



HEDIS™

Quick Reference Guide



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HEDIS™ Quick Reference Guide

Updated to reflect NCQA HEDIS 2019 Technical Specifications

Magnolia Health strives to provide quality healthcare to our membership as measured through HEDIS quality metrics. We created the HEDIS Quick Reference Guide to help you increase your practice's HEDIS rates. Please always follow the State and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission.

WHAT IS HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers, and policy makers.

WHAT ARE THE SCORES USED FOR?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS rates to evaluate health insurance companies' efforts to improve preventive health outreach for members.

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS score determines your rates for physician incentive programs that pay you an increased premium — for example Pay For Performance or Quality Bonus Funds.

HOW ARE RATES CALCULATED?

HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

HOW CAN I IMPROVE MY HEDIS SCORES?

- Submit claim/encounter data for each and every service rendered
- Make sure that chart documentation reflects all services billed
- Bill (or report by encounter submission) for all delivered services, regardless of contract status
- Ensure that all claim/encounter data is submitted in an accurate and timely manner
- Consider including CPT II codes to provide additional details and reduce record requests

PAY FOR PERFORMANCE (P4P)

P4P is an activity-based reimbursement, with a bonus payment based on achieving defined and measurable goals related to access, continuity of care, patient satisfaction and clinical outcomes.

 **MEDICAID PAY FOR PERFORMANCE MEASURES**

 **MEDICARE PAY FOR PERFORMANCE MEASURES**

 **AMBETTER PAY FOR PERFORMANCE MEASURES**

 **QUESTIONS?**

MagnoliaHealthPlan.com

1-866-912-6285

 **HEDIS QUESTIONS?**

MagnoliaHEDIS@centene.com

(Records to fax?)

1-877-811-5985

 **HEALTH INSURANCE MARKETPLACE QUESTIONS?**

Ambetter.MagnoliaHealthPlan.com 1-877-687-1184

Providers and other health care staff should document to the highest specificity to aid with the most correct coding choice.

Ancillary Staff: Please check the tabular list for the most specific ICD-10 code choice. This guide has been updated with information from the July and October 2018 release of the HEDIS 2019 Volume 2 Technical Specifications by NCQA and is subject to change.

 For more information, visit www.ncqa.org

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ADULT HEALTH



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ADULT ACCESS TO PREVENTATIVE / AMBULATORY SERVICES (AAP) P4P

The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

- Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.
- Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

CPT	CPT MODIFIER	HCPCS	ICD-10
99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337, 98966 - 98968, 99441 - 99443, 98969, 99444, 99483	95, GT	G0402, G0438, G0439, G0463, T1015, S0620, S0621	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

ADULT BMI ASSESSMENTS (ABA)

The percentage of members 18–74 years of age who had an outpatient visit and whose weight and calculated body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

ICD-10 (FOR MEMBERS 20 YEARS OF AGE OR OLDER)	ICD-10 (FOR MEMBERS YOUNGER THAN 20 YEARS OF AGE/ AGES 18 & 19)
Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45	Z68.51, Z68.52, Z68.53, Z68.54

ANNUAL DENTAL VISIT (ADV)

The percentage of members 2–20 years of age who had at least one dental visit during the measurement year. This measure applies to members covered by Medicaid and/or Ambetter dental benefits.

Any visit with a dental practitioner during the measurement year meets criteria.

ANNUAL MONITOR RX - ACE OR ARB (MPM)

Some complications related to taking ACE/ARB medications include elevated creatinine and hyperkalemia. This measure evaluates lab work for members who are 18 years of age and older who received at least 180 treatment days of ACE inhibitors or ARBs within the past year. Each of these members **should have at least one:**

PANEL/TEST	CPT
Lab Panel	80047, 80048, 80050, 80053, 80069
Annual Serum Potassium Test	80051, 84132
Annual Serum Creatinine Test	82575

ANNUAL MONITOR RX – DIURETICS (MPM)

Some complications related to taking diuretics include hypokalemia, hyperkalemia, and kidney damage. This measure evaluates lab work for members who are 18 years of age and older who have received at least 180 treatment days of a diuretic within the past year. Each of these members **should have at least one:**

PANEL/TEST	CPT
Lab Panel	80047, 80048, 80050, 80053, 80069
Annual Serum Potassium Test	80051, 84132
Annual Serum Creatinine Test	82575

ASTHMA MEDICATION RATIO (AMR)

The intent of this measure is to have members utilize both **controllers and relievers** in their asthma regimens, *instead of relievers* alone thereby minimizing the number of preventable asthma exacerbations. Included are 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 0.50 or greater during the measurement year. There are five reported age categories included in this measure: ages 5-11, ages 12-18, ages 19-50, ages 51-64, and a total of all members ages 5-64.

AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS (AAB)

The intent of this measure is a *reduction in the inappropriate dispensing of antibiotics for acute bronchitis*. Included are the percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were **not dispensed an antibiotic prescription** and did not have a secondary infection or comorbid condition such as HIV, cancer, COPD, cystic fibrosis, or patients that are immunocompromised.

CARE FOR OLDER ADULTS - FUNCTIONAL STATUS ASSESSMENT (COA) P4P

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

- Advance care planning.
- Medication review.
- Functional status assessment.
- Pain assessment.

CPT	HCPCS
99483	G0438, G0439

CARE FOR OLDER ADULTS - MEDICATION REVIEW (COA) P4P

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

- Advance care planning.
- Medication review.
- Functional status assessment.
- Pain assessment.

CPT	CPT II	HCPCS
90863, 99605, 99606, 99483	1159F, 1160F	G8427

CARE FOR OLDER ADULTS – PAIN ASSESSMENT (COA) P4P

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

- Advance care planning.
- Medication review.
- Functional status assessment.
- Pain assessment.

CPT	CPT II	HCPCS
	1125F, 1126F	G8427

COLORECTAL CANCER SCREENING (COL)

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

- Please ensure that annual documentation in the member record clearly indicates colon cancer or colectomy as *patients who have a history of colon cancer or who have had a total colectomy are exempt from this measure.*

CODES	CPT	CPT II	HCPCS
Colonoscopy (during MY* or 9 years prior) *Measurement Year	44388 - 44394, 44397, 44401 - 44408, 45355, 45378 - 45393, 45398	G0105, G0121	
CT Colonography (during MY or 4 years prior)	74261 - 74263		
FIT-DNA (during MY or 2 years prior)	81528	G0464	
Flexible Sigmoidoscopy (during MY or 4 years Prior)	45330 - 45335, 45337 - 45342, 45345 - 45347, 45349 - 45350	G0104	
FOBT (gFOBT or FIT during MY – 3 samples required for gFOBT)	82270, 82274	G0328	
Colorectal Cancer		G0213, G0214, G0215, G0231	C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total Colectomy	44150 - 44153, 44155 - 44158, 44210 - 44212		

COMPREHENSIVE DIABETES CARE - BLOOD PRESSURE CONTROL (<140/90) (CDC)

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had BP control (<140/90 mm Hg).

	CPT	HCPCS	ICD-10
Outpatient	99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99404 - 99411, 99412, 99429, 99455, 99456 99483		G0402, G0438, G0439, G0463, T1015
Non-acute Inpatient	99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337		
Remote Blood Pressure Monitoring	93784, 93788, 93790, 99091		
Diastolic 80-89		3079F	
Diastolic Greater Than/Equal To 90		3080F	
Diastolic Less Than 80		3078F	
Systolic Greater Than/Equal To 140		3077F	
Systolic Less Than 140		3074F, 3075F	

COMPREHENSIVE DIABETES CARE - EYE EXAMS (CDC) P4P P4P

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a **retinal** or **dilated eye exam** by an *optometrist* or *ophthalmologist* during the measurement year. A bilateral eye enucleation documented in the medical record is also acceptable.

	CPT	CPT MODIFIER	CPT II
Diabetic Retinal Screening With Eye Care Professional			2022F, 2024F, 2026F, 3072F
Unilateral eye enucleation with a bilateral modifier	65091, 65103, 65093, 65105, 65101, 65110, 65112, 65114	50	

COMPREHENSIVE DIABETES CARE – HBA1C CONTROL (<8%) (CDC) P4P P4P

CPT	CPT II
83036, 83037	3044F, 3045F, 3046F

COMPREHENSIVE DIABETES CARE – HBA1C TESTING (CDC) P4P

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing.

CPT	CPT II
83036, 83037	3044F, 3045F, 3046F

COMPREHENSIVE DIABETES CARE – MEDICAL ATTENTION FOR NEPHROPATHY (CDC) P4P P4P

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a nephropathy screening or monitoring test during the measurement year, or clearly documented evidence of nephropathy within the medical record during the measurement year.

- Patients do not need further screening for nephropathy if they are taking an ACE or ARB, have a documented diagnosis of ESRD, stage 4 chronic kidney disease or a history of a kidney transplant, or are being treated by a nephrologist.

	CPT	CPT II
Urine Protein Tests	81000 - 81003, 81005, 82042 - 82044, 84156	3060F, 3061F, 3062F
Nephropathy Treatment		3066F, 4010F

CONTROLLING HIGH BLOOD PRESSURE (CBP)  

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

CODES	CPT	CPT II	HCPCS
Outpatient	99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 99455, 99456, 99483		G0402, G0438, G0439, G0463, T1015
Non-acute Inpatient	99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337		
Remote Blood Pressure Monitoring	93784, 93788, 93790, 99091		
Diastolic 80-89		3079F	
Diastolic Greater Than/Equal To 90		3080F	
Diastolic Less Than 80		3078F	
Systolic Greater Than/Equal To 140		3077F	
Systolic Less Than 140		3074F, 3075F	

DISEASE-MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS (ART)

The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

DMARD Medications

Description	Prescription
5-Aminosalicylates	• Sulfasalazine
Alkylating agents	• Cyclophosphamide
Aminoquinolines	• Hydroxychloroquine
Anti-rheumatics	• Auranofin • Methotrexate • Leflunomide • Penicillamine
Immunomodulators	• Abatacept • Certolizumab pegol • Rituximab • Adalimumab • Etanercept • Tocilizumab • Anakinra • Golimumab • Certolizumab • Infliximab
Immunosuppressive agents	• Azathioprine • Cyclosporine • Mycophenolate
Janus kinase (JAK) inhibitor	• Tofacitinib
Tetracyclines	• Minocycline

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (MMA)

The percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the calendar year. Two rates are reported:

- The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period or 9 months.
- The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period or 6 months.

Asthma Controller Medications

Description	Prescriptions
Antiasthmatic combinations	• Dyphylline-guaifenesin • Guaifenesin-theophylline
Antibody inhibitors	• Omalizumab
Anti-interleukin-5	• Mepolizumab • Reslizumab
Inhaled steroid combinations	• Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol • Mometasone-formoterol
Inhaled corticosteroids	• Beclomethasone • Flunisolide • Budesonide • Fluticasone CFC free • Ciclesonide • Mometasone
Leukotriene modifiers	• Montelukast • Zafirlukast • Zileuton
Methylxanthines	• Dyphylline • Theophylline

Asthma Reliever Medications

Description	Prescriptions
Short-acting, inhaled beta-2 agonists	• Albuterol • Levalbuterol • Pirbuterol

MEDICATION RECONCILIATION POST DISCHARGE (MRP)

Medication reconciliation post-discharge (MRP) is a review in which the inpatient hospital discharge medications are reconciled with the most recent medication list in the outpatient medical record. The medication reconciliation for members age 18 and older must be documented, in the member’s outpatient record, by a prescribing practitioner, clinical pharmacist or registered nurse, on or within 30 days of any hospital discharge.

CPT	CPT II
99495, 99496, 99483	1111F

PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK (PBH)

The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION – SYSTEMIC CORTICOSTEROID (PCE)

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.

- Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION – BRONCHODILATOR (PCE)

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications.

- Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

PLAN ALL-CAUSE READMISSION (PCR)

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

- For commercial and Medicaid, report only members 18–64 years of age.

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE –STATIN THERAPY (SPC)

The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

- Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE - STATIN ADHERENCE 80% (SPC) P4P

This measure evaluates the percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and remained on a high-intensity or moderate-intensity statin medication **for at least 80% of the treatment period**.

Please keep in mind: This measure is dependent upon members being compliant with prescribed medications. Therefore, free samples, mail order prescriptions, cash prescriptions, etc. are very difficult and sometimes impossible to track. Please discuss with your patients the importance of having prescriptions filled consistently in order to provide the best outcomes.

STATIN THERAPY FOR PATIENTS WITH DIABETES 40-75 YRS OLD (SPD) P4P

The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:

- 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**.

USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

Evidence shows that unnecessary or routine imaging for low back pain is not associated with better outcomes. This measure identifies the percentage of members with a primary diagnosis of uncomplicated low back pain who **DID NOT** have an imaging study (plain X-ray, MRI, or CT scan) within 28 days of the diagnosis. Any of the following are considered exclusions for this measure:

- Cancer
- Trauma
- Recent IV drug abuse
- Neurologic impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids

Please keep in mind: For the exclusions to count, the comorbid or secondary diagnosis must be documented and filed on a claim.

	CPT	ICD-10
Imaging Study	72020, 72052, 72100, 72110, 72114, 72120, 72131 - 72133, 72141 - 72142, 72146 - 72149, 72156, 72158, 72200, 72202, 72220	
Uncomplicated Low Back Pain		M47.26 - M47.28, M47.816 - M47.818, M47.896 - M47.898, M48.06, M48.061 - M48.062, 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, M54.5, M54.89, M54.9, M99.03 - M99.04, M99.23, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, SS33.100A, S33.1000, S33.100S, S33.110S, S33.1100, S33.110S, S33.120A, S33.1200, S33.120S, S33.130A, S33.1300, S33.130S, S33.140A, S33.1400, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.0020, S39.002S, S39.012A, S39.0120, S39.012S, S39.092A, S39.0920, S39.092S, S39.82XA, S39.82X0, S39.82XS, S39.92XA, S39.92X0, S39.92XS

WOMEN'S HEALTH



For more information, visit www.ncqa.org

BREAST CANCER SCREENING (BCS) P4P P4P P4P

The percentage of women 50–74 years of age who had one or more mammograms to screen for breast cancer any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

CPT	HCPCS	ICD-10 (FOR A HISTORY OF BILATERAL MASTECTOMY)
77055 - 77057, 77061 - 77063, 77065 - 77067	G0202, G0204, G0206	Z90.13

CERVICAL CANCER SCREENING (CCS) P4P P4P

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

CRITERIA	CPT	HCPCS	ICD-10
Women 21–64 years of age who had cervical cytology performed every 3 years.	88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175	G0123, G0124, G0143, G0144, G0147, G0148, P3001, Q0091 G0141, G0145, P3000, P3001, Q0091	
Women 30–64 years of age who had cervical cytology/HPV co-testing performed every 5 years.	87620 - 87622, 87624, 87625	G0476	
Women who have had a hysterectomy without a residual cervix are exempt from this measure. NOTE: Hysterectomy <i>must</i> be documented as total, complete or radical to meet compliance.	51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 59856, 59135		Q51.5, Z90.710, Z90.712

CHLAMYDIA SCREEN (CHL) – AGE 16-20, 21-24, IN WOMEN TOTAL (CHL) P4P

Chlamydia is the most commonly reported bacterial sexually transmitted disease in the U.S. This measure evaluates the percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia annually. Keep in mind, a pelvic exam is not required and that a urine sample may be used for testing purposes.

CPT	CPT (URINE TESTS)
87110, 87270, 87320, 87490, 87492, 87810	87491, 87591

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

	CPT	HCPCS
Bone Mineral Density Tests	76977, 77078, 77080 - 77082, 77085, 77086	G0130
Osteoporosis Medications		J0630, J0897, J1740, J3110, J3489
Long-Acting Osteoporosis Medications during an inpatient stay.		J0897, J1740, J3489

PRENATAL AND POSTPARTUM CARE (PPC) - POSTPARTUM CARE

The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year.

Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery (3 and 8 weeks). *C-Section checks or postpartum visits before 21 or after 56 days of delivery do not count.*

If a bundled service code is used, submit the encounter for the postpartum service using a code below:

	CPT	CPT II	HCPCS	ICD-10
Postpartum Visits	57170, 58300, 59430, 99501	0503F	G0101	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Cervical Cytology	88141 - 88143, 88147, 88148, 88150, 88152 - 88154, 88164 - 88167, 88174, 88175		G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	

PRENATAL AND POSTPARTUM CARE (PPC) - TIMELINESS OF PRENATAL CARE

The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year.

Timeliness of Prenatal Care: The percentage of deliveries that **received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.**

Verbiage:

- For OB or PCP provider types, choose to submit Stand Alone Prenatal Visit codes.
- OB provider types may also submit any Prenatal Visit code in conjunction with any code for an ancillary service (listed separately).
- PCP provider types can also submit any Prenatal Visit code and any code for separately listed ancillary service along with a pregnancy diagnosis.
- (Ancillary Services): Obstetric Panel, Prenatal Ultrasound, Cytomegalovirus Antibody Toxoplasma Antibody, Herpes Simplex Antibody, Rubella antibody, Rubella antibody and ABO, Rubella Antibody and ABO/Rh.

	CPT	CPT II	HCPCS	ICD-10
Stand Alone Prenatal Visits	99500	0500F, 0501F, 0502F	H1000, H1001, H1002, H1003, H1004	
Prenatal Visits	99201 - 99205, 99211 - 99215, 99241 - 99245, 99483		G0463, T1015	
Obstetric Panel	80055, 80081			
Prenatal Ultrasound	76801, 76805, 96811, 76813, 76815 - 76821, 76825 - 76828			
Pregnancy Diagnosis				Too many to list; these codes were not provided in this QRG
Toxoplasma Antibody	86777 - 86778			
Rubella Antibody	86762			
Cytomegalovirus Antibody	86644			
Herpes Simplex Antibody	86694 - 86696			
Rubella Antibody AND ABO	86762 & 86900			
Rubella Antibody AND Rh test	86762 & 86901			

NOTES:

PEDIATRIC HEALTH



 For more information, visit www.ncqa.org

ADOLESCENT WELL-CARE VISITS (AWC)

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

CPT	HCPCS	ICD-10
99384 - 99385, 99394 - 99395	G0438, G0439	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS (CWP)

The percentage of children 3–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

CPT
87070, 87071, 87081, 87430, 87650, 87652, 87880

APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION (URI)

Antibiotics are often prescribed despite the fact that URIs are most often self-regulating viral infections that cannot be treated by antibiotics. Overuse of antibiotics in ambulatory care settings has resulted in growing antimicrobial resistance among children and an endemic of drug resistant infections. Children receiving an antibiotic for URIs have higher rates of return visits within 30 days to their treating physician which places a greater strain on patients and clinicians.

This measure evaluates the percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

CHILDHOOD IMMUNIZATION STATUS - COMBO 10 (CIS) P4P

The percentage of children 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 (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines before their second birthday.

CODES	CPT	CVX	HCPCS
DTaP	90698, 90700, 90721, 90723	20,50, 106, 107, 110, 120	
HiB	90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748	17, 46, 47, 48, 49, 50, 51, 120, 148	
Hepatitis B	90723, 90740, 90744, 90747, 90748	08, 44, 45, 51, 110	G0010
IPV	90698, 90713, 90723	10, 89, 110, 120	
All related to MMR	90705, 90707, 90710, 90708, 90704, 90706	05, 03, 94, 04, 07, 06	
Pneumococcal conjugate	90670	133, 152	G0009
Varicella	90710, 90716	21, 94	
Hepatitis A	90633	31, 83, 85	
Influenza	90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688	88, 135, 140, 141, 150, 153, 155, 158, 161	G0008
Rotavirus (2 Dose Schedule)	90681	119	
Rotavirus (3 Dose Schedule)	90680	16, 122	

CHILDREN AND ADOLESCENTS ACCESS TO PCP: 12 MONTHS - 19 YEARS (CAP)

Children and Adolescents Access to PCP (12 months - 19 years)

The percentage of members 12 months–19 years of age who had a visit with a PCP during the measurement year.

Children and Adolescents Access to PCP (12 – 24 months) / (25 months to 6 years) Children 12–24 months and 25 months–6 years who had a visit with a PCP during the measurement year.

Children and Adolescents Access to PCP (7 – 19 years)

Children 7–11 years and adolescents 12–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year.

CPT	HCPCS	ICD-10
99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 99483	G0402, G0438, G0439, G0463, T1015	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

IMMUNIZATIONS FOR ADOLESCENTS - COMBINATION 2 (IMA) P4P

The percentage of adolescents 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 before their 13th birthday.

COMBO 2	AGES	CPT	CVX
Meningococcal Vaccine	11 - 13	90734	108, 114,136, 147, 167
Tdap Vaccine	10 - 13	90715	115
HPV Vaccine	9 - 13	90649 - 90651	62, 118, 137, 165

LEAD SCREENING IN CHILDREN (LSC)

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning before their second birthday.

CPT
83655

WEIGHT ASSESSMENT, BMI PERCENTILE DOCUMENTATION, COUNSELING ON NUTRITION, COUNSELING ON PHYSICAL ACTIVITY (WCC)

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/ GYN and who had evidence of the following during the measurement year.

	CPT	HCPCS	ICD-10
BMI Percentile Documentation			Z68.51, Z68.52, Z68.53, Z58.54
Nutrition Counseling	97802, 97803, 97804	G0270, S9449, G0271, S9452, G0447, S9470	Z71.3
Physical Activity Counseling		G0447, S9451	Z02.5, Z71.82

Documentation may include items such as:

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

WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (6 OR MORE VISITS); WELL-CHILD VISITS IN THE 3RD, 4TH, 5TH, AND 6TH YEARS OF LIFE (W15 & W34)

The percentage of members who turned 15 months old during the measurement year and who had 6 comprehensive well-child visits with a PCP during their first 15 months of life. The percentage of members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.

	CPT	HCPCS	ICD-10
Well-Child Visits in the first 15 Months of Life (6 or more visits)	99381, 99382, 99391, 99392, 99461	G0438, G0439	Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.71, Z02.82, Z00.5
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	99382, 99392, 99383, 99393	G0438, G0439	Z00.121, Z00.129, Z00.8, Z02.0, Z02.2, Z02.5, Z02.6, Z02.71, Z02.82

BEHAVIORAL HEALTH



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ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA)

The percentage of members 19–64 years of age during the measurement year with a diagnosis of schizophrenia or schizoaffective disorder who were *dispensed* and *remained on* an antipsychotic medication for **at least 80% of their treatment period** or the measurement year.

ANTIDEPRESSANT MEDICATION MANAGEMENT - EFFECTIVE ACUTE PHASE TREATMENT (AMM) P4P

The percentage of members who:

- Are 18 years of age and older
- Were treated with antidepressant medication
- Had a diagnosis of major depression **AND**
- Remained on an antidepressant medication *for at least 3 months* (84 days)

ANTIDEPRESSANT MEDICATION MANAGEMENT - EFFECTIVE CONTINUATION PHASE TREATMENT (AMM) P4P

The percentage of members who:

- Are 18 years of age and older
- Were treated with antidepressant medication
- Had a diagnosis of major depression **AND**
- Remained on an antidepressant medication for at least 6 months (180 days)

CARDIOVASCULAR MONITORING FOR PEOPLE WITH CARDIOVASCULAR DISEASE AND SCHIZOPHRENIA (SMC)

Individuals with schizophrenia are at increased risk of developing metabolic syndrome and subsequent cardiometabolic disorders due to a higher prevalence of risk factors. Also, side effects from antipsychotic medications can include weight gain and increased cholesterol levels. This measure evaluates the percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL-C test during the measurement year.

CPT	CPT II
80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

Individuals with schizophrenia who are taking certain antipsychotic medications are also at increased risk of developing diabetic complications. This measure evaluates the percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

	CPT	CPT II
HbA1c Tests	83036, 83037	3044F, 3045F, 3046F
LDL-C Tests	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

DIABETES SCREENING FOR PEOPLE WITH SCHIZOPHRENIA OR BIPOLAR DISORDER WHO ARE USING ANTIPSYCHOTIC MEDICATIONS (SSD)

Individuals with schizophrenia and/or bipolar disorder are at increased risk of developing diabetes and are less likely to have annual A1c testing or glucose screenings. This measure evaluates the percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

	CPT	CPT II
HbA1c Tests	83036, 83037	3044F, 3046F
LDL-C Tests	80047, 80048, 82950, 80053, 80069, 82947, 80050, 82951	3045F

FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD) - CONTINUATION PHASE AND MAINTENANCE PHASE

This measure evaluates 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 period, one of which was within 30 days of when the first ADHD medication was dispensed.

Continuation and Maintenance Phase: Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase.

	CPT	CPT MODIFIER	POS
Only one of the two visits (during days 31–300) may be a telephone visit or a telehealth visit.	98966 - 98968, 99441 - 99443		
Identify follow-up visits using the code combinations above, then identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code on the claim.		95, GT	02

FOLLOW UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD) - INITIATION PHASE

Initiation Phase. Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a prescribing practitioner within 30 days of their first prescription of ADHD medication.

VISIT TYPE	CPT	HCPCS	POS
An outpatient visit	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 98960-98962, 99078, 99201-99205, 99211-99215, 99231-99233, 99238-99239, 99241-99245, 99251-99255, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99483, 99510	G0155, G0176, G0177 ,G0409, G0463, H0002, H0004 ,H0031, H0034, H0036, H0037 ,H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015	03,05,07,09,11, 12,13,14,15,16, 17,18,19,20,22, 33,49,50,71,72
Observation visit	99217-99220		
Health and behavior assessment/ intervention	96150-96154		
Intensive outpatient encounter or partial	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485	52
Community mental health center visit	90791, 90792, 90832- 90834, 90836- 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221- 99223, 99231- 99233, 99238, 99239, 99251- 99255		

FOLLOW UP AFTER EMERGENCY DEPARTMENT VISIT FOR ALCOHOL & OTHER DRUG ABUSE OR DEPENDENCE (FUA)

Timely follow-up care for people with alcohol or other drug (AOD) abuse or dependence who were seen in the ED is associated with a reduction in substance use and future hospital admissions. This measure evaluates the percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of AOD abuse or dependence, who had a follow-up visit for AOD. Two rates are reported:

- The percentage of ED visits for which the member had a follow-up visit with ANY practitioner within 30 days of the ED visit (31 total days).
- The percentage of ED visits for which the member had a follow-up visit with ANY practitioner within 7 days of the ED visit (8 total days).

	CPT	HCPCS	ICD-10
Emergency Department Visits	99281 - 99285, 0450 - 0452, 0456, 0459, 0981		
AOD Abuse & Dependence			F10.10 - F.29 F18.10 - 19.29
Outpatient Visits & Stand-Alone Visits	98960 - 98962, 99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99383 - 99387, 99401 - 99404, 99411, 99412, (CPT Telehealth Modifier: 95, GT)	G0155, G0176, G0177, G0409 - G0411, G0463, H0002, H0004, H0031, H0034 - H0037, H0039, H0040, H2000, H2001, H2010 - H2020, M0064, S0201, S9480, S9485, T1015	52

FOLLOW UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (FUM)

Follow-up care for people with mental illness is associated with better patient outcomes. This measure evaluates the percentage of emergency department (ED) visits for members 6 years of age and older with a principle diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

- The percentage of ED visits for which the member had a follow-up visit *with ANY practitioner* within 30 days of the ED visit (31 total days).
- The percentage of ED visits for which the member had a follow-up visit *with ANY practitioner* within 7 days of the ED visit (8 total days).

	CPT	HCPCS	ICD-10
Mental Health Diagnosis			F20.0 - F.94.9
Self-Harm Diagnosis			T14.91XA – T71.232S
Emergency Department Visits	99281-99285, 0450-0452, 0456, 0459		52
Stand Alone Visits	98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99383, 99387 99401 - 99404, 99411, 99412, 99510 (Telehealth Mod 95, GT)	G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000-H2001, H2010-H2020, M0064, S0201, S9480, S9485, T1015	

FOLLOW UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS - 7 DAY & 30 DAY FOLLOW UP (FUH)

Patients hospitalized for mental health issues are particularly vulnerable after discharge and follow-up care is vital to their success. This measure evaluates the 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 practitioner.

- The percentage of discharges for which the member received follow-up *with a mental health practitioner within 7 days of discharge.*
- The percentage of discharges for which the member received follow-up *with a mental health practitioner within 30 days of discharge.*

	CPT	HCPCS	POS
An outpatient visit with a mental health practitioner, with or without a telehealth modifier	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221- 99223, 99231 - 99233, 99238, 99239, 99251 – 99255 CPT Mod: 95, GT		03, 05, 07, 09, 11, 12, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72

	CPT	HCPCS	POS
Visit with a mental health practitioner, with or without a telehealth modifier.	98960 - 98962 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99078, 99483	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015	T14.91XA – T71.232S
Intensive outpatient encounter, telehealth visit, partial hospitalization with a mental health practitioner, or visit with a mental health provider at a community mental health center, with or without a telehealth modifier	90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 CPT Mod: 95, GT		02, 52, 53
An intensive outpatient encounter or partial hospitalization with a mental health practitioner.		G0410, H0035, H2012, S9480, G0411, H2001, S0201, S9484, S9485	
Electroconvulsive therapy with a mental health practitioner.	90870		03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17,18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Observation visit with a mental health practitioner	99217 - 99220		
Transitional care management services with a mental health practitioner, with or without a telehealth modifier.	99495, 99496 CPT Mod: 95, GT		

INITIATION & ENGAGEMENT OF ALCOHOL & OTHER DRUG DEPENDENCE TREATMENT - ENGAGEMENT TOTAL & INITIATION TOTAL (IET)

Improving initiation and engagement of patients who are diagnosed with alcohol and other drug dependence (AOD) helps reduce illnesses, deaths, and overuse of health care services. This measure evaluates the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- **Initiated dependence treatment** with an appropriate provider within 14 days of their diagnosis.
- **Continued treatment** with 2 or more additional services within 34 days of the initiation visit.

**For the follow up treatments, include an ICD-10 diagnosis for Alcohol or Other Drug Dependence from the Mental, Behavioral and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation and management consultation or counseling service.*

CPT	HCPCS	POS
98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411-99412, 99510, 98969, 99444, 98966-98968, 99441-99443, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99483, CPT Mod 95, GT	G0155, G0176, G0177, G0396, G0397, G0409 - G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0036-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015	02, 03, 05, 07, 09, 11-20, 22, 33, 49- 50, 52-53, 57, 71-72

METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS – TOTAL (APM)

Antipsychotics can increase a child's risk for developing serious metabolic complications. This measure evaluates the percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. **Both** of the following are needed to be compliant:

- Blood glucose OR HbA1c
- LDL-C OR Cholesterol

TEST TYPES	CPT	CPTII
HbA1c	83036, 83037	3044F, 3045F, 3046F
Glucose	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951	
LDL-C	80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F
Cholesterol	82465, 83718, 84478	

USE OF FIRST-LINE PSYCHOSOCIAL CARE FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APP)

Psychosocial care enhances the mental, social, spiritual, and emotional well-being of young people and can involve issue of self-esteem, adjustments to disabilities, intellectual stimulation, social functioning, communication and sexuality. This measure evaluates the percentage of children and adolescents 1–17 years of age who *had a new prescription for an antipsychotic medication, had documentation of psychotic medication and had documentation of psychosocial care as first line treatment.*

Antipsychotic Medications

Description	Prescription
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone • Pimozide • Quetiapine • Quetiapine fumarate • Risperidone • Ziprasidone
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine • Prochlorperazine • Thioridazine • Trifluoperazine
Thioxanthenes	<ul style="list-style-type: none"> • Thiothixene
Long-acting injections	<ul style="list-style-type: none"> • Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate • Risperidone

Antipsychotic Combination Medications

Description	Prescription
Psychotherapeutic combinations	<ul style="list-style-type: none"> • Fluoxetine-olanzapine • Perphenazine-amitriptyline

USE OF MULTIPLE CONCURRENT ANTIPSYCHOTICS IN CHILDREN AND ADOLESCENTS (APC)

Children and teens who are taking antipsychotics are at risk for serious health concerns, including side effects such as weight gain and other metabolic conditions. These risks are compounded for patients taking more than one antipsychotic at a time.

When possible, consider monotherapy and avoid simultaneous use of multiple antipsychotics for children and adolescents. Closely monitor children and teens on antipsychotics and inform guardians and caregivers of the possible side effects these medications may cause.

This measure evaluates the percentage of children and adolescents 1–17 years of age who were treated with antipsychotic medications and *were on two or more concurrent antipsychotic medications for at least 90 consecutive days* during the measurement year.

Please keep in mind: For this measure, a lower rate indicates better performance.

