starting medication are not documented.

Members are identified through administrative claims and pharmacy claims.
ADHD medications:
CNS stimulants: dexmethylphenidate, dextroamphetamine, lisdexamfetamine, methylphenidate, methamphetamine.
Alpha-2 receptor agonists: clonidine, guanfacine
Miscellaneous ADHD medications: atomoxetine
Visit setting unspecified (with outpatient POS, partial hospitalization POS, Community Mental Health Center POS, or Telehealth POS):
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, 99251, 99252, 99253, 99254, 99255
Outpatient POS:
POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Partial hospitalization POS:
POS: 52
Community mental health center POS:
POS: 53
Telehealth POS:
POS: 02
Behavioral health (BH) outpatient:
CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99510
HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017,H2018, H2019, H2020, T1015
UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983
Observation:
CPT: 99217, 99218, 99219, 99220
Health and behavior assessment or intervention:
CPT: 96150, 96151, 96152, 96153, 96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Partial hospitalization or intensive outpatient:
HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
UBREV: 0905,0907,0912,0913
Telephone visit:
CPT: 98966, 98967, 98968, 99441, 99442, 99443
Online assessments: (continuation phase one of two visits):
CPT: 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458
HCPCS: G0071, G2010, G2012, G2061, G2062, G2063

Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Follow-Up After Hospitalization for Mental Illness (FUH)

Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.

Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 (calendar) days of discharge.

2. The percentage of discharges for which the member received follow-up within seven (calendar) days of discharge.

The MY is January 1 – December 31.

An outpatient visit with a mental health provider within seven and 30 (calendar) days after discharge. Do not include visits that occur on the date of discharge.

- A visit with a mental health provider in any of the following settings:
- Outpatient.
- Behavioral health outpatient.
- Telehealth visit.
- Telephone visit.
- Observation visit.
- Transitional care management visit.
- A visit in any of the following settings:
- Intensive outpatient/partial hospitalization.
- Community mental health center.
- Electroconvulsive therapy visit.
- Behavioral health care setting.

Required exclusions:
Members who meet any of the following criteria are excluded from the measure:

- In hospice or using hospice services any time in the MY.

Optional exclusions:
Noncompliant members may be excluded from the measure with documentation of any of the following:

- Deceased in the MY.

Common chart deficiencies:
- Follow-up visit more than seven (calendar) days or 30 (calendar) days after discharge.
- Criteria is **not** met by a follow-up on the date of discharge.

Mental illness diagnosis:
ICD-10: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.81, F34.89, F34.9, F39, F42, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9

Intentional self-harm diagnosis:
ICD-10-CM: T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S, T37.92XA, T37.92XD, T37.92XS, T38.0X2A, T38.0X2D, T38.0X2S, T38.1X2A, T38.1X2D, T38.1X2S, T38.2X2A, T38.2X2D, T38.2X2S, T38.3X2A, T38.3X2D, T38.3X2S, T38.4X2A, T38.4X2D, T38.4X2S, T38.5X2A, T38.5X2D, T38.5X2S, T38.6X2A, T38.6X2D, T38.6X2S, T38.7X2A, T38.7X2D, T38.7X2S, T38.802A, T38.802D, T38.802S, T38.812A, T38.812D, T38.812S, T38.892A, T38.892D, T38.892S, T38.902A, T38.902D, T38.902S, T38.992A, T38.992D, T38.992S, T39.012A, T39.012D, T39.012S, T39.092A, T39.092D, T39.092S, T39.1X2A, T39.1X2D, T39.1X2S, T39.2X2A, T39.2X2D, T39.2X2S, T39.312A, T39.312D, T39.312S, T39.392A, T39.392D, T39.392S, T39.4X2A, T39.4X2D, T39.4X2S, T39.8X2D, T39.8X2S, T39.92XA, T39.92XD, T39.92XS, T40.0X2A, T40.0X2D, T40.0X2S, T40.1X2A, T40.1X2D, T40.1X2S, T40.2X2A, T40.2X2D, T40.2X2S, T40.3X2A, T40.3X2D, T40.3X2S, T40.412A, T40.412D, T40.412S, T40.422A, T40.422D, T40.422S, T40.492A, T40.492D, T40.492S, T40.4X2A, T40.4X2D, T40.4X2S, T40.5X2A, T40.5X2D, T40.5X2S, T40.602A, T40.602D, T40.602S, T40.692A, T40.692D, T40.692S, T40.7X2A, T40.7X2D, T40.7X2S, T40.8X2A, T40.8X2D, T40.8X2S, T40.902A, T40.902D, T40.902S, T40.992A, T40.992D, T40.992S, T41.0X2A, T41.0X2D, T41.0X2S, T41.1X2A, T41.1X2D, T41.1X2S, T41.202A, T41.202D, T41.202S, T41.292A, T41.292D, T41.292S, T41.3X2A, T41.3X2D, T41.3X2S, T41.42XA, T41.42XD, T41.42XS, T41.5X2A, T41.5X2D, T41.5X2S, T42.0X2A, T42.0X2D, T42.0X2S, T42.1X2A, T42.1X2D, T42.1X2S, T42.2X2A, T42.2X2D, T42.2X2S, T42.3X2A, T42.3X2D, T42.3X2S, T42.4X2A, T42.4X2D, T42.4X2S, T42.5X2A, T42.5X2D, T42.5X2S, T42.6X2A, T42.6X2D, T42.6X2S, T42.72XA, T42.72XD, T42.72XS, T42.8X2A, T42.8X2D, T42.8X2S, T43.012A, T43.012D, T43.012S, T43.022A, T43.022D, T43.022S, T43.1X2A, T43.1X2D, T43.1X2S, T43.202A, T43.202D, T43.202S, T43.212A, T43.212D, T43.212S, T43.222A, T43.222D, T43.222S, T43.292A, T43.292D, T43.292S, T43.3X2A, T43.3X2D, T43.3X2S, T43.4X2A, T43.4X2D, T43.4X2S, T43.502A, T43.502D, T43.502S, T43.592A, T43.592D, T43.592S, T43.602A, T43.602D, T43.602S, T43.612A, T43.612D, T43.612S, T43.622A, T43.622D, T43.622S, T43.632A, T43.632D, T43.632S, T43.642A, T43.642D, T43.642S, T43.692A, T43.692D, T43.692S, T43.8X2A, T43.8X2D, T43.8X2S, T43.92XA, T43.92XD, T43.92XS, T44.0X2A, T44.0X2D, T44.0X2S, T44.1X2A, T44.1X2D, T44.1X2S, T44.2X2A, T44.2X2D, T44.2X2S, T44.3X2A, T44.3X2D, T44.3X2S, T44.4X2A, T44.4X2D, T44.4X2S, T44.5X2A, T44.5X2D, T44.5X2S, T44.6X2A, T44.6X2D, T44.6X2S, T44.7X2A, T44.7X2D, T44.7X2S, T44.8X2A, T44.8X2D, T44.8X2S, T44.902A, T44.902D, T44.902S, T44.992A, T44.992D, T44.992S, T45.0X2A, T45.0X2D, T45.0X2S, T45.1X2A, T45.1X2D, T45.1X2S, T45.2X2A, T45.2X2D,

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure/coding tips	Coding
Follow-Up After Hospitalization for Mental Illness (FUH) **(Continued from page 12)**	T45.2X2S, T45.3X2A, T45.3X2D, T45.3X2S, T45.4X2A, T45.4X2D, T45.4X2S, T45.512A, T45.512D, T45.512S, T45.522A, T45.522D, T45.522S, T45.602A, T45.602D, T45.602S, T45.612A, T45.612D, T45.612S, T45.622A, T45.622D, T45.622S, T45.692A, T45.692D, T45.692S, T45.7X2A, T45.7X2D, T45.7X2S, T45.8X2A, T45.8X2D, T45.8X2S, T45.92XA, T45.92XD, T45.92XS, T46.0X2A, T46.0X2D, T46.0X2S, T46.1X2A, T46.1X2D, T46.1X2S, T46.2X2A, T46.2X2D, T46.2X2S, T46.3X2A, T46.3X2D, T46.3X2S, T46.4X2A, T46.4X2D, T46.4X2S, T46.5X2A, T46.5X2D, T46.5X2S, T46.6X2A, T46.6X2D, T46.6X2S, T46.7X2A, T46.7X2D, T46.7X2S, T46.8X2A, T46.8X2D, T46.8X2S, T46.902A, T46.902D, T46.902S, T46.992A, T46.992D, T46.992S, T47.0X2A, T47.0X2D, T47.0X2S, T47.1X2A, T47.1X2D, T47.1X2S, T47.2X2A, T47.2X2D, T47.2X2S, T47.3X2A, T47.3X2D, T47.3X2S, T47.4X2A, T47.4X2D, T47.4X2S, T47.5X2A, T47.5X2D, T47.5X2S, T47.6X2A, T47.6X2D, T47.6X2S, T47.7X2A, T47.7X2D, T47.7X2S, T47.8X2A, T47.8X2D, T47.8X2S, T47.92XA, T47.92XD, T47.92XS, T48.0X2A, T48.0X2D, T48.0X2S, T48.1X2A, T48.1X2D, T48.1X2S, T48.202A, T48.202D, T48.202S, T48.292A, T48.292D, T48.292S, T48.3X2A, T48.3X2D, T48.3X2S, T48.4X2A, T48.4X2D, T48.4X2S, T48.5X2A, T48.5X2D, T48.5X2S, T48.6X2A, T48.6X2D, T48.6X2S, T48.902A, T48.902D, T48.902S, T48.992A, T48.992D, T48.992S, T49.0X2A, T49.0X2D, T49.0X2S, T49.1X2A, T49.1X2D, T49.1X2S, T49.2X2A, T49.2X2D, T49.2X2S, T49.3X2A, T49.3X2D, T49.3X2S, T49.4X2A, T49.4X2D, T49.4X2S, T49.5X2A, T49.5X2D, T49.5X2S, T49.6X2A, T49.6X2D, T49.6X2S, T49.7X2A, T49.7X2D, T49.7X2S, T49.8X2A, T49.8X2D, T49.8X2S, T49.92XA, T49.92XD, T49.92XS, T50.0X2A, T50.0X2D, T50.0X2S, T50.1X2A, T50.1X2D, T50.1X2S, T50.2X2A, T50.2X2D, T50.2X2S, T50.3X2A, T50.3X2D, T50.3X2S, T50.4X2A, T50.4X2D, T50.4X2S, T50.5X2A, T50.5X2D, T50.5X2S, T50.6X2A, T50.6X2D, T50.6X2S, T50.7X2A, T50.7X2D, T50.7X2S, T50.8X2A, T50.8X2D, T50.8X2S, T50.902A, T50.902D, T50.902S, T50.912A, T50.912D, T50.912S, T50.992A, 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T63.2X2D, T63.2X2S, T63.302A, T63.302D, T63.302S, T63.312A, T63.312D, T63.312S, T63.322A, T63.322D, T63.322S, T63.332A, T63.332D, T63.332S, T63.392A, T63.392D, T63.392S, T63.412A, T63.412D, T63.412S, T63.422A, T63.422D, T63.422S, T63.432A, T63.432D, T63.432S, T63.442A, T63.442D, T63.442S, T63.452A, T63.452D, T63.452S, T63.462A, T63.462D, T63.462S, T63.482A, T63.482D, T63.482S, T63.512A, T63.512D, T63.512S, T63.592A, T63.592D, T63.592S, T63.612A, T63.612D, T63.612S, T63.622A, T63.622D, T63.622S, T63.632A, T63.632D, T63.632S, T63.692A, T63.692D, T63.692S, T63.712A, T63.712D, T63.712S, T63.792A, T63.792D, T63.792S, T63.812A, T63.812D, T63.812S, T63.822A, T63.822D, T63.822S, T63.832A, T63.832D, T63.832S, T63.892A, T63.892D, T63.892S, T63.92XA, T63.92XD, T63.92XS, T64.02XA, T64.02XD, T64.02XS, T64.82XA, T64.82XD, T64.82XS, T65.0X2A, T65.0X2D, T65.0X2S, T65.1X2A, T65.1X2D, T65.1X2S, T65.212A, T65.212D, T65.222A, T65.222D, T65.222S, T65.292A, T65.292D, T65.292S, T65.3X2A, T65.3X2D, T65.3X2S, T65.4X2A, T65.4X2D, T65.4X2S, T65.5X2A, T65.5X2D, T65.5X2S, T65.6X2A, T65.6X2D, T65.6X2S, T65.812A, T65.812D, T65.812S, T65.822A, T65.822D, T65.822S, T65.832A, T65.832D, T65.832S, T65.892A, T65.892D, T65.892S, T65.92XA, T65.92XD, T65.92XS, T71.112A, T71.112D, T71.112S, T71.122A, T71.122D, T71.122S, T71.132A, T71.132D, T71.132S, T71.152A, T71.152D, T71.152S, T71.162A, T71.162D, T71.162S, T71.192A, T71.192D, T71.192S, T71.222A, T71.222D, T71.222S, T71.232A, T71.232D, T71.232S **Visit setting unspecified (with outpatient POS value set including mental health provider, partial hospitalization POS value set, community mental health center POS Value Set, or telehealth POS value set including mental health provider):** **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, 99251, 99252, 99253, 99254, 99255 **BH outpatient:** **CPT:** 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99510 **HPCS:** G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 **UBREV:** 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983 **Partial hospitalization or intensive outpatient:** **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913 **Transitional care management services (with community mental health center POS with mental health provider):** **CPT:** 99495, 99496 **Electroconvulsive therapy (with ambulatory surgical center POS, community mental health center POS, outpatient POS, or partial hospitalization POS):** **CPT:** 90870 **ICD-10-PCS:** GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ **Observation (with mental health provider):** **CPT:** 99217, 99218, 99219, 99220 **Behavioral health care setting:** **UBREV:** 0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919 **Telephone visits (with mental health provider):** **CPT:** 98966, 98967, 98968, 99441, 99442, 99443 **Ambulatory surgical center POS:** **POS:** 24 **Community mental health center POS:** **POS:** 53 **Partial hospitalization POS:** **POS:** 52 **Telehealth POS:** **POS:** 2 **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure/coding tips	Measure description	Documentation required	Coding
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) *This is also a measure (APM-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.*	Children and adolescents ages 1 –17 who had two or more antipsychotic prescriptions and had metabolic testing.	Both of the following during the MY. • At least one test for blood glucose or HbA1c. • At least one test for low-density lipoprotein cholesterol (LDL-C) or cholesterol. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services any time in the MY. **Optional exclusions:** Noncompliant members may be excluded from the measure with documentation of any of the following: • Deceased in the MY. **Common chart deficiencies:** A1c, LDL-C ordered but not completed.	Members are identified through administrative claims and pharmacy claims. **Glucose lab test:** **CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 **HbA1c lab test:** **CPT:** 83036, 83037 **HbA1c test result or finding:** **CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F **Cholesterol lab test:** **CPT:** 82465, 83718, 83722, 84478 **LDL-C lab test:** **CPT:** 80061, 83700, 83701, 83704, 83721 **LDL-C test result or finding:** **CPT-CAT-II:** 3048F, 3049F, 3050F **Note:** LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

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