



HEDIS[®]

Quick Reference Guide



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HEDIS® Quick Reference Guide

Updated to reflect NCQA HEDIS MY 2024 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 and to use to address care opportunities for your patients. 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)

Provider incentive programs are activity-based reimbursement, based on achieving defined and measurable goals related to access, quality of care, continuity of care, patient satisfaction and clinical outcomes.

MEDICARE PARTNERSHIP FOR QUALITY (P4Q) BONUS PROGRAM

MEDICAID MODEL 1 AGREEMENT

QUESTIONS?

[MagnoliaHealthPlan.com](https://www.MagnoliaHealthPlan.com)

1-866-912-6285

RECORDS TO FAX?

1-877-811-5985

HEALTH INSURANCE MARKETPLACE QUESTIONS?

[Ambetter.MagnoliaHealthPlan.com](https://www.Ambetter.MagnoliaHealthPlan.com) 1-877-687-1187

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 release of the HEDIS® MY 2024 Volume 2 Technical Specifications by NCQA and is subject to change.

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ADULT HEALTH



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ADULT ACCESS TO PREVENTATIVE / AMBULATORY SERVICES (AAP) M1

Measure evaluates the percentage of members 20 years and older who had an ambulatory or preventive care visit. Services that count include outpatient evaluation and management (E&M) visits, consultations, assisted living/home care oversight, preventive medicine, and counseling.

Description	CPT	CPT Modifier	HCPCS	ICD-10
Outpatient	92002, 92004, 92012, 92014, 98966 – 98968, 98970 – 98972, 9890, 98901, 99202 - 99205, 99211 - 99215, 99241 - 99245, 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334-99337 99341 - 99345, 99347 - 99350, 99381 -99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99421 – 99423, 99429, 99441 – 99443, 99457, 99458, 99483		G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, S0620, S0621, T1015	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0 - Z02.6, Z02.71, Z02.79, Z02.81 - Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
Online Assess-ments	98970 - 98972, 98980, 98981, 99421 - 99423, 99457, 99458		G0071, G2010, G2012, G2250 - G2252	
Telephone Visits	98966 - 98968, 99441 - 99443	95, GT POS: 02, 10		

ADVANCE CARE PLANNING (ACP)

The percentage of adults 66-80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older who had advanced care planning during the measurement year:

DESCRIPTION	CODES
Advanced Care Planning	CPT: 99483, 99497
	CPT-CAT-II: 1123F, 1124F, 1157F, 1158F
	HCPCS: S0257
	ICD-10: Z66

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**. This measure includes 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.

Asthma Controller Medications

Description	Prescriptions	Medication Lists	Route
Antibody inhibitors	• Omalizumab	Omalizumab Medications List	Subcutaneous
Anti-interleukin-4	• Dupilumab	Dupilumab Medications List	Subcutaneous
Anti-interleukin-5	• Benralizumab	Benralizumab Medications List	Subcutaneous
Anti-interleukin-5	• Mepolizumab	Mepolizumab Medications List	Subcutaneous
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Intravenous
Inhaled steroid combinations	• Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	• Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	• Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	• Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	• Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	• Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	• Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	• Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	• Zileuton	Zileuton Medications List	Oral
Methylxanthines	• Theophylline	Theophylline Medications List	Oral

Asthma Reliever Medications

Description	Prescriptions	Medication Lists	Route
Short-acting, inhaled beta-2 agonists	• Albuterol	Albuterol Medications List	Inhalation
Short-acting, inhaled beta-2 agonists	• Levalbuterol	Levalbuterol Medications List	Inhalation

AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/ BRONCHIOLITIS (AAB)

The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that ***did not*** result in an antibiotic dispensing event 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 (COA) 

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

- Medication review.
- Functional status assessment.
- Pain assessment.

Description	Codes
Medication Review Would need both CPT-CAT II codes to get credit. 1159F (Medication List) & 1160F (Medication Review)	CPT: 90863, 99483, 99605, 99606 CPT-CAT-II: 1159F, 1160F HCPCS: G8427
Functional Status Assessment	CPT: 99483 CPT-CAT-II: 1170F HCPCS: G0438, G0439
Pain Assessment	CPT-CAT-II: 1125F, 1126F

COLORECTAL CANCER SCREENING (COL) P4Q

The percentage of members 45–75 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.*

DESCRIPTION	CODES
Colonoscopy	CPT: 44388 - 44392, 44394, 44401 - 44408, 45378 - 45382, 45384 - 45386, 45388 - 45393, 45398 HCPCS: G0105, G0121
CT Colonography	CPT: 74261-74263
FIT-DNA Lab Test	CPT: 81528
Flexible Sigmoidoscopy	CPT: 45330 - 45335, 45337, 45338, 45340 - 45342, 45346, 45347, 45349, 45350 HCPCS: G0104
FOBT Lab Test	CPT: 82270, 82274 HCPCS: G0328
Colorectal Cancer	ICD-10: C18.0 - C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total Colectomy	CPT: 44150 - 44153, 44155 - 44158, 44210 - 44212

GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD) P4Q

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose Hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- HbA1c control (<8.0%).
- HbA1c poor control (>9.0%).

DESCRIPTION	CPT	CPT II
HbA1c Lab Test Result or Finding	83036, 83037	3044F, 3046F, 3051F, 3052F
HbA1c < 7.0		3044F
HbA1c ≥ 7.0 and < 8.0		3051F
HbA1c ≥ 8.0 and ≤ 9.0		3052F
HbA1c > 9.0		3046F

EYE EXAM FOR PATIENTS WITH DIABETES (EED) P4Q

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.

DESCRIPTION	CPT	CPT MODIFIER	CPT II
Diabetic Retinal Screening With Eye Care Professional	67028, 67030, 67031, 67036, 67039 - 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227 - 92228, 92230, 92235, 92240, 92250, 92260, 99203 - 99205, 99213 - 99215, 99242 - 99245		CPT II: 2022F - 2026F, 2033F HCPCS: S0620, S0621, S3000
Unilateral eye enucleation with a bilateral modifier	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	50	

BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES (BPD)

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

DESCRIPTION	CODES
Outpatient	CPT: 99202 - 99205, 99211 - 99215, 99241- 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015
Diastolic 80-89	CPT II: 3079F
Diastolic Greater Than/Equal To 90	CPT II: 3080F
Diastolic Less Than 80	CPT II: 3078F
Systolic Greater Than/Equal To 140	CPT II: 3077F
Systolic Less Than 140	CPT II: 3074F, 3075F
Telephone Visits	CPT: 98966 – 98968, 99441 – 99443 POS: 02, 10

KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

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

DESCRIPTION	CODES
Estimated Glomerular Filtration Rate (eGFR)	CPT: 80047, 80048,80050, 80053, 80069, 82565
Quantitative Urine Albumin <u>and</u> Urine Creatinine Lab Test	CPT: 82043 <u>and</u> 82570

CONTROLLING HIGH BLOOD PRESSURE (CBP) **M1** **P4Q**

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.

DESCRIPTION	CPT	CPT II	HCPCS
Outpatient	99202 - 99205, 99211 - 99215, 99241- 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99429, 99455, 99456, 99483		G0402, G0438, G0439, G0463, T1015
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	
Online Assessments	98970 – 98972, 98980, 98981, 99421 – 99423, 99457, 99458		G0071, G2010, G2012,G2250, G2251, G2252
Telephone Visits	CPT: 98966 – 98968, 99441 – 99443 POS: 02, 10		

APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

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.

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

INTERNATIONAL NORMALIZED RATIO MONITORING FOR INDIVIDUALS ON WARFARIN (INR)

The percentage of members 18 years of age and older who had at least one 56-day interval of warfarin therapy and who received at least one international normalized ration (INR) monitoring test during each 56-day interval with active warfarin therapy.

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.

Beta-Blocker Medications

Description	Prescription
Noncardioselective beta-blockers	<div><div><div>• Carvedilol</div><div>• Labetalol</div><div>• Nadolol</div><div>• Pindolol</div></div><div><div>• Propranolol</div><div>• Sotalol</div><div>• Timolol</div></div></div>
Cardioselective beta-blockers	<div><div><div>• Acebutolol</div><div>• Atenolol</div><div>• Betaxolol</div></div><div><div>• Bisoprolol</div><div>• Metoprolol</div><div>• Nebivolol</div></div></div>
Antihypertensive combinations	<div><div><div>• Atenolol-chlorthalidone</div><div>• Bendroflumethiazide-nadolol</div><div>• Bisoprolol-hydrochlorothiazide</div><div>• Hydrochlorothiazide-metoprolol</div><div>• Hydrochlorothiazide-propranolol</div></div></div>

PHARMACOTHERAPY MANAGEMENT OF COPD M1
EXACERBATION (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. Two rates are reported:

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

Systemic Corticosteroid Medications

Description	Prescription	
Glucocorticoids	<ul style="list-style-type: none">• Cortisone• Hydrocortisone• Prednisolone	<ul style="list-style-type: none">• Dexamethasone• Methylprednisolone• Prednisone

Bronchodilator Medications

Description	Prescription	
Anticholinergic agents	<ul style="list-style-type: none">• Aclidinium-bromide• Ipratropium	<ul style="list-style-type: none">• Tiotropium• Umeclidinium
Beta 2-agonists	<ul style="list-style-type: none">• Albuterol• Arformoterol• Formoterol• Indacaterol	<ul style="list-style-type: none">• Levalbuterol• Metaproterenol• Olodaterol• Salmeterol
Antiasthmatic combinations	<ul style="list-style-type: none">• Albuterol-ipratropium• Budesonide-formoterol• Fluticasone-salmeterol• Fluticasone-vilanterol• Fluticasone furoate-umeclidinium-vilanterol	<ul style="list-style-type: none">• Formoterol-aclidinium• Formoterol-glycopyrrolate• Formoterol-mometasone• Glycopyrrolate-indacaterol• Olodaterol-tiotropium• Umeclidinium-vilanterol

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.

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC) P4Q

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 Adherence 80%: Members who remained on a high-intensity or moderate-intensity statin medication **for at least 80% of the treatment period**.

Description	Prescription
High-intensity statin therapy	<ul style="list-style-type: none">• Atorvastatin 40-80 mg• Amlodipine-atorvastatin 40-80 mg• Rosuvastatin 20-40 mg• Simvastatin 80 mg• Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	<ul style="list-style-type: none">• Atorvastatin 10-20 mg• Amlodipine-atorvastatin 10-20 mg• Rosuvastatin 5-10 mg• Simvastatin 20-40 mg• Ezetimibe-simvastatin 20-40 mg• Pravastatin 40-80 mg• Lovastatin 40 mg• Fluvastatin 40-80 mg• Pitavastatin 1-4 mg

STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD) M1 P4Q

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**.

Description	Prescription
High-intensity statin therapy	<ul style="list-style-type: none"> • Atorvastatin 40-80 mg • Amlodipine-atorvastatin 40-80 mg • Rosuvastatin 20-40 mg • Simvastatin 80 mg • Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	<ul style="list-style-type: none"> • Atorvastatin 10-20 mg • Amlodipine-atorvastatin 10-20 mg • Rosuvastatin 5-10 mg • Simvastatin 20-40 mg • Ezetimibe-simvastatin 20-40 mg • Pravastatin 40-80 mg • Lovastatin 40 mg • Fluvastatin 40-80 mg • Pitavastatin 1-4 mg
Low-intensity statin therapy	<ul style="list-style-type: none"> • Ezetimibe-simvastatin 10 mg • Fluvastatin 20 mg • Lovastatin 10-20 mg • Pravastatin 10-20 mg • Simvastatin 5-10 mg

APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION (URI)

The percentage of episodes for members ages 3 months and older with a diagnosis of Upper Respiratory Infection (URI) that **did not** result in an antibiotic dispensing event.

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.

USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

The percentage of members 18 – 75 years of age with a primary diagnosis of low back pain who **did not** have an imaging study (plain X-ray, MRI, or CT Scan) within 28 days of the diagnosis.

Evidence shows that unnecessary or routine imaging for low back pain is not associated with better outcomes.

Any of the following are considered **exclusions** for this measure:

- Cancer
- Recent trauma
- IV drug abuse
- Neurologic impairment
- HIV
- Spinal infection
- Major organ transplant
- Prolonged use of corticosteroids
- Osteoporosis therapy
- Fragility fracture
- Lumbar surgery
- Spondylopathy
- Palliative care
- Hospice services

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

DESCRIPTION	CPT	ICD-10
Imaging Study	72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080 – 72084, 72100, 72110, 72114, 72120, 72125 – 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, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36 M51.37, M51.86, M51.87, M53.2X6 - M53.2X8, M53.3, M53.86 - M53.88, M54.16 - M54.18, M54.30 - M54.32, M54.40 - M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

WOMEN'S HEALTH



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BREAST CANCER SCREENING (BCS) P4Q

The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer between 10/1/2022 - 12/31/2024.

CPT	ICD-10 (FOR A HISTORY OF BILATERAL MASTECTOMY)
77061 - 77063, 77065 - 77067	Z90.13

CERVICAL CANCER SCREENING (CCS)

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

CRITERIA	CPT	IHCPCS	ICD-10
Women 21–64 years of age who had cervical cytology performed within last 3 years.	88141 - 88143, 88147, 88148, 88150, 88152, 88153, 88164 - 88167, 88174, 88175	G0123, G0124, G0141, G0143 - G0145, G0147, G0148, P3000, P3001, Q0091	
Women 30–64 years of age who had cervical hrHPV OR cervical cytology/ hrHPV co-testing performed within the last 5 years.	87624, 87625	G0476	
Women who have had a hysterectomy without a residual cervix are exempt from this measure. NOTE: Hysterectomy must be documented as total, complete or radical to meet compliance.	57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135		Q51.5, Z90.710, Z90.712

CHLAMYDIA SCREEN IN WOMEN (CHL) M1

The percentage of women ages 16-24 who were identified as sexually active and who had at least one test for chlamydia annually. Chlamydia is the most commonly reported bacterial sexually transmitted disease in the U.S. 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) P4Q

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.

DESCRIPTION	CPT	HCPCS
Bone Mineral Density Tests	76977, 77078, 77080, 77081, 77085, 77086	
Osteoporosis Medications		J0897, J1740, J3110, J3111, J3489
Long-Acting Osteoporosis Medications during an inpatient stay.		J0897, J1740, J3489

Osteoporosis Medications

Description	Prescription	
Bisphosphonates	<ul style="list-style-type: none">• Alendronate• Alendronate-cholecalciferol• Ibandronate	<ul style="list-style-type: none">• Risedronate• Zoledronic acid
Other agents	<ul style="list-style-type: none">• Abaloparatide• Denosumab• Romosozumab	<ul style="list-style-type: none">• Raloxifene• Teriparatide

OSTEOPOROSIS SCREENING IN OLDER WOMEN (OSW)

The percentage of women 65-75 years of age who received osteoporosis screening.

Description	CPT
Osteoporosis Screening Tests	76977, 77078, 77080, 77081, 77085

PRENATAL AND POSTPARTUM CARE (PPC)

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- **Timeliness of Prenatal Care:** 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:** percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

	CPT	CPT II	HCPCS	ICD-10
Online Assessments	98970 – 98972, 98980, 98981, 99421 – 99423, 99457, 99458		G0071, G2010, G2012, G2250 – G2252	
Stand Alone Prenatal Visits	99500	0500F - 0502F	H1000, H1001- H1004	
Prenatal Visits	98966 – 98968, 98970 – 98972, 98980, 98981, 99202 - 99205, 99211 – 99215, 99241 -99245, 99421 – 99423, 99441 – 99443, 99457, 99458, 99483		G0071, G0463, G2010, G2012, G2250 – G2252, T1015	
Cervical Cytology Lab Test	88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175		G0123, G0124, G0141, G0143 - G0145, G0147, G0148, P3000, P3001, Q0091	
Postpartum Visits	57170, 58300, 59430, 99501	0503F	G0101	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telephone Visits	98966-98968, 99441-99443			

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PEDIATRIC HEALTH



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WELL CHILD AND ADOLESCENT WELL-CARE VISITS (W30/WCV) **M1**

The percentage of members within designated ages who had comprehensive well-care visit(s) as defined in each measure, with a PCP or an OB/GYN practitioner during the measurement year.

(W30) Well Child Visits in the First 30 Months of Life: The percentage of members who had the following number of well-child visits with a PCP during the last 15 months.

The following rates are reported:

- Well-Child Visits in the First 15 Months: Children who turned 15 months old during the measurement year: Six or more well-child visits.
- Well-Child Visits for Age 15 Months–30 Months: Children who turned 30 months old during the measurement year: Two or more well-child visits.

CPT	HCPCS	ICD-10
99381-99385, 99391-99395, 99461	G0438, G0439, S0302	Z00.110, Z00.111, Z00.121, Z00.129, Z76.1, Z76.2

(WCV) Child and Adolescent Well-Care Visits: Members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN.

CPT	HCPCS	ICD-10
99381-99385, 99391-99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613	Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

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.

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

APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION (URI)

The percentage of episodes for members ages 3 months and older with a diagnosis of Upper Respiratory Infection (URI) that **did not** result in an antibiotic dispensing event.

Antibiotics are often prescribed despite the fact that URIs are most often selfregulating 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.

AVOIDANCE OF ANTIBIOTIC TREATMENT FOR ACUTE BRONCHITIS/BRONCHIOLITIS (AAB)

The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that **did not** result in an antibiotic dispensing event and did not have a secondary infection or comorbid condition such as HIV, cancer, COPD, cystic fibrosis or patients that are immunocompromised.

CHILDHOOD IMMUNIZATION STATUS - (CIS) 

The percentage of children 2 years of age who completed immunizations **on or before** child’s second birthday.

DESCRIPTION	CODES
DTAP (4 dose)	CPT: 90697, 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120, 146
HIB (3 dose)	CPT: 90644, 90647, 90648, 90697, 90698, 90748 CVX: 17, 46 - 51, 120, 146, 148
Newborn Hep B (3 dose)	CPT: 90697, 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110, 146 HCPCS: G0010 ICD-10: B16.0 - B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
IPV (3 dose)	CPT: 90697, 90698, 90713, 90723 CVX: 10, 89, 110, 120, 146
MMR (1 dose) On or between child’s 1st and 2nd birthday	CPT: 90707, 90710, CVX: 03, 94
Pneumococcal Conjugate PCV (4 dose)	CPT: 90670, 90716 CVX: 109, 133, 152, 215 HCPCS: G0009

DESCRIPTION	CODES
Varicella VZV (1 dose) On or between child's 1st and 2nd birthday	CPT: 90710, 90716 CVX: 21, 94 ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21 - B02.24, B02.29 - B02.34, B02.39, B02.7 - B02.9
Hep A (1 dose) On or between child's 1st and 2nd birthday	CPT: 90633 CVX: 31, 83, 85
Influenza Flu (2 dose) LAIV vaccination must be administered <u>on</u> the child's 2nd birthday	CPT: 90655, 90657, 90660, 90661, 90672, 90673, 90674, 90685 - 90689, 90756 CVX: 88, 111, 140, 141, 149, 150, 153, 155, 158, 161, 171, 186 HPCS: G0008
Rotavirus (2 Dose)	CPT: 90681 CVX: 119
Rotavirus (3 Dose)	CPT: 90680 CVX: 116, 122

*Rotavirus is either 2 dose OR 3 dose for compliancy

IMMUNIZATIONS FOR ADOLESCENTS - (IMA) M1

The percentage of adolescents 13 years of age who completed immunizations on or before member's 13th birthday

COMBO 2	AGES
Meningococcal - serogroup A,C, W, and Y: (1 dose) (Complete between 11th and 13th birthday)	CPT: 90619, 90733, 90734 CVX: 32, 108, 114, 136, 147, 167, 203
Tdap (1 dose) (Complete between 10th and 13th birthday)	CPT: 90715 CVX: 115
HPV (2 or 3 dose series) (Complete between 9th and 13th birthday)	CPT: 90649 - 90651 CVX: 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 by their second birthday.

CPT
83655

WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (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.

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

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

Documentation may include items such as:

- BMI percentile documentation **must include all** of the following: height, weight, and BMI percentile.
- BMI percentile documented on an age-growth chart.
- 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.
- Member received educational material on physical activity during face-to-face visit.
- Anticipatory guidance specific to the child’s physical activity.

ORAL EVALUATION, DENTAL SERVICES (OED)

The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

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

TOPICAL FLUORIDE FOR CHILDREN (TFC)

The percentage of members 1–4 years of age who received at least two fluoride varnish applications during the measurement year.

BEHAVIORAL HEALTH



 For more information, visit www.ncqa.org

ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA)

The percentage of members 18 years of age or older 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**.

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported:

- **Effective Acute Phase Treatment:** percentage of members who remained on an antidepressant medication for at least **84 days** (12 weeks)
- **Effective Continuation Phase Treatment:** percentage of members who remained on an antidepressant medication for at least **180 days** (6 months)

Antidepressant Medications

Description	Prescription		
Miscellaneous antidepressants	• Bupropion	• Vilazodone	• Vortioxetine
Monoamine oxidase inhibitors	• Isocarboxazid • Tranylcypromine	• Phenelzine	• Selegiline
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine • Fluoxetine-olanzapine		
SNRI antidepressants	• Desvenlafaxine • Duloxetine	• Levomilnacipran • Venlafaxine	
SSRI antidepressants	• Citalopram • Escitalopram • Fluvoxamine	• Fluoxetine • Paroxetine • Sertraline	
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine • Desipramine • Doxepin (>6 mg)	• Imipramine • Nortriptyline • Protriptyline • Trimipramine	

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

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.

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

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

**DIABETES MONITORING FOR PEOPLE WITH DIABETES AND
SCHIZOPHRENIA (SMD)**

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.

Individuals with schizophrenia who are taking certain antipsychotic medications are also at increased risk of developing diabetic complications

	CPT	CPT II
HbA1c Tests	83036, 83037	3044F, 3046F, 3051F, 3052F
LDL-C Tests	80061, 83700, 83701, 83704, 83721	3048F - 3050F

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

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.

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.

	CPT	CPT II
HbA1c Tests	83036, 83037	33044F, 3046F, 3051F, 3052F
Glucose Tests	80047, 80048, 82950, 80053, 80069, 82947, 80050, 82951	

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

This measure evaluates the percentage of children newly prescribed attentiondeficit/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.

- **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.
- **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.

DESCRIPTION	CODES
An outpatient visit	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99252 - 99255 POS: 03, 05, 07, 09, 11 - 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	CPT: 98960 - 98962, 99078, 99202 - 99205, 99211 - 99215, 99242 - 99245, 99341, 99342, 99344, 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99483, 99492 - 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013 - H2020, T1015
Health and Behavior Assessment/Intervention	CPT: 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Visit Setting Unspecified Value Set with Partial Hospitalization POS	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99252 - 99255 POS: 52
Partial Hospitalization/ Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telehealth Visit	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99252 - 99255 POS: 02, 10
Telephone Visits	CPT: 98966 - 98968, 99441 - 99443
E-visit/Virtual Check-In	CPT: 98970 - 98972, 99421 - 99423, 99457, 99458 HCPCS: G0071, G2010, G2012
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99252 - 99255 POS: 53

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR SUBSTANCE USE (FUA)

This measure evaluates the percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

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).

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.

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

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

Two rates are reported:

- 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).

Follow-up care for people with mental illness is associated with better patient outcomes.

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

Measure evaluates 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*.

Two rates are reported:

- Discharges for which the member received **follow-up within 30 days after discharge**
- Discharges for which the member received **follow-up within 7 days after discharge**

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Practitioner	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99252 - 99255 POS: 03, 05, 07, 09, 11 - 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with Mental Health Practitioner	CPT: 98960 - 98962, 99078, 99202 - 99205, 99211 - 99215, 99242 - 99245, 99341, 99342, 99344, 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99483, 99492 - 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013 - H2020, T1015
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Practitioner	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99252 - 99255 POS: 52
Partial Hospitalization/ Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99252 - 99255 POS: 53
Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/ Partial Hospitalization POS	CPT: 90870 Ambulatory POS: 24 Comm. POS: 53 Partial Hosp. POS: 52 Outpatient POS: 03, 05, 07, 09, 11 - 20, 22, 33, 49, 50, 71, 72
Telehealth Visit	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99252 - 99255 POS: 02, 10
Transitional Care Management	CPT: 99495, 99496
Telephone Visit	CPT: 98966 - 98968, 99441 - 99443

INITIATION & ENGAGEMENT OF SUBSTANCE USE DISORDER TREATMENT (IET)

This measure evaluates the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.

Improving initiation and engagement of patients newly diagnosed with SUD helps reduce illnesses, deaths, and overuse of health care services.

- Initiation of SUD Treatment**-The percentage of members who had a new SUD episode that results in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days of the diagnosis.
- Engagement of SUD Treatment**-The percentage of members who had a new SUD episode that have evidence of treatment engagement within 34 days of the initiation.

**For the follow up treatments, include an ICD-10 SUD diagnosis for Alcohol use disorder, Opioid use disorder or Other substance use disorder 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.*

DESCRIPTION	CODES
Initiation and Engagement/ Treatment	CPT: CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960 - 98962, 98966 - 98968, 98970 - 98972, 98980, 98981, 99078, 99202- 99205, 99211 - 99215, 99221- 99223, 99231 - 99236, 99238, 99239, 99241 - 99245, 99251 - 99255, 99281 - 99285, 99291, 99341, 99342, 99344, 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99408, 99409, 99411, 99412, 99421 - 99423, 99441 - 99443, 99457, 99458, 99483, 99492 - 99494, 99510 HCPS: G0071, G0155, G0176, G0177, G0396, G0397, G0409, G0443, G0463, G0512, G2010, G2012, G2067 - G2077, G2080, G2086, G2087, G2250 - G2252, H0001, H0002, H0004, H0005, H0007 -H0016, H0022, H0031, H0034, H0036 -H0040, H0047, H0050, H2000, H2010, H2011, H2013 - H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 POS: 03, 05, 07, 09, 11-20, 22, 33, 49- 50, 52-53, 57, 58, 71-72
Telephone Visits	CPT: 98966 - 98968, 99441 - 99443 POS: 02, 10
E-Visit/Virtual Check-In	CPT: 98970 - 98972, 99421 - 99423, 99457, 99458 HCPCS: G0071, G2010, G2012
Engagement Medication Treatment Events	HCPCS: G2067 - G2070, G2072, G2073, G2078, G2079, H0020, H0033, J0570-J0575, J2315, S0109, Q9991, Q9992 POS: 52, 53, 57, 58

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

The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates reported:

- Percentage of children and adolescents on antipsychotics who received blood glucose testing.
- Percentage of children and adolescents on antipsychotics who received cholesterol testing.
- Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing.

DESCRIPTION (Need either A1C or Glucose AND LDL-C)	CODES
HbA1C Tests	3CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
Glucose Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F - 3050F
Cholesterol Lab Tests	CPT: 82465, 83718, 83722, 84478

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

This measure evaluates the percentage of 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.

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.

Antipsychotic Medications

Description	Prescription		
Miscellaneous antipsychotic agents	• Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol	• Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone	• Pimozide • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics	• Chlorpromazine • Fluphenazine • Perphenazine	• Thioridazine • Trifluoperazine	
Thioxanthenes	• Thiothixene		
Long-acting injections	• Aripiprazole • Aripiprazole lauroxil • Fluphenazine decanoate • Haloperidol decanoate	• Olanzapine • Paliperidone palmitate • Risperidone	

Antipsychotic Combination Medications

Description	Prescription	
Psychotherapeutic combinations	• Fluoxetine-olanzapine	• Perphenazine-amitriptyline

