



Quick Reference Guide HEDIS[®] MY 2023

- Meridian Medicaid
- Meridian Medicare-Medicaid (MMP)
- YouthCare (Medicaid)
- Ambetter (Marketplace)
- Wellcare (Medicare)



For more information, visit **www.ncqa.org**

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HEDIS® MY 2023 Quick Reference Guide

Updated to reflect NCQA HEDIS® MY 2023
Technical Specifications

We strive to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the HEDIS® MY 2023 Quick Reference Guide to help you increase your practice's HEDIS® rates and to use to address care opportunities for your patients. Please always follow the state and/or CMS billing guidance and ensure the HEDIS® codes are covered prior to submission.

What is HEDIS®?

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

What Are the Scores Used For?

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

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS® score

determines your rates for physician incentive programs that pay you an increased premium — for example Pay For Performance or Quality Bonus Funds.

How Are Rates Calculated?

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

How Can I Improve My HEDIS® Scores?

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

This guide has been updated with information from the release of the HEDIS® MY 2023 Volume 2 Technical Specifications by NCQA and is subject to change.

Contact Information For Provider Services:

- ilmeridian.com 866-606-3700
- mmp.ilmeridian.com 855-580-1689
- ILYouthCare.com 844-289-2264
- ambetterofillinois.com 1-855-745-5507
- wellcare.com/en/Illinois 1-855-538-0454 (TTY 711)

 For more information, visit www.ncqa.org

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Partnering with the Health Plan

Introduction

This guide contains information about the quality measures for the following Meridian lines of business:

- **Meridian Medicaid Plan (Medicaid)**

The Meridian Medicaid Plan in Illinois provides government-sponsored managed care services to families, children, seniors and individuals with complex medical needs through Medicaid across the state.

- **Meridian Medicare-Medicaid Plan**

The Meridian Medicare-Medicaid Plan is a Medicare-Medicaid Alignment Initiative (MMAI) for beneficiaries eligible for both Medicaid and Medicare in Illinois.

- **YouthCare (Medicaid)**

The HealthChoice Illinois YouthCare program is a specialized healthcare program built cooperatively with parents and other stakeholders to improve access, continuity of care and healthcare outcomes for Department of Children and Family Services (DCFS) youth in care and former youth in care.

- **Ambetter of Illinois (Marketplace)**

Ambetter offers quality and affordable health insurance in Illinois that fits various needs and budgets.

- **Wellcare (Medicare)**

A Medicare Advantage (MA) plan that provides Medicare Parts A and B benefits.

Partnership for Quality ●●●

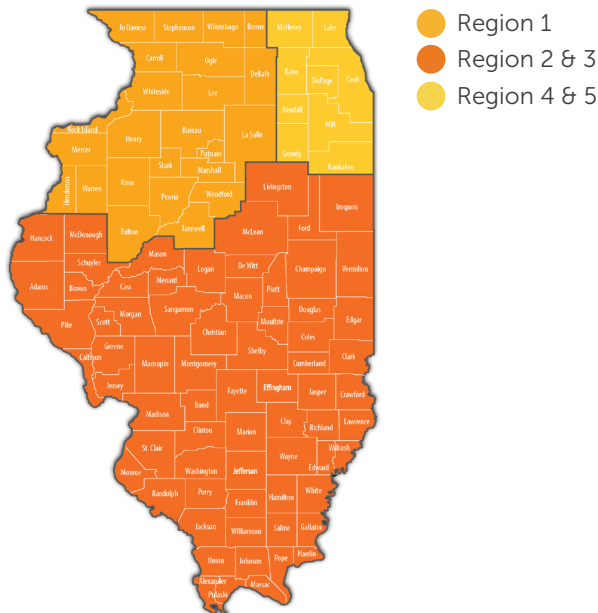
Partnership for Quality (P4Q) measures are on the provider portal. Visit our [Provider Portal](#) to view the recent P4Q measures available to our Meridian provider partners.

For other provider incentive programs, please contact your assigned Provider Relations Specialist. If you do not have an assigned provider relations specialist, you can contact the provider relations department using the following region email inboxes.

Region1PR: Region1PR@Centene.com

Region2-3PR: Region2-3PR@Centene.com

Region4-5PR: Region4-5PR@Centene.com



P4Q Programs apply to non-risk contractual providers only.

 For more information, visit www.ncqa.org

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) ●●●●

Every year, a random sample of patients are surveyed about their experience with their providers, services, and health plan. It is an important component of ensuring that patients are satisfied, not only with their health outcomes but also with their healthcare experience.

The CAHPS survey is applicable to Meridian, Wellcare, and YouthCare. For Ambetter, the CAHPS survey is referred to as the Qualified Health Plan (QHP) Enrollee Survey. The CAHPS and the QHP surveys allow patients to evaluate the aspects of care delivery that matter the most to them. At Meridian, we are committed to partnering with our providers to deliver an outstanding patient experience.

As a provider, you are the most critical component of that experience. We want to ensure that you know exactly how your patients are evaluating your care. Please take a moment to review and to familiarize yourself with some of the key topics included in the survey.

Survey Measure	Description	Daily Practice Tips
Getting Needed Care	This measure assesses the ease with which patients received the care, tests, or treatment they needed. It also assesses how often they were able to get a specialist appointment scheduled when needed.	<ul style="list-style-type: none">• Office staff should help coordinate specialty appointments for urgent cases• Encourage patients and caregivers to view results on the patient portal when available• Inform patients of what to do if care is needed after hours• Offer appointments or refills via text and/or email• Offer alternative appointment types to expand access to care (e.g., telephone, telehealth, telemedicine, and patient portals)

Survey Measure	Description	Daily Practice Tips
Getting Care Quickly	This measure assesses how often patients got the care they needed as soon as they needed it and how often appointment wait times exceeded 15 minutes.	<ul style="list-style-type: none"> • Ensure a few appointments each day are available to accommodate urgent visits • Offer appointments with a nurse practitioner or physician assistant for short notice appointments • Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away or provided alternate care via phone and urgent care • Keep patients informed if there is a longer wait time than expected and give them an option to reschedule
Care Coordination	This measure assesses providers' assistance with managing the disparate and confusing health care system, including access to medical records, timely follow-up on test results, and education on prescription medications.	<ul style="list-style-type: none"> • Ensure there are open appointments for patients recently discharged from a facility • Integrate PCP and specialty practices through EMR or fax to get reports promptly • Ask patients if they have seen any other providers; discuss visits to specialty care as needed • Encourage patients to bring in their medications to each visit

Survey Measure	Description	Daily Practice Tips
How Well Doctors Communicate	This measure assesses patients' perception of the quality of communication with their doctor. Consider using the Teach-Back Method to ensure patients understand their health information.	<p>What is Teach-back?</p> <ul style="list-style-type: none"> • A way to ensure you – the healthcare provider – have explained information clearly. It is not a test or quiz of patients • Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way • A way to check for understanding and, if needed, re-explain and check again • A research-based health literacy intervention that improves patient-provider communication and patient health outcomes
Rating of Health Care Quality	The CAHPS® survey asks patients to rate the overall quality of their health care on a 0-10 scale.	<ul style="list-style-type: none"> • Encourage patients to make their routine appointments for checkups or follow up visits as soon as they can – weeks or even months in advance • Ensure that open care gaps are addressed during each patient visit • Make use of the provider portal when requesting prior authorizations

On the following page are examples of **satisfaction categories and survey questions** for which your patients are asked to respond; provider discussion questions; and Provider Tips. We hope this tool will provide reinforcement opportunities for your relationship with the patients you serve.

Sample Questions	Provider Tips
<p>Health Promotion Discussion Questions</p> <p>Any problems with your work or daily activities due to physical problems?</p> <p>Any problems with your work or daily activities due to stress?</p> <p>Anything bothering you or stressful?</p> <p>Are you sad or depressed?</p> <p>Do you use tobacco? (Always/Sometimes/Never)</p> <p>Do you drink alcohol? (Always/Sometimes/Never)</p> <p>Do you exercise? (Always/Sometimes/Never)</p> <p>Do you take aspirin? (Always/Sometimes/Never)</p> <p>Do you or anyone in your family have high blood pressure, high cholesterol or had a heart attack?</p> <p>Have you had a flu shot in the past calendar year? If not, Why?</p>	<ul style="list-style-type: none"> • Complete and document any health assessment on patient • Discuss with patient the benefits of exercise and encourage them to start, increase or maintain physical activity and document discussion • Discuss the risks of tobacco use and recommend medication to assist in stopping • Discuss issues associated with drinking too much alcohol, if necessary • Discuss the risks and benefits of aspirin to prevent heart attack or stroke • Screen patient for high blood pressure and cholesterol • Recommend and/or administer the flu shot during flu season
<p>Medication Discussion Questions</p> <p>Are you currently on any prescription medications from another doctor? If so, what?</p> <p>How long have you been on the medication?</p>	<ul style="list-style-type: none"> • Document all prescription medication patient is taking • Discuss options and reasons to take alternate medications if patient is not getting positive results for symptoms • Discuss reasons with patient why they may need to stop taking a particular medication • Discuss the benefits and risks of taking a medicine • Discuss patient's preference on what medication they feel would be best for them • Review medications prescribed by PCP and specialists and verify results

Sample Questions	Provider Tips
<p>Access to Care Discussion Questions</p> <p>Are you satisfied with the timeframe it took to schedule your appointment?</p> <p>Were you able to get your appointment as soon as you needed?</p> <p>Are you satisfied with the coordination of care you receive, coordinating visits with specialists, non-emergency transportation (if needed) and providing lab or test results?</p>	<ul style="list-style-type: none"> • Evaluate office procedures to improve getting patients scheduled as quickly as possible for their symptoms • Determine why patient perceives difficulty in getting timely care, if necessary • Educate patient on timeframes for getting appointments according to their symptoms • Assist in coordination of non-emergency transportation, if necessary

Critical Incidents (CI) ●●●

A critical incident (CI) is any alleged or actual event that poses a risk of serious harm, injury or death of the member.

Critical incidents include, but are not limited to:

- Abuse
- Fraud
- Neglect
- Exploitation
- Behavioral Health
- Unanticipated Death
- Legal/Criminal Activity
- Medication Management
- Restraint/Seclusion/or Other Restrictive Intervention
- Medical Emergency/Injury/Illness
- Missing Person/Elopement
- Environmental/Unsafe Housing/Displacement

Types of abuse can include physical abuse, verbal abuse, sexual abuse, or harassment, and mental or emotional abuse.

Reporting Critical Incidents

1. Identify the appropriate CI type
2. Complete a Critical Incident Reporting Form if incident occurred within the past year
 - Submit within 48 hours of discovering the incident
3. Email Critical Incident Reporting Form to critical.incidents@mhplan.com

The Critical Incident Reporting Form can be found here:

<https://www.ilmeridian.com/providers/resources/forms-resources.html>

Cultural Competence ●●

Cultural Competence is a set of attitudes, behaviors, and policies that enable people to work effectively in cross-cultural situations. We serve a diverse patient population. The ability to understand and relate to different cultures can help you communicate effectively with your patients. All Meridian network providers are contractually required to complete the on-line [Cultural Competence training module](#) annually.

Medicaid: <https://www.ilmeridian.com/providers/resources/provider-training/annual-training.html>

MMP: <https://mmp.ilmeridian.com/provider/training-and-education/annual-training.html>

Tips for Providing Culturally Competent Care

Consider population-specific conditions: Low-income/low-literacy, race, disability, spirituality, age, sexuality, and gender identity.

Ask about cultural practices: Spiritual traditions, dietary restrictions, and more may impact a patient's clinical experience.

Practice transcultural techniques: Approach a new patient slowly, be respectful, sit in a quiet setting, and sit a comfortable distance away.

Ensure patient's understanding of care: Lack of accessible medication instructions in a patient's language can impact quality of care. Ensure a patient's comprehension by utilizing translated handouts and/or make use of a translator.

Things to Remember

- 1 in 4 Americans live with a disability and are twice as likely to find his or her provider's skills or facilities inadequate.
- 1 in 5 Americans speak a language other than English at home. Language barriers can prevent patients from effectively conveying their ailments and understanding their care plans.
- 3.6 million Americans miss or delay medical care because they lack reliable transportation.
- Invest in Americans with Disabilities Act (ADA)-approved renovations and train staff on disabilities, challenges, and rights.
- Speak slowly, summarize, demonstrate, and use appropriate terminology when providing instructions. Ensure that patients understand the instructions at the end of the visit.
- Call Meridian transportation at **866-796-1165** at least three business days prior to a patient's appointment.

Sources: CDC.gov, census.gov, ncbi.nlm.nih.gov

Quality Education Webinar (QEW) ●●●●●

To support our providers in their quality improvement efforts, Meridian's Quality Improvement team hosts a series of webinars on topics related to improving patients' quality of care.

We hope these sessions will assist provider teams to improve HEDIS® scores and drive better incentive payments to your practice.

All office staff can attend including providers, administrative staff, and quality teams. Participants can watch the webinars remotely using the Zoom call-in number sent each month via email. If you are interested in receiving a copy of the webinar schedule or to be added to the invite distribution list please email ILHEDISOps@mhplan.com.

Sample webinar topics include:

- HEDIS® Pay for Quality (P4Q) Program, HEDIS® Exclusions and Medical Record Retrieval Methods
- Adult and Behavioral Health HEDIS® Measures
- Children's HEDIS® Measures
- Patient Satisfaction, Health Outcomes Survey and Patient-Centered Medical Homes
- Review IL Lines of Business – Meridian Health Plans, Wellcare Medicare, YouthCare and Ambetter
- Risk Adjustment
- Best Practices for Closing Care Gaps

Access & Availability

Annually, Meridian assesses the appointment availability and after-hours access of its contracted provider offices to ensure patients are served based on their level of need.

Each year, our Quality Improvement team conducts a telephone audit using the standards below set forth by NCQA, CMS and/or State regulations. These audits are conducted in an effort to monitor provider compliance with Illinois Medicaid contract requirements. The process of conducting the annual audits is outlined below.

IDENTIFY Meridian audits a sample of its contracted PCPs, behavioral health practitioners and specialists.

OUTREACH Conducted by a Third Party Vendor via phone, up to three attempts are made to reach a live person.

ANALYZE Analysis is performed based on all data collected.

REPORT Letters are mailed to offices indicating the results of the audit. Any offices who did not meet the standards are placed on a corrective action plan and are asked to identify ways to improve their appointment availability.

PCP Appointment Availability Standards

Appointment Types	Population	Standard
Preventive/ Routine Care	Child ≤ 6 Months	Medicaid: 2 weeks Marketplace: 30 calendar days Medicare: 1 month MMAI: 5 weeks
Preventive/ Routine Care	Child > 6 Months	Medicaid: 5 weeks Marketplace: 30 calendar days Medicare: 1 month MMAI: 5 weeks
Preventive/ Routine Care	Adult	Medicaid: 5 weeks Marketplace: 30 calendar days Medicare: 1 month MMAI: 5 weeks
Urgent/Non- Emergent (Medically Necessary Care)	Adult or Child	Medicaid: 1 business day (24 hours) Marketplace: 24 hours Medicare: 24 hours MMAI: Not Listed
Non-Urgent/ Non-Emergent Conditions	Adult or Child	Medicaid: 3 weeks Marketplace: Not listed Medicare: 3 weeks MMAI: 3 weeks

PCP Appointment Availability Standards (continued)

Appointment Types	Population	Standard
Initial Prenatal w/o Problems (First Trimester)	Enrollees of Childbearing Age	Medicaid: 2 weeks Marketplace: Not Listed Medicare: Not Listed MMAI: 2 weeks
Prenatal (Second Trimester)	Enrollees of Childbearing Age	Medicaid: 1 week Marketplace: Not Listed Medicare: Not Listed MMAI: 1 week
Prenatal (Third Trimester)	Enrollees of Childbearing Age	Medicaid: 3 days Marketplace: Not Listed Medicare: Not Listed MMAI: 3 days
Office Wait Time	All	Medicaid: 30 minutes Marketplace: 30 minutes YouthCare: 60 minutes Medicare: 15 minutes MMAI: Not Listed
Hours Different for Medicaid Recipients	All	Medicaid: No; must be the same Marketplace: No; must be the same Medicare: No; must be the same MMAI: No; must be the same

Medical coverage 24 hours a day, 7 days a week

Behavioral Health Appointment Availability Standards

Appointment Types	Standard
Life Threatening Emergency	Medicaid: Immediately, or referred to the Emergency Room Marketplace: Immediately, or referred to the Emergency Room Medicare: Immediately, or referred to the Emergency Room MMAI: 1 day
Non-Life-Threatening Emergencies	Medicaid: 6 hours Marketplace: 6 hours Medicare: 6 hours MMAI: Not Listed
Urgent Care	Medicaid: 48 hours Marketplace: 48 hours Medicare: 48 hours MMAI: Not Listed

Behavioral Health Appointment Availability Standards (continued)

Appointment Types	Standard
Initial Visit for Routine Care	Medicaid: 10 business days Marketplace: 10 business days Medicare: 10 business days MMAI: Not Listed
Follow-Up Visit for Routine Care	Medicaid: 14 business days Marketplace: 10 business days Medicare: 10 business days MMAI: Not Listed
Office Wait Time	Medicaid: 30 minutes Marketplace: 30 minutes YouthCare: 60 minutes Medicare: 15 minutes MMAI: Not Listed
Different Hours for Medicaid	Medicaid: No; must be the same Marketplace: No; must be the same Medicare: No; must be the same MMAI: No; must be the same

Medical coverage 24 hours a day, 7 days a week

Specialist Appointment Availability Standards

Appointment Types	Population	Standard
General Specialty Visit	All	Medicaid: Not Listed Marketplace: 30 calendar days Medicare: 30 calendar days MMAI: 5 weeks
Routine Office Visit	Adult	Medicaid: 45 calendar days Marketplace: Not Listed Medicare: Not Listed MMAI: Not Listed
Routine Office Visit	Child	Medicaid: 21 calendar days Marketplace: Not Listed Medicare: Not Listed MMAI: Not Listed
Urgent Visit	All	Medicaid: 72 hours Marketplace: 48 hours Medicare: Not Listed MMAI: Not Listed
Office Wait Time	All	Medicaid: 30 minutes Marketplace: 30 minutes YouthCare: 60 minutes Medicare: 15 minutes MMAI: Not Listed

Specialist Appointment Availability Standards (continued)

Appointment Types	Population	Standard
Different Hours for Member Plans	All	Medicaid: No; must be the same Marketplace: No; must be the same Medicare: No; must be the same MMAI: No; must be the same

Medical coverage 24 hours a day, 7 days a week

After-hours standards

All specialist contracts require practitioners to ensure coverage for their respective practices 24 hours a day, seven days a week.

Acceptable after-hours access mechanisms include:

- Answering service
- On-call pager/cellular
- Call forwarded to practitioner’s home or other location
- Published after-hours telephone number and recorded voice message directing patients to a practitioner for urgent and non-life threatening conditions. The message should not instruct patients to obtain treatment at the Emergency Room for non-life-threatening emergencies.

Message Components

- Message MUST direct patients in a medical emergency to call 911 or go to the nearest Emergency Room or Urgent Care.

Message Must Contain ONE of the Following:

- Message forwards to on-call practitioner
 - Message forwards to an answering service
 - Message gives the on-call practitioner’s number
 - Message gives the on-call practitioner’s pager
 - Message refers patient to another office, practitioner, or on-call service
- Message may not only direct patient to Emergency Room. The patient must be able to leave a message for an on-call doctor, speak with an on-call doctor or be forwarded to an on-call doctor.

Patient-Centered Medical Home (PCMH) ●

Meridian appreciates the commitment required for PCMH recognition. PCMHs can provide a patient with access to a personal clinician and care team that offers individualized, high quality comprehensive primary care and coordinates specialty and other needed services. The National Committee for Quality Assurance's (NCQA) PCMH recognition program is the most widely adopted PCMH evaluation program in the country.

Practice Benefits

- Helps practice sites understand their current level of patient-centered care and identify opportunities for improvement
- PCMH recognition is a hallmark of high-quality care. Meridian offers incentives for recognized practices and for practices seeking to become recognized*
- The PCMH model is associated with better staff satisfaction
- NCQA publishes recognized practices and clinicians in its online directory

Patient Benefits

- The PCMH model helps to better manage and improve patients' chronic conditions
- PCMHs emphasize health information technology (HIT) and after-hours access to improve overall access to care. Care is provided when and where the patients need it the most
- The PCMH model focuses on team-based care and communication with patients and their families/caregivers

Contact your Provider Relations Specialist at 1-855-580-1689 to learn more about earning recognition as a PCMH and the Meridian PCMH Incentive Program.

** Incentive program is for the Meridian Medicare-Medicaid Plan line of business only*

Caring for and Communicating with Individuals with Intellectual and Developmental Disabilities (IDD)



As a provider, it is important to be aware of the following health disparities individuals with intellectual and developmental disabilities may face:

- Fewer preventive screenings than the general population
- Financial and transportation limitations
- Lack of access to specialized training or experience with caring for individuals in these populations

Complete an Annual Functional Status Assessment:

This assessment measures the patient's ability to perform daily tasks and helps to identify any functional decline. For Meridian patients, please indicate one of the following in the medical record:

- Notation and date that Activities of Daily Living (ADL) were assessed - Bathing, dressing, eating, transferring, using toilet, walking
- Notation and date that Instrumental Activities of Daily Living (IADL) were assessed - Shopping, driving or using public transportation, meal preparation, housework, taking medications, using the telephone
- Result of a standardized functional status assessment and the date it was performed - Assessment of Living Skills and Resources (ALSAR), Barthel ADL Index Physical Self-Maintenance (ADLS) Scale, Bayer Activities of Daily Living (B-ADL) Scale, Extended Activities of Daily Living (EADL) Scale
- Chronic conditions at a younger age
- A higher risk of obesity
- A greater incidence of mental illness
- An accelerated aging process

It is important that providers and health plans adapt and coordinate care for this population by communicating appropriately and respectfully about individuals with disabilities.

Individuals with intellectual and developmental disabilities often go through cognitive and behavioral changes. These include anxiety, depression, dementia, self-injurious behavior, and other factors. These changes may result from pain and discomfort related to other medical issues.

As a provider, it is important to be aware of the following ways to communicate, in order to emphasize the person first, and not the disability:

- Emphasize abilities, not limitations
- Do not use language that suggests the lack of something
- Emphasize the need for accessibility, not the disability
- Do not use offensive language
- Avoid language that implies negative stereotypes

- Do not portray people with disabilities as inspirational only because of their disability

Tips on Using People-First Language

This chart provides tips on what language to use when communicating with an individual with a disability.

Tips	Use	Do Not Use
Emphasize abilities, not limitations	Person who uses a wheelchair	Confined or restricted to a wheelchair, wheelchair bound
	Person who uses a device to speak	Can't talk, mute
Do not use language that suggests the lack of something	Person with a disability	Disabled, handicapped
	Person of short stature	Midget
	Person with cerebral palsy	Cerebral palsy victim
	Person with epilepsy or seizure disorder	Epileptic
	Person with multiple sclerosis	Afflicted by multiple sclerosis
Emphasize the need for accessibility, not the disability	Accessible parking or bathroom	Handicapped parking or bathroom
Do not use offensive language	Person with a physical disability	Crippled, lame, deformed, invalid, spastic
	Person with an intellectual, cognitive, developmental disability	Slow, simple, moronic, defective, afflicted, special person
	Person with an emotional or behavioral disability, a mental health impairment, or a psychiatric disability	Insane, crazy, psycho, maniac, nuts
Avoid language that implies negative stereotypes	Person without a disability	Normal person, healthy person
Do not portray people with disabilities as inspirational only because of their disability	Person who is successful, productive	Has overcome his/her disability, is courageous

Source: <https://www.cdc.gov/ncbddd/disabilityandhealth/pdf/communicating-with-people.pdf>

Medicare-Medicaid Plan Codes

Description	CPT Category*	CPT II Category*	HCPCS*
Functional Status Assessment	9483	1170F	G0438, G0439

**Codes subject to change*

Resources for Patients and Providers:

Illinois Department of Healthcare and Family Services (HFS):
www.illinois.gov/hfs/MedicalClients/HCBS/Pages/support_cyadd.aspx

Illinois Department of Human Services (IDHS): 217-782-3075

For a copy of current clinical practice guidelines, visit our website at
www.ilmeridian.com and <https://mmp.ilmeridian.com/>.

Provider Resources: <https://www.ilmeridian.com/providers/resources.html>

Disease Management (DM) ●●●

Disease Management only applies to Medicaid, MMP, & YouthCare lines of business. Meridian has a Disease Management Program to ensure effective management of chronic conditions. Eligible members may be identified for enrollment in a variety of ways including claims data (i.e. medical, behavioral, pharmacy, etc.), encounter data, health appraisal results, referrals from the health plan (i.e. Utilization Management, Case/Care Management, etc.), physician (i.e. lab values, etc.), a current or previous program participant, eligible individual list from client organizations (i.e. Population Health Category 5a Health Coaching Report), data from wellness or health coaching programs, and advanced data sources such as EDW.

Our Disease Management Overview

- An introductory mailing is sent to targeted members with program information and informing members they will receive a phone call
- A Health Coach will complete a health assessment and develop an individualized care plan based on the participant's knowledge of their condition, lifestyle behaviors, and readiness to change

What does this mean for you?

As a provider, you educate patients on the best ways to manage and improve their health. Providers can help their Meridian patients by:

- Working with them to receive important tests, such as routine diabetic tests
- Encouraging them to get their yearly flu vaccine
- Referring patients to benefits that Meridian offers to help manage their conditions

Benefits available to Meridian patients:

- Telephonic behavior change health coaching with a licensed Primary Health Coach with clinical experience matched to the participant's needs
- Medication education and compliance management
- Education materials to enhance understanding and compliance.
- Access to self-management tools and articles
- Unlimited in bound calls

To access Meridian's Health Library, visit our website at <https://ilmeridian.kramesonline.com/>.

Adult Health

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

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

AAP Measure Codes

Description	CPT*	HCPCS*	ICD-10CM*
Ambulatory Visits	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99483	G0402, G0438, G0439, G0463, T1015	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
Online Assessments	98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457, 99458	G0071, G2010, G2012, G2061-G2063, G2250-G2252	
Other Ambulatory Visits	92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337	S0620, S0621	
Telephone Visits	98966-98968, 99441-99443		

*Codes subject to change

Advanced Care Planning (ACP) ●●

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

This is a first year measure.

A discussion or documentation about preferences for resuscitation, life-sustaining treatment and end of life care.

ACP Measure Codes

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

**Codes subject to change*

Antidepressant Medication Management (AMM) ●●●●

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

Two rates are reported:

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

Antidepressant Medications

Description	Prescription	
Miscellaneous antidepressants	<ul style="list-style-type: none">• Bupropion• Vortioxetine	<ul style="list-style-type: none">• Vilazodone
Monoamine oxidase inhibitors	<ul style="list-style-type: none">• Isocarboxazid• Phenelzine	<ul style="list-style-type: none">• Selegiline• Tranylcypromine
Phenylpiperazine antidepressants	<ul style="list-style-type: none">• Nefazodone	<ul style="list-style-type: none">• Trazodone
Psychotherapeutic combinations	<ul style="list-style-type: none">• Amitriptyline-chlordiazepoxide• Fluoxetine-olanzapine• Amitriptyline-perphenazine	
SNRI antidepressants	<ul style="list-style-type: none">• Desvenlafaxine• Venlafaxine	<ul style="list-style-type: none">• Duloxetine• Levomilnacipran
SSRI antidepressants	<ul style="list-style-type: none">• Citalopram• Fluoxetine• Paroxetine	<ul style="list-style-type: none">• Escitalopram• Fluvoxamine• Sertraline
Tetracyclic antidepressants	<ul style="list-style-type: none">• Maprotiline	<ul style="list-style-type: none">• Mirtazapine
Tricyclic antidepressants	<ul style="list-style-type: none">• Amitriptyline• Clomipramine• Doxepin (>6 mg)• Nortriptyline• Trimipramine	<ul style="list-style-type: none">• Amoxapine• Desipramine• Imipramine• Protriptyline

Controlling High Blood Pressure (CBP) ●●●●●

The CBP measure evaluates the percentage of patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg).

All recorded blood pressure measurements

- Consider taking two readings at each office visit. Sometimes a second blood pressure reading is lower
- Do not round blood pressure; always use exact numbers

CBP Measure Codes

Description	Codes*
Hypertension	ICD-10: I10
Systolic Greater Than/Equal to 140	CPT-CAT-II: 3077F
Systolic 130-139	CPT-CAT-II: 3075F
Systolic Less Than 130	CPT-CAT-II: 3074F
Diastolic Greater Than/Equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Less Than 80	CPT-CAT-II: 3078F

**Codes subject to change*

Comprehensive Diabetes Care (CDC) has been replaced by the following three new measures: Hemoglobin A1c Control for Patients with Diabetes (HBD), Blood Pressure Control for Patients with Diabetes (BPD), and Eye Exam for Patients with Diabetes (EED).

Blood Pressure Control for Patients with Diabetes (BPD) ●●●●

The BPD measure evaluates the percentage of members 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 year.

BPD Measure Codes

Description	Codes*
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic Greater Than or Equal to 90	CPT-CAT-II: 3080F
Diastolic Less Than 80	CPT-CAT-II: 3078F
Systolic Greater Than or Equal to 140	CPT-CAT-II: 3077F
Systolic Less Than 130	CPT-CAT-II: 3074F
Systolic 130-139	CPT-CAT-II: 3075F

**Codes subject to change*

Eye Exam for Patients with Diabetes (EED) ●●●●

The EED measure evaluates percentage of members 18-75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

EED Measure Codes

Description	Codes*
Unilateral Eye Enucleation with a Bilateral Modifier 50	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Automated Eye Exam	CPT: 92229
Diabetic Retinal Screening Negative in Prior Year	CPT-CAT-II: 3072F
Eye Exam With Retinopathy	CPT-CAT-II: 2022F, 2024F, 2026F
Eye Exam Without Retinopathy	CPT-CAT-II: 2023F, 2025F, 2033F
Diabetes Mellitus Without Complications	ICD-10: E10.9, E11.9, E13.9

EED Measure Codes (continued)

Description	Codes*
Diabetic Retinal Screening	CPT: 67028, 67030, 67031, 67036, 67039, 67040-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 HCPCS: S0620, S0621, S3000

*Codes subject to change

Hemoglobin A1c Control for Patients with Diabetes (HBD) ●●●●

The HBD measure evaluates the percentage of members 18-75 years of age with diabetes (types 1 and 2) whose HbA1c was at the following levels: HbA1c control (<8.0%) and HbA1c poor control (>9.0%).

HBD Measure Codes

Description	Codes*
HbA1c Lab Test	CPT: 83036, 83037
HbA1c Level Greater Than 9.0	CPT-CAT-II: 3046F
HbA1c Level Greater Than or Equal to 7.0 and Less Than 8.0	CPT-CAT-II: 3051F
HbA1c Level Greater Than or Equal to 8.0 and Less Than or Equal to 9.0	CPT-CAT-II: 3052F
HbA1c Level Less Than 7.0	CPT-CAT-II: 3044F

*Codes subject to change

Care for Older Adults (COA) ●

The COA measure evaluates percentage of adults 66 years and older who had each of the following:

- Medication review
 - Perform an annual medication review of the patient’s medications, including prescription medications, over-the-counter medications and herbal or supplemental therapies.
- Functional status assessment
 - This assessment measures the patient’s ability to perform daily tasks and helps to identify any functional decline. For Meridian Medicare-Medicaid Plan patients, please indicate in the medical record:
 - Activities of Daily Living (ADL) — Note and date when activities like bathing, dressing, eating, transferring, using toilet and walking were assessed.
 - Instrumental Activities of Daily Living (IADL) — Note and date when activities like shopping, driving or using public transportation, meal preparation, housework, taking medications, and using the telephone were assessed.
 - Standardized functional status assessments — Note results and dates of assessments like the Assessment of Living Skills and Resources (ALSAR), The Barthel Index and The Physical Self-Maintenance Scale, Bayer Activities of Daily Living (B-ADL) Scale, or Extended Activities of Daily Living (EADL) Scale.
- Pain assessment
 - Perform an annual comprehensive pain assessment to screen the patient for the presence of pain and to assess pain intensity.

COA Measure Codes

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

**Codes subject to change*

Colorectal Cancer Screening (COL)

The COL measure evaluates the percentage of patients 45-75 years of age who has had one or more appropriate screenings for colorectal cancer.

Appropriate screenings are defined by one of the following:

- Colonoscopy during the measurement year or the nine years prior to the measurement year.
- CT colonography during the measurement year or the four years prior to the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year.
- FIT-DNA during the measurement year or the two years prior to the measurement year.
- FOBT during the measurement year.

COL Measure Codes

Description	Codes*
Colonoscopy	CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 HCPCS: G0105, G0121
CT Colonography	CPT: 74261-74263
FIT- DNA Lab Test	CPT: 81528
Flexible Sigmoidoscopy	CPT: 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350 HCPCS: G0104
FOBT Lab Test	CPT: 82270, 82274 HCPCS: G0328

**Codes subject to change*

Cardiac Rehabilitation (CRE) ●●●

The CRE measure evaluates percentage of patients 18 years of age and older who attended cardiac rehabilitation following a qualifying cardiac event such as:

- Coronary artery bypass grafting
- Heart or heart/lung transplantation
- Heart valve repair/replacement
- Myocardial infarction
- Percutaneous coronary intervention

It is important patients have the following schedule of cardiac rehabilitation:

- **Initiation:** At least 2 sessions within 30 days after the event
- **Engagement:**
 - At least 12 sessions within 90 days after the event
 - At least 24 sessions within 180 days after the event
- **Achievement:**
 - At least 36 sessions within 180 days after the event
 - Encourage patients to have annual testing

CRE Measure Codes

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

**Codes subject to change*

Kidney Health Evaluation for Patients with Diabetes (KED) ●●●●

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

KED Measure Codes

Description	Codes*
Estimated Glomerular Filtration Rate (eGFR)	CPT: 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin-Creatinine Ratio (uACR)	CPT: 82043, 82570

**Codes subject to change*

Use of Imaging Studies for Low Back Pain (LBP) ●●●●●

The LBP measure evaluates patients age 18 to 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.

Numerator: An imaging study with a diagnosis of uncomplicated low back pain on the IESD or in the 28 days following the IESD.

LBP Measure Codes

Description	Codes*
Imaging Study	CPT: 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220
Uncomplicated Low Back Pain	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-M51.37, M51.86-M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03-M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84 CPT: 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, S39.82XA, S3 S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

*Codes subject to change

According to the National Committee for Quality Assurance (NCQA), 75 percent of American adults will experience low back pain at some time in their lives, making it one of the most common reasons patients seek healthcare services.

Please consider imaging studies for lower back pain only if red flags are present or if there is no improvement after four weeks.

Alternative Recommendations

Meridian encourages its providers to refer to the Agency for Healthcare Research and Quality website (www.ahrq.gov) or the Meridian website (www.ilmeridian.com) for standards and guidelines in managing your patients' acute lower back pain.

Source: www.ncqa.org

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) ●●●

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

Beta-Blocker Medications

Description	Prescription		
Noncardioselective beta-blockers	<ul style="list-style-type: none">• Carvedilol• Pindolol• Sotalol	<ul style="list-style-type: none">• Labetalol• Propranolol	<ul style="list-style-type: none">• Nadolol• Timolol
Cardioselective beta-blockers	<ul style="list-style-type: none">• Acebutolol• Atenolol	<ul style="list-style-type: none">• Betaxolol• Bisoprolol	<ul style="list-style-type: none">• Metoprolol• Nebivolol
Antihypertensive combinations	<ul style="list-style-type: none">• Atenolol-chlorthalidone• Bendroflumethiazide-nadolol• Bisoprolol-hydrochlorothiazide• Hydrochlorothiazide-metoprolol• Hydrochlorothiazide-propranolol		

Pharmacotherapy Management of COPD Exacerbation (PCE) ●●●

The PCE measure evaluates percentage of COPD exacerbations for patients 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1-November 30 and were dispensed appropriate medications.

Two rates are reported:

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

Systemic Corticosteroid Medications

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

Bronchodilator Medications

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

Plan All Cause Readmissions (PCR) ●●●●

The PCR measure evaluates patients 18 years of age and older who had an acute inpatient and observation stay that was followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

What Providers Can Do:

- See the patient within seven days of discharge
- Educate the patient and family about the diagnosis and care plan
- Review medication list
- Establish care goals with the patient
- Identify barriers for the patient and address his or her concerns

How Meridian Can Help:

- Meridian will notify PCPs during the Transition of Care (TOC) process
- A TOC letter is faxed to the PCP within 24 hours of discharge
- Meridian's Interdisciplinary Care Team (ICT) reviews individual care plans
- Educate patients on appropriate emergency department utilization

Adherence to Antipsychotic Medications for People with Schizophrenia (SAA) ●●●

The SAA measure evaluates patients 18 years of age and older in the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Antipsychotic Medications

Description	Prescription	
Antipsychotic agents – Oral	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lumateperone 	<ul style="list-style-type: none"> • Lurasidone • Molindone • Molindone • Olanzapine • Paliperidone • Quetiapine • Risperidone • Ziperidone
Phenthiazine Antipsychotic – Oral	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine 	<ul style="list-style-type: none"> • Prochlorperazine • Thioridazine • Trifluoperazine
Psychotherapeutic combinations – Oral	<ul style="list-style-type: none"> • Amitriptyline-perphenenazine 	
Thioxanthenes – Oral	<ul style="list-style-type: none"> • Thiothixene 	
Long Acting Injections	<ul style="list-style-type: none"> • Risperidone • Aripiprazole • Anripiprazole lauroxil • Fluphenazine decanoate 	<ul style="list-style-type: none"> • Haloperidol decanoate • Olanzapine • Paliperidone palmitate • Risperidone

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD) ●

The SMD measure evaluates the percentage of patients 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test.

SMD Measure Codes

Description	Codes*
HbA1C Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	CPT-CAT-II: 3044F
Most recent hemoglobin A1c level greater than 9.0% (DM)	CPT-CAT-II: 3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	CPT-CAT-II: 3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	CPT-CAT-II: 3052F
LDL-C Lab Tests	CPT: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3048F, 3049F, 3050F
Most recent LDL-C less than 100 mg/dL (CAD) (DM)	CPT-CAT-II: 3048F
Most recent LDL-C 100-129 mg/dL (CAD) (DM)	CPT-CAT-II: 3049F
Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	CPT-CAT-II: 3050F

*Codes subject to change

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) ●●●

The SPR measure evaluates the percentage of patients 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm diagnosis.

SPR Measure Codes

CPT*
94010, 94014-94016, 94060, 94070, 94375, 94620

**Codes subject to change*

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

The SSD measure evaluates percentage of patients 18-64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test.

SSD Measure Codes

Description	Codes*
HbA1C Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	CPT-CAT-II: 3044F
Most recent hemoglobin A1c level greater than 9.0% (DM)	CPT-CAT-II: 3046F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	CPT-CAT-II: 3051F
Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	CPT-CAT-II: 3052F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

**Codes subject to change*

Transitions of Care (TRC) ●●

The TRC measure evaluates the percentage of discharges for patients 18 years of age and older who had each of the following:

- Notification of Inpatient Admission
- Receipt of Discharge Information
- Patient Engagement After Inpatient Discharge
- Medication Reconciliation Post-Discharge

Remember to:

- Document receipt of notification of inpatient admission on the day of admission through two days after admission (for a total of 3 days)
- Record receipt of notification of discharge on the day of discharge through two days after discharge (for a total of 3 days)
- Document patient engagement within 30 days after discharge (e.g., office visits, visits to the home, telehealth)
- Document medication reconciliation on the date of discharge through 30 days after discharge (for a total of 31 days)

Patient engagement provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge. The following meet criteria for patient engagement:

- An outpatient visit
- A telephone visit
- Transitional care management services
- An e-visit or virtual check-in

Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse on the date of discharge through 30 days after discharge (31 total days).

TRC Measure Codes

Description	Codes*
Patient Engagement Online Assessments	CPT: 98969-98972, 99421-99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015
Telephone Visits	CPT: 98966-98968, 99441-99443
Transitional Care Management Services	CPT: 99495-99496
Medication Reconciliation	CPT: 99483, 99495-99496 CPT-CAT-II: 1111F

*Codes subject to change

Women's Health

Breast Cancer Screening (BCS) ●●●●●

Beginning in MY2023, BCS is transitioning to a BCS-E measure. E stands for Electronic Clinical Data Systems (ECDS). For further information, please visit ncqa.org.

The BCS measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

BCS Measure Codes

Description	Codes*
Mammogram	<p>LOINC: 24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 39150-8, 39152-4, 39153-2, 39154-0, 42168-5, 42169-3, 42174-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46342-2, 46350-5, 46351-3, 46354-7, 46355-4, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0, 72137-3, 72138-1, 72139-9, 72140-7, 72141-5, 72142-3, 86462-9, 86463-7, 91517-3, 91518-1, 91519-9, 91520-7, 91521-5, 91522-3</p> <p>CPT: 77061-77063, 77065-77067</p>

	SNOMED CT: 12389009, 24623002, 43204002, 71651007, 241055006, 241057003, 241058008, 258172002, 439324009, 450566007, 709657006, 723778004, 723779007, 723780005, 726551006, 833310007, 866234000, 866235004, 866236003, 866237007, 384151000119104, 392521000119107, 392531000119105, 566571000119105, 572701000119102
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**Codes subject to change*

Cervical Cancer Screening (CCS) ●●

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

- Women 21-64 years of age who had cervical cytology performed within last 3 years.
- Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30-64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years.

CCS Measure Codes

Description	Codes*
Cervical Cytology Lab Test (20-64)	CPT: 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests (30-64)	CPT: 87624, 87625 HCPCS: G0476

**Codes subject to change*

Chlamydia screening in Women (CHL) ●●

The CHL measure evaluates the percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia.

Meridian covers all types of chlamydia screenings. This includes traditional methods, as well as urine screening (bill with CPT code 87110) for men and women. The advantage to urine screening is that it is simple, quick and has a higher accuracy rate than other methods.

CHL Measure Codes

CPT*
87110, 87270, 87320, 87490-87492, 87810

**Codes subject to change*

Osteoporosis Management in Women Who Had a Fracture (OMW) ●●

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

OMW Measure Codes

Description	Codes*
Bone Mineral Density Tests	CPT: 76977, 77078, 77080, 77081, 77085, 77086 ICD10PSC: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BP4MZZ1, PB4NZZ1, BP4PZZ1, BQ00ZZ1, BR01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
Osteoporosis Medications	HCPCS: J0897, J1740, J3110, J3111, J3489
Long-Acting Osteoporosis Medications during Inpatient Stay	HCPCS: J0897, J1740, J3489

**Codes subject to change*

Osteoporosis Medications

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

Osteoporosis Screening in Older Women (OSW) ●●

The OSW measure evaluates the percentage of women 65–75 years of age who received osteoporosis screening.

OSW Measure Codes

Description	Codes*
Osteoporosis Screening Tests	CPT: 76977, 77078, 77080, 77081, 77085

**Codes subject to change*

Prenatal and Postpartum Care (PPC) ●●

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

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

Postpartum Care: percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

PPC Measure Codes

Description	Codes*
Online Assessments	CPT: 98969-98972, 99421-99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063, G2250-G2252
Prenatal Visits (Visit must be performed in the first trimester (13 weeks), on or before the enrollment start date, or within 42 days of enrollment if already pregnant at the time of enrollment with Meridian)	CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483 HCPCS: G0463, T1015
Stand-Alone Prenatal Visits	CPT: 99500 CPT-CAT-II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004
Cervical Cytology Lab Test	CPT: 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Visits (must be on or between 7 days and 84 days after delivery)	CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telephone Visits	CPT: 98966-98968, 99441-99443
Prenatal Bundled Services	CPT: 59400, 59425, 59426, 59510, 59610, 59610, 59618 HCPCS: H1005

*Codes subject to change

NOTE: When using the Online Assessment, Telephone Visit, or Prenatal Visit codes, remember to also include a Pregnancy Diagnosis code.



Pediatric Health

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

The ADD measure evaluates percentage of children newly prescribed attention deficit hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Two rates are reported:

- **Initiation Phase:** percentage of patients 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
- **Continuation and Maintenance (C&M) Phase:** percentage of patients 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.

ADD Measure Codes

Description	Codes*
Outpatient POS	POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483, 99492-99494 HCPC: G0512 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Observation Visit	CPT: 99217-99220
Health and Behavior Assessment/Intervention	CPT: 96150-96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Online Assessments	CPT: 98969-98972, 99421-99444, 99457, 99458 HCPC: G0071, G2010, G2012, G2061-G2063, G2250-G2252
Partial Hospitalization/ Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telehealth POS	POS: 02, 10
Telephone Visits	CPT: 98966-98968, 99441-99443
Visit Setting Unspecified Value Set	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255
Community Mental Health Center	POS: 53

*Codes subject to change

ADHD Medications

CNS Stimulants	
<ul style="list-style-type: none"> Dexamethylphenidate Dextroamphetamine Lisdexamfetamine 	<ul style="list-style-type: none"> Methamphetamine Methylphenidate
Alpha-2 Receptor Agonists:	
<ul style="list-style-type: none"> Clonidine 	<ul style="list-style-type: none"> Guanfacine
Misc. ADHD Medication:	
<ul style="list-style-type: none"> Atomoxetine 	

Oral Evaluation, Dental Services (OED) ●

This is a first-year measure. The OED measure evaluates the percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

OED Measure Codes

Description	Codes*
Comprehensive or periodic oral evaluation with a dental provider	CDT: D0120, D0145, D0150

**Codes subject to change*

Topical Fluoride for Children (TFC) ●

This is a first-year measure. The TFC measure evaluates the percentage of members 1–4 years of age who received at least two fluoride varnish applications during the measurement year.

TFC Measure Codes

Description	Codes*
Varnish	CPT: 99188 CDT: D1206

**Codes subject to change*

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) ●●

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

Three rates are reported:

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

APM Measure Codes

Description (Need either A1c or Glucose and LCL-C or Cholesterol)	Codes*
HbA1C Lab Tests	ICD-10: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F-30502F
HbA1c Level Greater Than 9.0	CPT-CAT-II: 3046F
HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0	CPT-CAT-II: 3051F
HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0	CPT-CAT-II: 3052F
HbA1c Level Less Than 7.0	CPT -CAT-II: 3044F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Lab Tests	ICD-10: 80061, 83700, 83701, 83704, 83721 CPT-CAT-II: 3084F-3050F
Most recent LDL-C less than 100 mg/dL (CAD) (DM)	CPT-CAT-II: 3048F
Most recent LDL-C 100-129 mg/dL (CAD) (DM)	CPT-CAT-II: 3049F
Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	CPT-CAT-II: 3050F
Cholesterol Lab Tests	CPT: 82465, 83718, 83722, 84478

*Codes subject to change

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

The APP measure evaluates patients one to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first line treatment.

Antipsychotic Medications

Miscellaneous Antipsychotic Agents		
• Aripiprazone	• Iloperidone	• Pimozide
• Asenapine	• Loxapine	• Quetiapine
• Brexpiprazole	• Lurisadone	• Risperidone
• Cariprazine	• Molindone	• Ziprasidone
• Clozapine	• Olanzapine	
• Haloperidol	• Paliperidon	
Phenothiazine Antipsychotics		
• Chlorpromazine	• Perphenazine	• Trifluoperazine
• Fluphenazine	• Thioridazine	
Thioxanthenes		
• Thiothixene		
Long-Acting Injections		
• Arirprazole	• Haloperidol decanoate	• Risperidone
• Arirprazole lauroxil	• Olanzapine	
• Fluphenazine decanotate	• Paliperidone palmitate	

Antipsychotic Combination Medications

Psychotherapeutic Combinations
• Fluoxetine-olanzapine
• Perphenazine-amitriptyline

APP Measure Codes

Description	CPT*	HPCS*
Psychosocial Care	90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880	G0176, G0177, G0409, G0410, G0411, H0004, H0035-H0040, H2000, H20001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485

*Codes subject to change

Childhood Immunization Status (CIS) ●●●

The CIS measure evaluates the percentage of children 2 years of age who completed immunizations on or before child's second birthday.

CIS Measure Codes

Description	Codes*
DTaP (4 dose)	CPT: 90697, 90698, 90700, 90723 CVX: 20, 50, 106, 107, 110, 120, 146
HIB (3 dose)	CPT: 90644, 90647, 90648, 90697, 90698, 90748 CVX: 17, 46, 47, 48, 49, 50, 51, 120, 146, 148
Newborn Hep B (3 dose)	CPT: 90697, 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110, 146 HCPCS: G0010 ICD-10-CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
IPV (3 dose)	CPT: 90697, 90698, 90713, 90723 CVX: 10, 89, 110, 120, 146
MMR (1 dose)	CPT: 90707, 90710 CVX: 03, 94 ICD-10: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
Pneumococcal Conjugate PCV (4 dose)	CPT: 90670 CVX: 109, 133, 152 HCPCS: G0009
Varicella VZV (1 dose)	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, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
Hep A (1 dose)	CPT: 90633 CVX: 31, 83, 85 ICD-10: B15.0, B15.9
Influenza Flu (2 dose) LAIV vaccination must be administered on the child's 2nd birthday	CPT: 90655, 90657, 90660, 90661, 90672, 90673, 90674, 90685-90689 CVX: 88, 140, 141, 150, 153, 155, 158, 161, 111, 149, 171, 186 HCPCS: G0008
Rotavirus (2 Dose)	CPT: 90681 CVX: 119

CIS Measure Codes (continued)

Description	Codes*
Rotavirus (3 Dose)	CPT: 90680 CVX: 116, 122

**Codes subject to change*

NOTE: Rotavirus is either 2 dose OR 3 dose for compliancy

Immunizations for Adolescents (IMA) ●●●

The IMA measure evaluates percentage of adolescents 13 years of age who completed immunizations on or before member’s 13th birthday.

IMA Measure Codes

Description	Codes*
Meningococcal-serogroup A,C,W, and Y: (1 dose)	CPT: 90619, 90733, 90734 CVX: 32, 108, 114, 136, 147, 167, 203
Tdap (1 dose)	CPT: 90715 CVX: 115
HPV (2 or 3 dose series)	CPT: 90649-90651 CVX: 62, 118, 137, 165

**Codes subject to change*

Lead Screening in Children (LSC) ●

The LSC measure evaluates percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning on or before members' second birthday.

LSC Measure Code

CPT*
83655

**Codes subject to change*

In order to ensure that children receive appropriate public health follow-up services, physicians and other health providers have an obligation to report blood lead results greater than or equal to 10mg/dL within 48 hours to the Illinois Department of Public Health (IDPH) Childhood Lead Poisoning Reporting System. Providers using the IDPH laboratory are not required to report blood lead results.

Illinois Department of Public Health

Illinois Lead Program

535 W. Jefferson Street

Springfield, IL 62761

P: 217-782-3517

www.idph.state.il.us

The Illinois Department of Healthcare and Family Services (HFS) encourages providers to send all blood lead specimens to the IDPH laboratory for analysis. Providers who utilize the state laboratory for blood lead analysis can order supplies for blood lead specimen collection free of charge by calling the IDPH Laboratory Shipping Section at 217-524-6222, or by downloading the Clinical Supplies Requisition Form from the HFS website: <https://www.dph.illinois.gov/>.

Well-Child and Adolescent Well-Care Visits (W30 ●●●/WCV ●●●●)

The W30/WCV measure evaluates the percentage of patients within designated ages who had comprehensive well-care visit(s) as defined in each measure, with a PCP or an OB/GYN practitioner during the measurement year.

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

Months of Life: The percentage of patients who had the following number of well-child visits with a PCP during the last 15 months.

Two rates are reported:

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

W30 Measure Codes

CPT*	HCPCS*	ICD-10*
99381, 99382, 99391, 99392, 99461	G0438, G0439, S0302	Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2

*Codes subject to change

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

WCV Measure Codes

CPT*	HCPCS*	ICD-10*
99382-99385, 99392-99395	G0438, G0439, S0302, S0610, S0612, S0613	Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

*Codes subject to change

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

The WCC measure evaluates the percentage of patients 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of each of the following:

- BMI Percentile
- Counseling for Nutrition
- Counseling for physical activity

WCC Measure Codes

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

**Codes subject to change*

General Health

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

The AAB measure evaluates patients ages 3 months & older that have a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

Treating Uncomplicated Acute Bronchitis

- Avoid prescribing antibiotics
- Treat presented symptoms only
- Prescribe antitussive agents for short-term relief of coughing

AAB Antibiotic Medications Table

Description	Prescriptions
Aminoglycosides	<ul style="list-style-type: none">• Amikacin• Gentamicin• Streptomycin• Tobramycin
Aminopenicillins	<ul style="list-style-type: none">• Amoxicillin Ampicillin
Beta-lactamase inhibitors	<ul style="list-style-type: none">• Amoxicillin-clavulanate• Ampicillin-sulbactam• Piperacillin-tazobactam
First-generation cephalosporins	<ul style="list-style-type: none">• Cefadroxil• Cefazolin• Cephalexin
Fourth-generation cephalosporins	<ul style="list-style-type: none">• Cefepime
Lincomycin derivatives	<ul style="list-style-type: none">• Clindamycin• Lincomycin

AAB Antibiotic Medications Table (continued)

Description	Prescriptions
Macrolides	<ul style="list-style-type: none"> • Azithromycin • Clarithromycin • Erythromycin
Miscellaneous antibiotics	<ul style="list-style-type: none"> • Aztreonam • Chloramphenicol • Dalfopristin-quinupristin • Daptomycin • Linezolid • Metronidazole • Vancomycin
Natural penicillins	<ul style="list-style-type: none"> • Penicillin G benzathine-procaine • Penicillin G potassium • Penicillin G procaine • Penicillin G sodium • Penicillin V potassium • Penicillin G benzathine
Penicillinase resistant penicillins	<ul style="list-style-type: none"> • Dicloxacillin • Nafcillin • Oxacillin
Quinolones	<ul style="list-style-type: none"> • Ciprofloxacin • Gemifloxacin • Levofloxacin • Moxifloxacin • Ofloxacin
Rifamycin derivatives	<ul style="list-style-type: none"> • Rifampin
Second-generation cephalosporin	<ul style="list-style-type: none"> • Cefaclor • Cefotetan • Cefoxitin • Cefprozil • Cefuroxime
Sulfonamides	<ul style="list-style-type: none"> • Sulfadiazine • Sulfamethoxazole-trimethoprim
Tetracyclines	<ul style="list-style-type: none"> • Doxycycline • Minocycline • Tetracycline
Third-generation cephalosporins	<ul style="list-style-type: none"> • Cefdinir • Cefixime • Cefotaxime • Cefpodoxime • Ceftazidime • Ceftriaxone

AAB Antibiotic Medications Table (continued)

Description	Prescriptions
Urinary anti-infectives	<ul style="list-style-type: none">• Fosfomycin• Nitrofurantoin• Nitrofurantoin macrocrystals-monohydrate• Trimethoprim

Asthma Medication Ratio (AMR) ●●●

The AMR measure evaluates the percentage of patients 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater.

Oral medication dispensing event: One prescription of an amount lasting 30 days or less. Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events.

Inhaler dispensing event: All inhalers of the same medication dispensed on the same day count as one dispensing event. Different inhaler medications dispensed on the same day are counted as different dispensing events.

Injection dispensing event: Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.

- Step 1: For each member, count the units of asthma controller medications (Asthma Controller Medications List) dispensed during the measurement year.
- Step 2: For each member, count the units of asthma reliever medications (Asthma Reliever Medications List) dispensed during the measurement year.
- For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications
 - For each member, calculate ratio using the below:
 - Units of Controller Medications/Units of Total Asthma Medications

Asthma Controller Medications

Description	Prescriptions	Medication Lists	Route
Antibody inhibitors	• Omalizumab	Omalizumab Medications List	Injection
Anti-interleukin-4	• Dupilumab	Dupilumab Medications List	Injection
Anti-interleukin-5	• Benralizumab	Benralizumab Medications List	Injection
Anti-interleukin-5	• Mepolizumab	Mepolizumab Medications List	Injection
Anti-interleukin-5	• Reslizumab	Reslizumab Medications List	Injection
Inhaled steroid combinations	• Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
Inhaled steroid combinations	• Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation

Asthma Controller Medications (continued)

Description	Prescriptions	Medication Lists	Route
Inhaled steroid combinations	• Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
Inhaled steroid combinations	• Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
Inhaled corticosteroids	• Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled corticosteroids	• Budesonide	Budesonide Medications List	Inhalation
Inhaled corticosteroids	• Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled corticosteroids	• Flunisolide	Flunisolide Medications List	Inhalation
Inhaled corticosteroids	• Fluticasone	Fluticasone Medications List	Inhalation
Inhaled corticosteroids	• Mometasone	Mometasone Medications List	Inhalation
Leukotriene modifiers	• Montelukast	Montelukast Medications List	Oral
Leukotriene modifiers	• Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene modifiers	• Zileuton	Zileuton Medications List	Oral
Methylxanthines	• Theophylline	Theophylline Medications List	Oral

Asthma Reliever Medications

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

Appropriate Testing for Pharyngitis (CWP) ●●●●

The CWP measure evaluates the percentage of episodes for patients 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

CWP Measure Codes

Description	ICD-10-CM Diagnosis*
Acute pharyngitis	J02.9
Acute tonsillitis	J03.90
Streptococcal sore throat	J02.0

**Codes subject to change*

Group A Strep Test Codes

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

**Codes subject to change*

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

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

Two rates are reported:

- The percentage of ED visits where patients received follow-up within 30 days of the visit (31 total days)
- The percentage of ED visits where patients received follow-up within 7 days of the visit (8 total days)

FUA 7 & 30 Day Follow-up Measure Codes

Description	Codes
Behavioral Health Assessment	CPT: 99408, 99409 HCPCS: G0211, G0396, G0397, G0442, H0001, H0002, H0031, H0049
Online Assessments	CPT: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252
Weekly Drug Treatment Service	HCPCS: G2067-G2070, G2072, G2073
Weekly Non Drug Service	HCPCS: G2071, G2074-G2077, G2080
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Peer Support Services	HCPCS: G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016
Substance Use Disorder Services	CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Substance Use Services	HCPCS: H0006, H0028
Visit Setting Unspecified include POS code	CPT: 90791, 9072, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99233, 99231-99233, 99238, 99239, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 71, 72

*Codes subject to change

Follow-Up After Hospitalization for Mental Illness (FUH) ●●●●●

The FUH measure evaluates percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.

Two rates are reported:

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

FUH Measure Codes

Description	Codes*
Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Provider	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with Mental Health Provider	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Provider	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 52
Partial Hospitalization/Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485

FUH Measure Codes (continued)

Description	Codes*
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 53
Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/ Partial Hospitalization POS	CPT: 90870 Ambulatory POS: 24 Comm. POS: 53 Partial Hosp. POS: 52 Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 ICD-10: GZB0ZZZ-GZB4ZZZ
Telehealth Visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 02, 10
Observation	CPT: 99217-99220
Transitional Care Management	CPT: 99495, 99496
Telephone Visit	CPT: 98966-98968, 99441-99443 POS: 53
Psychiatric Collaborative Care Management	CPT: 99492-99494 HCPCS: G0512

*Codes subject to change

Follow-Up After High Intensity Care for Substance Disorder (FUI) ●●●

The FUI measure evaluates the percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.

FUI measure reports two rates:

- The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.
- The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.

FUI Measure Codes

Description	Codes
BH Outpatient	CPT: "98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483, 99492-99494 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Online Assessment (e-visit or virtual check-in)	CPT: 98969-98972, 99421-99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252,
Outpatient Visit Setting Unspecified	CPT: 90791, 90792, 90832, 90833, 90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 53, 71, 72
Partial Hospitalization or Intensive Outpatient	POS: 52
Residential Behavioral Health Treatment	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Substance Use Disorder Services	CPT: 99408, 99409 G0396, G0397, G0443, HCPCS: H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Telephone Visits	CPT: 98966-98968, 99441-99443 POS: 02, 10

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

The FUM measure evaluates patients six years of age and older with a principal diagnosis of mental illness or self-harm who had a follow-up visit for mental illness after an emergency department (ED) visit.

Two rates are reported:

- The percentage of ED visits where patients received follow-up within 7 days of the visit (8 total days)
- The percentage of ED visits where patients received follow-up within 30 days of the visit (31 total days)

FUM 7 & 30 Day Follow-up Measure Codes

Description	Codes
Behavioral Visit	CPT: 98960-98962, 99708, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-2020, T1015
Electroconvulsive Therapy	CPT: 90870 ICD-10: GZB0ZZZ-ZB4ZZZ
Ambulatory Surgical Center POS	POS: 24
Community Mental Health Center	POS: 24
Observation	CPT: 99217-99220
Online Assessment (e-visit or virtual check-in)	CPT: 98969-98972, 99421-99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252
Partial Hospitalization or Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Psychiatric Facility-Partial Hospitalization	POS: 52
Telephone Visits	CPT: 98966-98968, 99441-99443
Telehealth	POS: 02, 10
Visit Setting Unspecified with outpatient POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255

FUM 7 & 30 Day Follow-up Measure Codes (continued)

Description	Codes
Outpatient	POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72

*Codes subject to change

Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC) ●●

The FMC measure evaluates emergency department (ED) visits for patients 18 years of age and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit on or between January 1 and December 24 of the measurement year where the member was 18 years or older on the date of the visit.

FMC Measure Codes

Description	Codes
BH Outpatient	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Case Management Encounter	CPT: 99366 HCPCS: T1016, T1017, T2022, T2023
Complex Care Management Services	CPT: 99439, 99487, 99489-99491, HCPCS: G0506
Domiciliary or Rest Home Visit	CPT: 99324-99328, 99334-99337, 90870
Electroconvulsive Therapy	ICD10 PCS: GZB0ZZZ-GZB4ZZZ
Ambulatory Surgical Center POS	POS: 24
Community Mental Health Center POS	POS: 53
Outpatient POS	POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72,
Partial Hospitalization POS	POS: 52
Observation	CPT: 99217-99220

FMC Measure Codes (continued)

Description	Codes
Online Assessments	CPT: 98969-98972, 99421-99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483, G0402, G0438, G0439, G0463, T1015
Substance Use Disorder Services	CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, , H2035, H2036, T1006, T1012
Telephone Visits	CPT: 98966-98968, 99441-99443
Telehealth	POS: 02, 10
Transitional Care Management Services	CPT: 99495, 99496
Visit Setting Unspecified	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255

**Codes subject to change*

Influenza ●●●●

The FVA/FVO measure evaluates patients 18 to 64 years of age & patients 65 years of age and older who had a flu vaccine annually.

- This measure is collected annually as a part of the CAHPS questionnaire
- Remember to discuss flu vaccine history with your patients so they complete the survey question accurately

The CIS measure evaluates children who receive two flu vaccines on or before the child's second birthday.

An annual flu vaccine is recommended during the flu season to reduce the risk of contracting influenza and spreading it to others.

Please refer to page [51](#) to learn more about the CIS measure.

Influenza Measure Codes

Description	Codes
Adult Influenza Vaccine Procedure	CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90756
Influenza Vaccine Procedure	CPT: 90655, 90657, 90661, 90673, 90674, 90685, 90686-90689, 90756 HCPC: G0008
Influenza Virus LAIV Vaccine Procedure	CPT: 90660, 90672

*Codes subject to change

Initiation and Engagement of Substance Use Disorder (IET) ●●●●●

The IET measure evaluates percentage of adolescent and adult patients with a new episode of substance use disorder that resulted in treatment initiation and engagement who received the following:

- Initiation of substance use disorder treatment: percentage of patients who initiate treatment through an inpatient new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days
- Engagement of substance use disorder treatment: percentage of patients who had new SUD episodes that have evidence of treatment engagement within 34 days of the initiation

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	Medication Lists
Antagonist	Naltrexone (oral)	Naltrexone Oral Medication List
Antagonist	Naltrexone (injectable)	Naltrexone Injection Medication List
Partial Agonist	Buprenorphine (sublingual tablet)	Buprenorphine Oral Medication List
Partial Agonist	Buprenorphine (injection)	Buprenorphine Injection Medication List

Opioid Use Disorder Treatment Medications (continued)

Description	Prescription	Medication Lists
Partial Agonist	Buprenorphine (implant)	Buprenorphine Implant Medication List
Partial Agonist	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)	Buprenorphine Naloxone Medication List

IET Medications

Description	Codes*
Buprenorphine Implant	HCPCS: G2070, G2072, J0570
Buprenorphine Injection	HCPCS: G2069, Q9991, Q9992
Buprenorphine Naloxone	HCPCS: J0572-J0575
Buprenorphine Oral	HCPCS: H0033, J0571
Buprenorphine Oral Weekly	HCPCS: G2068, F2079
Detoxification	HCPCS: H0008, H0009, H0010-H0014, HZ2ZZZZ
Methadone Oral	HCPCS: H0020, S0109
Methadone Oral Weekly	HCPCS: G2067, G2078
Naltrexone Injection	HCPCS: G2073, J2315

*Codes subject to change

IET OP Measure Codes

Description	Codes*
BH Outpatient	<p>CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99349, 99350, 99381-99383, 99384-99387, 99391- 99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015</p> <p>Note: Include ICD-10 code for Alcohol abuse and other drug dependence diagnosis</p>
Online Assessments	<p>CPT: 98969-98972, 99421-99523, 99444, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2251</p>

IET OP Measure Codes (continued)

Description	Codes*
Visit Setting Unspecified that requires Outpatient POS Code	CPT: 90791, 90792, 90832-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
Partial Hospitalization or Intensive Outpatient	HCPCS: H0035, H2001, H2012, G0410, G0411, G2250-G2251, S0201, S9480, S9484, S9485
Psychiatric Facility-Partial Hospitalization POS	POS: 52
Substance Use Disorder Services	CPT: 99408, 99409 HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012
Monthly Office Based Treatment	HCPCS: G2086, G2087
Telephone Visits	HCPCS: 98966-98968, 99441-99443 POS: 02, 10
Weekly Drug Treatment Services	HCPCS: G2067, G2068-G2070, G2072, G2073
Weekly Non Drug Service	HCPCS: G2071, G2074-G2077, G2080

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

* Codes listed are subject to change, Meridian recognizes that the circumstances around the services provided may not always directly support/match the codes. It is crucial that the medical record documentation describes the services rendered in order to support the medical necessity and use of these codes.

Appendix

Point of Service Code Definitions

Code	Description
02	Telehealth Provided Other than in Patient's Home
03	School
05	Indian Health Service Free-standing Facility
07	Tribal 638 Free-standing Facility
09	Prison/Correctional Facility
10	Telehealth Provided in Patient's Home
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-in Retail Health Clinic
18	Place of Employment-Worksite
19	Off Campus-Outpatient Hospital
20	Urgent Care Facility
21	Inpatient Hospital
22	On Campus-Outpatient Hospital
23	Emergency Room - Hospital
24	Ambulatory Surgical Center
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility

Code	Description
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility-Partial Hospitalization
53	Community Mental Health Center
56	Psychiatric Residential Treatment Center
57	Non-residential Substance Abuse Treatment Facility
58	Non-residential Opioid Treatment Facility
71	Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory

Exclusions

Exclusions	Applicable Measures	Codes*
Hospice	All Measures	HCPCS: G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046, G0182 CPT: 99377, 99378
Palliative Care	ACP, BCS, BPD, CBP, CCS, COL, CRE, EED, HBD, KED, LBP, OMW, OSW SPC, SPD	HCPCS: G9054, M1017 ICD-10: Z51.5
Colorectal Cancer	COL	ICD-10: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 HCPCS: G0213-G0215, G0231
Total Colectomy	COL	CPT: 44150-44153, 44155-44158, 44210-44212
Bilateral Mastectomy	BCS	ICD-10: 0HTV0ZZ
Unilateral Mastectomy with Bilateral Modifier	BCS	CPT: 18180, 19200, 19220, 19240, 19303-19307
Bilateral Procedure/Bilateral Modifier	BCS	Modifier: 50 – Used for bilateral procedure
History of Bilateral Mastectomy	BCS	ICD-10: Z90.13
Complete Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis	CCS	CPT: 51925, 56308, 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
ESRD Diagnosis	CBP, KED	ICD-10: N18.5-N18.6, Z99.2 ICD-9: 585.5, 585.6, V45.11

Exclusions	Applicable Measures	Codes*
Kidney Transplant	CBP	CPT: 50360, 50365, 50380 HCPCS: S2065 ICD-10: OTY00Z0, OTY00Z1, OTY00Z2, OTY10Z0, OTY10Z1, OTY10Z2 ICD-9: 55.61, 55.69
Partial Nephrectomy	CBP	CPT: 50240 ICD-10: OTB00ZZ, OTB03ZZ, OTB04ZZ, OTB07ZZ, OTB08ZZ, OTB10ZZ, OTB13ZZ, OTB14ZZ, OTB17ZZ, OTB18ZZ
Total Nephrectomy	CBP	CPT: 50220, 50225, 50230, 50234, 50236, 50340, 50370, 50543, 50545, 50546, 50548 ICD-10: OTT00ZZ, OTT04ZZ, OTT10ZZ, OTT14ZZ, OTT20ZZ, OTT24ZZ
Fetal Demise	PPC	ICD-10: Z37.1, Z37.4, Z37.7
Polycystic ovarian syndrome	PPC	ICD-10: E28.2
Gestational Diabetes	PPC, BPD, EED, HBD	ICD-10: O24.410, O24.414, O24.415, O24.419, O24.420, O24.424, O24.425, O24.429, O24.430, O24.434, O24.435, O24.439, O24.911-O24.913, O24.913, O24.919

Exclusions	Applicable Measures	Codes*
Diabetes Exclusions (including Gestational diabetes, steroid induced diabetes or polycystic ovarian syndrome)	BPD, HBD, EED, KED, SMD	ICD-10: E08.00, E08.01, E08.10, E08.11, E08.21, E08.22, E08.29, E08.311, E08.319, E08.321, E08.3211-E08.3213, E08.3219, E08.329, E08.3291-E08.3293, E08.3299, E08.331, E08.3311-E08.3313, E08.3319, E08.339, E08.3391-E08.3393, E08.3399, E08.341, E08.3411-E08.3413, E08.3419, E09.349, E09.3519, E09.3491-E09.3493, E09.3499, E09.351, E09.3411-E09.3513, E09.3519, E09.3521-E09.3523, E09.3529, E09.3531-E09.3533, E09.3539, E09.3541-E09.3543, E09.3549, E09.3551-E09.3553, E09.3559, E09.359, E09.3591-E09.3593, E09.3599, E09.36, E09.37X1-E09.37X3, E09.37X9, E09.39-E09.44, E09.49, E09.51-E09.52, E09.59, E09.610, E09.618, E09.620-E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9, E28.2, O24.410, O24.414-O24.415, O24.419-O24.420, O24.424-O24.425, O24.429-O24.430, O24.434-O24.435, O24.439, O24.911-O24.913, O24.919, O24.92-O24.93

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis	WCC, CHL* <i>*With a prescription of isotretinoin or a X-Ray within 6 days after pregnancy test</i>	ICD-10: O09.00-O09.03, O09.10-O09.13, O09.211-O09.213, O09.219, O09.291-O09.293, O09.299, O09.30-O09.33, O09.40-O09.43, O09.511-O09.513, O09.519, O09.521-O09.523, O09.529, O09.611-O09.613, O09.621-O09.623, O09.629, O09.70-O09.73, O09.811-O09.813, O09.819, O09.821-O09.823, O09.829, O09.891-O09.893, O09.899, O09.90-O09.93, O09.A0-O09.A3, O10.011-O10.013, O10.019, O10.111-O10.113, O10.119, O10.211-O10.213, O10.219, O10.311-O10.313, O10.319, O10.411-O10.413, O10.419, O10.911-O10.913, O10.919, O11.1, O11.2, O11.3, O11.9, O12.00-O12.03, O12.10-O12.13, O12.20-O12.23, O13.1-O13.3, O13.9, O14.00, O14.02-O14.03, O14.10, O14.12-O14.13, O14.20, O14.22-O14.23, O14.90, O14.92-O14.93, O15.00, O15.02-O15.03, O15.1, O15.9, O16.1-O16.3, O16.9, O20.0, O20.8, O20.9, O21.0-O21.2, O21.8-O21.9, O22.00-O22.03, O22.20-O22.23, O22.30-O22.33, O22.40-O22.43, O22.50-O22.53, O22.8X1-O22.8X3, O22.8X9, O22.90-O22.93, O23.00-O23.03, O23.10-O23.13, O23.20-O23.23, O23.30-O23.33, O23.40-O23.43, O23.511-O23.513, O23.519, O23.521-O23.523, O23.529, O23.591-O23.593, O23.599, O23.90-O23.93, O24.011-O24.013, O24.019, O24.111-O24.113, O24.119, O24.311-O24.313, O24.319, O24.410, O24.414-O24.415, O24.419, O24.811-O24.813, O24.819, O24.911-O24.913, O24.919, O25.10-O25.13, O26.00-O26.03,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O26.11-O26.13, O26.20-O26.23, O26.30-O26.33, O26.40-O26.43, O26.50-O26.53, O26.611-O26613, O26.619, O26.711-O26.713, O26.719, O26.811-O26.813, O26.819, O26.821-O26.823, O26.829, O26.831-O26.833, O26.839, O26.841-O26.843, O26.849, O26.851-O26.853, O26.859, O26.86, O26.872-O26.873, O26.879, O26.891-O26.893, O26.899, O26.90-O26.93, O28.0-O285, O28.8-O28.9, O29.011-O29.013, O29.019, O29.021-O29.23, O29.029, O29.091-O29.093, O29.099, O229.111-O29.113, O29.119, O29.121-O29.123, O29.129, O29.191-O29.193, O29.199, O29.211-O29.213, O29.219, O29.291-O29.293, O29.299, O29.3X1- O29.3X3, O29.3X9, O29.40-O29.43, O29.5X1-O29.5X3, O29.5X9, O29.60-O29.63, O29.8X1-O29.8X3, O29.8X9, O29.90-O29.93, O30.001-O30.003, O30.009, O30.011-O30.013, O30.019, O30.021-O30.023, O30.029, O30.031-O30.033, O30.039, O30.041-O30.043, O30.049, O30.091-O30-093, O30.099, O30.101-O30.103, O30.109, O30.111-O30.113, O30.119, O30.121-O30.123, O30.129, O30.131-O30.133, O30.139, O30.191-O30.193, O30.199, O30.201-O30.203, O30.209, O30.211-O30.213, O30.219, O30.221-O30.223, O30.229, O30.231-O30.233, O30.239, O30.291-O30.293, O30.299, O30.801-O30.803, O30.809, O30.811-O30.813, O30.819, O30.821-O30.823, O30.829, O30.831-O30.833, O30.839,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O30.891-O30.893, O30.899, O30.90-O30.93, O31.00X0-O30.00X5, O31.00X9, O31.01X0-O31.01X5, O31.01X9, O31.02X0-O31.02X5, O31.02X9, O31.03X0-O31.03X5, O31.03X9, O31.10X0-O31.10X5, O31.10X9, O31.11X0-O31.11X5, O31.11X9, O31.12X0-O31.12X5, O31.12X9, O31.13X0-O31.13X5, O31.13X9, O31.20X0-O31.20X5, O31.20X9, O31.21X0-O31.21X5, O31.21X9, O31.22X0-O31.22X5, O31.22X9, O31.23X0-O31.23X5, O31.23X9, O31.30X0-O31.30X5, O31.30X9, O31.31X0-O31.31X5, O31.31X9, O31X0-O31.32X5, O31.32X9, O33X0-O31.33X5, O31.33X9, O31.8X10-O32.8X15, O31.8X19, O31.8X20-O31.8X25, O31.8X29, O31.8X30-O31.8X35, O31.8X39, O31.8X90-O31.8X95, O31.8X99, O32.0XX0-O32.0XX5, O32.0XX9, O32.1XX0-O32.1XX5, O32.1XX9, O32.2XX0-O32.2XX5, O32.2XX9, O32.3XX0-O32.3XX5, O32.3XX9, O32.4XX0-O32.4XX5, O32.4XX9, O32.6XX0-O32.6XX5, O32.6XX9, O32.8XX0-O32.8XX5, O32.8XX9, O32.9XX0-O32.9XX5, O32.9XX9, O33.0-O33.2, O33.3XX0-O33.3XX5, O33.3XX9, O33.4XX0-O33.4XX5, O33.4XX9, O33.5XX0-O33.5XX5, O33.5XX9, O33.6XX0-O33.6XX5, O33.6XX9, O33.7, O33.7XX0-O33.7XX5, O33.7XX9, O33.8, O33.9, 34.00-O34.030, O34.10-O34.13, O34.21, O34.211-O34.212, O34.218-O34.219, O34.22, O34.29-O34.33, O34.40-O34.43, O34.511-O34.513, O34.519, O34.521-O34.523, O34.529, O34.531-O34.-533, O34.539, O34.591-O34.593, O34.599, O34.60-O34.63, O34.70-O34.73,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O34.80-O34.83, O34.90-O34.93, O35.0XX0-O35.0XX5, O35.0XX9, O35.1XX0-O35.1XX5, O35.1XX9, O35.2XX0-O35.2XX5, O35.2XX9, O35.3XX0-O35.3XX5, O35.3XX9, O35.4XX0-O35.4XX5, O35.4XX9, O35.5XX0-O35.5XX5, O35.5XX9, O35.6XX0-O35.6XX5, O35.6XX9, O35.7XX0-O35.7XX5, O35.7XX9, O35.8XX0-O35.8XX5, O35.8XX9, O35.9XX0-O35.9XX5, O35.9XX9, O36.0110-O36.0115, O36.0119, O36.0120-O36.0125, O36.0129, O36.0130-O36.0135, O36.0139, O36.0190-O36.0195, O36.0199, O36.0910-O36.0915, O36.0919, O36.0920-O36.0925, O36.0929, O36.0930-O36.0935, O36.0939, O36.0990-O36.0995, O36.0999, O36.1110-O36.1115, O36.1119, O36.1120-O36.1125, O36.1129, O36.1130-O36.1135, O36.1139, O36.1190-O36.1195, O36.1199, O36.1910-O36.1915, O36.1919, O36.1920-O36.1925, O36.1929, O36.1930-O36.1935, O36.1939, O36.1990-O36.1995, O36.1999, O36.20X0-O36.20X5, O36.20X9, O36.21X0-O36.21X5, O36.21X9, O36.22X0-O36.22X5, O36.22X9, O36.23X0-O36.23X5, O36.23X9, O36.4XX0-O36.4XX5, O36.4XX9, O36.5110-O36.5115, O36.5119-O36.5125, O36.5129-O36.5135, O36.5139, O36.5190-O36.5195, O36.5199, O36.5910-O36.5915, O36.5919-O36.5925, O36.5929-O36.5935, O36.5939, O36.5990-O36.5995, O36.5999, O36.60X0-O36.60X5, O36.60X9, O36.61X0-O36.61X5, O36.61X9, O36.62X0-O36.621X5, O36.62X9, O36.63X0-O36.63X5, O36.63X9,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O36.70X0-O36.70X5, O36.70X9, O36.71X0-O36.71X5, O36.71X9, O36.72X0-O36.72X5, O36.72X9, O36.73X0-O36.73X5, O36.73X9, O36.80X0-O36.80X5, O36.80X9, O36.8120-O36.8125, O36.8129, O36.8130-O36.8135, O36.8139, O36.8190-O36.8195, O36.8199, O36.8210-O36.8215, O36.8219, O36.8220-O36.8225, O36.8229, O36.8230-O36.8235, O36.8239, O36.8290-O36.8295, O36.8299, O36.8310-O36.8315, O36.8319, O36.8320-O36.8325, O36.8329-O36.8335, O36.8339, O36.8390-O36.8395, O36.8399, O36.8910-O36.8915, O36.8919, O36.8920-O36.8925, O36.8929, O36.8930-O36.8935, O36.8939, O36.8990-O36.8995, O36.8999, O36.90X0-O36.90X5, O36.90X9, O36.91X0-O36.91X5, O36.91X9, O36.92X0-O36.92X5, O36.92X9, O36.93X0-O36.93X5, O36.93X9, O40.1XX0-O40.1XX5, O40.1XX9, O40.2XX0-O40.2XX5, O40.2XX9, O4.31XX0-O40.3XX5, O40.3XX9, O40.9XX0-O40.9XX5, O40.9XX9, O41.00X0-O41.00X5, O41.00X9, O41.01X0-O41.01X5, O41.01X9, O41.02X0-O41.02X5, O41.02X9, O41.03X0-O41.03X5, O41.03X9, O41.1010-O41.1015, O41.1019-O41.1025, O41.1029-O41.1035, O41.1039, O41.1090-O41.1095, O41.1099, O41.1210-O41.1215, O41.1219-O41.1225, O41.1229-O41.1235, O41.1239, O41.1290-O41.1295, O41.1299, O41.1410-O41.1415, O41.1419-O41.1425, O41.1429-O41.1435, O41.1439, O41.1490-O41.1495, O41.1499,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O41.8X10-O41.8X15, O41.8X19- O41.8X25, O41.8X29-O41.8X35, O41.8X39, O41.8X91-O41.8X95, O41.8X99, O41.90X0-O41.90X5, O41.90X9, O41.91X0-O41.91X5, O41.91X9, O41.92X0-O41.92X5, O41.92X9, O41.93X0-O41.93X5, O41.93X9, O42.00, O42.011-O42.013, O42.019, O42.02, O42.10, O42.111-O42.113, O42.119, O42.12, O42.011-O42.013, O42.90, O42.911-O42.913, O42.919, O42.92, O43.011-O43.013, O43.019, O43.021-O43.023, O43.029, O43.101-O43.103, O43.109, O43.111-O43.113, O43.119, O43.121-O43.123, O43.129, O43.191-O43.193, O43.199, O43.211-O43.213, O43.219, O43.221-O43.223, O43.229, O43.231-O43.233, O43.239, O43.811-O43.813, O43.819, O43.891-O43.893, O43.899, O43.90-O43.93, O44.00-O44.03, O44.10-O44.13, O44.20-O44.23, O44.30-O44.33, O44.40-O44.43, O44.50-O44.53, O45.001-O45.003, O45.009, O45.011-O45.013, O45.019, O45.021-O45.023, O45.029, O45.091-O45.093, O45.099, O45.8X1- O45.8X3, O45.8X9, O45.90-O45.93, O46.001-O46.003, O46.009, O46.011-O46.013, O46.019, O46.021-O46.023, O46.029, O46.091-O46.093, O46.099, O46.8X1-O46.8X3, O46.8X9, O46.90-O46.93, O47.00-O47.03, O47.1, O47.9, O48.0-O48.1, O60.00, O60.02-O60.03, O71.00- O71.02-O71.03, O71.1-O71.7, O71.81-O71.82, O71.89, O71.9, O88.011-O88.013, O88.019, O88.111-O88.113, O88.119, O88.211-O88.213, O88.219,

Exclusions	Applicable Measures	Codes*
Pregnancy Diagnosis (continued)		O88.311-O88.313, O88.319, O88.811-O88.813, O88.819, O91.011-O91.013, O91.019, O91.13, O91.211-O91.213, O91.219, O91.23, O92.011-O92.013, O92.019, O92.03, O92.111-O92.113, O92.119, O92.3-O92.6, O92.70, O92.79, O98.011-O98.013, O98.019, O98.111-O98.113, O98.119, O98.211-O98.213, O98.219, O98.311-O98.313, O98.319, O98.411-O98.413, O98.419, O98.511-O98.513, O98.519, O98.611-O98.613, O98.619, O98.711-O98.713, O98.719, O98.811-O98.813, O98.819, O98.911-O98.913, O98.919, O99.011-O99.013, O99.019, O99.111-O99.113, O99.119, O99.210-O99.213, O99.280-O99.283, O99.310-O99.313, O99.320-O99.323, O99.330-O99.333, O99.340-O99.343, O99.350-O99.353, O99.411-O99.413, O99.419, O99.511-O99.513, O99.519, O99.611-O99.613, O99.619, O99.711-O99.713, O99.719, O99.810, O99.820, O99.830, O99.840-O99.843, O99.891, O9A.111-O9A.113, O9A.119, O9A.211-O9A.213, O9A.219, O9A.311-O9A.313, O9A.319, O9A.411-O9A.413, O9A.419, O9A.511-O9A.513, O9A.519, Z03.71-Z03.75, Z03.79, Z32.01, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, Z36.0-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9

Exclusions	Applicable Measures	Codes*
Diagnostic Radiology	CHL* <i>*With a dx of pregnancy</i>	CPT: 70010, 70015, 70030, 70100, 70110, 70120, 70130, 70134, 70140, 70150, 70160, 70170, 70190, 70200, 70210, 70220, 70240, 70260, 70300, 70310, 70320, 70328, 70330, 70332, 70336, 70350, 70355, 70360, 70370, 70371, 70380, 70390, 70450, 70460, 70470, 70481- 70482, 70486-70488, 70490-70492, 70496, 70498, 70540, 70542-70549, 70551-70559, 71045-7148, 71100-71101, 71110-71111, 71120, 71130, 71250, 71260, 71270-71271, 71275, 71550-71552, 71555, 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72880-72084, 72100, 72110, 72114, 72120, 72125-72133, 72141-72142, 72147-72149, 72156-72159, 72170, 72190-72198, 72200, 72202, 72220, 72240, 72255, 72265, 72270, 72275, 72285, 72295, 73000, 73010, 73020, 73030, 73040, 07050, 73060, 73070, 73080, 730885, 73090, 73092, 73100, 73110, 73115, 73120, 73130, 73140, 73200-73202, 73206, 73218-73223, 73225, 73501-73503, 73521-73523, 73525, 73551-73552, 73560, 73562, 73564-73565, 73580, 73590, 73592, 73600, 73610, 73615, 73620, 73630, 73650, 73660, 73700-73702, 73706, 73718-73723, 73725, 73018-73723, 73275, 74018-74019, 74021-74022, 74150, 74160, 74170, 74174-74178, 74181-74183, 74185, 74190, 74210, 74220-74221, 74230, 74235, 74240, 74246, 74248, 74250-74251, 74261-74263, 74270, 74280, 74283, 74290, 74300-74301, 74238-74330, 74340, 74355, 74360, 74363, 74400, 74415, 74420, 74425, 74430, 74440, 74445, 74450, 74455, 74470, 74485, 74710, 74712-74713, 74740, 74742, 74775, 75557, 75559, 75561, 75563, 75565, 75571-75574, 75600, 756005, 75625, 75630, 75635, 75705,

Exclusions	Applicable Measures	Codes*
Diagnostic Radiology (continued)		75710, 75716, 75726, 75731, 75733, 75736, 75741, 75743, 75746, 75756, 75774, 75801, 75803, 75805, 75807, 75809-75810, 75820, 75822, 75825, 75827, 75831, 75833, 75840, 75842, 75860, 75870, 75872, 75880, 75885, 75887, 75889, 75891, 75893-75894, 75898, 75901-75902, 75956-75959, 75970, 75984, 75989, 76000, 76010, 76080, 760998, 76100-76102, 76120, 76125, 76140, 76145, 76376-76377, 76380, 76390-76391, 76496-76499
Severe Combined Immunodeficiency	CIS	ICD-10: D81.0-D81.2, D81.9
Disorders of the Immune System	CIS	ICD-10: D80.0-D80.9, D81.0-D81.4, D81.6, D81.6-D81.7, D81.89, D81.9, D82.0-D82.4, D82.8-D82.9, D83.0-D83.2, D83.8-D83.9, D84.0-D84.1, D84.8, D84.81, D84.821-D84.822, D84.89, D84.9, D89.3, D89.810-D89.813, D89.52, D89.831-D89.835, D89.835, D89.839, D89.89, D89.9
HIV	CIS	ICD-10: B20, Z21
HIV Type 2	CIS	ICD-10: B97.35

Exclusions	Applicable Measures	Codes*
Malignant Neoplasm of Lymphatic Tissue	CIS	ICD-10: C81.00-C81.49, C81.71-C81.79, C81.90-C81.99, C82.00-C82.39, C83.51-C83.59, C83.70-C83.99, C84.00-C84.19, C84.40-C84.49, C84.60-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.29, C85.80-C85.99, C86.0-C86.6, C88.2-C88.9, C90.00-C90.02, C91.10-C90.12, C90.20-C90.22, C90.30-C90.32, C91.00-C91.02, C91.10-C91.12, C91.30-C91.32, C94.40-C91.42, C91.50-C91.52, C91.60-C91.62, C91.90-C91.92, C91.A0-C91.A2, C91.Z0-C91.Z2, C92.00-C92.02, C92.10-C92.12, C92..20-C92.22, C92.30-C92.32, C92.40-C92.42, C92.50-C92.52, C92.60-C92.62, C92.90-C92.92, C92.A0-C92.A2, C92.Z0-C92.Z2, C93.00-C93.02, C93.10-C93.12, C93.30-C93.32, C93.90-C93.92, C93.Z0-C93.Z2, C94.00-C94.02, C94.20-C94.22, C94.30-C94.32, C94.80-C94.82, C95.00-C95.02, C95.10-C95.12, C95.90-C95.92, C96.0, C96.2, C96.20-C96.22, C96.29, C96.4, C96.9, C96.A, C96.Z
Intussusception	CIS	ICD-10: K56.1
Dialysis Procedure	KED	CPT: 90935, 90937, 90945, 90947, 90997, 091999 HCPCS: G0257, S9339 ICD-10: 3E1M39Z, 5A1D00Z, 5A1D50Z, 5A1D70Z, 5A1D80Z, 5A1D90Z
Narcolepsy	ADD	ICD-10: G47.411, G47.419, G47.421, G47.429

*Codes subject to change