HEDIS® Measure Guide for 2026 Measurement Period

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SUMMARY OF MEASURE CHANGES

New Measures for MY2026

- Lead Screening in Children (LSC-E)
- Statin Therapy for Patients with Cardiovascular Disease (SPC-E)
- Blood Pressure Control for Patients with Diabetes (BPD-E)
- Statin Therapy for Patients with Diabetes (SPD-E)
- Tobacco Use Screening and Cessation Intervention (TSC-E)

Retired Measures

- Lead Screening in Children (LSC)
- Asthma Medication Ratio (AMR)
- Statin Therapy for Patients with Cardiovascular Disease (SPC)
- Statin Therapy for Patients with Diabetes (SPD)

Overall Changes

- Replaced “measurement year” with “measurement period”
- Replaced “members” with “persons”

CHILDHOOD IMMUNIZATION STATUS (CIS-E)

Measure Description

The percentage of persons 2 years of age who had the following vaccines by their second birthday:

Vaccine	Doses	Minimum Age for Dose 1*	Code
Hepatitis B	3	Birth	**CPT:** 90697, 90723, 90740, 90744, 90747, 90748 **CVX:** 08, 44, 45, 51, 110, 146, 198 **HCPCS:** G0010 **ICD-10:** B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 **SNOMED:** 428321000124101 (anaphylaxis)
Rotavirus	2 or 3 (series dependent)	6 weeks	**2 Dose** / **3 Dose** **CPT:** 90681 **CVX:** 119 / **CPT:** 90680 **SNOMED:** 428331000124103 (anaphylaxis)
Diphtheria, tetanus, acellular pertussis	4	6 weeks	**CPT:** 90697, 90698, 90700, 90723 **CVX:** 20, 50, 106, 107, 110, 120, 146, 198 **SNOMED:** 428281000124107, 428291000124105 (anaphylaxis) **SNOMED:** 192710009, 192711008, 192712001 (encephalitis)
***Haemophilus influenza* type B**	3	6 weeks	**CPT:** 90644, 90647, 90648, 90697, 90698, 90748 **CVX:** 17, 46-51, 120, 146, 148, 198 **SNOMED:** 433621000124101 (anaphylaxis)
Pneumococcal Conjugate	4	6 weeks	**CPT:** 90670, 90671, 90677 **CVX:** 109, 133, 152, 215, 216 **HCPCS:** G0009 **SNOMED:** 471141000124102 (anaphylaxis)
Inactive polio virus	3	6 weeks	**CPT:** 90697, 90698, 90713, 90723 **CVX:** 10, 89, 110, 120, 146 **SNOMED:** 471321000124106 (anaphylaxis)
Influenza	2	6 months	**Influenza Immunization** / **Influenza LAIV Immunization** **CPT:** 90655-90658, 90661, 90674, 90685-90689, 90756 / **CPT:** 90660, 90672 **CVX:** 111, 149

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			CVX: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186, 320	
			SNOMED: 471361000124100 (anaphylaxis)	
Measles, mumps, rubella	1	12 months	**CPT:** 90707, 90710 **CVX:** 03, 94 **SNOMED:** 471331000124109 (anaphylaxis)	
Varicella	1	12 months	**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 **SNOMED:** 471341000124104 (anaphylaxis)	
Hepatitis A	1	12 months	**CPT:** 90633 **CVX:** 31, 83, 85 **ICD-10:** B15.0, B15.9 **SNOMED:** 471311000124103 (anaphylaxis)	

*CDC (2025). Recommended Child and Adolescent Immunization Schedule. Advisory Committee on Immunization Practices (ACIP) recommendations

Product Lines: Medicaid and Exchange

Measurement Period: January 1 – December 31

Ways To Improve HEDIS® Performance

- Start vaccine administration at birth.
- Proactively outreach parent(s)/guardian(s) to ensure appointments are scheduled. If needed, help schedule vaccine administration at health departments or local pharmacies.
- Address transportation, housing, or food needs during outreach to reduce barriers that make scheduling and keeping appointments challenging.
- Ensure parent(s)/guardian(s) receive reminder text, email, or mailer reminders.
- For missing dosages, monitor vaccine administration closely to ensure adherence to the CDC's approved catch-up schedule.
- Whenever vaccine-eligible children are scheduled for any appointment type, encourage vaccination adherence.
- Recommend immunizations to parent(s)/guardian(s) as they are more likely to agree with vaccinations when supported by their provider.
- Address common misconceptions about vaccinations and focus on how vaccines protect children and their families.
- Document any contraindications the child may experience due to administered vaccines.
- Submit the appropriate codes on claims to reduce the need for medical record requests.
- Ensure child vaccination records are complete and accurate even if your office did not provide the vaccine.
- Participate in your state's immunization registry as relevant.

- For tips on effectively communicating to parent(s)/guardian(s) regarding the importance of vaccinations, go to the CDC website at: https://www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons who had a contraindication to a childhood vaccine on or before their second birthday.

IMMUNIZATIONS FOR ADOLESCENT (IMA-E)

Measure Description

The percentage of persons 13 years of age who had the following by their 13th birthday.

Vaccine	Doses	Minimum Age for IMA	Code
Meningococcal (serogroups A,C, W,Y or A,C,W,Y,B)	1	10 years	**CPT:** 90619, 90623, 90624, 90733, 90734 **CVX:** 32, 108, 114, 136, 147, 167, 203, 316, 328 **SNOMED:** 428301000124106 (anaphylaxis)
Diphtheria, tetanus, acellular pertussis	1	10 years	**CPT:** 90715 **CVX:** 115 **SNOMED:** 428291000124105, 428281000124107 (anaphylaxis) **SNOMED:** 192710009, 192711008, 192712001 (encephalitis)
Human papillomavirus	2 or 3	9 years	**CPT:** 90649, 90650, 90651 **CVX:** 62, 118, 137, 165 **SNOMED:** 428241000124101 (anaphylaxis)

Product Lines: Medicaid and Exchange

Measurement Period: January 1 – December 31

Ways To Improve HEDIS® Performance

- Proactively outreach to parent(s)/guardian(s) to ensure appointments are scheduled. If needed, help schedule vaccine administration at health departments or local pharmacies.
- Address transportation, housing, or food needs during outreach to reduce barriers that make scheduling and keeping appointments challenging.
- Ensure parent(s)/guardian(s) receive reminder text, email, or mailer reminders.
- For missing dosages, monitor vaccine administration closely to ensure adherence to the CDC's approved catch-up schedule.
- Whenever vaccine-eligible adolescents are scheduled for any appointment type, encourage vaccination adherence.
- Recommend immunizations to parent(s)/guardian(s) as they are more likely to agree with vaccinations when supported by their provider.
- Address common misconceptions about vaccinations and focus on how vaccines protect adolescents and their families.
- Document any contraindications experienced due to administered vaccines.
- Submit the appropriate codes on claims to reduce the need for medical record requests.
- Ensure vaccination records are complete and accurate even if your office did not provide the vaccine.

- Participate in your state's immunization registry as relevant.
- For tips on effectively communicating to parent(s)/guardian(s) regarding the importance of vaccinations, go to the CDC website at: https://www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

LEAD SCREENING IN CHILDREN (LSC-E)

Measure Description

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

Product Line: Medicaid

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Lead Tests

Description	Code
Lead Tests	**CPT**: 83655

Ways To Improve HEDIS® Performance

- Take advantage of every office visit (including sick visits) to perform lead testing.
- Schedule and track follow-up testing for elevated blood lead levels according to CDC recommendations.
- Consider creating a standing order for in-office lead testing.
- Provide education on lead to parent(s)/guardian(s) on prevention, common exposure sources (paint, soil, water, imported items), and the importance of screening.
- Provide in-office testing (capillary) and/or home test kits when appropriate.
- When permitted, bill in-office testing by the State fee schedule and Molina policy.
- In medical records, document the date the test was performed and the result or finding. “Unknown” is not considered a result/finding.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

ORAL EVALUATION, DENTAL SERVICES (OED)

Measure Description

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

The following four age stratifications and total rate are reported:

- 0-2 years
- 3-5 years
- 6-14 years
- 15-20 years

Product Line: Medicaid and Exchange

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Oral Evaluation ***with*** a Dental Provider	**CDT:** D0120, D0145, D0150 **Dental Provider Taxonomy:** 122300000X, 1223D0001X, 1223D0004X, 1223E0200X, 1223G0001X, 1223P0106X, 1223P0221X, 1223P0300X, 1223P0700X, 1223S0112X, 1223X0008X, 1223X0400X, 1223X2210X, 122400000X, 124Q00000X, 125J00000X, 125K00000X, 125Q00000X, 126800000X, 204E00000X, 261QD0000X, 261QF0400X, 261QR1300X, 261QS0112X

Ways To Improve HEDIS® Performance

- Encourage regular (at least annual) check-up visits with a dentist that includes a physical exam, oral cleaning, and x-rays.
- Educate parent(s)/guardian(s) on the need to start dental visits by the age of one (1) year or when the first tooth erupts.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

TOPICAL FLUORIDE FOR CHILDREN (TFC)

Measure Description

The percentage of persons 1–4 years of age who received at least two fluoride varnish applications, on different dates of service, during the measurement period.

The following two age stratifications and total rate are reported:

- 1-2 years
- 3-4 years

Product Line: Medicaid

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Application of Fluoride Varnish	**CPT:** 99188 **CDT:** D1206

Ways To Improve HEDIS® Performance

- Starting at tooth eruption, provide preventive fluoride varnish application at least once every six (6) months, where appropriate.
- Consider using "My Water's Fluoride", a CDC tool that may assist in determining local water system fluoridation status. Available online at My Water's Fluoride.
- Follow the American Academy of Pediatrics Bright Future, periodicity schedule available online at www.aap.org.
- Providers should recommend the use of fluoridated toothpaste and the amounts to be used based on age, provide educational material/flyers to parent(s)/guardian(s), and ensure that medical records include the date that topical fluoride was applied and that it is coded appropriately.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

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

Measure Description

The percentage of persons 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 period:

- **BMI percentile documentation** because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.
- **Counseling for Nutrition documentation** or referral for nutrition education.
- **Counseling for Physical Activity documentation** or referral for physical activity.

Product Lines: Medicaid and Exchange

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
BMI Percentile <5% for age	**ICD-10:** Z68.51
BMI Percentile 5% to <85% for age	**ICD-10:** Z68.52
BMI Percentile 85% to <95% for age	**ICD-10:** Z68.53
BMI Percentile ≥95% for age	**ICD-10:** Z68.54
BMI Percentile 120% of the 95th percentile for age	**ICD-10: Z68.55**
BMI Percentile >140% of the 95th percentile for age	**ICD-10: Z68.56**
Nutrition Counseling	**CPT:** 97802-97804 **ICD-10:** Z71.3 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity Counseling	**ICD-10:** Z02.5, Z71.82 **HCPCS:** S9451, G0447

Ways To Improve HEDIS® Performance

- Educate parent(s)/guardian(s) on the importance of preventive care visits (including nutrition and physical activity counseling).
- Utilize every office visit (including sick visits and sports physicals) to capture BMI percentile, counsel on nutrition and physical activity.
- Place BMI percentile charts near scales.
- BMI percentile documentation includes height, weight, and percentile, not the BMI number alone.
- Counseling for nutrition documentation includes:

    - Current nutrition behaviors (e.g., meal patterns, eating and dieting habits).
    - Use a checklist that notates nutrition was addressed.
    - Provide counseling or refer to nutrition education.
    - Document that nutritional educational materials were received during the visit and highlighted anticipatory guidance.
    - Document weight or obesity counseling.
    - Documentation of a referral to nutritional education. Women, Infants, and Child (WIC) services does meet criteria.
    - Documentation related to a child's appetite does not meet criteria.
- Counseling for physical activity documentation includes:
    - Use a checklist that notes that physical activity was addressed.
    - Physical activity counseling/education (e.g., child rides tricycle in yard).
    - Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities and exam for sports participation).
    - While "cleared for sports" does not count, a sports physical does count.
    - Include specific mention of physical activity recommendations to meet criteria for notation of anticipatory guidance.
    - Document weight or obesity counseling.
    - Document that physical activity educational materials were received during the visit.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons with a diagnosis of pregnancy any time during the measurement period.

ADULT IMMUNIZATION STATUS (AIS-E)

Measure Description

The percentage of persons 19 years of age and older who are up to date on recommended routine vaccines.

Codes Included in the Current HEDIS® Measure

Vaccine	Doses	Description	Code
Adult Influenza	1	Immunization	**CVX**: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205,320
		Procedure	**CPT**: 90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756
		Anaphylaxis	**SNOMED:** 471361000124100
Influenza/Influenza Virus LAIV	1	Immunization	**CVX**: 111, 149
		Procedure	**CPT**: 90660, 90672
		Anaphylaxis	**SNOMED:** 471361000124100
Adult Pneumococcal	1	Immunization	**CVX**: 33, 109, 133, 152, 215, 216, 327
		Procedure	**CPT**: 90670, 90671, 90677, 90684, 90732 **HCPCS**: G0009
		Anaphylaxis	**SNOMED:** 471141000124102
Hepatitis B	3	Immunization	**CVX:** 08, 43, 44, 45, 51, 104, 110, 146, 189, 198, 220
		Procedure	**CPT:** 90697, 90723, 90739, 90740, 90743, 90744, 90746, 90747, 90748, 90759 **HCPCS:** G0010
		Anaphylaxis	**SNOMED:** 428321000124101
Zoster	2	Immunization	**CVX:** 187
		Procedure	**CPT**: 90750
		Anaphylaxis	**SNOMED:** 471371000124107, 471381000124105
Tetanus and diphtheria (Td or Tdap)	1	Immunization	**CVX**: 09, 113, 115, 138, 139
		Procedure	**CPT**: 90714, 90715
		Anaphylaxis	**SNOMED:** 428281000124107, 428291000124105 (anaphylaxis)
		Encephalitis	**SNOMED:** 192710009, 192711008, 192712001 (encephalitis)
COVID-19	1	Immunization	**CVX:** 309, 312, 313
		Procedure	**CPT:** 91304, 91320, 91322
		Anaphylaxis	**SNOMED:** 914587451000119107

Product Line: Medicaid, Medicare, and Exchange

Measurement Period: January 1 – December 31

MOLINA® HEALTHCARE

Ways Providers can Improve HEDIS® Performance

- Review a person's immunization record before every visit and administer needed vaccinations.
- Educate persons on the importance of vaccinations. Persons are more likely to agree with vaccinations when supported by the provider.
- Turn on reminders/prompts for vaccinations, if on EMR. Review vaccination status in EMR.
- Review with new persons any vaccinations that may have been given previously. Include those on the person's vaccination record even if your office did not provide the vaccination. Schedule appointments for persons to receive immunizations within required time frames.
- Display vaccine information in multiple languages in office.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

BREAST CANCER SCREENING (BCS-E)

Measure Description

The percentage of persons 40–74 years of age who were recommended for a routine breast cancer screening and had a mammogram to screen for breast cancer between October 1 two years prior to the measurement period through December 31 of the measurement period.

Product Lines: Medicaid, Medicare, and Exchange

★ Medicare Star Measure Weight: 1

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Mammography	**CPT:** 77061-77063, 77065-77067

Measure Common Exclusions

Description	Code
Absence of Left Breast	**ICD-10:** Z90.12
Absence of Right Breast	**ICD-10:** Z90.11
Bilateral Mastectomy	**ICD-10:** OHTV0ZZ
History of Bilateral Mastectomy	**ICD-10:** Z90.13
Unilateral Mastectomy	**CPT:** 19180, 19200, 19220, 19240, 19303-19307
Unilateral Mastectomy Left	**ICD-10:** OHTU0ZZ
Unilateral Mastectomy Right	**ICD-10:** OHTT0ZZ

Ways To Improve HEDIS® Performance

- Utilize standing mammogram orders for persons within the appropriate age range and contact the person with the information.
- Educate persons about the importance of early detection and encourage testing.
- Discuss possible fears the person may have about mammograms and inform the person the currently available testing methods are less uncomfortable and require less radiation.
- Follow up on outstanding orders when no report has been received.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.
- Persons who had a bilateral mastectomy or both right and left unilateral mastectomies any time during their history through the last day of the measurement period.
- Persons who had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria at any time during their history through the last day of the measurement period.

DOCUMENTED ASSESSMENT AFTER MAMMOGRAM (DBM-E)

Measure Description

The percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram for persons 40-74 years of age.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Mammography	**CPT:** 77061-77063, 77065-77067
BI-RADS Assessment	**RadLex Radiology Lexicon:** RID36028-RID36036, RID36041

Ways To Improve HEDIS® Performance

- Educate persons about the importance of early detection and encourage testing.
- Utilize the recommendations from the National Comprehensive Cancer Network on breast cancer screening follow-up actions in alignment with the Breast Imaging Reporting and Data Systems (BI-RADS) scoring categories.
    - Category 0: Incomplete – need additional imaging evaluation and/or prior mammograms for comparison, advise additional imaging.
    - Category 1: Negative – advise routine screening.
    - Category 2: Benign – advise routine screening.
    - Category 3: Probably Benign – recommend diagnostic mammograms at 6 months, followed by repeat screenings every 6-12 months for 1-2 years, if appropriate.
    - Category 4: Suspicious – recommendation is for tissue diagnosis using core needle biopsy (preferred) or needle localization excisional biopsy with specimen radiograph.
    - Category 5: Highly Suggestive of Malignancy – recommendation is for tissue diagnosis using core needle biopsy (preferred) or needle localization excisional biopsy with specimen radiograph.
    - Category 6: Known Biopsy-Proven Malignancy – recommendation depends on the primary tumor, size of the invasive component, estimated disease volume, histological grade and other relevant characteristics.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

FOLLOW-UP AFTER ABNORMAL MAMMOGRAM ASSESSMENT (FMA-E)

Measure Description

The percentage of episodes for periods 40-74 years of age with inconclusive or high-risk BI-RADS assessments that received appropriate follow-up within 90 days of the assessment.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
High Risk BI-RADS	**RadLex Radiology Lexicon:** RID36030-RID36034
Inconclusive BI-RADS	**RadLex Radiology Lexicon:** RID36036
Mammogram	**CPT:** 77061-77063, 77065-77067
Breast Ultrasound	**CPT:** 76641, 76642
Breast Biopsy	**CPT:** 19081, 19083, 19085, 19100, 19101

Ways To Improve HEDIS® Performance

- Educate persons about the importance of early detection and encourage testing.
- Utilize the recommendations from the National Comprehensive Cancer Network on breast cancer screening follow-up actions in alignment with the Breast Imaging Reporting and Data Systems (BI-RADS) scoring categories.
    - Category 0: Incomplete – need additional imaging evaluation and/or prior mammograms for comparison, advise additional imaging.
    - Category 1: Negative – advise routine screening.
    - Category 2: Benign – advise routine screening
    - Category 3: Probably Benign – recommend diagnostic mammograms at 6 months, followed by repeat screenings every 6-12 months for 1-2 years, if appropriate.
    - Category 4: Suspicious – recommendation is for tissue diagnosis using core needle biopsy (preferred) or needle localization excisional biopsy with specimen radiograph.
    - Category 5: Highly Suggestive of Malignancy – recommendation is for tissue diagnosis using core needle biopsy (preferred) or needle localization excisional biopsy with specimen radiograph.
    - Category 6: Known Biopsy-Proven Malignancy – recommendation depends on the primary tumor, size of the invasive component, estimated disease volume, histological grade and other relevant characteristics.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

CERVICAL CANCER SCREENING (CCS-E)

Measure Description

The percentage of persons 21-64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- Persons 21-64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years.
- Persons 30-64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Persons 30-64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting performed within the last 5 years.

Product Lines: Medicaid and Marketplace

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Cervical Cancer Screenings

Description	Code
Cervical Cytology Lab Test	**CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 **HCPCS**: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001
High Risk HPV Test	**CPT:** 87624-87626, 0502U **HCPCS:** G0476

Codes to Identify Exclusions

Description	Code
Absence of Cervix or Hysterectomy with no Residual Cervix	**CPT:** 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135 **ICD-10:** Q51.5, Z90.710, Z90.712

Ways To Improve HEDIS® Performance

- Request to have results of Pap tests sent to you if done at an OB/GYN visit.
- Document in the medical record if the person has had a total hysterectomy with no residual cervix.
- Avoid missed opportunities (e.g., completing PAP tests during regularly scheduled well woman visits, sick visits, urine pregnancy tests, UTI and chlamydia/STI screenings).
- Ensure that communications respect language preferences and are culturally appropriate.
- Implement standing orders for cervical cancer screening.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Persons with hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix.
- Persons with sex assigned at birth of male.

CHLAMYDIA SCREENING (CHL)

Measure Description

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

Product Lines: Medicaid and Exchange

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Chlamydia Screening

Description	Code
Chlamydia Test	**CPT:** 87110, 87270, 87320, 87490-87492, 87810

Ways To Improve HEDIS® Performance

- Perform chlamydia screening every year on every woman 16-24 years of age regardless of reported sexual activity (use any visit opportunity).
- Add chlamydia screening as a standard lab for women 16-24 years old. Use well-child exams and well women exams for this purpose.
- Offer at-home chlamydia testing for persons who request it.
- Ensure that you have an opportunity to speak with your adolescent female persons without their parent(s)/guardian(s).
- A urine specimen is the least invasive way to screen for chlamydia. It can be provided to the person on any office visit.
- Set EMR alerts to flag persons due for screening.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons with a sex assigned at birth of male in the person's history through the last day of the measurement period.

COLORECTAL CANCER SCREENING (COL-E)

Measure Description

The percentage of persons 45-75 years of age who had one of the following screenings for colorectal cancer:

- Fecal Occult Blood Test: gFOBT or iFOBT during the measurement period.
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period.
- Colonoscopy during the measurement period or the nine years prior to the measurement period.
- CT colonography during the measurement period or the four years prior to the measurement period.
- Stool DNA (sDNA) with FIT test during the measurement period or the two years prior to the measurement period.

Note: FOBT tests performed in an office or performed on a sample collected via a digital rectal exam (DRE) do not meet criteria. Although CT colonography is recommended by the USPSTF for colorectal cancer screening, it is not a Medicare approved service and may not be a covered benefit for all Molina persons. If you administer or refer out for CT colonography, please confirm person eligibility and benefit coverage.

Product Lines: Medicaid, Medicare, and Exchange

★ Medicare Star Measure Weight: 1

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Colorectal Cancer Screening

Description	Code
Stool DNAFIT Lab Test	**CPT:** 81528, 0464U **SNOMED:** 708699002
Fecal Occult Blood Test	**CPT:** 82270, 82274 **HCPCS:** G0328 **SNOMED:** 59614000, 167667006, 389076003, 71711000112103
Flexible Sigmoidoscopy	**CPT:** 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 **HCPCS:** G0104 **SNOMED:** 841000119107
Colonoscopy	**CPT:** 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 **HCPCS:** G0105, G0121 **SNOMED:** 841000119109
CT Colonography	**CPT:** 74261-74263

Codes to Identify Exclusions

Description	Code
Colorectal Cancer	**ICD-10 :** C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total Colectomy	**ICD10:** 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ **CPT:** 44150-44153, 44155-44158, 44210-44212 **SNOMED:** 119771000119101

Ways To Improve HEDIS® Performance

- Update person history annually regarding colorectal cancer screening with test type and date completed.
- Encourage persons who are resistant to having a colonoscopy to have a stool test that can be completed at home.
- Utilize standing orders and empower office staff to distribute FOBT or FIT kits to persons who need colorectal cancer screening or prepare referral for colonoscopy.
- Document and code persons with ileostomies, which implies colon removal (exclusion) and persons with a history of colon cancer.
- When documenting a reported colonoscopy, flexible sigmoidoscopy, FIT-DNA test, CT Colonography or FOBT, when available, always include a date of service, though, year of test will be acceptable for compliance.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.

- Persons with a history of colorectal cancer and/or total colectomy at any time during the person's history through the last day of the measurement period.

PRENATAL IMMUNIZATION STATUS (PRS-E)

Measure Description

The percentage of deliveries in the measurement period (January 1 - December 31) in which persons received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

- **Immunization Status: Influenza**
  - Deliveries where persons received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date, ***or***
  - Deliveries where persons had anaphylaxis due to the influenza vaccine on or before the delivery date.
- **Immunization Status: Tdap**
  - Deliveries where persons received at least one Tdap vaccine during the pregnancy (including on the delivery date), ***or***
  - Deliveries where persons had any of the following:
    Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine on or before the delivery date.
    Encephalitis due to the diphtheria, tetanus, or pertussis vaccine on or before the delivery date.
- **Immunization Status: Combination**
  - Deliveries that met criteria for both influenza and Tdap.

Product Lines: Medicaid

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Gestation, Deliveries, and Immunizations

Description	Code
Less than 37 Weeks Gestation	**ICD-10:** Z3A.01, Z3A.08-Z3A.36
37 Weeks Gestation	**ICD-10:** Z3A.37
38 Weeks Gestation	**ICD-10:** Z3A.38
39 Weeks Gestation	**ICD-10:** Z3A.39
40 Weeks Gestation	**ICD-10:** Z3A.40
41 Weeks Gestation	**ICD-10:** Z3A.41
42 Weeks Gestation	**ICD-10:** Z3A.42
Greater than 42 Weeks Gestation	**ICD-10:** Z3A.49
Deliveries	**ICD-10:** 10D00Z0-10D07Z8, 10E0XZZ **CPT:** 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

Adult Influenza Vaccine Procedure	**CPT:** 90653, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 **CVX:** 88, 135, 140, 141, 150, 153, 155, 159, 166, 168, 171, 185, 186, 197, 205, 320 **SNOMED**: 471361000124100 (anaphylaxis)
Tdap Vaccine Procedure	**CPT:** 90715 **CVX:** 115 **SNOMED:** 428281000124107, 428291000124105 (anaphylaxis) **SNOMED:** 192710009, 192711008, 192712001 (encephalitis)

Ways To Improve HEDIS® Performance

- Educate persons on the importance of vaccines.
- Review immunization records before every visit and administer needed influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
- Have a system for immunization reminders.
- Use the state immunization registry to identify immunization gaps in record.
- Institute incentives for completing the series of prenatal vaccines.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons with deliveries that occur at less than 37 weeks of gestation.

TOBACCO USE SCREENING AND CESSATION INTERVENTION (TSC-E)

Measure Description

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

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

Note: This is a first-year measure for MY2026

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Positive Tobacco User	**LOINC:** 72166-2 *with* Positive Tobacco Use Status
Negative Tobacco User	**LOINC:** 72166-2 *with* Negative Tobacco Use Status
Tobacco Use Cessation Counseling	**CPT:** 99406, 99407 **ICD-10:** Z71.6

Ways To Improve HEDIS® Performance

- During visits, screen persons for tobacco use.
- Educate persons on the implications of tobacco use.
- Assess the person's readiness and confidence in their ability to reduce or abstain from tobacco.
- Interventions may include assistance, assessment, counseling, coordination, education, evaluation of eligibility, providing services, or making referrals to tobacco cessation programs.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.

SOCIAL NEED SCREENING AND INTERVENTION (SNS-E)

Measure Description

The percentage of persons who were screened using prespecified instruments or assessed by a provider at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention within 30 days if screened positive.

- **Food Screening**: The percentage of persons who were screened for food insecurity during the measurement period.
- **Food Intervention**: The percentage of persons who received a corresponding intervention within 1 month (31 days total) of screening positive for food insecurity.
- **Housing Screening**: The percentage of persons who were screened for housing instability, homelessness or housing inadequacy during the measurement period.
- **Housing Intervention**: The percentage of persons who received a corresponding intervention within 1 month (31 days total) of screening positive for housing instability, homelessness, or housing inadequacy.
- **Transportation Screening**: The percentage of persons who were screened for transportation insecurity during the measurement period.
- **Transportation Intervention**: The percentage of persons who received a corresponding intervention within 1 (31 total days) month of screening positive for transportation insecurity.

Product Lines: Medicaid, Medicare, and Exchange

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Food Insecurity	**ICD-10:** Z59.41, Z59.48 **CPT:** 97802-97804 **HCPCS:** S5170, S9470
Homelessness *or* Housing Inadequacy *or* Housing Instability	**ICD-10:** Z59.00-Z59.02, Z59.13, Z59.811, Z59.812, Z59.819, Z59.89
Transportation Insecurity Procedures	**ICD-10:** 59.82

Codes to Identify Eligible Screening Instruments and Positive Findings

Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
	88122-7	LA28397-0 LA6729-3

Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool, American Academy of Family Physicians (AAFP) Social Needs Screening Tools	88123-5	LA28397-0 LA6729-3
Health Leads Screening Panel®[1]	95251-5	LA33-6
Hunger Vital Sign™[1] (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®[1]	93031-3	LA30125-1
Safe Environment for Every Kid (SEEK)®[1]	95400-8	LA33-6
	95399-2	LA33-6
U.S. Household Food Security Survey [U.S. FSS], U.S. Adult Food Security Survey [U.S. FSS], U.S. Child Food Security Survey [U.S. FSS], U.S. Household Food Security Survey–Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

[1]Proprietary; may be cost or licensing requirement associated with use.

Housing Instability and Homelessness Instruments	**Screening Item LOINC Codes**	**Positive Finding LOINC Codes**
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
Children's Health Watch Housing Stability Vital Signs™1	98976-4	LA33-6
	98977-2	≥2
	98978-0	LA33-6
Health Leads Screening Panel®1	99550-6	LA33-6
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93033-9	LA33-6
	71802-3	LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

[1]Proprietary; may be cost or licensing requirement associated with use.

Housing Inadequacy Instruments	**Screening Item LOINC Codes**	**Positive Finding LOINC Codes**	
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1	LA31999-8 LA32000-4 LA32001-2

		LA31997-2 LA31998-0	
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4	LA32695-1 LA32696-9 LA32001-2
Norwalk Community Health Center Screening Tool [NCHC]	99134-9 99135-6	LA33-6 LA31996-4 LA28580-1 LA31997-2 LA31998-0	LA31999-8 LA32000-4 LA32001-2
Transportation Insecurity Instruments	**Screening Item LOINC Codes**	**Positive Finding LOINC Codes**	
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6	
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6 LA33093-8 LA30134-3	
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4	
Health Leads Screening Panel®1	99553-0	LA33-6	
Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI)-version 4.0 [CMS Assessment]	101351-5	LA30133-5 LA30134-3	
Outcome and assessment information set (OASIS) form	101351-5	LA30133-5 LA30134-3	
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93030-5	LA30133-5 LA30134-3	
PROMIS®1	92358-1	LA30024-6 LA30026-1 LA30027-9	
WellRx Questionnaire	93671-6	LA33-6	

[1]Proprietary; may be cost or licensing requirement associated with use.

Ways To Improve HEDIS® Performance

- Screen persons during visits for food insecurity, housing instability, homelessness, housing inadequacy and transportation insecurity using prespecified instruments.
    - *Food Insecurity*: Uncertain, limited, or unstable access to food that is: adequate in quantity and

in nutritional quality; culturally acceptable; safe and acquired in socially acceptable ways.
    - *Housing Instability*: Currently consistently housed but experiencing any of the following circumstances in the past 12 months: being behind on rent or mortgage, multiple moves, cost burden or risk of eviction.
    - *Homelessness*: Currently living in an environment that is not meant for permanent human habitation (e.g., cars, parks, sidewalks, abandoned buildings, on the street), not having a consistent place to sleep at night, or because of economic difficulties, currently living in a shelter, motel, temporary or transitional living situation.
    - *Housing Inadequacy*: Housing does not meet habitability standards.
    - *Transportation Insecurity*: Uncertain, limited or no access to safe, reliable, accessible, affordable and socially acceptable transportation infrastructure and modalities necessary for maintaining one's health, well-being or livelihood.
- Help persons find free or low-cost resources for basic needs (i.e., housing, food, clothing, job training, and more) in their community at www.MolinaHelpFinder.com.
- An intervention may include any of the following intervention categories: assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision, or referral.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Medicare enrollees in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.

CARE FOR OLDER ADULTS (COA)

Measure Description

The percentage of persons 66 years of age and older who had both the following during the measurement period:

- **Medication Review:** At least one medication review conducted by a prescribing practitioner or clinical pharmacist ***and*** the presence of a medication list in the medical record or transitional care management services during the measurement period.
- **Functional Status Assessment**: Documentation in the medical record of evidence of at least one complete functional status assessment during the measurement period and the date performed. An assessment must include one of the following:

  Notation that Activities of Daily Living (ADL) were assessed or that at least five of the following were assessed: bathing, dressing, eating, transferring, using toilet, walking.

  Notation that Instrumental Activities of Daily Living (IADL) were assessed or at least four of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances.

  Result of assessment using a standardized assessment tool including, but not limited to: SF-36, Assessment of Living Skills and Resources (ALSAR), Barthel ADL Index Physical Self-Maintenance (ADLS) Scale, Bayer ADL (B-ADL) Scale, Barthel Index, Edmonton Frail Scale, Extended ADL (EADL) Scale, Groningen Frailty Index, Independent Living Scale (ILS), Katz Index of Independence in ADL, Kenny Self-Care Evaluation, Klein-Bell ADL Scale, Kohlman Evaluation of Living Skills (KELS), Lawton & Brody's IADL Scales, Patient Reported Outcome Measurement Information System (PROMIS) Global or Physical Function Scales.

Product Line: Medicare (only SNP benefit packages)

★ Medicare Star Measure Weight: 1

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Medication Review	**CPT:** 90863, 99483, 99605, 99606 **CPT II:** 1160F *Note: Do not include codes with CPT CAT II Modifier (1P-3P, 8P).*
Medication List	**CPT II:** 1159F **HCPCS:** G8427 *Note: Do not include codes with CPT CAT II Modifier (1P-3P, 8P).*

Functional Status Assessment	**CPT:** 99483 **CPT II:** 1170F **HCPCS:** G0438, G0439 *Note: Do not include codes with CPT CAT II Modifier (1P-3P, 8P).*
Transitional Care Management Services	**CPT:** 99495, 99496

Ways To Improve HEDIS® Performance

- A medication review performed without the person present meets criteria.
- The medication review requires that the medications (including over the counter (OTC) medications and herbal supplemental therapies) be listed in the medical record, reviewed, signed, and dated by the provider that reviewed the medication list.
- A functional status assessment limited to a single acute or single condition, event or body system does not meet criteria for compliance.
- The functional status assessment indicator does not require a specific setting. Therefore, services rendered during a telephone visit, e-visit or virtual check-in meet criteria.
- Leverage telehealth opportunities to facilitate Advance Care Planning and conduct assessments of functional status and pain for older adults.
- Complete the COA assessment form annually with eligible persons or as part of an annual wellness exam. Completed forms can then be submitted as supplemental data.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

APPROPRIATE TESTING FOR PHARYNGITIS (CWP)

Measure Description

The percentage of episodes for persons three years old and older where the person was diagnosed with pharyngitis, was dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Intake Period: A 12-month window that begins on July 1st of the year prior to the measurement period and ends on June 30th of the measurement period. The intake period captures eligible episodes of treatment.

Codes Included in the Current HEDIS® Measure

Description	Code
Outpatient, ED and Telehealth	**CPT:** 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99281-99285, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015 **UBREV:** 0450-0452, 0456, 0459, 0510, 0511, 0513-0517, 0519-0523, 0526-0529, 0981-0983
Pharyngitis	**ICD-10:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Group A Strep Tests	**CPT:** 87070, 87071, 87081, 87430, 87650-87652, 87880

Medications

CWP Antibiotic Medications

Description	Prescription
Aminopenicillins	Amoxicillin, Ampicillin
Beta-lactamase Inhibitors	Amoxicillin-clavulanate
1st Generation Cephalosporins	Cefadroxil, Cefazolin, Cephalexin
Folate Antagonist	Trimethoprim

Lincomycin Derivatives	Clindamycin
Macrolides	Azithromycin, Clarithromycin, Erythromycin
Natural Penicillin	Penicillin G benzathine, Penicillin G potassium, Penicillin G sodium, Penicillin V potassium
Quinolones	Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin
Second Generation Cephalosporins	Cefaclor, Cefprozil, Cefuroxime
Sulfonamides	Sulfamethoxazole-trimethoprim
Tetracyclines	Doxycycline, Minocycline, Tetracycline
3rd Generation Cephalosporins	Cefdinir, Cefixime, Cefpodoxime, Ceftriaxone

Ways To Improve HEDIS® Performance

- Educate parent(s)/guardian(s) on the appropriate use of antibiotics to treat bacterial infections. Antibiotics are not helpful for viral infections.
- Schedule appointments to diagnose pharyngitis.
- Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics.
- Do not treat "red throats" empirically, as they are often viral. Clinical findings alone do not adequately distinguish Strep vs. no Strep pharyngitis. The person's strep may have become resistant and needs a culture.
- Additional resources for clinicians about pharyngitis can be found at: Clinical Guidance for Group A Streptococcal Pharyngitis.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Remove episode dates where the person had a claim/encounter with any diagnosis for a comorbid condition during the 365 days prior to or on the episode date.

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION (PCE)

Measure Description

The percentage of COPD exacerbations for persons 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 and November 30 of the measurement period and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a Systemic Corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a Bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on person. It is possible for the denominator to include multiple events for the same individual.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Intake Period: January 1 of the measurement period and ends on November 30 of the measurement period. The intake period captures eligible episodes of treatment.

Codes Included in the Current HEDIS® Measure

Description	Code
ED Visit	**CPT:** 99281-99285 **UBREV:** 0450-0452, 0456, 0459, 0981
Inpatient Stay	**UBREV:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Chronic Obstructive Pulmonary Diseases	**ICD-10**: J41.0, J41.1, J41.8, J42, J43.0-J43.2, J43.8-J44.1, J44.81, J44.89, J44.9

Medications

Systemic Corticosteroid Medications

Description	Prescription
Glucocorticoids	Cortisone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone

Bronchodilator Medications

Description	Prescription
Anticholinergic Agents	Aclidinium bromide, Ipratropium, Tiotropium, Umeclidinium
Beta 2-Agonists	Albuterol, Arformoterol, Formoterol, Levalbuterol, Metaproterenol, Olodaterol, Salmeterol
Bronchodilator Combinations	Albuterol-ipratropium, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Fluticasone furoate-umeclidinium-vilanterol, Formoterol-aclidinium, Formoterol-glycopyrrolate, Formoterol-mometasone, Olodaterol-tiotropium, Umeclidinium-vilanterol

Ways To Improve HEDIS® Performance

- Remind persons to fill their corticosteroid and bronchodilator prescriptions.
- Schedule a follow-up appointment within 7-14 days of discharge.
- Consider standing orders for systemic corticosteroids and bronchodilators for persons discharged from the hospital or emergency room for COPD.
- Contact persons once they have been discharged to schedule a follow-up appointment as soon as possible.
- Refer to the GOLD clinical practice guidelines for COPD management.
    - GOLD Report - Global Initiative for Chronic Obstructive Lung Disease - GOLD (goldcopd.org)

Required Exclusions

- Persons with a date of death any time the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

CONTROLLING HIGH BLOOD PRESSURE (CBP)

Measure Description

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

Definitions

- **Adequate Control**: Both a representative systolic BP <140 mm Hg and representative diastolic BP of <90 mm Hg.
- **Representative Blood Pressure (BP)**: The most recent BP reading during the measurement period on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement period, assume the BP is "not controlled."

Product Lines: Medicaid, Medicare, and Exchange

★ Medicare Star Measure Weight: 3

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Essential Hypertension	**ICD-10:** I10
Outpatient and Telehealth ***without*** UBREV	**CPT:** 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015
Inpatient Stay (exclusion)	**UBREV:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Nonacute Inpatient Stay (exclusion)	**UBREV:** 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559, 0660-0663, 0669, 1000-1002

Codes to Identify Blood Pressure Readings

Description	Code
Systolic Blood Pressure	**CPT II:** 3074F (Less than 130 mm Hg) **CPT II:** 3075F (Between 130-139 mm Hg) **CPT II:** 3077F (Greater than/equal to 140 mm Hg) *Note:* Do not include CPT CAT II codes with a modifier: 1P-3P or 8P. Do not include BPs taken in an acute inpatient setting or during an ED visit with POS code 23.
Diastolic Blood Pressure	**CPT II:** 3078F (Less than 80 mm Hg) **CPT II:** 3079F (Between 80-89 mm Hg) **CPT II:** 3080F (Greater than/equal to 90 mm Hg) *Note:* Do not include CPT CAT II codes with a modifier: 1P-3P or 8P. Do not include BPs taken in an acute inpatient setting or during an ED visit with POS code 23.

Ways To Improve HEDIS® Performance

- Ensure that sphygmomanometers are calibrated annually.
- Upgrading to automated blood pressure machines can reduce human error that is commonly associated with auscultatory measurements and provide more accurate readings.
- Retake the BP if reading is high at the office visit (≥140/90 mm Hg) as HEDIS® allows the use of the lowest systolic and diastolic readings on the same day, and often, the second reading is lower.
- Remind the person who needs to fast for labs that they should continue to take their anti-hypertensive medications with water.
- Do *not* round BP values up. If using an automated machine, record exact values.
- Schedule telehealth appointments to diagnose persons with hypertension and acquire blood pressure readings. Note: BP readings may be taken by any digital device.
- Review the person's hypertensive medication history and compliance to consider modifying treatment plans for uncontrolled blood pressure, as needed.
- Identify persons who are historically not compliant and enroll in disease management/case management program.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.

- Persons 66-80 years of age by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.
- Persons 81 years old and older as of the last day of the measurement period with frailty.
    - Frailty: at least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (POS 81).
- ESRD or Dialysis
    - Persons with a diagnosis of ESRD or who had dialysis any time during the person's history on or prior to the last day or the measurement period. Do not include laboratory claims (POS 81).
- Diagnosis of Pregnancy
    - Persons with a diagnosis of pregnancy any time during the measurement period.

BLOOD PRESSURE CONTROL FOR PATIENTS WITH HYPERTENSION (BPC-E)

Measure Description

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

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Essential Hypertension	**ICD-10:** I10
Outpatient and Telehealth ***without*** UBREV	**CPT:** 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015
Exclude Settings/Visits:	
Acute Inpatient	**CPT:** 99221-99223, 99231-99236, 99238, 99239, 99252-99255, 99291
Acute Inpatient POS	**POS:** 21, 51
ED	**CPT:** 99281-99285 **UBREV:** 0450-0452, 0456, 0459, 0981 **POS:** 23

Codes to Identify Blood Pressure Readings

Description	Code
Systolic Blood Pressure	**CPT II:** 3074F (Less than 130 mm Hg) **CPT II:** 3075F (Between 130-139 mm Hg) **CPT II:** 3077F (Greater than/equal to 140 mm Hg) *Note:* Do not include CPT CAT II codes with a modifier: 1P-3P or 8P. Do not include BPs taken in an acute inpatient setting or during an ED visit with POS code 23.
Diastolic Blood Pressure	**CPT II:** 3078F (Less than 80 mm Hg) **CPT II:** 3079F (Between 80-89 mm Hg) **CPT II:** 3080F (Greater than/equal to 90 mm Hg) *Note:*

	Do not include CPT CAT II codes with a modifier: 1P-3P or 8P. Do not include BPs taken in an acute inpatient setting or during an ED visit with POS code 23.

Ways To Improve HEDIS® Performance

- Educate the person on the importance of medication adherence, how to correctly capture blood pressure readings, and when to call their doctor about side effects.
- Ensure that sphygmomanometers are calibrated annually.
- Upgrading to automated blood pressure machines can reduce human error that is commonly associated with auscultatory measurements and provide more accurate readings.
- Retake the BP if reading is high at the office visit (≥140/90 mm Hg) as HEDIS® allows the use of the lowest systolic and diastolic readings on the same day, and often, the second reading is lower.
- Remind the person who needs to fast for labs that they should continue to take their anti-hypertensive medications with water.
- Do *not* round BP values up. If using an automated machine, record exact values.
- Schedule telehealth appointments to diagnose persons with hypertension and acquire blood pressure readings. Note: BP readings may be taken by any digital device.
- Review the person's hypertensive medication history and compliance to consider modifying treatment plans for uncontrolled blood pressure, as needed.
- Identify persons who are historically not compliant and enroll in disease management/case management program.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.
- Persons 66-80 years of age by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).

- Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
  - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
  - Dispensed dementia medication.

- Persons 81 years old and older as of the last day of the measurement period with frailty.
  - Frailty: at least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (POS 81).
- Persons with any of the following during their history on or prior to the last day of the measurement period:
  - Diagnosis that indicates end-stage renal disease (ESRD)
  - Procedure that indicates ESRD: dialysis, nephrectomy or kidney transplant
- Persons with a diagnosis of pregnancy any time during the measurement period
- Persons with a nonacute inpatient admission during the measurement period

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC-E)

Measure Description

The percentage of persons 21-75 years of age during the measurement period who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. Two rates are reported:

1. *Received Statin Therapy:* Persons who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement period.
2. *Statin Adherence 80%:* Persons who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Product Lines: Medicaid and Medicare

★ Medicare Star Measure Weight: 1

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Myocardial Infarction	**ICD10:** I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.A9, I21.B, I22.0, I22.1, I22.2, I22.8, I22.9, I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.7, I23.8, I25.2, I25.6
CABG	**CPT:** 33510-33514, 33516-33519, 33521-33523, 33530, 33533-33536 **HCPCS:** S2205-S2209
PCI	**CPT:** 92920, 92924, 92928, 92933, 92937, 92941, 92943 **HCPCS:** C9600, C9602, C9604, C9606, C9607
Other revascularization procedure	**CPT:** 37220, 37221, 37224-37231
Inpatient Stay	**UBREV:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002

Medications

Description	Prescription
High-intensity Statin Therapy*	Atorvastatin 40–80 mg, Amlodipine-atorvastatin 40-80 mg, Ezetimibe-simvastatin 80 mg, Rosuvastatin 20–40 mg, Simvastatin 80 mg

MOLINA HEALTHCARE

Moderate-intensity Statin Therapy*	Atorvastatin 10–20 mg, Amlodipine-atorvastatin 10-20 mg, Ezetimibe-simvastatin 20-40 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg, Fluvastatin 40–80 mg, Pravastatin 40–80 mg, Lovastatin 40 mg, Pitavastatin 1–4 mg,

**Please refer to the Molina Healthcare Drug Formulary at www.molinahealthcare.com for statin medications that may require prior authorization or step therapy.*

Ways To Improve HEDIS® Performance

- Evaluate all persons with ASCVD that are taking a low-intensity statin to increase to a moderate or high-intensity statin, if clinically appropriate.
- Please note that persons only need to be dispensed a moderate or high-intensity statin once during the measurement period to be compliant for the Received Statin Therapy measure.
- Educate the person about the value of prescribed medications for managing cardiovascular disease and the importance of adherence throughout the entire treatment period.
- Schedule appointments to diagnose ischemic vascular disease (IVD) and prescribe statin medication. Telehealth is allowed. *Note: two appointments are needed with an IVD diagnosis on different dates of service for the person to be part of the measure.*
- Schedule appropriate follow-up to assess if medication is taken as prescribed.
- Arrange the next appointment when the person is in the office. If the person misses a scheduled appointment, office staff should contact them to assess why appointment was missed.
- Provide smoking cessation and other interventions to eliminate or control risk factors.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.

- Persons who received in vitro fertilization, had a diagnosis of pregnancy, or were dispensed at least one prescription for clomiphene during the measurement period or the year prior to the measurement period.
- Persons with a diagnosis of ESRD or cirrhosis who received dialysis during the measurement period of the year prior to the measurement period.
- Persons with myalgia, myositis, myopathy of rhabdomyolysis during the measurement period.
- Persons with myalgia or rhabdomyolysis caused by a statin any time during the person's history through the last day of the measurement period.

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

Measure Description

The percentage of persons 18 years of age and older during the measurement period who were hospitalized and discharged from July 1 of the year prior to the measurement period to June 30 of the measurement period with a diagnosis of Acute Myocardial Infarction (AMI) and who received persistent beta-blocker treatment for 180 days (6 months) after discharge.

Definitions

- ***Treatment Days (Covered Days)***: The actual number of calendar days covered with prescriptions within the specified 180-day measurement interval (e.g., a prescription of a 90-day supply dispensed on the 100th day will have 81 days counted in the 180-day interval).
- ***180-day Measurement Interval****:* The 180-day period that includes the discharge date and the 179 days after discharge.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Acute Myocardial Infarction (AMI)

Description	Code
Acute Myocardial Infarction	**ICD-10:** I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.B

Medications

Beta Blocker Medications

Description	Prescription
Non-cardioselective Beta-blockers	Carvedilol, Labetalol, Nadolol, Pindolol, Propranolol, Timolol, Sotalol
Cardio-selective Beta-blockers	Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol
Antihypertensive Combinations	Atenolol-chlorthalidone, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol

Ways To Improve HEDIS® Performance

- Educate persons about the importance of medication adherence.
- Ensure persons have adequate access to needed medications.
- Emphasize the value of prescribed medications for managing heart disease.
- Utilize flow sheets to promote better adherence to guidelines when it comes to beta-blocker assessment and treatment after a heart attack at each visit.
- Provide smoking cessation and other interventions to eliminate or control risk factors.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.
- Persons 66-80 years of age by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.
- Persons 81 years old and older as of the last day of the measurement period with frailty.
    - Frailty: at least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (POS 81).
- Persons with contraindications to beta-blocker therapy
    - Persons with a medication dispensing event or a diagnosis that indicates a contraindication to beta-blocker therapy any time during the person's history through the last day of the continuous enrollment period.

CARDIAC REHABILITATION (CRE)

Measure Description

The percentage of persons 18 years of age and older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction (MI), percutaneous coronary intervention (PCI), coronary artery bypass grafting (CABG), heart and heart/lung transplantation or heart valve repair/replacement.

Four rates are reported:

1. **Initiation**. The percentage of persons who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.
2. **Engagement 1**. The percentage of persons who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.
3. **Engagement 2**. The percentage of persons who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.
4. **Achievement**. The percentage of persons who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

Note: Count multiple cardiac rehabilitation sessions on the same date of service as multiple sessions. For example, if a person has two different codes for cardiac rehabilitation on the same date of service (or one code billed as two units), count this as two sessions of cardiac rehabilitation.

Product Lines: Medicaid and Medicare

Intake Period: A 12-month window that begins on July 1st of the year prior to the measurement period and ends on June 30th of the measurement period.

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Cardiac Rehabilitation	**CPT:** 93797, 93798 **HCPCS:** G0422, G0423, S9472

Ways To Improve HEDIS® Performance

- The person's health care team should evaluate medical history and conduct a physical examination prior to CR referral to assess appropriateness.
- Referrals for CR can be provided as early as pre-discharge or at the first follow-up visit.
- Ensure access to services through extended hours.

- Support participation in cardiac rehab through community health workers, home health aides, and visiting nurses.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.
- Persons 66-80 years of age by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.
- Persons 81 years old and older as of the last day of the measurement period with frailty.
    - Frailty: at least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (POS 81).
- Persons with an additional cardiac event.
    - Any of the following cardiac events during the 180 days after the episode date:
        - Persons who had PCI in any setting
        - Persons discharged from an inpatient setting with any of the following on discharge claim: MI, CABG, heart or heart/lung transplant, heart valve repair or replacement.

BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES (BPD/BPD-E)

Measure Description

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

Note: BP readings taken on the same day that the person receives a common low-intensity or preventive procedure (e.g., vaccinations, injections, TB test, IUD insertion, Eye exam with dilating agent, wart or mole removal) are eligible for use.

BP readings *not* eligible for use:

- BP taken during an ED visit or acute inpatient stay.
- BP taken on the same day as a diagnostic test or a diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of test or procedure, except for fasting blood tests.
- BP taken by the person using a non-digital device.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Diabetes	**ICD-10:** E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx *Note:* Do not include laboratory claims (claims with POS: 81)
ED Visit - Exclusions	**CPT:** 99281-99285 **UBREV:** 0450-0452, 0456, 0459, 0981 **POS:** 23
Acute Inpatient (Exclusion)	**CPT:** 99221-99223, 99231-99236, 99238, 99239, 99252-99255, 99291 **POS:** 21, 51
Systolic Blood Pressure	**CPT II:** 3074F (if Systolic <130 mm Hg) = COMPLIANT **CPT II:** 3075F (if Systolic 130-139 mm Hg) = COMPLIANT **CPT II:** 3077F (if Systolic ≥ 140 mm Hg) = NOT COMPLIANT Do *not* include CPT II codes with a CPT CAT II modifier: 1P-3P, 8P. Do *not* include BPs taken in an acute inpatient setting or during an ED visit with POS 23.

Diastolic Blood Pressure	**CPT II:** 3078F (if Diastolic <80 mm Hg) = COMPLIANT **CPT II:** 3079F (if Diastolic 80-89 mm Hg) = COMPLIANT **CPT II:** 3080F (if Diastolic ≥ 90 mm Hg) = NOT COMPLIANT Do *not* include CPT II codes with a CPT CAT II modifier: 1P-3P, 8P. Do *not* include BPs taken in an acute inpatient setting or during an ED visit with POS 23.

Medications

Diabetes Medications

Description	Prescription
Alpha-glucosidase Inhibitors	Acarbose, Miglitol
Amylin Analogs	Pramlintide
Antidiabetic Combinations	Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Dapagliflozin-saxagliptin, Empagliflozin-linagliptin, Empagliflozin-linagliptin-metformin, Empagliflozin-metformin, Ertugliflozin-metformin, Ertugliflozin-sitagliptin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin
Insulin	Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin degludec-liraglutide, Insulin detemir, Insulin glargine, Insulin glargine-lixisenatide, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled
Meglitinides	Nateglinide, Repaglinide
Biguanides	Metformin
Glucagon-like Peptide-1 (GLP1) Agonists	Albiglutide, Dulaglutide, Exenatide, Liraglutide, Lixisenatide, Semaglutide
Sodium Glucose Cotransporter 2 (SGLT2) Inhibitor	Canagliflozin, Dapagliflozin, Empagliflozin, Ertugliflozin
Sulfonylureas	Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide
Thiazolidinediones	Pioglitazone, Rosiglitazone
Dipeptidyl Peptidase-4 (DDP-4) Inhibitors	Alogliptin, Linagliptin, Saxagliptin, Sitagliptin

Dementia Medications for Exclusions

Description	Prescription
Cholinesterase Inhibitors	Donepezil, Galantamine, Rivastigmine
Miscellaneous Central Nervous System Agents	Memantine
Dementia Combinations	Donepezil-memantine

Ways To Improve HEDIS® Performance

- Retake the BP if reading is high at the office visit (>140/90 mm Hg) as HEDIS® allows the use of the lowest systolic and diastolic readings on the same day, and often, the second reading is lower.
- Refer to Health Management interventions and coaching by contacting Molina Health Care Services.
- Schedule follow-up visits for blood pressure control after diagnosis or medication adjustment.
- Schedule telehealth appointments to diagnose persons with diabetes and acquire controlled blood pressure readings. *Note: Blood pressure readings may be taken by any digital device.*
- Make sure the proper cuff size is used.
- Reinforce the importance of medication adherence and encourage persons to report side effects.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Medicare enrollers, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).

- Dispensed dementia medication.

EYE EXAM FOR PATIENTS WITH DIABETES (EED)

Measure Description

The percentage of persons 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam performed during the measurement period.

Note: Persons with diabetes are identified by claim/encounter data and by pharmacy data

Product Lines: Medicaid, Medicare, and Exchange

★ Medicare Star Measure Weight: 1

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Diabetes	**ICD-10:** E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx *Note:* Do not include laboratory claims (claims with POS code 81)
Retinal Eye Exams	**CPT:** 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92137, 92201, 92202, 92230, 92235, 92250, 99203-99205, 99213-99215, 99242-99245 **HCPCS:** S0620, S0621, S3000
Retinal Imaging	**CPT:** 92227, 92228
Autonomous eye exam billed by any provider type	**CPT:** 92229 **LOINC:** 105914-6 with a result
Codes to Identify Eye Exam (with an Eye Care Professional billed by any Provider)	**CPT II:** 2022F-2026F, 2033F
Diabetic Retinopathy Severity Level	**LOINC:** LA18643-9 (no apparent retinopathy) LA18644-7 (mild non-proliferative retinopathy) LA18645-4 (moderate non-proliferative retinopathy) LA18646-2 (severe non-proliferative retinopathy) LA18648-8 (proliferative retinopathy)

Medications

Diabetes Medications

Description	Prescription
Alpha-glucosidase Inhibitors	Acarbose, Miglitol
Amylin Analogs	Pramlintide

MOLINA HEALTHCARE

Description	Prescription
Antidiabetic Combinations	Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Dapagliflozin-saxagliptin, Empagliflozin-linagliptin, Empagliflozin-linagliptin-metformin, Empagliflozin-metformin, Ertugliflozin-metformin, Ertugliflozin-sitagliptin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin
Insulin	Insulin aspart human, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin degludec-liraglutide, Insulin detemir, Insulin glargine, Insulin glargine-lixisenatide, Insulin glulisine human, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human,
Biguanides	Metformin
Meglitinides	Nateglinide, Repaglinide
Glucagon-like Peptide-1 (GLP1) Agonists	Albiglutide, Dulaglutide, Exenatide, Liraglutide, Lixisenatide, Semaglutide
Sodium Glucose Cotransporter 2 (SGLT2) InhibitoSDr	Canagliflozin, Dapagliflozin, Empagliflozin, Ertugliflozin
Sulfonylureas	Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide
Thiazolidinediones	Pioglitazone, Rosiglitazone
Dipeptidyl Peptidase-4 (DDP-4) Inhibitors	Alogliptin, Linagliptin, Saxagliptin, Sitagliptin

Dementia Medications for Exclusions

Description	Prescription
Cholinesterase Inhibitors	Donepezil, Galantamine, Rivastigmine
Miscellaneous Central Nervous System Agents	Memantine
Dementia Combinations	Donepezil-memantine

Ways To Improve HEDIS® Performance

- Encourage yearly retinal exams and help schedule an appointment with an appropriate provider.
- Educate on the importance of annual screening and the differences between routine and the retinal eye exams.
- Utilize standing retinal eye exam orders for persons with diabetes.

- Review of diabetes services needed at each office visit.
- A retinal or dilated eye exam must be read by an eye care professional annually for persons with positive retinopathy, and every two years for persons without evidence of retinopathy.
    - Required documentation: date of service, eye exam results, and eye care professional's name with credentials are required.
    - Person-reported eye exams are acceptable with the above documentation.
    - If the name of the eye care professional is unknown, document that an optometrist or ophthalmologist resulted the exam.
- Make sure a digital eye exam, remote imaging, and fundus photography are read by an eye care professional (optometrist or ophthalmologist) so the results count.
- Prescribe statin therapy to all diabetics ages 40 to 75 years.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Medicare enrollers, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.
- Persons with bilateral absence of eyes or eye enucleation

GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES (GSD)

Measure Description

The percentage of persons 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement period:

- **Glycemic Status <8.0%**. The person is compliant if the most recent glycemic status assessment has a result of <8.0%. ***Note:*** *A higher rate indicates better performance (compliance) for this indicator.*
- **Glycemic Status >9.0%.** The person is compliant if the most recent glycemic status assessment has a result of >9.0% or is missing a result, or if a glycemic status assessment was not done during the measurement period.
  Note: *A lower rate indicates better performance for this indicator (i.e., low rates of Glycemic Status >9% indicate better care).*

Note: Persons with diabetes are identified by claim/encounter data and by pharmacy data.

Please note that the Medicare Star Ratings measure, referred to as Diabetes Care – Blood Sugar Controlled, is reverse scored for public reporting, so higher scores are better. To calculate this measure, subtract the Glycemic Status >9.0% rate from 100. Persons are compliant with this measure if they have a value of less than or equal to (≤) 9%.

Product Lines: Medicaid, Medicare, and Exchange

★ Medicare Star Measure Weight: 3

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Diabetes	**ICD-10:** E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx
HbA1c Lab Test	**CPT:** 83036, 83037
HbA1c Test Result or Findings	**CPT II:** 3044F – Results HbA1c < 7.0 **CPT II:** 3046F – Results HbA1c > 9% **CPT II:** 3051F – Results HbA1c ≥ 7.0% to < 8.0% **CPT II:** 3052F – Results HbA1c > 8.0% to ≤ 9.0% Do *not* include codes with CPT CAT II Modifier: 1P, 2P, 3P, 8P

Medications

Diabetes Medications

Description	Prescription
Alpha-glucosidase Inhibitors	Acarbose, Miglitol
Amylin Analogs	Pramlintide
Antidiabetic Combinations	Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Dapagliflozin-saxagliptin, Empagliflozin-linagliptin, Empagliflozin-linagliptin-metformin, Empagliflozin-metformin, Ertugliflozin-metformin, Ertugliflozin-sitagliptin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin
Insulin	Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin degludec-liraglutide, Insulin detemir, Insulin glargine, Insulin glargine-lixisenatide, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human
Meglitinides	Nateglinide, Repaglinide
Biguanides	Metformin
Glucagon-like Peptide-1 (GLP1) Agonists	Albiglutide, Dulaglutide, Exenatide, Liraglutide, Lixisenatide, Semaglutide
Sodium Glucose Cotransporter 2 (SGLT2) inhibitor	Canagliflozin, Dapagliflozin, (Empagliflozin, Ertugliflozin
Sulfonylureas	Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide
Thiazolidinediones	Pioglitazone, Rosiglitazone
Dipeptidyl Peptidase-4 (DDP-4) Inhibitors	Alogliptin, Linagliptin, Saxagliptin, Sitagliptin

Ways To Improve HEDIS® Performance

- Educate the person about the importance of routine screening and medication compliance. Review the need for diabetes education during office visits.
- Utilize standing HbA1c testing orders for persons with diabetes.
- Review diabetes services needed at each office visit. Order labs prior to the persons appointments.
- Adjust therapy to improve HbA1c and BP levels; follow up with persons to monitor changes.
- Keep in mind that the last HbA1c value of the year is used for HEDIS reporting. If clinically appropriate, avoid testing during the holiday season when values may not be representative of the person's general control.

- Prescribe statin therapy to all diabetics aged 40 to 75 years.
- Identify gaps in care and utilize EHR flags to assist in tracking persons in need of follow-up visits.
- Complete HbA1c testing two to four times each year.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Medicare enrollers, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.

KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

Measure Description

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

Product Lines: Medicaid, Medicare, and Exchange

- Medicare Star Measure Weight: 1

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Diabetes	**ICD-10:** E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx
ESRD Diagnosis - Exclusions	**ICD-10:** N18.5, N18.6
Dialysis Procedure - Exclusions	**CPT:** 90935, 90937, 90945, 90947, 90997, 90999, 99512 **HCPCS:** G0257, S9339
Estimated Glomerular Filtration Rate Lab Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82565
Quantitative Urine Albumin Lab Test	**CPT:** 82043
Urine Creatinine Lab Test	**CPT:** 82570

Ways To Improve HEDIS® Performance

- Educate persons about the importance of diabetes management and kidney health evaluation.
- Utilize standing eGFR ***and*** uACR testing orders for persons with diabetes.
- Review diabetes services needed at each office visit.
- Order labs prior to person appointment.
- Both a quantitative urine albumin test and a urine creatinine test can be completed instead of a uACR but must be completed within four days of each other. These tests can be done anytime in relation to the eGFR to achieve compliance, if they are all completed during the measurement period.
- Review diabetic persons that have completed one of the tests (eGFR or uACR) and ensure they have an order for the other test. Contact them to have the test completed before the end of the year.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.
- Persons 66-80 years of age by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.
- Persons 81 years old and older as of the last day of the measurement period with frailty.
    - Frailty: at least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (POS 81).
- ESRD or Dialysis
    - Persons with a diagnosis of ESRD or who had dialysis any time during the person's history on or prior to the last day or the measurement period. Do not include laboratory claims (POS 81).

STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD-E)

Measure Description

The percentage of persons 40-75 years of age during the measurement period with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

1. **Received Statin Therapy**: Persons who were dispensed at least one statin medication of any intensity during the measurement period.
2. **Statin Adherence 80%:** Persons who remained on a statin medication of any intensity for at least 80% of the treatment period.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Diabetes	**ICD-10:** E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx
MI - Exclusion	**ICD10:** I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.A9, I21.B, I22.0, I22.1, I22.2, I22.8, I22.9, I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.7, I23.8, I25.2, I25.6
CABG - Exclusion	**CPT:** 33510-33514, 33516-33519, 33521-33523, 33530, 33533-33536 **HCPCS:** S2205-S2209
PCI - Exclusion	**CPT:** 92920, 92924, 92928, 92933, 92937, 92941, 92943 **HCPCS:** C9600, C9602, C9604, C9606, C9607
Other Revascularization Procedure - Exclusion	**CPT:** 37220, 37221, 37224-37231

Medications

High, Moderate and Low-Intensity Statins Medications*

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

**Please refer to the Molina Healthcare Drug Formulary at www.molinahealthcare.com for statin medications that may require prior authorization or step therapy.*

Diabetes Medications

Description	Prescription
Alpha-glucosidase inhibitors	Acarbose, Miglitol
Amylin analogs	Pramlintide
Antidiabetic combinations	Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Dapagliflozin-saxagliptin, Empagliflozin-linagliptin, Empagliflozin-linagliptinmetformin, Empagliflozin-metformin, Ertugliflozin-metformin, Ertugliflozin-sitagliptin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin
Insulin	Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec Insulin degludec-liraglutide, Insulin detemir, Insulin glargine, Insulin glargine-lixisenatide, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled
Meglitinides	Nateglinide, Repaglinide
Biguanides	Metformin
Glucagon-like peptide-1 (GLP1) agonists	Albiglutide, Dulaglutide, Exenatide, Liraglutide, Lixisenatide, Semaglutide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	Canagliflozin, Dapagliflozin, Ertugliflozin, Empagliflozin
Sulfonylureas	Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide
Thiazolidinediones	Pioglitazone, Rosiglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	Alogliptin, Linagliptin, Saxagliptin, Sitaglipin

Ways To Improve HEDIS® Performance

- Educate the person about the prevalence of heart disease or stroke for people with diabetes and the importance of adhering to their medication therapy and follow-up visits with their provider(s).
- Schedule appointments to diagnose persons with diabetes and prescribe statin medication. Telehealth is acceptable. *Note*: two appointments are needed with a diabetes diagnosis on different dates of service for persons to be part of the measure.
- Schedule appropriate follow-up with the person to assess if medication is taken as prescribed.
- Arrange the next appointment when the person is in the office, over the telephone, or via telehealth. If the person misses a scheduled appointment, office staff should contact them to assess why the appointment was missed.

Required Exclusions

- Persons with a date of death any time during the measurement period.

- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.
- Persons who received in vitro fertilization, had a diagnosis of pregnancy, or were dispensed at least one prescription for clomiphene during the measurement period or the year prior to the measurement period.
- Persons with a diagnosis of ESRD or cirrhosis who received dialysis during the measurement period of the year prior to the measurement period.
- Persons with myalgia, myositis, myopathy of rhabdomyolysis during the measurement period.
- Persons with myalgia or rhabdomyolysis caused by a statin any time during the person's history through the last day of the measurement period.
- Persons discharged from an inpatient setting with an MI on the discharge claim.
- Persons who had at least two diagnoses of ASCVD on different dates of service during the measurement period or the year prior to the measurement period.

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

Measure Description

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 180 days (6 months) after the fracture.

Note: Fractures of finger, toe, face, and skull are not included in this measure.

Product Line: Medicare

- Medicare Star Measure Weight: 1

Measurement Period: January 1 – December 31

Intake Period: July 1st of the year prior to the measurement period to June 30th of the measurement period. The intake period is used to capture the first fracture.

Codes Included in the Current HEDIS® Measure

Codes to Identify Bone Mineral Density Test and Osteoporosis Therapy

Description	Code
Fractures	**ICD-10:** M48.4xxx, M80.Xxxx, M84.3xxx, M97.Xxxx, S12.0xxx-S12.9xxx, S22.0xxx-S22.9xxx, S32.0xxx-S32.9xxx, S42.0xxx-S42.9xxx, S52.0xxx-S52.9xxx. S62.0xxx-S62.9xxx, S72.0xxx-S72.9xxx, S82.0xxx-S82.9xxx, S92.0xxx-S92.9xxx
Bone Mineral Density Tests	**CPT:** 76977, 77080, 77081, 77085, 77086 **ICD-10:** BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
Osteoporosis Medication Therapy	**HCPCS**: J0897, J1740, J3110, J3111, J3489, Q5136
Long-Acting Osteoporosis Medications (for inpatient stays only)	**HCPCS**: J0897, J1740, J3489, Q5136

Medications

Osteoporosis Medications

Description	Prescription
Bisphosphonates	Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid
Other Agents	Abaloparatide, Denosumab, Raloxifene, Romosozumab, Teriparatide

Dementia Medications (Advanced Illness Required Exclusions)

Description	Prescription
Cholinesterase Inhibitors	Donepezil, Galantamine, Rivastigmine
Miscellaneous Central Nervous System Agents	Memantine
Dementia Combinations	Donepezil-memantine

Ways To Improve HEDIS® Performance

- Educate persons on safety and fall prevention.
- Utilize standing bone density testing orders for female persons within the appropriate age range.
- Keep in mind that persons who had a bone density test within 24 months prior to a fracture are excluded from the measure. Regular testing is recommended regardless of a recent fracture.
- Order a BMD test on all women with a diagnosis of a fracture OR prescribe medication to prevent osteoporosis (e.g., bisphosphonates) within 6 months of fracture date.
- Recommend and help persons schedule osteoporosis screenings.
- Utilize telehealth visits to evaluate, document, and recommend medication, when appropriate.
- Ask female persons between 67 and 85 years of age if they have had any fracture since their last appointment.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons who received palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the intake period through the end of the measurement period.
- Medicare enrollees, 67 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.

- Persons 67-80 years of age by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.
- Persons 81 years old and older as of the last day of the measurement period with frailty.
    - Frailty: at least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (POS 81).

OSTEOPOROSIS SCREENING IN OLDER WOMEN (OSW)

Measure Description

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

Product Line: Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Osteoporosis Screening Tests and Osteoporosis Therapy

Description	Code
Osteoporosis Screening Tests	**CPT:** 76977, 77078, 77080, 77081, 77085
Osteoporosis Medication Therapy	**HCPCS:** J0897, J1740, J3110, J3111, J3489, Q5136

Medications

Osteoporosis Medications

Description	Prescription
Bisphosphonates	Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic Acid
Other Agents	Abaloparatide, Denosumab, Raloxifene, Romosozumab, Teriparatide

Dementia Medications (Advanced Illness Required Exclusions)

Description	Prescription
Cholinesterase Inhibitors	Donepezil, Galantamine, Rivastigmine
Miscellaneous Central Nervous System Agents	Memantine
Dementia Combinations	Donepezil-memantine

Ways To Improve HEDIS® Performance

- Educate persons on safety and fall prevention.
- Educate persons about the importance of preventive screenings for osteoporosis.
- Educate persons about osteoporosis prevention methods, such as calcium, vitamin D supplements, and weight-bearing exercises and the importance of preventive screenings for osteoporosis.
- Review and encourage osteoporosis medication adherence.
- Document date and type of bone mineral density screening.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.
- A claim/encounter for osteoporosis therapy any time in the person's history through the last day of the year prior to the measurement period.
- Dispensed prescription to treat osteoporosis any time on or between January 1 three years prior to the measurement period through the last day of the year prior to the measurement period.

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

Measure Description

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

1. *Initiation Phase:* The percentage of persons 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
2. *Continuation and Maintenance (C & M) Phase:* The percentage of persons 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.

*Note***:** A higher rate indicates better performance.

Product Lines: Medicaid

Measurement Period: January 1 – December 31

Intake Period: March 1 of the year prior to the measurement period through the last calendar day of February of the measurement period.

***** Initiation Phase: A follow-up visit must take place with a practitioner with prescribing authority within 30 days after the Initiation Phase following the Index Prescription Start Date (IPSD).

***** Continuation and Maintenance Phase: At least 2 follow-up visits on different dates of service with any practitioner must take place from 31-300 (9 months) after the IPSD ends.

**Note*: Only one of the two visits (during the 31-300 days after the IPSD) may be an e-visit or virtual check-in.

Codes Included in the Current HEDIS® Measure

Description	Code
Outpatient Visit (Initiation Phase and C & M Phase)	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Outpatient POS*:* 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72

	OR Telehealth **POS*:*** 02, 10
BH Outpatient Visit (Initiation Phase and C & M Phase)	**CPT:** 98000-98007, 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:** G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983
Health and Behavior Assessment or Intervention (Initiation Phase and C & M Phase)	**CPT:** 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Partial Hospitalization or Intensive Outpatient (Initiation Phase and C & M Phase)	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***With POS:52*** **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913
Community Mental Health Center Visit (Initiation Phase and C & M Phase)	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***With POS: 53***
Telehealth Visit (Initiation Phase and C & M Phase)	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***With POS:02, 10***
Telephone Visits (Initiation Phase and C & M Phase)	**CPT:** 98008-98015, 98966-98968, 99441-99443
Online Assessments (C & M Phase)	**CPT: 98016,** 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252 *Note*: Only one of the two visits (during the 31–300 days after the IPSD) may be an e-visit or virtual check-in.

Medications

ADHD Medications

Description	Prescription
CNS stimulants	Dexmethylphenidate, Dexmethylphenidate-serdexmethylphenidate, Dextroamphetamine, Lisdexamfetamine, Methylphenidate, Methamphetamine
Alpha-2 receptor agonists	Clonidine, Guanfacine
Miscellaneous ADHD medications	Atomoxetine, Viloxazine

NOTE: Dispensing events from different medication value sets are considered different drugs. Dispensing events from the same medication value sets are considered the same drug.

Ways To Improve HEDIS® Performance

- Comply with the American Academy of Pediatrics (AAP) recommendation of both behavioral therapy and medication for children 6 to 12 years old.
- Schedule follow-up visits within 30 days to assess how the medication works when prescribing a new medication to a child.
- Schedule this visit while the child is still in the office to ensure continuation of care.
- Send appointment reminder to parent(s)/guardian(s) 72 hours prior to appointment. Use a telehealth visit for the follow-up visit within the 30 days after the index prescription start date (please reference codes above to ensure accurate billing and coding.)
- Consider timing of visits to ensure 2 more visits in the 9 months after the first 30 days to continue to monitor your child's progress. Visits must be on different dates of service. (Consider 30-day, 60-day, and 180-day follow-up from initial visit.)
- Use a telephone visit, e-visit, or virtual check-in appointment for the 2 follow-up visits. Only 1 of 2 visits can be virtual for the C & M Phase.
- Reach out to persons who cancel appointments as soon as possible to reschedule.
- Prescribe initial 2-week supply and follow-up prescriptions to a 30-day supply to ensure follow-up.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons with a diagnosis of narcolepsy any time during the person's history through the last day of the measurement period. Do not include laboratory claims (POS: 81).

METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM-E)

Measure Description

The percentage of persons 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

1. The percentage of persons on antipsychotics who received blood glucose testing.
2. The percentage of persons on antipsychotics who received cholesterol testing.
3. The percentage of persons on antipsychotics who received blood glucose and cholesterol testing.

Product Lines: Medicaid

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Blood Glucose and Cholesterol Testing

Description	Code
Glucose Lab Test	**CPT**: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Lab Test	**CPT:** 83036, 83037
Cholesterol Lab Test	**CPT:** 82465, 83718, 83722, 84478
LDL C Tab Test	**CPT:** 80061, 83700, 83701, 83704, 83721

Medications

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

**Please submit a request for coverage when prescribing Psychotherapeutic Combination medications.*

MOLINA HEALTHCARE

Prochlorperazine Medications

Description	Prescription
Phenothiazine Antipsychotics	Prochlorperazine

Ways To Improve HEDIS® Performance

- Monitor children on antipsychotic medications to avoid metabolic health complications such as weight gain and diabetes.
- Educate parent(s)/guardian(s) about the signs of metabolic disturbances, including long-term consequences of pediatric and adolescent obesity and poor cardiometabolic outcomes in adulthood.
- Establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side-effects of antipsychotic medication therapy.
- Schedule follow-up appointments and metabolic lab tests after the second anti-psychotic prescription.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

UNHEALTHY ALCOHOL USE SCREENING AND FOLLOW-UP (ASF-E)

Measure Description

The percentage of persons 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.

- *Unhealthy Alcohol Use Screening*. The percentage of persons who had a systematic screening for unhealthy alcohol use.
- *Follow-Up Care on Positive Screen*. The percentage of persons receiving brief counseling or other follow-up care within 60 days (2 months) of screening positive for unhealthy alcohol use.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Unhealthy Alcohol Use Screenings

Screening Instrument	Code	Positive Findings
Alcohol Use Disorders Identification Test (AUDIT)	**LOINC:** 75624-7	Total score ≥8
Alcohol Use Disorders Identification Test Consumption (AUDIT-C)	**LOINC:** 75626-2	Total score ≥4 for men Total score ≥3 for women
Single-question screen (for men): "How many times in the past year have you had 5 or more drinks in a day?"	**LOINC:** 88037-7	Response ≥1
Single-question screen (for women and all adults older than 65 years): "How many times in the past year have you had 4 or more drinks in a day?"	**LOINC:** 75889-6	Response ≥1

Codes to Identify Follow-up Care Visits

Description	Code
Alcohol Counseling or Other Follow Up Care	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, G2011, H0005, H0007, H0015, H0016, H0022, H0050, H2035, H2036, T1006, T1012 **ICDCM: Z71.41**

Codes to Identify Exclusions

Description	Code
Alcohol Use Disorder-*Exclusion*	**ICD10CM:** F10.10, F10.120, F10.121, F10.129-F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180-F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229-F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280-F10.282, F10.288, F10.29, F10.90, F10.920, F10.921, F10.929-F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96,

	F10.97, F10.980-F10.982, F10.988, F10.99, K29.20, K29.21, K70.10, K70.11
Dementia-*Exclusion*	**ICD10CM:** F01.50, F01.51, F01.511, F01.518, F01.52-F01.54, F01.A0, F01.A11, F01.A18, F01.A2-F01.A4, F01.B0, F01.B11, F01.B18, F01.B2-F01.B4, F01.C0, F01.C11, F01.C18, F01.C2-F01.C4, F02.80, F02.81, F02.811, F02.818, F02.82-F02.84, F02.A0, F02.A11, F02.A18, F02.A2-F02.A4, F02.B0, F02.B11, F02.B18, F02.B2-F02.B4, F02.C0, F02.C11, F02.C18, F02.C2-F02.C4, F03.90, F03.91, F03.911, F03.918, F03.92-F03.94, F03.A0, F03.A11, F03.A18, F03.A2-F03.A4, F03.B0, F03.B11, F03.B18, F03.B2-F03.B4, F03.C0, F03.C11, F03.C18, F03.C2-F03.C4, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83

Ways To Improve HEDIS® Performance

- During visits, screen for unhealthy alcohol use using a validated standardized instrument.
- If a person screens positive, document the screening encounter date and the corresponding intervention in the medical record.
- Formalize referral pathways to behavioral health resources or networks to ensure a smooth transition of care to specialized behavioral health services, if clinically appropriate.
- Assess the person's readiness and confidence in their ability to reduce or abstain from alcohol use.
- Educate persons on the implications of unhealthy alcohol use.
- Interventions may include assistance, assessment, counseling, coordination, education, evaluation of eligibility, providing services, or making referrals.
- Provide persons with information on available telehealth service providers for behavioral health and substance use.
- Set flags in EHR for persons who need screenings and follow-up visits.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons with a diagnosis for alcohol use disorder that starts during the year prior to the measurement period.
- Persons with a diagnosis of dementia any time during the person's history through the last day of the measurement period. Do not include laboratory claims (POS: 81).

UTILIZATION OF THE PHQ-9 TO MONITOR DEPRESSION SYMPTOMS FOR ADOLESCENTS AND ADULTS (DMS-E)

Measure Description

The percentage of persons 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a Patient Health Questionnaire (PHQ-9) score present in their record in the same assessment period as the encounter.

- Persons may have an eligible encounter in any or all three assessment periods and may be included in the measure up to three times during the measurement period.
    - *Assessment period 1*: January 1–April 30.
    - *Assessment period 2*: May 1–August 31.
    - *Assessment period 3*: September 1–December 31.

  Note: The PHQ-9 assessment does not need to occur during a face-to-face encounter; it may be completed over the telephone or through a web-based portal.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Major Depression/Dysthymia and Interactive Outpatient Encounter

Description	Code
Major Depression or Dysthymia	**ICD-10:** F32.0-F32.5, F32.9, F33.0-F33.3, F33.40-F33.42, F33.9, F34.1
Interactive Outpatient Encounter	**CPT**: 90791, 90792, 90832, 90834, 90837, 98000-98016, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, 99492-99494, 99510 **HCPCS**: G0071, G0155, G0176, G0177, G0409-G0411, G0463, G0512, G2010, G2012, G2250-G2252, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010, H2011-H2020, S0201, S9480, S9484, S9485, T1015 **UBREV**: 0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0900-0905, 0907, 0911-0917, 0919, 0982, 0983

Codes to Identify PHQ-9 Total Score

Direct Reference Code Display	Code
Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]	**LOINC:** 44261-6
Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]	**LOINC:** 89204-2, 44261-6

Ways To Improve HEDIS® Performance

- Administer the PHQ-9 at every visit. Monitor for any increases in scores in addition to the presence of clinical symptoms.
- Rule-out medical conditions (including substance use or medication overuse) that may mimic, mask, or affect person's mood.
- Educate persons on the following:
    - Provide reassurance that depression is common and can be treated.
    - Identification of and recognition of triggers.
    - Review with person's self-identified healthy coping management techniques.
    - What to do if the person's mood worsens, has a crisis, or has thoughts of self-harm.
- Ensure necessary releases are in place to include parent(s)/guardian(s) and enable key providers (Psychiatrists, Therapist/Counselor, etc.) to collaborate on overall person care and person's ability to improve/maintain physical and emotional health.
- Connect with local crisis services immediately for an evaluation if a person is experiencing current suicidal ideations.
- Ensure your person (and person's family) understands the local community support resources and what to do in an event of a crisis.
- Refer person/family/caregiver for Care Coordination/Case Management by contacting Molina Healthcare for additional support.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons with bipolar disorder, personality disorder, psychotic disorder or pervasive developmental disorder any time during the person's history through the last day of the measurement period. Do not include laboratory claims (POS: 81).

DEPRESSION REMISSION OR RESPONSE FOR ADOLESCENTS AND ADULTS (DRR-E)

Measure Description

The percentage of persons 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 120-240 days (4-8 months) of the elevated score.

- *Depression Follow-up PHQ-9:* The percentage of persons who have a follow-up PHQ-9 score documented within 120-240 days (4-8 months) after the initial elevated PHQ-9 score.
    - Elevated PHQ-9 scores are >9.
- *Depression Remissio*n: The percentage of persons who achieved remission within 120-240 days (4-8 months) after the initial elevated PHQ-9 score.
    - Most recent PHQ-9 total score of <5 documented during the depression follow-up period.
- *Depression Response:* The percentage of persons who showed response within 120-240 days (4-8 months) after the initial elevated PHQ-9 score.
    - Most recent PHQ-9 total score being at least 50% lower than the score associated with the initial elevated PHQ-9 total score >9 documented during the depression follow-up period.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Depression

Value Set Description	Code
Major Depression or Dysthymia	**ICD-10:** F32.0-F32.5, F32.9, F33.0-F33.3, F33.40-F33.42, F33.9, F34.1
Interactive Outpatient Encounter	**CPT:** 90791, 90792, 90832, 90834, 90837, 98000-98016, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, 99492-99494, 99510 **HCPCS:** G0071, G0155, G0176, G0177, G0409-G0411, G0463, G0512, G2010, G2012, G2250-G2252, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010, H2011-H2020, S0201, S9480, S9484, S9485, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0900-0905, 0907, 0911-0917, 0919, 0982, 0983

Codes to Identify PHQ-9 Total Score

Direct Reference Code Display	Code
Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]	**LOINC:** 44261-6
Patient Health Questionnaire-9: Modified for Teens total score [Reported PHQ	**LOINC:** 89204-2,

Teen]	44261-6

Ways To Improve HEDIS® Performance

- Educate persons about the importance of timely follow-up and adherence to treatment recommendations.
- Establish and maintain follow-up with adult persons who have depression. Appropriate, reliable follow-up is highly correlated with improved response and remission scores.
- The PHQ-9 assessment does not need to occur during a face-to-face encounter; it may be completed over the telephone or through a web-based portal.
- Always offer general checkups and follow-ups, even if a behavioral health provider is following the person.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons with bipolar disorder, personality disorder, psychotic disorder or pervasive developmental disorder. Do not include laboratory claims (POS: 81).

DEPRESSION SCREENING AND FOLLOW-UP FOR ADOLESCENTS AND ADULTS (DSF-E)

Measure Description

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

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

Documentation for a follow-up on a positive screen includes:

- An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health conditions.
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
- A dispensed antidepressant medication.
- A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
- A diagnosis of encounter for exercise counseling (ICD10 CM: Z71.82).
- A dispensed antidepressant medication.
  OR
- Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (such as, negative screen) on the same day as a positive screen on a brief screening instrument.

Product Lines: Medicaid, Medicare, and Exchange

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Depression and Follow-Up Visits

Value Set Description	Code
Depression - *Exclusion*	**ICD-10:** F01.511, F01.518, F32.0-F32.5, F32.81, F32.89, F32.9, F32.A, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340-O99.345
Depression or Other Behavioral Health Condition	**ICD-10**: F01.511, F01.518, F06.4, F10.xxx-F16.xxx, F18.xxx, F19.xxx, F20.0-F20.5, F20.81, F20.89, F20.9, F21-F24, F25.x, F28, F29, F30.xx, F30.x, F31.x, F31.xx, F32.x, F32.xx, F33.x, F33.xx, F34.x, F34.xx, F39, F40.xx, F40.xxx, F40.x, F41.x-F43.x, F43.xx, F42, F42.x, F44.89, F45.21, F51.5, F53, F53.x, F60.x, F60.xx, F63.x, F63.xx, F68.xx, F68.x, F84.x, F90.x, F91.x, F93.x, F94.x, O90.6, O99.340, O99.341-O99.345

Depression Case Management Encounter	**CPT:** 99366, 99492-99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023
Bipolar Disorder - *Exclusion*	**ICD-10:** F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78
Other Bipolar Disorder - *Exclusion*	**ICD-10:** F31.81, F31.89, F31.9
Behavioral Health Encounter	**CPT:** 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **HCPCS:** G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485 **UBREV:** 0900-0905, 0907, 0911-0917, 0919
Follow Up Visit with a diagnosis of depression or other behavioral health condition	**CPT:** 98000-98016, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99349, 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250-G2252, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0982, 0983

Depression Screening Instruments

Instruments for Adolescents (≤17 years)	**Total Score LOINC Codes**	**Positive Finding**
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

[1]Brief screening instrument. All other instruments are full-length. [2]Proprietary; may be cost or licensing requirement associated with use.

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

Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M-3)®	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
PROMIS Emotional Distress – Depression – Short Form	77861-3	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

[1]Brief screening instrument. All other instruments are full-length. [2]Proprietary; may be cost or licensing requirement associated with use.

Ways To Improve HEDIS® Performance

- Screen persons at new visits, annual well-care visits, or when clinically indicated.
- Document in the medical record the encounter date of a referral, or the need for further evaluation, if the screening for depression is positive. The visit will only count toward the screening and not toward any subsequent care if the screening is positive and there is no follow-up care planned.
- Utilize telehealth visits to engage persons in discussions about mental health and schedule screenings for depression.
- Implement a call back program for reaching out to persons with positive screens to keep engagement.
- Documentation for follow-up on positive screen includes:
    - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
    - A dispensed antidepressant medication.
      or
    - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

  *Note***:** For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.

Required Exclusions

- Persons with a date of death any time the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons with a history of bipolar disorder any time during the person's history through the last day of the year prior to the measurement period.
- Persons with depression that starts during the year prior to measurement period.

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

Measure Description

The percentage of discharges for persons six years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates are reported:

1. The percentage of discharges for which the persons received follow-up within 30 days after discharge.
2. The percentage of discharges for which the persons received follow-up within 7 days after discharge.

Product Lines: Medicaid, Medicare, and Exchange

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Follow-up Visits

Description	Code
Mental Health Diagnosis	**ICD-10:** F03.xxx, F20-25.xx, F28-34.xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.x, F88-F95.xx, F98-99.xx
Mental Illness	**ICD-10:** F20-F25.xx, F28-F34.xx, F39-F44.xx, F53.xx, F60.xx, F63.xx, F68.xx, F84.xx, F90-F91.xx, F93-94.xx
Intentional Self-Harm	**ICD-10CM:** R45.851, T14.xxxx, T36-65.xxx, T71.xxxx, X71-83.xxx
Inpatient Stay	**UBREV:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Outpatient Visit *with* a mental health provider or *with* any diagnosis of mental health disorder	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Outpatient **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
Behavioral Healthcare Outpatient Visit *with* a mental health provider or *with* any diagnosis of mental health disorder	**CPT:** 98000-98007, 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:** G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983

Partial Hospitalization or Intensive Outpatient	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 52 **HCPCS** Partial Hospitalization: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913
Community Mental Health Center Visit	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 53
Electroconvulsive Therapy	**CPT:** 90870 **ICD-10:** GZB0ZZZ, GZB2ZZZ, GZB4ZZZ ***with*** Outpatient **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 **or POS:** 24, 52, 53
Telehealth Visit *with* a mental health provider or *with* any diagnosis of mental health disorder	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Telehealth **POS:** 02, 10
Transitional Care Management Services *with* a mental health provider or *with* any diagnosis of mental health disorder	**CPT:** 99495-99496
Behavioral Healthcare Setting	**UBREV:** 0513, 0900-0905, 0907, 0911-0917, 0919, 1001
Telephone Visit with a mental health provider or *with* any diagnosis of mental health disorder	**CPT: 98008-98015,** 98966-98968, 99441-99443
Psychiatric Collaborative Care Management	**CPT:** 99492-99494 **HCPCS:** G0512
Peer Support Services with any diagnosis of mental health disorder	**HCPCS:** G0140, G0177, H0024, H0025, H0038-H0040. H0046, H2014, H2023, S9445, T1012, T1016, T1017

Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048 **CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 56

Ways To Improve HEDIS® Performance

- Discharge planning begins upon admission. Begin to identify in-network mental health providers and secure appointments prior to discharge. The first seven days of post-discharge the person is at greater risk for rehospitalization and, within the first three weeks post-discharge the risk of self-harm is high.
- Ensure that the follow-up appointment is made with a mental health provider before the person leaves the hospital and is scheduled within seven days of discharge.
- A follow-up visit completed on the same day a person is discharged does *not* close the care gap. If a person's clinical needs warrants being seen the same day as they are discharged, then to close the care gap the person needs to be seen again within that 7-day window.
- Schedule a tele-health or telephone appointment within seven days of discharge with a mental health provider before the person leaves the hospital.
- Review medications with persons (*and/or parent(s)/guardian(s) as appropriate*) to ensure they understand the purpose and appropriate frequency and method of administration. Emphasize the importance of consistency and adherence to the medication regimen.
- Follow-up visits must be supported by a claim or encounter to count toward the measure.
- Talk with persons about the importance of follow-up care with a behavioral health provider.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

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

Measure Description

The percentage of emergency department (ED) visits for persons 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a follow-up visit for mental illness. Two rates are reported:

1. The percentage of ED visits for which the person received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the person received follow-up within 7 days of the ED visit (8 total days).

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Follow-up visits with any practitioner, with a principal diagnosis of a mental health disorder, OR with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder.

Description	Code
Mental Health Diagnosis	**ICD-10:** F03.xxx, F20-25.xx, F28-34.xx, F39-45.xx, F48.xx, F50-53.xx, F59-60.xx, F63-66.xx, F68-69.xx, F80-82.xx, F84.x, F88-F95.xx, F98-99.xx
Mental Illness	**ICD-10:** F20-F25.xx, F28-F34.xx, F39-F44.xx, F53.xx, F60.xx, F63.xx, F68.xx, F84.xx, F90-F91.xx, F93-94.xx
Intentional Self Harm	**ICD-10:** R45.851, T14.xxxx, T36-65.xxxx, T71.xxxx
Outpatient Visit	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **Outpatient POS:** 03, 05, 07, 09, 11-20, 22, 33, 49-50, 71-72
Behavioral Healthcare Outpatient Visit	**CPT:** 98000-98007, 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:** G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983

Partial Hospitalization or Intensive Outpatient	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 52 **HCPCS** Partial Hospitalization: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485 **UBREV:** 0905, 0907, 0912, 0913
Community Mental Health Center Visit	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 53
Electroconvulsive Therapy	**CPT:** 90870 **ICD-10:** GZB0ZZZ, GZB2ZZZ, GZB4ZZZ ***with*** **Outpatient POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 **or POS:** 24, 52, 53
Telehealth Visit	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Telehealth **POS:** 02, 10
Telephone Visit	**CPT:** 98008-98015, 98966-98968, 99441-99443
Online Assessment (E-visit or Virtual Check-in)	**CPT:** 98016, 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252
Peer Support	**HCPCS:** G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017
Psychiatric Collaborative Care Management	**CPT:** 99492-99494 **HCPCS:** G0512
Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048 **CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 *with* **POS:** 56
Behavioral Healthcare Setting	**UBREV:** 0513, 0900-0905, 0907, 0911-0917, 0919, 1001

Ways To Improve HEDIS® Performance

- Schedule follow-up appointments within 7 days of ED discharge with a healthcare practitioner before the person leaves the hospital to reduce the likelihood of a preventable ED visit or hospital admission. A telehealth, telephone, e-visit, or virtual check-in appointment within the required timeframe meets compliance. Contact Molina Care Management if assistance is needed to obtain a follow-up appointment.
- Review medications with persons (*and/or parent(s)/guardian(s) as appropriate*). Educate your person on the importance of taking their medication(s) and appropriate frequency.

- Follow-up visits must be supported by a claim, encounter or note from a healthcare practitioner's medical chart to count toward the measure.
- Provide information about the importance of monitoring their emotional well-being and following up with their mental health practitioner.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

FOLLOW-UP AFTER HIGH-INTENSITY CARE FOR SUBSTANCE USE DISORDER (FUI)

Measure Description

The percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among persons 13 years of age and older that result in a follow-up visit or service for substance use disorder. Visits must occur after the date of discharge. Two rates are reported:

- The percentage of visits or discharges for which the person received follow-up for substance use disorder within the 30 days after the visit or discharge. Does ***not*** include visits that occur on the same day as the episode of care for substance use disorder.
- The percentage of visits or discharges for which the person received follow-up for substance use disorder within the 7 days after the visit or discharge. Does ***not*** include visits that occur on the same day as the episode of care for substance use disorder.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Follow-up Visits (visits must be with a principal diagnosis of substance use disorder)

Description	Code
AOD Abuse and Dependence	**ICD-10:** F10-16.xxx, F18.xxx, F19.xxx
Acute and Nonacute Inpatient Stays	**UBREV:** 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Outpatient Visit	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Outpatient **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	**CPT:** 98000-98007, 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:** G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983

Partial Hospitalization or Intensive Outpatient	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 52 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913
Non-residential Substance Abuse Treatment Facility Visit	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Non-residential Substance Abuse Treatment Facility **POS:** 57, 58
Community Mental Health Center Visit	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 53
Telehealth Visit	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Telehealth **POS:** 02, 10
Substance Use Disorder Services	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 **UBREV:** 0906, 0944, 0945 **ICD-10** Substance Abuse Counseling and Surveillance**:** Z71.41. Z71.51
Opioid Treatment Services Billed Monthly or Weekly	**HCPCS** OUD Monthly Office Based Treatment: G2069, G2086, G2087 **HCPCS** OUD Weekly Non-Drug Service: G2074-G2077, G2080
Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048
Telephone Visit	**CPT: 98008-98015,** 98966-98968, 99441-99443
Online Assessment (E-visit or Virtual Check-in)	**CPT: 98016,** 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252
Peer Support Services	**HCPCS:** G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017
Medication Treatment Event	**HCPCS** AOD Medication Treatment: G0533, G2069, G2073, H0020, H0033, J0571-J0575, J0577, J0578, J2315, Q9991, Q9992, S0109 **HCPCS** OUD Weekly Drug Treatment Service: G0533, G2067, G2068

Medications

Alcohol Use Disorder Treatment Medications

Description	Prescription
Aldehyde dehydrogenase inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosate (oral; delayed-release tablet)

Opioid Use Disorder Treatment Medications

Description	Prescription
Antagonist	Naltrexone (oral & injectable)
Partial agonist	Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

Ways To Improve HEDIS® Performance

- Educate persons on the importance of follow-up care.
- A follow-up visit completed on the same day a person is discharged does *not* close the care gap. If a person's clinical needs warrants being seen the same day as they are discharged, then to close the care gap the person needs to be seen again within that 7-day window.
- Refer the identified person immediately to a provider or treatment program to treat the substance use disorder.
- Explain the importance of follow-up to the person.
- Outreach to persons who do not keep follow-up appointments and help with rescheduling them as soon as possible.
- Schedule telehealth or telephone follow-up visits with persons. Contact Molina Care Management if assistance is needed to obtain a follow-up appointment.
- Ensure that the follow-up appointment is made with a mental health provider before the person leaves the hospital and is scheduled within seven days of discharge.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

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

Measure Description

The percentage of emergency department (ED) visits for persons 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:

1. The percentage of ED visits for which the person received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the person received follow-up within 7 days of the ED visit (8 total days).

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
ED Visit	**CPT:** 99281-99285 **UBREV:** 0450-0452, 0456, 0459, 0981
AOD Abuse and Dependence	**ICD-10:** F10-16.xxx, F18.xxx, F19.xxx
Substance Induced Disorders	**ICD-10:** F10.90, F10.920-F10.99, F11.90, F11.920-F11.99, F12.90, F12.920-F12.99, F13.90, F13.920-F13.99, F14.90, F14.920-F14.99, F15.90, F15.920- F15.99, F16.90, F16.920-F16.99, F18.90, F18.920-F18.900, F19.90, F19.920-F19.99
Unintentional Drug Overdose	**ICD-10:** T40.xxxx-T43.xxxx, T51.xxxx
Outpatient Visit with ***any*** diagnosis of SUD, substance use, or drug overdose ***or*** *with* a mental health provider	**CPT** Visit Setting Unspecified**:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Outpatient **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with ***any*** diagnosis of SUD, substance use, or drug overdose ***or*** *with* a mental health provider	**CPT:** 98000-98007, 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:** G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983

Partial Hospitalization or Intensive Outpatient with ***any*** diagnosis of SUD, substance use, or drug overdose ***or*** *with* a mental health provider	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 52 **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV:** 0905, 0907, 0912, 0913
Nonresidential Substance Abuse Treatment Facility Visit with ***any*** diagnosis of SUD, substance use, or drug overdose ***or*** *with* a mental health provider	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Non-residential Substance Abuse Treatment Facility **POS:** 57, 58
Community Mental Health Center Visit with ***any*** diagnosis of SUD, substance use, or drug overdose ***or*** *with* a mental health provider	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 53
Peer Support Service with ***any*** diagnosis of SUD, substance use, or drug overdose	**HCPCS:** G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017
Opioid Treatment Services Billed Monthly or Weekly with ***any*** diagnosis of SUD, substance use, or drug overdose	**HCPCS** OUD Monthly Office Based Treatment: G2069, G2086, G2087 **HCPCS** OUD Weekly Non-Drug Service: G2074-G2077, G2080
Telehealth Visit with ***any*** diagnosis of SUD, substance use, or drug overdose ***or*** *with* a mental health provider	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Telehealth **POS:** 02, 10
Telephone Visit with ***any*** diagnosis of SUD, substance use, or drug overdose ***or*** *with* a mental health provider	**CPT:** 98008-98015, 98966-98968, 99441-99443
Online Assessments (E-visit or Virtual Check-in) with ***any*** diagnosis of SUD, substance use, or drug overdose ***or*** *with* a mental health provider	**CPT: 98016,** 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252
Substance Use Disorder Services	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 **UBREV:** 0906, 0944, 0945 **ICD-10** Substance Abuse Counseling and Surveillance: Z71.41. Z71.51
Behavioral Health Assessment	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049

Substance Use Services	**HCPCS:** H0006, H0028
Medication Treatment Event	**HCPCS** AOD Medication Treatment: G0533, G2069, G2073, H0020, H0033, J0571-J0575, J0577, J0578, J2315, Q9991, Q9992, S0109 **HCPCS** OUD Weekly Drug Treatment Service: G0533, G2067, G2068

Medications

Alcohol Use Disorder Treatment Medications

Description	Prescription
Aldehyde dehydrogenase inhibitor	Disulfiram (oral)
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosate (oral; delayed-release tablet)

Opioid Use Disorder Treatment Medications

Description	Prescription
Antagonist	Naltrexone (oral & injectable)
Partial agonist	Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

Ways To Improve HEDIS® Performance

- Schedule follow-up visits for persons with a primary diagnosis of SUD, or any diagnosis of drug overdose, within 7 days of being seen in the ED. Telephone and/or telehealth appointments within the required timeframe meets compliance.
- Follow-up visits must be supported by a claim, encounter or note from the mental health practitioner's medical chart to count toward the measure.
- Review situations where there are comorbid medical conditions.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

PHARMACOTHERAPY FOR OPIOID USE DISORDER (POD)

Measure Description

The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among persons 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

- **Treatment Period:** A period of 180 calendar days, beginning on the treatment period start date through 179 days after the treatment period start date.

Note: Persons can have multiple treatment period start dates and treatment periods during the measurement period. Treatment periods can overlap.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Intake Period: July 1 of the year prior to the measurement period to June 30 of the measurement period.

Codes Included in the Current HEDIS® Measure

Description	Code
Opioid Abuse and Dependence	**ICD-10:** F11.10, F11.120-F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220-F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29
Buprenorphine Implant	**HCPCS:** G2070, G2072, J0570
Buprenorphine Injection	**HCPCS:** G0533, G2069, Q9991, Q9992
Buprenorphine Naloxone	**HCPCS:** J0572, J0573, J0574, J0575
Buprenorphine Oral	**HCPCS:** H0033, J0571
Buprenorphine Oral Weekly	**HCPCS:** G2068, G2079
Methadone Oral	**HCPCS:** H0020, S0109
Methadone Oral Weekly	**HCPCS:** G2067, G2078
Naltrexone Injection	**HCPCS:** G2073, J2315

Medications

Description	Prescription
Opioid Use Disorder Treatment Medications	Naltrexone (oral or injectable), Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film), Methadone (oral)

Ways To Improve HEDIS® Performance

- Provide tools to help manage stressors and identify triggers for relapses.
- Refer to Molina Healthcare Care Management for targeted SUD case management and support.

- Only prescribe opioids when medically necessary, in the lowest effective dose, for the shortest duration necessary.
- Identify alternatives to opioids for pain management.
- Consider Medication Assisted Treatment (MAT) for opioid abuse or dependence.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

PRENATAL DEPRESSION SCREENING AND FOLLOW-UP (PND-E)

Measure Description

The percentage of deliveries in which persons were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

- **Depression Screening***:* The percentage of deliveries in which persons were screened for clinical depression during pregnancy using a standardized instrument.
    - *Deliveries between January 1 and December 1 of the measurement period:* Screening should be performed between the pregnancy start date and the delivery date (including on the delivery date).
    - *Deliveries between December 2 and December 31 of the measurement period:* Screening should be performed between the pregnancy start date and December 1 of the measurement period.
- **Follow-Up on Positive Screen***:* The percentage of deliveries in which persons received follow-up care within 30 days of a positive depression screen finding.
    - Any of the following on or up to 30 days after the first positive screen meets criteria:
      An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
      A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
      A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
      A diagnosis of encounter for exercise counseling (ICD10CM Z71.82)
      A dispensed antidepressant medication ***or***
    - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Product Lines: Medicaid

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Gestation and Deliveries

Description	Code
Less than 37 Weeks Gestation	**ICD-10:** Z3A.01, Z3A.08-Z3A.36
37 Weeks Gestation	**ICD-10:** Z3A.37
38 Weeks Gestation	**ICD-10:** Z3A.38
39 Weeks Gestation	**ICD-10:** Z3A.39
40 Weeks Gestation	**ICD-10:** Z3A.40
41 Weeks Gestation	**ICD-10:** Z3A.41
42 Weeks Gestation	**ICD-10:** Z3A.42

43 Weeks Gestation	**ICD-10:** Z3A.49
Deliveries	**ICD-10:** 10D00Z0-10D07Z8, 10E0XZZ **CPT**: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

Codes to Identify Depression and Follow-Up Visits

Description	Code
Behavioral Health Encounter	**CPT:** 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **HCPCS:** G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485 **UBREV:** 0900-0905, 0907, 0911-0917, 0919
Depression Case Management Encounter	**CPT:** 99366, 99492-99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023
Depression or Other Behavioral Health Condition	**ICD-10:** F01.511, F01.518, F06.4, F10.xxx-F16.xxx, F18.xxx, F19.xxx, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-F24, F25.x, F28, F29, F30.x, F31.x, F31.xx, F32.x, F32.xx, F33.x, F33.xx, F34.x, F34.xx, F39, F40.xx, F40.xxx, F41.x-F43.x, F43.xx, F44.89, F45.21, F51.5, F53.0, F53.1, F60.x, F60.xx, F63.x, F63.xx, F68.xx, F84.x, F90.x, F91.x, F91.x, F93.x, F94.0, F94.x, O90.6, O99.340-O99.345
Follow-Up Visit with a diagnosis of depression or other behavioral health condition	**CPT:** 98000-98016, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99349, 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250-G2252, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0982, 0983

Depression Screening Instruments

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

[1]Brief screening instrument. All other instruments are full-length. [2]Proprietary; may be cost or licensing requirement associated with use.

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD)®[2]	90853-3	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M-3)®	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
PROMIS Emotional Distress – Depression – Short Form	77861-3	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

[1]Brief screening instrument. All other instruments are full-length. [2]Proprietary; may be cost or licensing requirement associated with use.

Ways To Improve HEDIS® Performance

- Educating persons on the importance of prenatal care and timely visits.
- Screen persons at new visits, annual well-care visits, or when clinically indicated.
- Document in the medical record the encounter date of a referral.
- Ensure the person's age is used to select the appropriate depression screening instrument.
- Utilize synchronous telehealth visits when in-person visits are not available.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons with deliveries that occurred at less than 37 weeks gestation.

POSTPARTUM DEPRESSION SCREENING AND FOLLOW-UP (PDS-E)

Measure Description

The percentage of deliveries in which persons were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. The participation period is the delivery date through 60 days following the date of delivery.

- **Depression Screening:** The percentage of deliveries in which persons were screened for clinical depression using a standardized instrument during the postpartum period.
    - Deliveries in which persons had a documented result for depression screening, using an age-appropriate standardized instrument, performed during the 7–84 days following the date of delivery.

- **Follow-Up on Positive Screen:** The percentage of deliveries in which persons received follow-up care within 30 days of a positive depression screen finding.
    - Deliveries in which persons received follow-up care on or up to 30 days after the date of the first positive screen (31 total days). Any of the following on or up to 30 days after the first positive screen meets criteria:
        - An outpatient, telephone, e-visit, or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
        - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
        - A behavioral health encounter, including assessment, therapy, collaborative care, or medication management.
        - A diagnosis of encounter for exercise counseling (ICD10CM Z71.82).
        - A dispensed antidepressant medication. ***Or***
    - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Product Lines: Medicaid

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Deliveries

Description	Code
Deliveries	**ICD-10:** 10D00Z0-10D07Z8, 10E0XZZ **CPT**: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

Codes to Identify Depression and Follow-Up Visits

Description	Code
Behavioral Health Encounter	**CPT:** 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **HCPCS:** G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485 **UBREV**: 0900-0905, 0907, 0911-0917, 0919
Depression Case Management Encounter	**CPT:** 99366, 99492-99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023
Depression or Other Behavioral Health Condition	**ICD-10:** F01.511, F01.518, F06.4, F10.xxx-F16.xxx, F18.xxx, F19.xxx, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-F24, F25.x, F28, F29, F30.x, F31.x, F31.xx, F32.x, F32.xx, F33.x, F33.xx, F34.x, F34.xx, F39, F40.xx, F40.xxx, F41.x-F43.x, F43.xx, F44.89, F45.21, F51.5, F53.0, F53.1, F60.x, F60.xx, F63.x, F63.xx, F68.xx, F84.x, F90.x, F91.x, F91.x, F93.x, F94.0, F94.x, O90.6, O99.340-O99.345
Follow-Up Visit with a diagnosis of depression or other behavioral health condition	**CPT:** 98000-98016, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99349, 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250-G2252, T1015 **UBREV:** 0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0982, 0983

Depression Screening Instruments

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

[1]Brief screening instrument. All other instruments are full-length. [2]Proprietary; may be cost or licensing requirement associated with use.

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2)®[1]	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®[1,2]	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	89205-9	Total score ≥17

Duke Anxiety-Depression Scale (DUKE-AD)®[2]	90853-3	Total score ≥30
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥10
My Mood Monitor (M-3)®	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
PROMIS Emotional Distress – Depression – Short Form	77861-3	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

[1]Brief screening instrument. All other instruments are full-length. [2]Proprietary; may be cost or licensing requirement associated with use.

Ways To Improve HEDIS® Performance

- Educate persons on the importance of postpartum care and timely follow-up visits.
- Screen persons at new visits, annual well-care visits, or when clinically indicated.
- Document in the medical record the encounter date of a referral.
- Ensure the person's age is used to select the appropriate depression screening instrument.
- Utilize synchronous telehealth visits when in-person visits are not available.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

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

Measure Description

The percentage of persons 18-64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test (glucose test or HbA1c test) during the measurement period.

Product Line: Medicaid

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Diabetes - Exclusions	**ICD-10:** E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx
Schizophrenia	**ICD-10:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Bipolar Disorder	**ICD-10:** F30.10-F30.13, F30.2-F30.4, F30.8, F30.9, F31.0, F31.10-F31.13, F31.2, F31.30-F31.32, F31.4, F31.5, F31.60-F31.64, F31.70-F31.78
Other Bipolar Disorder	**ICD-10:** F31.81, F31.89, F31.9
Glucose Lab Test	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c Lab Test	**CPT:** 83036, 83037 **CPT II:** 3044F (if HbA1c<7%), 3046F (if HbA1c>9%), 3051F (if HbA1c ≥ 7% and <8%), 3052F (if HbA1c 8% and <9%)

Medications

Diabetes Medications - Exclusions

Description	Prescription
Alpha-glucosidase Inhibitors	Acarbose, Miglitol
Amylin Analogs	Pramlintide
Antidiabetic Combinations	Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Dapagliflozin-saxagliptin, Empagliflozin-linagliptin, Empagliflozin-linagliptin-metformin, Empagliflozin-metformin, Ertugliflozin-metformin, Ertugliflozin-sitagliptin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

Insulin	Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin degludec-liraglutide, Insulin detemir, Insulin glargine, Insulin glargine-lixisenatide, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled
Meglitinides	Nateglinide, Repaglinide
Biguanides	Metformin
Glucagon-like Peptide-1 (GLP1) agonists	Albiglutide, Dulaglutide, Exenatide, Liraglutide, Lixisenatide, Semaglutide
Sodium Glucose Cotransporter 2 (SGLT2) Inhibitor	Canagliflozin, Dapagliflozin, Ertugliflozin, Empagliflozin
Sulfonylureas	Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide
Thiazolidinediones	Pioglitazone, Rosiglitazone
Dipeptidyl Peptidase-4 (Ddp-4) Inhibitors	Alogliptin, Linagliptin, Saxagliptin, Sitaglipin

SSD Antipsychotic Medications

Description	Prescription
Miscellaneous Antipsychotic Agents	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lumateperone, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone
Phenothiazine Antipsychotics	Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine
Psychotherapeutic Combinations	Amitriptyline-perphenazine
Thioxanthenes	Thiothixene
Long-acting Injections	Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone

**Please submit a request for coverage when prescribing psychotherapeutic combination medications.*

Ways To Improve HEDIS® Performance

- Educate persons about the risk of diabetes and ensure they know how to identify symptoms of new onset of diabetes while taking antipsychotic medications.
- Schedule lab screening tests prior to next appointment.
- Ensure necessary releases are in place to enable key providers (PCP, Specialists, Psychiatrics, Therapist, etc.) to jointly foster the person's work in improving/maintaining their physical health and taking part in recommended tests as well as discussions of results.
- Refer person for Care Coordination/Care Management by contacting Molina Healthcare for additional support and medication/treatment adherence.
- Ensure person understands the local community support resources and what to do in an event of a crisis.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons with diagnosis of diabetes.
- Persons without at least one antipsychotic medication dispensing event.

DIABETES MONITORING FOR PEOPLE WITH DIABETES AND SCHIZOPHRENIA (SMD)

Measure Description

The percentage of persons 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 period.

Product Line: Medicaid

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Schizophrenia	**ICD-10:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Diabetes	**ICD-10:** E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx
HbA1c Lab Test	**CPT:** 83036, 83037 **CPT II:** 3044F (if HbA1c <7%), 3046F (if HbA1c >9%), 3051F (if HbA1c ≥7% and <8%), 3052F (if HbA1c >8% and ≤9%)
LDL C Lab Test	**CPT:** 80061, 83700, 83701, 83704, 83721 **CPT II:** 3048F (<100 mg/dL), 3049F (100-129 mg/dL), 3050F (≥130 mg/dL) Do not include codes with CPT CAT II Modifiers **or** from laboratory **POS** 81

Medications

Diabetes Medications

Description	Prescription
Alpha-glucosidase Inhibitors	Acarbose, Miglitol
Amylin Analogs	Pramlintide
Antidiabetic Combinations	Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Dapagliflozin-saxagliptin, Empagliflozin-linagliptin, Empagliflozin-linagliptin-metformin, Empagliflozin-metformin, Ertugliflozin-metformin, Ertugliflozin-sitagliptin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin
Insulin	Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin degludec-liraglutide, Insulin detemir, Insulin glargine, Insulin glargine-lixisenatide, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled
Meglitinides	Nateglinide, Repaglinide
Biguanides	Metformin

Glucagon-like Peptide-1 (GLP1) Agonists	Albiglutide, Dulaglutide, Exenatide, Liraglutide, Lixisenatide, Semaglutide
Sodium Glucose Cotransporter 2 (SGLT2) Inhibitor	Canagliflozin, Dapagliflozin, Ertugliflozin, Empagliflozin
Sulfonylureas	Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide
Thiazolidinediones	Pioglitazone, Rosiglitazone
Dipeptidyl Peptidase-4 (Ddp-4) Inhibitors	Alogliptin, Linagliptin, Saxagliptin, Sitaglipin

Ways To Improve HEDIS® Performance

- Schedule telephone, telehealth, e-visit, or virtual check-in appointments to diagnose persons with schizophrenia or schizoaffective disorder. *Note: two appointments are needed on different dates of service for persons to be part of the measure.*
- Schedule telephone, tele-health, e-visit, or virtual check-in appointments to diagnose persons with diabetes. *Note: two appointments are needed on different dates of service for persons to be part of the measure.*
- Review diabetes services needed at each office visit.
- Order labs prior to person appointments. PCP should notify the BH professional of forthcoming labs.
- Order a direct LDL if the person is not fasting to avoid a missed opportunity. Some lab order forms have conditional orders – if fasting, LDL-C; if not fasting, direct LDL.
- Consider prescribing diabetes monitors/glucometer so the person can self-monitor at home.
- Provide any instructions on the course of treatment, labs, or future appointment dates to the peron and/or caregiver, highlighting the importance of the information.
- Monitor body mass index, plasma glucose level, lipid profiles and signs of prolactin elevation at each appointment.
- Educate persons about appropriate health screenings with some medication therapies.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

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

Measure Description

The percentage of persons 18-64 years of age with schizophrenia or schizoaffective disorder and cardiovascular disease, who had an LDL C test during the measurement period. Person who have cardiovascular disease are defined as having any of the following:

- Discharged from an inpatient setting with an Acute Myocardial Infarction (AMI) diagnosis on the discharge claim.
- Persons who had a Coronary Artery Bypass Graft (CABG) during the year prior to the measurement period in any setting.
- Persons who had a Percutaneous Coronary Intervention (PCI) during the year prior to the measurement period in any setting.
- Persons diagnosed with Ischemic Vascular Disease (IVD) during both the measurement period and the year prior to measurement period in any in any setting.

Product Line: Medicaid

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Schizophrenia	**ICD10:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Diabetes	**ICD10:** E10.xxxx, E11.xxxx, E13.xxxx, O24.xxxx
LDL C Lab Test	**CPT:** 80061, 83700, 83701, 83704, 83721 **CPT II:** 3048F (<100 mg/dL), 3049F (100-129 mg/dL), 3050F (≥130 mg/dL) Do not include codes with CPT CAT II Modifiers **or** from laboratory **POS** 81

Ways To Improve HEDIS® Performance

- Schedule telephone, telehealth, e-visit, or virtual check-in appointments to diagnose persons with schizophrenia or schizoaffective disorder.
- Schedule telephone, telehealth, e-visit, or virtual check-in appointments to diagnose persons with ischemic vascular disease (IVD). *Note: two appointments are needed with an IVD diagnosis on different dates of service for persons to be part of the measure.*
- Order labs prior to person appointments. PCP should notify the BH professional of forthcoming labs.
- Review cardiovascular services needed at each office visit and ensure lipid levels, blood pressure and glucose are monitored at every appointment.
- Educate persons (and caregiver) about the risks associated with antipsychotic medications and cardiovascular disease and the importance of a healthy lifestyle. These include nutrition, exercise, and smoking cessation.

- Order direct LDL to avoid a missed opportunity if person is not fasting.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA)

Measure Description

The percentage of persons 18 years of age and older during the measurement period with schizophrenia or schizoaffective disorder, who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Schizophrenia	**ICD-10:** F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
BH Inpatient Stay with Schizophrenia diagnosis acute and nonacute	**CPT:** 99304-99310, 99315, 99316 **HCPCS:** H0017-H0019, T2048 **UBREV:** 0100, 0101, 0110-0114, 0118-0124, 0128-0134, 0139-0144, 0148-0154, 0158, 0159, 0160, 0164, 0167, 0169, 0190-0194, 0199, 0200-0204, 0206-0214, 0219, 0524, 0525, 0050-0552, 0559, 0660-0663, 0669, 0720-0724, 0729, 0987, 1000-1005
Acute Inpatient Stay with Schizophrenia diagnosis	**CPT** Visit Setting Unspecified**:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 21, 51 or POS 31, 32, 56
Outpatient Visit with Schizophrenia diagnosis	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-999233, 99233, 99238, 99239, 99252-99255 ***with*** **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with Schizophrenia diagnosis	**CPT:** 98000-98007, 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:** G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983
Partial Hospitalization or Intensive Outpatient with Schizophrenia diagnosis	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 52 **HCPCS** Partial Hospitalization: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

	UBREV: 0905, 0907, 0912, 0913
Community Mental Health Center Visit	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 53
Electroconvulsive Therapy	**CPT:** 90870 **ICD-10:** GZB0ZZZ, GZB2ZZZ, GZB4ZZZ
ED Visit	**CPT:** 99281-99285 **UBREV:** 0450-0452, 0456, 0459, 0981
Telehealth Visit	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Telehealth **POS:** 02, 10
Telephone Visits	**CPT:** 98008-98015, 98966-98968, 99441-99443
Online Assessments	**CPT:** 98016, 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250-G2252
Long-acting Injections 14-day Supply	**HCPCS:** J2794, J2801
Long-acting Injections 28-day Supply	**HCPCS:** J0401, J1631, J1943, J1944, J2358, J2426, J2680

Medications

Oral Antipsychotic Medications

Description	Prescription
Miscellaneous Antipsychotic Agents (Oral)	Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lumateperone, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone
Phenothiazine Antipsychotics (Oral)	Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine
Psychotherapeutic Combinations (Oral)*****	Amitriptyline-perphenazine
Thioxanthenes (Oral)	Thiothixene

** Please submit a request for coverage when prescribing psychotherapeutic combination medications.*

Long-Acting Injections

Description	Prescription
Long-acting Injections 14-day Supply	Risperidone (excluding Perseris®)
Long-acting Injections 28-day Supply	Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate
Long-acting Injections 30-day Supply	Risperidone (Perseris™)

Ways To Improve HEDIS® Performance

- Engage in shared decision making with the person to ensure they are at the center of care. Before prescribing an antipsychotic medication, assess the person's treatment and medication history.
- Schedule appropriate follow-up with the person to assess if medication is taken as prescribed.
- Telephone, telehealth and online appointments count towards persons being included in the measure. *Note:* Two appointments are needed on different dates of service for persons to be part of the measure.
- Consider Long-acting Injectable medications for eligible persons with a history medication non-adherence.
- Review if the person is eligible for Medication Therapy Management. Contact the Care Coordination/Care Management Department at Molina Healthcare for additional information.
- Routinely arrange the next appointment when the person is in the office. If the person misses a scheduled appointment, office staff should contact them to.
    - Assess why the appointment was missed or
    - Reschedule the appointment and assess the possibility of a relapse.
- Ensure the person understands the local community support resources and what to do in an event of a crisis.
- Encourage collaboration of caregiver/support system. Discuss with the person importance of monitoring their emotional well-being and following up with their BH provider.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Medicare enrollees, 66 years of age and older by the last day of the measurement period in an institutional SNP (I-SNP) or living long-term in an institution (LTI).
    - Enrolled in an Institutional SNP (I-SNP) any time during the measurement period.
    - Living long-term in an institution any time during the measurement period as identified by the LTI flag in the Monthly Membership Detail Data File.
- Persons 66-80 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.
- Persons 81 years old and older as of the last day of the measurement period with frailty.

    - Frailty: at least two indications of frailty with different dates of service during the measurement period. Do not include laboratory claims (POS 81).
- Persons with dementia.
- Persons who did not have at least two antipsychotic medication dispensing events.

ADVANCE CARE PLANNING (ACP)

Measure Description

The percentage of persons 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and ***all*** persons 81 years of age and older who had advance care planning during the measurement period.

Product Line: Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Advance Care Planning	**CPT:** 99483, 99497 **CPT II:** 1123F, 1124F, 1157F, 1158F **HCPCS:** S0257 **ICD-10:** Z66 *Note: Do not include laboratory claims (POS 81)* *Do not include CPT CAT II Modifiers: 1P, 2P, 3P, 8P*
Frailty	**CPT:** 99504, 99509 **HCPCS:** E0100, E0105, E0130, E0135, E0140, E0141, E0143, E0144, E0147-E0149, E0163, E0165, E0167, E0168, E0170, E0171, E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0270, E0290-E0297, E0301-E0304, E0424, E0425, E0430, E0431, E0433-E0435, E0439-E0444, E0462, E0465, E0466, E0470-E0472, E1130, E1140, E1150, E1160, E1161, E1170-E1172, E1180, E1190, E1195, E1200, E1220, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295, E1296, E1297, E1298, G0162, G0299, G0300, G0493, G0494, S0271, S0311, S9123, S9124, T1000-T1005, T1019-T1022, T1030, T1031 **ICD-10:** L89.xxx-L89.96, M62.84, R26.2, R26.89, R26.9, R29.6, R53.1, R53.81, R54, R62.7, R63.4, R63.6, R64, W01.0xxx-W01.198S, W06.xxxx, W07.xxxx, W08.xxxx, W10.xxxx, W18.xxxx, W19xxxx, Y92.199, X59.3, Z73.6, Z74.01, Z74.09, Z74.1-Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89 *Note: Do not include laboratory claims (POS 81)*
Palliative Care	**HCPCS:** G9054 **ICD-10:** Z51.5 *Note: Do not include laboratory claims (POS 81)*

Medications

Dementia Medications

Description	Prescription
Cholinesterase Inhibitors	Donepezil, Galantamine, Rivastigmine
Miscellaneous Central Nervous System Agents	Memantine
Dementia Combinations	Donepezil-memantine

Ways To Improve HEDIS® Performance

- Document and record the date in the medical record:
  - Conversations with the person, their family, or friends about advance care planning, life-sustaining measures, and end-of-life care during the measurement period.
  - Discussions with the person regarding treatment preferences and the possibility of having a surrogate who can make medical decisions in their place if they are unable to do so.
  - That the person declined to discuss advance care planning as evidence that a discussion was initiated, which meets criteria.
  - That the person had previously signed an Advance Care Plan.
- Schedule telehealth visits to discuss and document conversations with the person, their family, or friends about advance care planning.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

TRANSITIONS OF CARE (TRC)

Measure Description

The percentage of discharges for persons 18 years of age and older who had each of the following. Four rates are reported:

1. **Notification of Inpatient Admission**. Documentation of receipt of notification of inpatient admission on the day of admission through two (2) days after the admission (3 total days).
2. **Receipt of Discharge Information**. Documentation of receipt of discharge information on the day of discharge through two (2) days after the discharge (3 total days).
3. **Patient Engagement After Inpatient Discharge**. Documentation of person engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
4. **Medication Reconciliation Post-Discharge**. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

Please note the following:

- Notification of Inpatient Admission & Receipt of Discharge Information are measures only reported during HEDIS season, on a sample of the entire population, whereas Patient Engagement After Inpatient Discharge and Medication Reconciliation Post Discharge can be reported throughout the year.
- When an ED visit results in an inpatient admission, notification that a provider sent the person to the ED does not meet criteria. Evidence that the PCP or ongoing care provider communicated with the ED about the admission meets criteria.
- The Medicare Star Ratings measure is the average of the individually reported rates for Medication Reconciliation Post Discharge, Notification of Inpatient Admission, Patient Engagement After Inpatient Discharge, and Receipt of Discharge Information.

Product Line: Medicare

★ Medicare Star Measure Weight: 1

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Acute and Nonacute Inpatient Stay	**UBREV:** 0022, 0024, 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0206-0214, 0219, 0524, 0525, 0559-0663, 0669, 1000-1002

Outpatient and Telehealth	**CPT:** 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS**: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015 **UBREV:** 0510, 0511, 0513-0517, 0519-0523, 0526-0529, 0982, 0983
Transitional Care Management Services	**CPT**: 99495, 99496
Medication Reconciliation Encounter	**CPT**: 99483, 99495, 99496
Medication Reconciliation Intervention	**CPT:** 99605, 99606 Note: Do not include codes with CPT CAT II Modifier: 1P-3P, 8P

Ways To Improve HEDIS® Performance

- Schedule telehealth visits to provide person engagement after inpatient discharge.
- Monitor ADT notifications and ensure that they are promptly documented in the outpatient medical record, see specific measure timelines below.
- Update post-discharge follow-up documentation template to include “discharge medications reconciled with the current medication list in the outpatient medical record.”
- Admission documentation requirements:
    - Documentation must include evidence of receipt of notification of inpatient admission on the day of admission through two days after the admission (3 total days), with a date/time stamp. Example: phone call, email, fax.
- Discharge documentation requirements:
    - Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days) with evidence of the date when discharge documentation was received.
- Discharge follow-up requirements:
    - An outpatient visit, such as office visits and home visits, telephone visit, and telehealth visit must occur within 30 days *after* discharge. A visit completed on the date of discharge will not meet compliance for person engagement.
- Medication reconciliation requirements:
    - A prescribing practitioner, clinical pharmacist or registered nurse must conduct medication reconciliation, on the date of discharge through 30 days after discharge (total of 31 days). Note: a medication reconciliation performed without the person present meets criteria.

Required Exclusions

- Persons with a date of death any time during the measurement period.

- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR PEOPLE WITH MULTIPLE HIGH-RISK CHRONIC CONDITIONS (FMC)

Measure Description

The percentage of emergency department (ED) visits for persons 18 years and older who have multiple high-risk chronic conditions who had a follow-up within 7 days of the ED visit.

Please note the following are eligible chronic condition diagnoses. Each bullet indicates an eligible chronic condition (for example, COPD and asthma are considered the same chronic condition):

- COPD, asthma or unspecified bronchitis
- Alzheimer's disease and related disorders
- Chronic kidney disease
- Depression
- Heart failure
- Acute myocardial infarction
- Atrial fibrillation
- Stroke and transient ischemic attack
    - Remove any visit with a principal diagnosis of encounter for other specified aftercare (ICD-10-CM code Z51.89)
    - Remove any visit with any diagnosis of concussion with loss of consciousness or fracture of vault of skull, initial encounter

Product Line: Medicare

★ Medicare Star Measure Weight: 1

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Outpatient and Telehealth Visit	**CPT:** 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS**: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015 **UBREV:** 0510, 0511, 0513-0517, 0519-0523, 0526-0529, 0982, 0983

Transitional Care Management Services	**CPT:** 99495, 99496
Case Management Encounter	**CPT**: 99366 **HCPCS**: T1016, T1017, T2022, T2023
Complex Care Management Services	**CPT:** 99439, 99487, 99489-99491 **HCPCS:** G0506
Outpatient or Telehealth Behavioral Health Visit	**CPT** Visit Setting Unspecified**:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-999233, 99238, 99238, 99239, 99252-99255 ***with*** Outpatient **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72. **CPT** BH Outpatient: 98000-98007, 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** BH Outpatient: G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 **UBREV** BH Outpatient: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983
Partial Hospitalization or Intensive Outpatient	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 52 **HCPCS** Partial Hospitalization or Intensive Outpatient**:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 **UBREV** Partial Hospitalization or Intensive Outpatient: 0905, 0907, 0912, 0913
Community Mental Health Center Visit	**CPT** Visit Setting Unspecified**:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 53
Electroconvulsive Therapy	**CPT:** 90870 **ICD-10:** GZB0ZZZ, GZB2ZZZ, GZB4ZZZ ***with*** Outpatient **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 **or POS:** 24, 52, 53
Telehealth Visit	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** Telehealth **POS:** 02, 10
Substance Use Disorder Services	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012 **UBREV:** 0906, 0944, 0945 **ICD-10** Substance Abuse Counseling and Surveillance: Z71.41. Z71.51

Ways To Improve HEDIS® Performance

- Monitor ADT notifications and ensure persons with multiple chronic conditions (see definition above) are promptly scheduled for a post ED follow-up visit.
- Keep in mind that FMC is an event-based measure that persons can be in multiple times for each ED visit, and have a follow-up visit for each event unless there is more than one ED visit in an 8-day period.
- Ensure the follow-up appointment is made with a PCP/mental health provider before the person leaves the hospital and is scheduled within 7 days of discharge. A telephone, telehealth, e-visit or virtual check-in appointment within 7 days of discharge meets compliance. Contact Molina Care Management if assistance is needed to obtain a follow-up appointment.
- Assist the person with navigation of the health system to lessen the impact of barriers, such as using their transportation benefit to get to their follow-up appointment. Ensure your person understands the local community support resources and what to do in the event of a crisis.
- Review medications with the person (*and/or parent(s)/guardian(s) as appropriate*) to ensure they understand the purpose and appropriate frequency and method of administration.
- Ensure accurate dates are documented for hospital discharge, scheduled outpatient appointments, and kept appointments. BH follow-up visits must be with a mental health provider.
- Provide information about the importance of monitoring their emotional well-being and following up with their mental health BH provider.
- Follow-up visits must be supported by a claim, encounter or note from the PCP/mental health provider's medical chart to count toward the measure.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

OVERUSE/APPROPRIATENESS

NON-RECOMMENDED PSA-BASED SCREENING IN OLDER MEN (PSA)

Measure Description

The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

Product Line: Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
PSA Lab Test	**CPT**: 84152, 84153, 84154 **HCPCS**: G0103
PSA Lab Test Exclusion	**CPT**: 84153 **HCPCS**: G0103
Prostate Cancer and History of Prostate Cancer - *Exclusion*	**ICD-10**: C61, D07.5, D40.0, Z15.03, Z85.46
Prostate Dysplasia - *Exclusion*	**ICD-10**: N42.30, N42.31, N42.32, N42.39

Medications

Description	Prescription
5-alpha Reductase Inhibitors	Finasteride, Dutasteride

Ways To Improve HEDIS® Performance

- Educate on the adverse effects and benefits of the testing.
- Avoid testing for low-risk men if:
    - There is no prior family history of prostate cancer.
    - There is no prior history of elevated PSA test value (>4.0 nanogram/milliliter [ng/mL]).

- In determining whether this service is appropriate in individual cases, persons and clinicians should consider the balance of benefits and harms based on family history, race/ethnicity, and comorbid conditions.
- Utilize USPSTF guidance on PSA screening.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons with a diagnosis or event for with PSA-based testing is clinically appropriate. Any of the following meet criteria:
    - Prostate cancer diagnosis any time during the person's history through the last day of the measurement period.
    - Dysplasia of the prostate any time during the measurement period or the year prior to the measurement period.
    - A PSA test during the year prior to the measurement period where laboratory data indicate an elevated result (>4.0 nanograms/milliliter [ng/nL]).
    - An abnormal PSA test result or finding during the year prior to the measurement period.
    - Dispensed prescription for a 5-alpha reductase inhibitor during the measurement period.

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

Measure Description

The percentage of episodes for persons ages 3 months and older with a diagnosis of acute bronchitis or bronchiolitis did not result in an antibiotic dispensing event.

Note: The measure is reported as an inverted rate and a higher rate indicates appropriate treatment.

Product Lines: Medicaid, Medicare, and Exchange

Measurement Period: January 1 – December 31

Intake Period: July 1 of the year prior to the measurement period to June 30 of the measurement period. The intake period captures eligible episodes of treatment.

Codes Included in the Current HEDIS® Measure

Codes to Identify Acute Bronchitis

Description	Code
Acute Bronchitis	**ICD-10:** J20.3-J20.9, J21.0, J21.1, J21.8, J21.9
Outpatient, ED and Telehealth	**CPT:** 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99281-99285, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015 **UBREV:** 0450-0452, 0456, 0459, 0510, 0511, 0513-0517, 0519-0523, 0526-0529, 0981-0983

Codes to Identify Common Comorbid Conditions

Description	Code
Chronic Obstructive Pulmonary Diseases	**ICD10:** J41.0, J41.1, J41.8, J42, J43.0-J43.2, J43.8-J44.1, J44.81, J44.89, J44.9

Codes to Identify Pharyngitis and Common Competing Diagnosis

Description	Code
Pharyngitis	**ICD10:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Acute Sinusitis	**ICD-10**: J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91
Otitis Media	**ICD10:** H66.001-H66.007, H66.009, H66.011-H66.017, H66.019, H66.10-H66.13, H66.20-H66.23, H66.3X1-H66.3X3, H66.3X9, H66.40-H66.43, H66.90-H66.93, H67.1-H67.3, H67.9

Medications

AAB Antibiotic Medications

Description	Prescription
Aminoglycosides	Amikacin, Gentamicin, Streptomycin, Tobramycin
Aminopenicillins	Amoxicillin, Ampicillin
Beta-lactamase Inhibitors	Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam
First-generation Cephalosporins	Cefadroxil, Cefazolin, Cephalexin
Fourth generation Cephalosporins	Cefepime
Lincomycin Derivatives	Clindamycin, Lincomycin
Macrolides	Azithromycin, Clarithromycin, Erythromycin
Miscellaneous Antibiotics	Aztreonam, Chloramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin
Natural Penicillin	Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine
Penicillinase Resistant Penicillin	Dicloxacillin, Nafcillin, Oxacillin
Quinolones	Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin
Rifamycin Derivatives	Rifampin
Second-generation Cephalosporin	Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime
Sulfonamides	Sulfadiazine, Sulfamethoxazole-trimethoprim
Tetracyclines	Doxycycline, Minocycline, Tetracycline
Third generation Cephalosporins	Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone
Urinary Anti-infectives	Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim

Ways To Improve HEDIS® Performance

- Educate on comfort measures without antibiotics (e.g., extra fluids, rest).
- Discuss expectations for recovery time (e.g., cough can last for 4 weeks without being ‘abnormal’).
- Discuss antibiotic resistance with persons insisting on an antibiotic.
- Submit co-morbid diagnosis codes, if present, on claim/encounter.
- Submit competing diagnosis codes for bacterial infection, if present, on claim/encounter.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION (URI)

Measure Description

The percentage of episodes for persons three months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

Note: This measure is reported as an inverted rate. A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).

Product Lines: Medicaid, Medicare, and Exchange

Measurement Period: January 1 – December 31

Intake Period: July 1 of the year prior to the measurement period to June 30 of the measurement period. The intake period captures eligible episodes of treatment.

Codes Included in the Current HEDIS® Measure

Codes to Identify URI

Description	Code
Acute URI	**ICD-10: J00, J06.0,** J06.9
Outpatient, ED and Telehealth	**CPT:** 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99281-99285, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015 **UBREV:** 0450-0452, 0456, 0459, 0510, 0511, 0513-0517, 0519-0523, 0526-0529, 0981-0983

Codes to Identify Common Comorbid Conditions

Description	Code
Emphysema	**ICD-10:** J43.0-J43.2, J43.8, J43.9
Chronic Bronchitis	**ICD-10:** J41.0, J41.1, J41.8, J42
COPD	**ICD-10:** J44.0, J44.1, J44.9

Codes to Identify Pharyngitis and Common Competing Diagnosis

Description	Code
Pharyngitis	ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

Otitis Media	ICD-10: H66.001-H66.007, H66.009, H66.011-H66.017, H66.019, H66.10-H66.13, H66.20-H66.23, H66.3X1-H66.3X3, H66.3X9, H66.40-H66.43, H66.90-H66.93, H67.1-H67.3, H67.9
Acute Sinusitis	ICD-10: J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91
Chronic Sinusitis	ICD-10: J32.0-J32.4, J32.8, J32.9
Pneumonia	ICD-10: A01.03, A02.22, A50.04, A54.84, J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3-J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9, J20.0
Whooping Cough	ICD-10: A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90 A37.91

Medications

AAB Antibiotic Medications

Description	Prescription
Aminoglycosides	Amikacin, Gentamicin, Streptomycin, Tobramycin
Aminopenicillins	Amoxicillin, Ampicillin
Beta-lactamase Inhibitors	Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam
First-generation Cephalosporins	Cefadroxil, Cefazolin, Cephalexin
Fourth-generation Cephalosporins	Cefepime
Lincomycin Derivatives	Clindamycin, Lincomycin
Macrolides	Azithromycin, Clarithromycin, Erythromycin
Miscellaneous Antibiotics	Aztreonam, Chloramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin
Natural Penicillin	Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine
Penicillinase Resistant Penicillin	Dicloxacillin, Nafcillin, Oxacillin
Quinolones	Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin
Rifamycin Derivatives	Rifampin
Second-generation Cephalosporin	Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime
Sulfonamides	Sulfadiazine, Sulfamethoxazole-trimethoprim
Tetracyclines	Doxycycline, Minocycline, Tetracycline
Third-generation Cephalosporins	Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone
Urinary Anti-infectives	Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim

Ways To Improve HEDIS® Performance

- Do not prescribe an antibiotic for a URI diagnosis only.
- Educate persons that most URIs, also known as the common cold, are caused by viruses that require no antibiotic treatment.

- Educate on comfort measures (e.g., acetaminophen for fever, rest, extra fluids) and advise person to call back if symptoms worsen (antibiotic can be prescribed, if necessary, after 3 days of initial diagnosis).
- Discuss the side effects of taking antibiotics.
- Schedule appointments to diagnose and educate on appropriate treatment for upper respiratory infection.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

USE OF IMAGING STUDIES FOR LOW BACK PAIN (LBP)

Measure Description

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

Note: A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Product Lines: Medicaid, Medicare, and Exchange

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Low Back Pain

Description	Code
Imaging Study	**CPT:** 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	Do not include laboratory claims (claims with POS code 81). **ICD-10:** 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, M51.360, M51.362, M51.369, M51.37, M51.370, M51.372, M51.379, 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

Medications

Corticosteroid Medications Exclusions

Description	Prescription
Corticosteroid	Betamethasone/Betamethasone acetate, Cortisone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone, Triamcinolone

Osteoporosis Medications Exclusions

Description	Prescription
Bisphosphonates	Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic acid
Other agents	Abaloparatide, Denosumab, Raloxifene, Romosozumab, Teriparatide

Dementia Medications Exclusions

Description	Prescription
Cholinesterase Inhibitors	Donepezil, Galantamine, Rivastigmine
Miscellaneous Central Nervous System Agents	Memantine
Dementia Combinations	Donepezil-memantine

Ways To Improve HEDIS® Performance

- Educate about ways to treat symptoms and prevent reinjury such as using heat/ice, using non-narcotic pain relievers, and remaining active.
- Avoid ordering diagnostic studies within 30 days of a diagnosis of new-onset back pain in the absence of red flags (e.g., cancer, recent trauma, neurologic impairment, or IV drug abuse).
- Avoid opioids to treat common low back pain.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness.
    - Frailty: At least two indications of frailty with different dates of services during the measurement period. Do not include laboratory claims (POS 81).
    - Advanced Illness: Either of the following during the measurement period or the year prior to the measurement period.
        - Advanced illness on at least two different dates of service. Do not include laboratory claims (POS 81).
        - Dispensed dementia medication.
- Persons with the following diagnoses or procedures that may warrant imaging any time during the person's history through 28 days after the IESD:
    - Cancer, HIV, history of organ transplant, osteoporosis or spondylopathy
    - Organ transplant, lumbar surgery or medication treatment for osteoporosis
    - A dispensed prescription to treat osteoporosis

- Persons with a recent diagnosis that may warrant imaging any time during the 365 days prior to the IESD through 28 days after the IESD:
    - IV drug abuse, neurologic impairment or spinal infection
- Persons with a recent injury that may warrant imaging any time during the 90 days prior to the IESD through 28 days after the IESD:
    - Trauma or a fragility fracture
- Persons with prolonged use of corticosteroids.

POTENTIALLY HARMFUL DRUG-DISEASE INTERACTIONS IN OLDER ADULTS (DDE)

Measure Description

The percentage of persons 67 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Three rates are reported:

Rate 1: A **history of accidental falls** or hip fracture (*note: hip fractures are used as a proxy for identifying accidental falls*) and a prescription for antiepileptics, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics or antidepressants (SSRIs, tricyclic antidepressants and SNRIs).

Rate 1 Required Exclusion: Person with a diagnosis of psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, or seizure disorder on or between January 1 of the year prior to the measurement period and December 1 of the measurement period. Do not include laboratory claims (POS: 81).

Rate 2: Dementia and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents.

Rate 2 Required Exclusions: Persons with a diagnosis of psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and December 1 of the measurement period. Do not include laboratory claims (POS: 81)

Rate 3: Chronic kidney disease and prescription for Cox-2 selective NSAIDs or non-aspirin NSAIDs.

*Note***:** Person with more than one disease or condition may appear in the measure multiple times (i.e., in each indicator for which they qualify). A lower rate indicates better performance for all rates.

Product Line: Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Codes to Identify Falls

Description	Code
Falls	**ICD-10:** W01.0Xxx, W01.10xx, W01.11xx, W06.XXxx-W08.XXxx, W10.0Xxx, W18.00xx, W19.XXxx
Hip Fractures*	**ICD-10:** M97.01xx, S72.00xx, S72.01xx-S72.06xx, S72.09xx-S72.116xx, S72.121xx-S72.126xx, S72.131x-S72.136x, S72.141x-S72.146x, S72.21xx-S72.26xx

**Hip fractures are used as a proxy for identifying accidental falls.*

Codes to Identify Dementia

Description	Code
Dementia	**ICD-10:** F01.50, F01.51, F01.511, F01.518, F01.52-F01.54, F01.A0, F01.A11, F01.A18, F01.A2-F01.A4, F01.B0, F01.B11, F01.B18, F01.B2-F01.B4, F01.C0, F01.C11, F01.C18, F01.C2-F01.C4, F02.80, F02.81, F02.811, F02.818, F02.82-F02.84, F02.A0, F02.A11, F02.A18, F02.A2-F02.A4, F02.B0, F02.B11, F02.B18, F02.B2-F02.B4, F02.C0, F02.C11, F02.C18, F02.C2-F02.C4, F03.90, F03.91, F03.911, F03.918, F03.92-F03.94, F03.A0, F03.A11, F03.A18, F03.A2-F03.A4, F03.B0, F03.B11, F03.B18, F03.B2-F03.B4, F03.C0, F03.C11, F03.C18, F03.C2-F03.C4, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83

Codes to Identify Chronic Kidney Disease

Description	Code
ESRD Diagnosis	**ICD-10:** N18.5, N18.6
Dialysis Procedure	**CPT:** 90935, 90937, 90945, 90947, 90997, 90999, 99512 **HCPCS:** G0257, S9339
CKD Stage 4	**ICD-10:** N18.4
Total Nephrectomy	**ICD-10:** 0TT00Z0, 0TT00Z1, 0TT00Z2, 0TT00ZZ, 0TT04ZG, 0TT04ZZ, 0TT10Z0, 0TT10Z1, 0TT10Z2, 0TT10ZZ, 0TT14ZG, 0TT14ZZ, 0TT20ZZ, 0TT24ZG, 0TT24ZZ **CPT:** 50220, 50225, 50230, 50234, 50236, 50340, 50370, 50543, 50545, 50546, 50548
Kidney Transplant	**ICD-10:** 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2 **CPT:** 50360, 50365, 50380 **HCPCS:** S2065

Medications

Rate 1 - Potentially Harmful Drugs – History of Falls Medication

Description	Prescription
Anticholinergic agents, antiemetics	Prochlorperazine, Promethazine
Anticholinergic agents, antihistamines	Brompheniramine, Chlorpheniramine, Cyproheptadine, Dimenhydrinate, Diphenhydramine, Doxylamine, Hydroxyzine, Meclizine, Triprolidine
Anticholinergic agents, antimuscarinics (oral)	Darifenacin, Fesoterodine, Flavoxate, Oxybutynin, Solifenacin, Tolterodine, Trospium
Anticholinergic agents, anti-Parkinson agents	Benztropine, Trihexyphenidyl
Anticholinergic agents, skeletal muscle relaxants	Cyclobenzaprine, Orphenadrine
Anticholinergic agents, antispasmodics	Atropine, Chlordiazepoxide-clidinium, Dicyclomine, Homatropine, Hyoscyamine, Scopolamine
Antiepileptics	Carbamazepine, Clobazam, Divalproex sodium, Ethosuximide, Felbamate,

	Fosphenytoin, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Methsuximide, Oxcarbazepine, Phenobarbital, Phenytoin, Pregabalin, Primidone, Rufinamide, Tiagabine HCL, Topiramate, Valproic acid, Vigabatrin, Zonisamide
SNRIs	Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine
SSRIs	Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline

Rate 1 & 2 - Potentially Harmful Drugs – History of Falls and Dementia Medication

Description	Prescription
Antipsychotics	Aripiprazole, Aripiprazole lauroxil, Asenapine, Brexpiprazole, Cariprazine, Chlorpromazine, Clozapine, Fluphenazine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Perphenazine, Pimozide, Quetiapine, Risperidone, Thioridazine, Thiothixene, Trifluoperazine, Ziprasidone
Benzodiazepines	Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate, Diazepam, Estazolam, Flurazepam, Lorazepam, Midazolam, Oxazepam, Quazepam, Temazepam, Triazolam
Nonbenzodiazepine Hypnotics	Eszopiclone, Zaleplon, Zolpidem
Tricyclic Antidepressants	Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine

Rate 2 - Dementia Medication

Description	Prescription
Cholinesterase Inhibitors	Donepezil, Galantamine, Rivastigmine
Miscellaneous Central Nervous System Agents	Memantine
Dementia Combinations	Donepezil-Memantine

Rate 2 - Potentially Harmful Drugs - Dementia Medication

Description	Prescription
Antiemetics	Prochlorperazine, Promethazine
Antihistamines	Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dexbrompheniramine, Dexchlorpheniramine, Dimenhydrinate, Diphenhydramine, Doxylamine, Pyrilamine, Triprolidine, Hydroxyzine, Meclizine
Antispasmodics	Atropine, Belladonna Alkaloids, Clidinium-Chlordiazepoxide, Dicyclomine, Homatropine, Hyoscyamine, Methscopolamine, Propantheline, Scopolamine
Antimuscarinics (Oral)	Darifenacin, Fesoterodine, Flavoxate, Oxybutynin, Solifenacin, Tolterodine, Trospium
Anti-Parkinson Agents	Benztropine, Trihexyphenidyl
Skeletal Muscle Relaxants	Cyclobenzaprine, Orphenadrine

SSRIs	Paroxetine
Antiarrhythmic	Disopyramide

Rate 3 - Cox-2 Selective NSAIDs and Non-aspirin NSAIDs Medication

Description	Prescription
Cox-2 Selective NSAIDs	Celecoxib
Non-aspirin NSAIDs	Diclofenac, Etodolac, Fenoprofen, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac, Meclofenamate, Mefenamic acid, Meloxicam, Nabumetone, Naproxen, Naproxen sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin

Ways To Improve HEDIS® Performance

- Educate on underlying disease, condition, or health concern on the risk of taking certain medications.
- Documentation of follow-up care on or 30 days after the date of the first positive screen.
- Weigh the risks and benefits of prescribing certain CNS drugs to persons with a history of accidental fall or hip fracture, particularly when not documenting a diagnosis such as psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, or seizure disorder.
- Weigh the risks and benefits of prescribing certain CNS drugs to persons with a history of dementia or on treatment with cholinesterase inhibitors or memantine, particularly when not documented a diagnosis of psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder.
- Weigh the risk and benefits of prescribing non-steroidal anti-inflammatory drugs (COX-2 selective or non-aspirin NSAID) to persons with a history of chronic kidney disease (i.e., ESRD, stage 4 chronic kidney disease, nephrectomy, kidney transplant).
- Provide follow-up care management for older adults with certain diagnoses who are prescribed potentially harmful medications and monitor persons for signs of adverse drug effects.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.

USE OF HIGH-RISK MEDICATIONS IN OLDER ADULTS (DAE)

Measure Description

The percentage of persons 67 years of age and older who had at least two dispensing events for the same high-risk medication. Two rates and a total rate are reported:

Rate 1: The percentage of persons 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class.

Rate 2: The percentage of persons 67 years of age and older who had at least two dispensing events for high-risk medications to avoid from the same drug class, except for appropriate diagnoses.

Total Rate: The sum of the two numerators divided by the denominator, deduplicating for persons in both numerators.

*Note***:** The measure reflects potentially inappropriate medication use in older adults, both for medications where any use is inappropriate (Rate 1) and for medications where use under all, but specific indications are potentially inappropriate (Rate 2). A lower rate represents better performance.

Product Line: Medicare

Measurement Period: January 1 – December 31

Medications

Rate 1 - High Risk Medications

Description	Prescription
Anticholinergics, First-Generation Antihistamines	Brompheniramine, Chlorpheniramine, Cyproheptadine, Dimenhydrinate, Diphenhydramine (Oral), Doxylamine, Hydroxyzine, Meclizine, Promethazine, Pyrilamine, Triprolidine
Anticholinergics, anti-Parkinson agents	Benztropine (oral), Trihexyphenidyl
Antispasmodics	Atropine (Exclude Ophthalmic), Chlordiazepoxide-clidinium, Dicyclomine, Hyoscyamine, Scopolamine
Anti-Parkinson Agents	Benztropine (Oral), Trihexyphenidyl
Antithrombotics	Dipyridamole (Oral Short Acting)
Cardiovascular, Alpha Agonists, central	Guanfacine
Cardiovascular, Other	Nifedipine (Excluding Extended Release)
Central nervous system, antidepressants	Amitriptyline, Amoxapine, Clomipramine, Desipramine, Imipramine, Nortriptyline, Paroxetine
Central nervous system, barbiturates	Butalbital, Pentobarbital, Primidone
Central nervous system,	Ergoloid Mesylates

vasodilators	
Endocrine system - Estrogens	Conjugated Estrogen, Esterified Estrogen, Estradiol, Estropipate
Endocrine system - Sulfonylureas	Glimepiride, Glyburide,
Hypnotics, Nonbenozodiazepine	Eszopiclone, Zaleplon, Zolpidem
Pain Medications, Skeletal Muscle Relaxants	Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine
Pain Medications, Other	Indomethacin, Ketorolac (Includes Parenteral), Meperidine
Central Nervous System, Other	Meprobamate
Endocrine System, Other	Desiccated thyroid, Megestrol

Rate 1 - High-Risk Medication with > 90-day Supply Criteria

Description	Prescription
Anti-Infectives	Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate

Rate 1 - High-Risk Medication with Average Daily Dose Criteria

Description	Prescription	Average. Daily Dose Criteria
Cardiovascular, other	Digoxin	> 0.125 mg/day
Tertiary TCAs	Doxepin	> 6 mg/day

Rate 2 - High-Risk Medications Based on Prescription and Diagnosis Data

Description	Prescription
Antipsychotics	Aripiprazole, Aripiprazole lauroxil, Asenapine, Brexpiprazole, Cariprazine, Chlorpromazine, Clozapine, Fluphenazine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Perphenazine, Pimavanserin, Pimozide, Quetiapine, Risperidone, Thioridazine, Thiothixene, Trifluoperazine, Ziprasidone
Benzodiazepines	Alprazolam, Chlordiazepoxide, Clobazam, Clonazepam, Clorazepate, Diazepam, Estazolam, Lorazepam, Midazolam, Oxazepam, Temazepam, Triazolam

Ways To Improve HEDIS® Performance

- Educate on risk of combining certain medications.
- Provide follow-up care management for older adults prescribed multiple medications and monitor person for adverse drug effects.
- Weigh the following risks and benefits of prescribing certain drugs more than once per year for elderly persons:
  - Certain CNS active drugs, anticholinergic drugs, and *Z-drug sleep aids (*more than 90 days).
  - Oral and topical patch estrogens, *nitrofurantoin (*more than 90 days), and certain thyroid drugs.

- Sulfonylurea class antidiabetics (chlorpropamide, glimepiride, glyburide).
- Muscle relaxant drugs and other certain drugs used to treat pain (indomethacin, ketorolac, meperidine).

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.

USE OF OPIOIDS AT HIGH DOSAGE (HDO)

Measure Description

The percentage of persons 18 years of age or older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement period.

Note: A lower rate indicates better performance.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Medications

Description	Prescription
Opioid Medications	Benzhydrocodone, Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol
Excluded Opioid Medications	Injectables, Opioid cough and cold products, Ionsys® (fentanyl transdermal patch), Methadone for the treatment of opioid use disorder

Ways To Improve HEDIS® Performance

- Educate persons on the risks and benefits of opioid therapy, including person and clinician responsibilities, using the CDC Guidelines.
- Review the Prescription Monitoring Program Registry for your state regularly.
- Prescribe the lowest effective dose for the shortest length of time.
- Consider tapering to reduce the dose or making a plan to safely discontinue opioid therapy when the dosage exceeds 120 morphine milligram equivalents daily without functional benefit.
- If a person shows signs of opioid use disorder, refer them to an appropriate substance use provider and assist with care coordination.
- Maximize the utilization of non-narcotic and non-pharmacologic measures to control pain as part of a comprehensive pain management plan.
- Consider a multimodal and multidisciplinary approach to pain management, attending to physical health, behavioral health, long-term services and supports, and expected health outcomes.
- Refer to Molina Healthcare Case Management for targeted substance use disorder (SUD) case management and support.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Persons with cancer or sickle cell disease during the measurement period.

USE OF OPIOIDS FROM MULTIPLE PROVIDERS (UOP)

Measure Description

The percentage of persons 18 years of age and older, receiving prescription opioids for ≥15 days during the measurement period, who received opioids from multiple providers. Three rates are reported:

1. **Multiple Prescribers.** The percentage of persons receiving prescriptions for opioids from ≥4 different prescribers during the measurement period.
2. **Multiple Pharmacies**. The percentage of persons receiving prescriptions for opioids from ≥4 different pharmacies during the measurement period.
3. **Multiple Prescribers and Multiple Pharmacies.** The percentage of persons receiving prescriptions for opioids from ≥4 different prescribers ***and*** ≥4 different pharmacies during the measurement period.

Note: A lower rate indicates better performance for all three rates.

Product Line: Medicaid and Medicare

Measurement Period: January 1 – December 31

Medications

Description	Prescription
Opioid Medications	Benzhydrocodone, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol
Excluded Opioid Medications	Injectables, Opioid cough and cold products, Single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products), Ionsys® (fentanyl transdermal patch), Methadone for the treatment of opioid use disorder

Ways To Improve HEDIS® Performance

- Review the Prescription Monitoring Program Registry for your state regularly.
- Use best practices to manage pain and establish a comprehensive Pain Management plan.
- Set person-prescriber expectations early on regarding controlled-substance prescriptions from other providers and the use of multiple pharmacies.
- Educate persons on opioid safety, risks associated with the use of multiple opioids from different providers, and about use of Naloxone (Narcan).
- Educate persons on the importance of utilizing a single pharmacy to fill prescriptions.

- Refer to Molina Healthcare Case Management for targeted SUD case management and support.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

RISK OF CONTINUED OPIOID USE (COU)

Measure Description

The percentage of persons 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:

1. The percentage of persons with at least 15 days of prescription opioids in a 30-day period.
2. The percentage of persons with at least 31 days of prescription opioids in a 62-day period.

Note: A lower rate indicates better performance.

Product Lines: Commercial, Medicaid, Medicare

Measurement Period: January 1 – December 31

Intake Period: November 1 of the year prior to the measurement period and ending on October 31 of the measurement period.

Medications

Description	Prescription
Opioid Medications	Benzhydrocodone, Buprenorphine (transdermal patch and buccal film), Butorphanol, Codeine, Dihydrocodeine, Fentanyl, Hydrocodone, Hydromorphone, Levorphanol, Meperidine, Methadone, Morphine, Opium, Oxycodone, Oxymorphone, Pentazocine, Tapentadol, Tramadol
Opioid Medications excluded from the measure	Injectables, Opioid-containing cough and cold products, Single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products), Ionsys® (fentanyl transdermal patch), Methadone for the treatment of opioid use disorder

Ways To Improve HEDIS® Performance

- Review the Prescription Monitoring Program Registry for your state regularly to determine whether the person is receiving other opioids from other prescribers or dangerous combinations of medications.
- Reference the CDC Guideline for Prescribing Opioids for Chronic Pain.
- Use the lowest effective dose of opioids for the shortest period of time necessary.
- Establish follow-up appointments shortly after prescribing opioids, and when adjustments are made, to reassess the pain management plan.
- Educate persons on opioid safety and risks associated with the use of multiple opioids, additional sedating medications, and having multiple prescribers/pharmacies.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons receiving palliative care or who had an encounter for palliative care (ICD-10-CM code Z51.5) during the measurement period.
- Persons with cancer or sickle cell disease any time during the 365 days prior to the IPSD through 61 days after the IPSD.

ADULTS' ACCESS TO PREVENTIVE/AMBULATORY HEALTH SERVICES (AAP)

Measure Description

The percentage of persons 20 years of age and older who had an ambulatory or preventive care visit during the measurement period.

- Medicaid and Medicare persons who had an ambulatory or preventive care visit during the measurement period.
- Commercial persons who had an ambulatory or preventive care visit during the measurement period or the 2 years prior to the measurement period.

Product Lines: Medicaid and Medicare

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Ambulatory Visits	**CPT:** 92002, 92004, 92012, 92014, 98000-98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99304-99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99457, 99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, S0620, S0621, T1015 **UBREV:** 0510, 0511, 0513-0517, 0519-0529, 0982, 0983
Reason for Ambulatory Visit	**ICD10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.84, Z02.89, Z02.9, Z76.1, Z76.2 *Note:* Do not include laboratory claims (POS 81).

Ways To Improve HEDIS® Performance

- Educate persons on the importance of having at least one, ambulatory or preventive care visit during each calendar year.
- Document all elements of a preventive exam, including health history, developmental history, physical exam, and education/anticipatory guidance.
- Make reminder calls to persons who have appointments to decrease no-show rates.

- Schedule telehealth appointments with persons to complete ambulatory or preventive care visits.
- Look into offering expanded office hours to increase access to care.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

INITIATION AND ENGAGEMENT OF SUBSTANCE USE DISORDER TREATMENT (IET)

Measure Description

The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.

Two rates are reported:

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

Product Lines: Medicaid, Medicare, and Exchange

Measurement Period: January 1 – December 31

Intake Period: November 15 of the year prior to the measurement period through November 14 of the measurement period. The intake period is used to capture new SUD episodes.

Codes Included in the Current HEDIS® Measure

Description	Code
Alcohol Abuse and Dependence	**ICD-10:** F10.10, F10.120, F10.121, F10.129-F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180-F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229-F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280-F10.282, F10.288, F10.29
Opioid Abuse and Dependence	**ICD-10:** F11.10, F11.120-F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220-F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29
Other Drug Abuse and Dependence	**ICD-10:** F12.10, F12.120-F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220-F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129-F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180-F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229-F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280-F13.282, F13.288, F13.29, F14.10, F14.120-F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180-F14.182, F14.188, F14.19, F14.20, F14.220-F14.222, F14.229,

	F14.23, F14.24, F14.250, F14.251, F14.259, F14.280-F14.282, F14.288, F14.29, F15.10, F15.120-F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180- F15.182, F15.188, F15.19, F15.20, F15.220-F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280-F15.282, F15.288, F15.29, F16.10, F16.120-F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, 16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120-F19.122, F19.129-F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220-F19.222, F19.229-F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280-F19.282, F19.288, F19.29
BH Outpatient Visit	**CPT:** 98000-98007, 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:** G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015 **UBREV:** 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983
Partial Hospitalization or Intensive Outpatient	**CPT** Visit Setting Unspecified: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***with*** **POS:** 52 **HCPCS** Partial Hospitalization: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485 **UBREV:** 0905, 0907, 0912, 0913
Visit Setting Unspecified	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 ***With*** **Outpatient POS**: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72 ***or with*** **Partial Hospitalization POS***:* 52 ***or with*** **Non-residential Substance Abuse Treatment Facility POS**: 57, 58 ***or with*** **Community Mental Health Center POS***:* 53 ***or with*** **Telehealth POS***:* 02, 10
Substance Use Disorder Service or Substance Abuse Counseling and Surveillance	**CPT:** 99408, 99409 **HCPCS:** G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012

	UBREV: 0906, 0944, 0955 **ICD-10:** Z71.41, Z71.51
Withdrawal Management	**HCPCS:** H0008-H0014 **UBREV:** 0116, 0126, 0136, 0146, 0156
Opioid Treatment Services	OUD Weekly Non-Drug Service **HCPCS**: G2074-G2077, G2080 OUD Weekly Drug Treatment Service **HCPCS**: **G0533,** G2067, G2068 OUD Monthly Office Based Treatment **HCPCS**: G2069, G2086, G2087
Telephone Visits	**CPT:** 98008-98015, 98966-98968, 99441-99443
Online Assessments (E-visits or Virtual Check-in)	**CPT**: 98016, 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 **HCPCS**: G0071, G2010, G2012, G2250-G2252

Medications

Alcohol Use Disorder Treatment Medications

Description	Prescription
Aldehyde Dehydrogenase Inhibitor	Disulfiram (Oral)
Antagonist	Naltrexone (Oral And Injectable)
Other	Acamprosate (Oral; Delayed-Release Tablet)

Opioid Use Disorder Treatment Medications

Description	Prescription
Antagonist	Naltrexone (Oral And Injectable)
Partial Agonist	Buprenorphine (Sublingual Tablet, Injection, And Implant), Buprenorphine/Naloxone (Sublingual Tablet, Buccal Film, Sublingual Film)

Ways To Improve HEDIS® Performance

- Provide educational materials and resources that include information on the treatment process and options, including 12-step or mutual support meetings, encourage a sponsor, and other community-based programs.
- Utilize peer supports with lived experience to engage persons and encourage continuation of treatment.
- Educate about the importance of timely follow-up visits after new diagnoses.
- Consider using a validated screening tool (i.e., CAGE-AID, NIDA) or adding questions to your standard evaluation to identify substance use issues.
- Document identified substance abuse in the person's chart and submitted a claim with the correct billing codes.

- Schedule follow-up visits within 14 days and at least two additional visits within 30 days or refer immediately to a behavioral health provider when giving a diagnosis of alcohol or other drug dependence. Send appointment reminder 72 hours prior to follow-up appointment. A telephone and/or telehealth appointment within the required timeframe meets compliance.
- Refer the person to a Molina Care Manager or work collaboratively with the Molina Care Manager if one is already assigned to help increase person's access and motivation for treatment.
- Utilize telehealth and home-based therapy where appropriate.
- Potential consideration for providers:
    - For persons using long-term medication for pain, use code Z79.891 (long-term current use of opiate analgesic), which does not denote an SUD.
    - Use a "1" at the end of a substance use diagnosis code to document that the condition is in remission, e.g., F10.11, (Alcohol Use Disorder, Mild, In early or sustained remission).

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

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

Measure Description

The percentage of deliveries of live births on or between October 8th of the year prior to the measurement period and October 7th of the measurement period 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 health plan, with an OB/GYN, other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present.

Documentation in the medical record must include a note with the date when the prenatal care visit occurred and evidence of one of the following:

- Documentation indicating the person is pregnant or references to the pregnancy, for example:
    - Documentation in a standardized prenatal flow sheet, ***or*** documentation of LMP, EDD or gestational age ***or*** positive pregnancy test result, ***or*** documentation of gravidity and parity, ***or*** documentation of complete obstetrical history, ***or*** documentation of prenatal risk assessment and counseling/education.
- A basic physical obstetric examination that includes auscultation for fetal heart tone, ***or*** pelvic exam with obstetric observations, **or** measurement of fundus height (a standardized prenatal flow sheet may be used).
- Evidence that a prenatal care procedure was performed, such as:
    - Screening test in the form of an obstetric panel (must include all the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), ***or*** TORCH antibody panel alone, ***or*** rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, ***or*** ultrasound of a pregnant uterus.

Product Lines: Medicaid and Exchange

Measurement Period: January 1 – December 31

Event Diagnosis: Delivered a live birth on or between October 8th of the year prior to the measurement period to October 7th of the measurement period.

Codes Included in the Current HEDIS® Measure

Description	Code
Prenatal Visits (For compliance, use in conjunction with a Pregnancy Diagnosis code)	**CPT:** 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99421-99423, 99441-99443, 99457, 99458, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250-G2252, T1015

Stand Alone Prenatal Visit	**CPT**: 99500 **CPT II**: 0500F, 0501F, 0502F **HCPCS**: H1000-H1004 Note: Do ***not*** include codes with a CPG CAT II Modifier (1P-3P, 8P)
Prenatal Bundled Services	**CPT:** 59400, 59425, 59426, 59510, 59610, 59618 **HCPCS**: H1005 Note: Because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated; claim form must include prenatal visit Date of Service (DOS).
Pregnancy Diagnosis (for PCP, use these codes and one of the codes above)	**ICD-10:** O09.00-O16.09, O20.0-O26.93, O28.0-O36.93X9, O40.1XX0-O48.1, O60.00-O60.03, O71.00-O71.9, O88.011-O88.819, O91.011-O92.79, O98.011-O99.891, O9A.111-O9A.519, Z03.71-Z03.75, Z03.79, Z32.01, Z34.00-Z34.93, Z36.0-Z36.9

Ways To Improve HEDIS® Performance

- Schedule pre-natal care visits starting in the first trimester or within 42 days of enrollment with the health plan.
- A telehealth appointment with a pregnancy-related diagnosis code during the first trimester or within 42 days of enrollment with the health plan meets compliance for this measure.
- Ask front office staff to prioritize new pregnant persons and ensure prompt appointments for any person calling for a pregnancy visit to make sure the appointment is in the first trimester or within 42 days of enrollment with the health plan.
- Have a direct referral process to OB/GYN in place.
- Complete and submit Molina's pregnancy notification as soon as a pregnancy diagnosis is confirmed.
- Utilize maternity telehealth provider to ensure timely prenatal visits where applicable.
- Offer incentives for attending prenatal visits.
- Refer Molina persons to our Pregnancy program.
- Follow persons closely who have or had a substance abuse or mental health diagnosis and initiate appropriate referrals. Refer to high-risk pregnancy team.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

PRENATAL AND POSTPARTUM CARE – POSTPARTUM CARE (PPC)

Measure Description

The percentage of deliveries of live birth on or between October 8th of the year prior to the measurement period and October 7th of the measurement period that had a postpartum visit with an OB/GYN practitioner or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery. Any of the following meet criteria:

- A postpartum visit.
- An encounter for postpartum care.
- Cervical cytology.
- A bundled service where the organization can identify the date when postpartum care was rendered.

Documentation in the medical record must include a note with the date when the postpartum visit occurred AND one of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts, and abdomen.
- Notation of postpartum care, including, but not limited to: "Postpartum Care", "PP check", "PP care", "6-week check", or a preprinted "Postpartum Care" form in which information was documented during the visit.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
- Glucose screening for women with gestational diabetes.
- Documentation of any of the following topics: infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, resumption of physical activity or attainment of healthy weight.

Product Lines: Medicaid and Exchange

Measurement Period: January 1 – December 31

Event Diagnosis: Delivered a live birth on or between October 8th of the year prior to the measurement period to October 7th of the measurement period.

Codes Included in the Current HEDIS® Measure

Description	Code
Postpartum Care	**CPT**: 57170, 58300, 59430, 99501 **CPT II:** 0503F **HCPCS:** G0101 *Note: Do **not** include codes with a CPT CAT II Modifier (1P-3P, 8P)*
Encounter for Postpartum Care	**ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 *Note: Do **not** include laboratory claims (claims with POS code 81).*
Cervical Cytology	**CPT**: 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 **HCPCS**: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001
Postpartum Bundled Services	**CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 *Note: Because bundled service codes are used on the date of delivery and not on the date of the postpartum visit, these codes may be used only if the claim form indicates when postpartum care was rendered;* claim form must include postpartum visit Date of Service (DOS).

Ways To Improve HEDIS® Performance

- Schedule postpartum visits within 7 to 84 days from delivery.
- A telehealth appointment with a postpartum visit or cervical cytology code within 7 to 84 days from delivery meets compliance for this measure.
- Use the postpartum calendar tool from Molina Healthcare to ensure the visit is within the correct time frames.
- Utilize maternity telehealth provider to ensure timely postpartum visits.
- Follow persons closely who have or had a substance abuse or mental health diagnosis and initiate appropriate referrals. Refer to high-risk pregnancy team.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

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

Measure Description

The percentage of persons 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.

Product Lines: Medicaid

Measurement Period: January 1 – December 31

Intake Period: January 1st through December 1st of the measurement period.

Codes Included in the Current HEDIS® Measure

Description	Code
Psychosocial Care	**CPT:** 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880 **HCPCS:** G0176, G0177, G0409-0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485
Residential Behavioral Health Treatment	**HCPCS:** H0017-H0019, T2048

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
Psychotherapeutic Combinations*	Fluoxetine-olanzapine, Perphenazine-amitriptyline

**Please submit a request for coverage when prescribing Psychotherapeutic Combination medications.*

Ways To Improve HEDIS® Performance

- Educate providers that psychosocial care includes behavioral interventions, psychological therapies and skills training, and is the first-line recommended treatment for attention deficit disorder and disruptive behaviors.

- Antipsychotic medications need to be part of a comprehensive and coordinated treatment plan that includes psychosocial care (the recommended first-line treatment option).
- Complete a thorough evaluation and coordination for new child/adolescent persons taking antipsychotic medications with a mental health professional.
- Educate and inform parent(s)/guardian(s) of the increased side effect burden of multiple concurrent antipsychotics on children's health and the implications for future physical health concerns including obesity and diabetes.
- Ensure the parents understand the local community support resources and what to do in the event of a crisis.
- Schedule telehealth appointments for persons who had a new prescription for an antipsychotic medication.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.
- Persons with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder on at least two different dates of service during the measurement period. Do not include laboratory claims (claims with POS code 81).

WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE (W30)

Measure Description

The percentage of persons who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. *Well-Child Visits in the First 15 Months*. Persons who turned 15 months old during the measurement period: Six or more well-child visits.
2. *Well-Child Visits for Age 15 Months-30 Months*. Persons who turned 30 months old during the measurement period: Two or more well-child visits.

***Note*:** The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

Product Lines: Medicaid and Exchange

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Well Care Visits	**CPT:** 99381-99385, 99391-99395, 99461 **HCPCS**: G0438, G0439, S0302, S0610, S0612, S0613
Encounter for Well Care	**ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419. Z02.5, Z02.84, Z76.1, Z76.2 Note: Do *not* include laboratory claims (POS 81).

Ways To Improve HEDIS® Performance

- Take advantage of every office visit (including sick visits) to provide a well-child visit, immunizations, and lead testing.
- Turn daycare physicals into well-care visits by performing the required services and submitting appropriate codes.
- Medical record details should include, but not limited to, growth charts, well-child visit forms, health history and physical, sports or school physical forms and vitals sheet.
- Educate parent(s)/guardian(s) on the importance of preventive care visits.
- Schedule visits within the recommended time frames.

- Follow the American Academy of Pediatrics Bright Future, periodicity schedule available online at www.aap.org

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)

Measure Description

The percentage of persons 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement period.

Note: The well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the p.

Product Lines: Medicaid and Exchange

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Code
Well Care Visit	**CPT:** 99381-99385, 99391-99395, 99461 **HCPCS**: G0438, G0439, S0302, S0610, S0612, S0613
Encounter for Well Care	**ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419. Z02.5, Z02.84, Z76.1, Z76.2 Do not include laboratory claims (POS: 81).

Ways To Improve HEDIS® Performance

- Take advantage of every office visit (including sick visits) to provide a well-care visit, immunizations, and BMI percentile calculations.
- Make sports/day care/camp physicals into well-care visits by performing the required services and submitting appropriate codes.
- This measure is based on the American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health). Visit the Bright Futures website at www.aap.org for more information about well-child visits.
- Educate parent(s)/guardian(s) and person on the importance of preventive care visits.
- Schedule visits within the recommended time frames.

Required Exclusions

- Persons with a date of death any time during the measurement period.
- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

PLAN ALL-CAUSE READMISSIONS (PCR)

Measure Description

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

Note: For Commercial, Medicaid, and Exchange, report only persons 18–64 years of age. A lower rate indicates better performance for this measure (i.e., low rates mean that fewer persons are being readmitted).

Product Lines: Medicaid, Medicare, and Exchange

★ Medicare Star Measure Weight: 3

Measurement Period: January 1 – December 31

Codes Included in the Current HEDIS® Measure

Description	Codes
Inpatient Stay	**UBREV**: 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Observation Stay	**UBREV:** 0760, 0762, 0769

Exclusion Codes

Description	Codes
Nonacute Inpatient Stay	**UBREV**: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559-0663, 0669, 1000-1002

Ways To Improve HEDIS® Performance

- Work the four elements of the Transitions of Care (TRC) measure: 1) Medication Reconciliation Post Discharge, 2) Notification of Inpatient Admission, 3) Patient Engagement After Inpatient Discharge, and 4) Receipt of Discharge Information.
- Keep in mind that PCR is an event-based measure that persons can be in multiple times for each admission/discharge.
- Ensure a follow-up appointment is made before the person leaves the hospital and is scheduled within 7 days of discharge. Contact Molina Case Management if assistance is needed to obtain a follow-up appointment.

- Ensure your person understands their local community support resources.
- Review medications with persons *(and/or parent(s)/guardian(s) as appropriate)* to ensure they understand the purpose and appropriate frequency and method of administration.
- Ensure accurate dates are documented for hospital discharge, scheduled outpatient appointments, and kept appointments.

Required Exclusions

- Persons in hospice or using hospice services, or who elect to use a hospice benefit any time during the measurement period.

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