



HEDIS® 2025 QRS Documentation Criteria

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HEDIS® 2025

QRS Documentation Criteria for Quality Measures

ACCESS AND AVAILABILITY	2	EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS	51
Initiation and Engagement of Substance Use Disorder Treatment (IET)	2	Asthma Medication Ratio (AMR)	51
Prenatal and Postpartum Care (PPC)	6	UTILIZATION	52
EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH	9	Child and Adolescent Well-Care Visits (WCV)	52
Follow-Up After Hospitalization for Mental Illness (FUH)	9	Well-Child Visits in the First 30 Months of Life (W30)	53
EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS	18	MEASURES COLLECTED THROUGH THE QHP HEALTH PLAN SURVEY	54
Controlling High Blood Pressure (CBP)	18	Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	54
EFFECTIVENESS OF CARE: DIABETES	21	MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS	56
Eye Exam for Patients with Diabetes (EED)	21	Adult Immunization Status (AIS)	56
Glycemic Status Assessment for Patients With Diabetes (GSD)	23	Measure	58
Kidney Evaluation for Patients With Diabetes (KED)	25	Blood Pressure Control for Patients with Hypertension (BPC-E)	58
EFFECTIVENESS OF CARE: OVERUSE & APPROPRIATENESS	27	Breast Cancer Screening (BCS-E)	62
Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB)	27	Cervical Cancer Screening (CCS-E)	65
Use of Imaging Studies for Low Back Pain (LBP)	32	Childhood Immunization Status (CIS-E)	67
Appropriate Treatment for Upper Respiratory Infection (URI)	42	Colorectal Cancer Screening (COL-E)	72
EFFECTIVENESS OF CARE: PREVENTION AND SCREENING	47	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) ..	74
Chlamydia Screening (CHL)	47	Immunizations for Adolescents (IMA-E)	76
Oral Evaluation, Dental Services (OED)	47	Appendix	78
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	48		

ACCESS AND AVAILABILITY

Measure	Measure Description	Measure Information/Documentation Required	Criteria
Initiation and Engagement of Substance Use Disorder Treatment (IET)	<p>Adolescent and adult members with a new episode of substance use disorder (SUD) that result in treatment initiation (Initiation of SUD Treatment) and engagement (Engagement of SUD Treatment).</p> <p>Two rates are reported:</p> <p>1. Initiation of SUD Treatment: Members who initiate treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.</p> <p>2. Engagement of SUD Treatment: The percentage of members who initiated treatment and who had two or more additional SUD services or medication treatment within 34 days of the initiation visit.</p> <p>Each qualifying episode between 11/15 of the year prior to the MY and 11/14 of the MY is included.</p>	<p>The MY is 1/1 – 12/31.</p> <p>Note:</p> <ul style="list-style-type: none"> • Methadone is not included in the medication lists for the measure. <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services at any time in the MY. • Deceased at any time in the MY. 	<p>Visit Setting Unspecified: (With Outpatient Place of Service (POS) and with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence): (with Partial Hospitalization POS and with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence): (With Behavioral Health (BH) Outpatient Visit and with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence): (with Non-Residential Substance Abuse Treatment Facility POS and with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence): (with Community Mental Health Center POS and with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence): (with Telehealth POS and with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence):</p> <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255</p> <p>BH Outpatient Visit: (with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence): CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243,</p>

		<p>99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015</p> <p>UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983</p> <p>Detoxification:</p> <p>HCPCS: H0008, H0009, H0010, H0011, H0012, H0013, H0014</p> <p>UBREV: 0116, 0126, 0136, 0146, 0156</p> <p>Partial Hospitalization or Intensive Outpatient Visit: (with Alcohol Abuse & Dependence, Opioid Abuse & Dependence, or Other Drug Abuse & Dependence):</p> <p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>UBREV: 0905, 0907, 0912, 0913</p> <p>Substance Use Disorder Services: (With AOD (Alcohol and Other Drug) Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence):</p> <p>CPT: 99408, 99409</p> <p>HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012</p> <p>UBREV: 0906, 0944, 0945</p> <p>Substance Abuse Counseling and Surveillance:</p> <p>ICD10CM: Z71.41, Z71.51 (with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence):</p> <p>Online Assessments:</p>
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		<p>(with Alcohol Abuse and Dependence, Opioid Abuse and Dependence, or Other Drug Abuse and Dependence):</p> <p>CPT: 98016, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250, G2251, G2252</p> <p>UD Monthly Office-Based Treatment:</p> <p>HCPCS: G2069, G2086, G2087</p> <p>UD Weekly Drug Treatment Service: G0533, G2067, G2068, G2070, G2072, G2073</p> <p>UD Weekly Non-Drug Service:</p> <p>HCPCS: G2071, G2074, G2075, G2076, G2077, G2080</p> <p>Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p>Non-Residential Substance Abuse POS: 57, 58</p> <p>Telephone Visits:</p> <p>CPT: 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Telehealth POS: 02, 10</p> <p>Alcohol Abuse and Dependence:</p> <p>ICD10CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29</p> <p>Opioid Abuse and Dependence:</p> <p>ICD10CM: F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29</p>
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			Alcohol Use Disorder Treatment Medications List (if diagnosis from Alcohol Abuse and Dependence): Aldehyde dehydrogenase inhibitor: Disulfiram (oral) Antagonist: Naltrexone (oral and injectable) Other: Acamprosate (oral, delayed-release tablet) Naltrexone Injection: HCPCS: G2073, J2315 Opioid Use Disorder Treatment Medications (if diagnosis from Opioid Abuse and Dependence): Antagonist: Naltrexone (oral and injectable) Partial Agonist: Buprenorphine (sublingual tablet, injection, implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) <i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i>
Measure	Measure Description	Measure Information/Documentation Required	Criteria
Prenatal and Postpartum Care (PPC)	<p>The percentage of deliveries of live births on or between October 8 of the year prior to the MY and October 7 of the MY. For these members, the measure assesses the following facets of prenatal and postpartum care:</p> <ul style="list-style-type: none"> • Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. • Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. 	<p>Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> • Documentation indicating pregnancy or reference to pregnancy (use of a standardized prenatal flow sheet, documentation of LMP, EDD, GA, a positive pregnancy test, gravidity and parity, a complete obstetrical history, prenatal risk assessment or counseling/education). • A basic physical obstetrical examination that includes auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height. • Evidence that a prenatal care procedure was performed (OB panel, ultrasound, etc.). <p>Postpartum visit to an OB/GYN or other prenatal care practitioner or PCP.</p>	<p>Prenatal Indicator: Stand Alone Prenatal Visits: CPT: 99500 CPT-CAT-II: 0500F, 0501F, 0502F HCPS: H1002, H1000, H1001, H1003, H1004</p> <p>Bundled Prenatal Visits: CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005 <i>(Dates of service required to validate within measure time frame.)</i></p> <p>Prenatal Visits (with Diagnosis of Pregnancy): CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483 HCPS: G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p>

		<p>Documentation in the medical record must include a note indicating the date when the postpartum care visit occurred, and evidence of one of the following:</p> <p>Pelvic Exam: Colposcopy is not acceptable for a postpartum visit.</p> <ul style="list-style-type: none"> • Evaluation of weight, BP, breast, and abdomen: Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component. • Notation of postpartum care, including, but not limited to: Notation of “postpartum care,” “PP care,” “PP Checks,” “6-week check.” • A preprinted “Postpartum Care” form in which information was documented during the visit. • Perineal or cesarean incision/wound check. • Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders. • Glucose screening for women with gestational diabetes. • Documentation of any of the following: infant care or breastfeeding, resumption of intercourse, birth spacing, family planning, sleep/fatigue, resumption of physical activity, attainment of healthy weight. <p>Note:</p> <ul style="list-style-type: none"> • Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. • Services that occur over multiple visits count toward Timeliness of Prenatal Care if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure. <p>Postpartum Care only: excludes services provided in an acute inpatient setting.</p>	<p>Postpartum Indicator: Encounter for Postpartum Care: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p>Postpartum Care: CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCCPS: G0101</p> <p>Bundled Postpartum Visits: CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 <i>(Dates of service required to validate within measure time frame.)</i></p> <p>Deliveries: CPT: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622</p> <p>Cervical Cytology Lab Test: CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175 HCCPS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001</p> <p>Non Live Births : ICD10CM: O00.00, O00.01, O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209, O00.211, O00.212, O00.219, O00.80, O00.81, O00.90, O00.91, O01.0, O01.1, O01.9, O02.0, O02.1, O02.81, O02.89, O02.9, O03.0, O03.1, O03.2, O03.30, O03.31, O03.32, O03.33, O03.34, O03.35, O03.36, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.89, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5, O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O08.9, Z37.1, Z37.4, Z37.7</p>
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		<p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none">• In hospice or using hospice services any time in the MY.• Deceased at any time in the MY.• Non-live birth. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none">• Missing signature on charts so unable to determine provider type of services.• Only initials on charts, so unable to determine provider type of services.• Ultrasound and/or labs with no associated prenatal visit documented in measure time frame.• Initial prenatal visit documented as intake with RN but no visit with OB/GYN or PCP.• Diagnosis of pregnancy not documented in chart.• Dates of service in progress notes do not align with dates on ONAF.• ONAF not filled out completely.• Visit in postpartum time frame does not reference pregnancy/delivery.	<p><i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i></p>
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EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure	Measure Description	Measure Information/Documentation Required	Criteria
Follow-Up After Hospitalization for Mental Illness (FUH)	<p>Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of discharges for which the member received follow-up within 30 (calendar) days of discharge. 2. The percentage of discharges for which the member received follow-up within 7 (calendar) days of discharge. 	<p>Members in the specified age range who were hospitalized (inpatient) during the MY 1/1 – 12/31 for treatment of selected mental illness or intentional self-harm diagnoses and had an (outpatient) follow-up visit with a mental health provider in the following settings:</p> <ul style="list-style-type: none"> • A visit with a mental health provider in any of the following settings: <ul style="list-style-type: none"> ○ Outpatient. ○ Behavioral health outpatient. ○ Telehealth visit. ○ Telephone visit. ○ Observation visit. ○ Transitional care management visit. • A visit in any of the following settings: <ul style="list-style-type: none"> ○ Intensive outpatient/partial hospitalization. ○ Community mental health center. ○ Electroconvulsive therapy visit. ○ Behavioral healthcare setting. <p>Do not include visits that occur on the date of discharge.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Follow-up visit more than 7 days or 30-days after discharge. • Follow-up visit not with a mental health provider. • Criteria is not met by a follow-up on the date of discharge. 	<p>Visit Setting Unspecified: (With Outpatient POS Value Set and with a Mental Health Provider): (with Partial Hospitalization POS): (With Community Mental Health Center POS): (With Telehealth POS Value Set and with a Mental Health Provider): CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255</p> <p>BH Outpatient: (With a Mental Health Provider): (with Community Mental Health Center POS): CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, G0560, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015 UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0911, 0914, 0915, 0916, 0917, 0919, 0982, 0983</p> <p>Partial Hospitalization or Intensive Outpatient: HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485, UBREV: 0905, 0907, 0912, 0913</p> <p>Transitional Care Management Services: (With a Mental Health Provider):</p>

		<p><i>Organizations may have different methods for billing intensive outpatient visits and partial hospitalizations. Some methods may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the required period for the rate (e.g., within 30 days after discharge or within 7 days after discharge).</i></p>	<p>(with Community Mental Health Center POS): CPT: 99495, 99496</p> <p>Electroconvulsive Therapy: (with Ambulatory Surgical Center POS): (with Community Mental Health POS): (with Outpatient POS): (with Partial Hospitalization POS): CPT: 90870 ICD10PCS: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ</p> <p>Behavioral Healthcare Setting Visit: UBREV: 0513, 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 1001</p> <p>Telephone Visit: (With a Mental Health Provider): CPT: 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Psychiatric Collaborative Care Management: CPT: 99492, 99493, 99494 HCPCS: G0512</p> <p>Telehealth POS: 02, 10 Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p>Peer Support Services: HCPCS:G0140, G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016, T1017</p> <p>Residential Behavioral Health Treatment: HCPCS: H0017, H0018, H0019, T2048</p> <p>Nonacute Inpatient Stay: UBREV: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002</p> <p>Mental Illness and Intentional Self-Harm:</p>
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		<p>T46.7X2S, T46.8X2A, T46.8X2D, T46.8X2S, T46.902A, T46.902D, T46.902S, T46.992A, T46.992D, T46.992S, T47.0X2A, T47.0X2D, T47.0X2S, T47.1X2A, T47.1X2D, T47.1X2S, T47.2X2A, T47.2X2D, T47.2X2S, T47.3X2A, T47.3X2D, T47.3X2S, T47.4X2A, T47.4X2D, T47.4X2S, T47.5X2A, T47.5X2D, T47.5X2S, T47.6X2A, T47.6X2D, T47.6X2S, T47.7X2A, T47.7X2D, T47.7X2S, T47.8X2A, T47.8X2D, T47.8X2S, T47.92XA, T47.92XD, T47.92XS, T48.0X2A, T48.0X2D, T48.0X2S, T48.1X2A, T48.1X2D, T48.1X2S, T48.202A, T48.202D, T48.202S, T48.292A, T48.292D, T48.292S, T48.3X2A, T48.3X2D, T48.3X2S, T48.4X2A, T48.4X2D, T48.4X2S, T48.5X2A, T48.5X2D, T48.5X2S, T48.6X2A, T48.6X2D, T48.6X2S, T48.902A, T48.902D, T48.902S, T48.992A, T48.992D, T48.992S, T49.0X2A, T49.0X2D, T49.0X2S, T49.1X2A, T49.1X2D, T49.1X2S, T49.2X2A, T49.2X2D, T49.2X2S, T49.3X2A, T49.3X2D, T49.3X2S, T49.4X2A, T49.4X2D, T49.4X2S, T49.5X2A, T49.5X2D, T49.5X2S, T49.6X2A, T49.6X2D, T49.6X2S, T49.7X2A, T49.7X2D, T49.7X2S, T49.8X2A, T49.8X2D, T49.8X2S, T49.92XA, T49.92XD, T49.92XS, T50.0X2A, T50.0X2D, T50.0X2S, T50.1X2A, T50.1X2D, T50.1X2S, T50.2X2A, T50.2X2D, T50.2X2S, T50.3X2A, T50.3X2D, T50.3X2S, T50.4X2A, T50.4X2D, T50.4X2S, T50.5X2A, T50.5X2D, T50.5X2S, T50.6X2A, T50.6X2D, T50.6X2S, T50.7X2A, T50.7X2D, T50.7X2S, T50.8X2A, T50.8X2D, T50.8X2S, T50.902A, T50.902D, T50.902S, T50.912A, T50.912D, T50.912S, T50.992A, T50.992D, T50.992S, T50.A12A, T50.A12D, T50.A12S, T50.A22A, T50.A22D, T50.A22S, T50.A92A, T50.A92D, T50.A92S, T50.B12A, T50.B12D, T50.B12S, T50.B92A, T50.B92D, T50.B92S, T50.Z12A, T50.Z12D, T50.Z12S, T50.Z92A, T50.Z92D, T50.Z92S, T51.0X2A, T51.0X2D, T51.0X2S, T51.1X2A, T51.1X2D, T51.1X2S, T51.2X2A, T51.2X2D, T51.2X2S, T51.3X2A, T51.3X2D, T51.3X2S, T51.8X2A, T51.8X2D, T51.8X2S, T51.92XA, T51.92XD, T51.92XS, T52.0X2A, T52.0X2D, T52.0X2S, T52.1X2A, T52.1X2D, T52.1X2S, T52.2X2A, T52.2X2D, T52.2X2S, T52.3X2A, T52.3X2D, T52.3X2S, T52.4X2A,</p>
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		<p>T52.4X2D, T52.4X2S, T52.8X2A, T52.8X2D, T52.8X2S, T52.92XA, T52.92XD, T52.92XS, T53.0X2A, T53.0X2D, T53.0X2S, T53.1X2A, T53.1X2D, T53.1X2S, T53.2X2A, T53.2X2D, T53.2X2S, T53.3X2A, T53.3X2D, T53.3X2S, T53.4X2A, T53.4X2D, T53.4X2S, T53.5X2A, T53.5X2D, T53.5X2S, T53.6X2A, T53.6X2D, T53.6X2S, T53.7X2A, T53.7X2D, T53.7X2S, T53.92XA, T53.92XD, T53.92XS, T54.0X2A, T54.0X2D, T54.0X2S, T54.1X2A, T54.1X2D, T54.1X2S, T54.2X2A, T54.2X2D, T54.2X2S, T54.3X2A, T54.3X2D, T54.3X2S, T54.92XA, T54.92XD, T54.92XS, T55.0X2A, T55.0X2D, T55.0X2S, T55.1X2A, T55.1X2D, T55.1X2S, T56.0X2A, T56.0X2D, T56.0X2S, T56.1X2A, T56.1X2D, T56.1X2S, T56.2X2A, T56.2X2D, T56.2X2S, T56.3X2A, T56.3X2D, T56.3X2S, T56.4X2A, T56.4X2D, T56.4X2S, T56.5X2A, T56.5X2D, T56.5X2S, T56.6X2A, T56.6X2D, T56.6X2S, T56.7X2A, T56.7X2D, T56.7X2S, T56.812A, T56.812D, T56.812S, T56.822A, T56.822D, T56.822S, T56.892A, T56.892D, T56.892S, T56.92XA, T56.92XD, T56.92XS, T57.0X2A, T57.0X2D, T57.0X2S, T57.1X2A, T57.1X2D, T57.1X2S, T57.2X2A, T57.2X2D, T57.2X2S, T57.3X2A, T57.3X2D, T57.3X2S, T57.8X2A, T57.8X2D, T57.8X2S, T57.92XA, T57.92XD, T57.92XS, T58.02XA, T58.02XD, T58.02XS, T58.12XA, T58.12XD, T58.12XS, T58.2X2A, T58.2X2D, T58.2X2S, T58.8X2A, T58.8X2D, T58.8X2S, T58.92XA, T58.92XD, T58.92XS, T59.0X2A, T59.0X2D, T59.0X2S, T59.1X2A, T59.1X2D, T59.1X2S, T59.2X2A, T59.2X2D, T59.2X2S, T59.3X2A, T59.3X2D, T59.3X2S, T59.4X2A, T59.4X2D, T59.4X2S, T59.5X2A, T59.5X2D, T59.5X2S, T59.6X2A, T59.6X2D, T59.6X2S, T59.7X2A, T59.7X2D, T59.7X2S, T59.812A, T59.812D, T59.812S, T59.892A, T59.892D, T59.892S, T59.92XA, T59.92XD, T59.92XS, T60.0X2A, T60.0X2D, T60.0X2S, T60.1X2A, T60.1X2D, T60.1X2S, T60.2X2A, T60.2X2D, T60.2X2S, T60.3X2A, T60.3X2D, T60.3X2S, T60.4X2A, T60.4X2D, T60.4X2S, T60.8X2A, T60.8X2D, T60.8X2S, T60.92XA, T60.92XD, T60.92XS, T61.02XA, T61.02XD, T61.02XS, T61.12XA, T61.12XD, T61.12XS, T61.772A, T61.772D, T61.772S,</p>
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		<p> T61.782A, T61.782D, T61.782S, T61.8X2A, T61.8X2D, T61.8X2S, T61.92XA, T61.92XD, T61.92XS, T62.0X2A, T62.0X2D, T62.0X2S, T62.1X2A, T62.1X2D, T62.1X2S, T62.2X2A, T62.2X2D, T62.2X2S, T62.8X2A, T62.8X2D, T62.8X2S, T62.92XA, T62.92XD, T62.92XS, T63.002A, T63.002D, T63.002S, T63.012A, T63.012D, T63.012S, T63.022A, T63.022D, T63.022S, T63.032A, T63.032D, T63.032S, T63.042A, T63.042D, T63.042S, T63.062A, T63.062D, T63.062S, T63.072A, T63.072D, T63.072S, T63.082A, T63.082D, T63.082S, T63.092A, T63.092D, T63.092S, T63.112A, T63.112D, T63.112S, T63.122A, T63.122D, T63.122S, T63.192A, T63.192D, T63.192S, T63.2X2A, T63.2X2D, T63.2X2S, T63.302A, T63.302D, T63.302S, T63.312A, T63.312D, T63.312S, T63.322A, T63.322D, T63.322S, T63.332A, T63.332D, T63.332S, T63.392A, T63.392D, T63.392S, T63.412A, T63.412D, T63.412S, T63.422A, T63.422D, T63.422S, T63.432A, T63.432D, T63.432S, T63.442A, T63.442D, T63.442S, T63.452A, T63.452D, T63.452S, T63.462A, T63.462D, T63.462S, T63.482A, T63.482D, T63.482S, T63.512A, T63.512D, T63.512S, T63.592A, T63.592D, T63.592S, T63.612A, T63.612D, T63.612S, T63.622A, T63.622D, T63.622S, T63.632A, T63.632D, T63.632S, T63.692A, T63.692D, T63.692S, T63.712A, T63.712D, T63.712S, T63.792A, T63.792D, T63.792S, T63.812A, T63.812D, T63.812S, T63.822A, T63.822D, T63.822S, T63.832A, T63.832D, T63.832S, T63.892A, T63.892D, T63.892S, T63.92XA, T63.92XD, T63.92XS, T64.02XA, T64.02XD, T64.02XS, T64.82XA, T64.82XD, T64.82XS, T65.0X2A, T65.0X2D, T65.0X2S, T65.1X2A, T65.1X2D, T65.1X2S, T65.212A, T65.212D, T65.212S, T65.222A, T65.222D, T65.222S, T65.292A, T65.292D, T65.292S, T65.3X2A, T65.3X2D, T65.3X2S, T65.4X2A, T65.4X2D, T65.4X2S, T65.5X2A, T65.5X2D, T65.5X2S, T65.6X2A, T65.6X2D, T65.6X2S, T65.812A, T65.812D, T65.812S, T65.822A, T65.822D, T65.822S, T65.832A, T65.832D, T65.832S, T65.892A, T65.892D, T65.892S, T65.92XA, T65.92XD, T65.92XS, T71.112A, T71.112D, </p>
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		<p> T71.112S, T71.122A, T71.122D, T71.122S, T71.132A, T71.132D, T71.132S, T71.152A, T71.152D, T71.152S, T71.162A, T71.162D, T71.162S, T71.192A, T71.192D, T71.192S, T71.222A, T71.222D, T71.222S, T71.232A, T71.232D, T71.232S, X71.0XXA, X71.0XXD, X71.0XXS, X71.1XXA, X71.1XXD, X71.1XXS, X71.2XXA, X71.2XXD, X71.2XXS, X71.3XXA, X71.3XXD, X71.3XXS, X71.8XXA, X71.8XXD, X71.8XXS, X71.9XXA, X71.9XXD, X71.9XXS, X72.XXXA, X72.XXXD, X72.XXXS, X73.0XXA, X73.0XXD, X73.0XXS, X73.1XXA, X73.1XXD, X73.1XXS, X73.2XXA, X73.2XXD, X73.2XXS, X73.8XXA, X73.8XXD, X73.8XXS, X73.9XXA, X73.9XXD, X73.9XXS, X74.01XA, X74.01XD, X74.01XS, X74.02XA, X74.02XD, X74.02XS, X74.09XA, X74.09XD, X74.09XS, X74.8XXA, X74.8XXD, X74.8XXS, X74.9XXA, X74.9XXD, X74.9XXS, X75.XXXA, X75.XXXD, X75.XXXS, X76.XXXA, X76.XXXD, X76.XXXS, X77.0XXA, X77.0XXD, X77.0XXS, X77.1XXA, X77.1XXD, X77.1XXS, X77.2XXA, X77.2XXD, X77.2XXS, X77.3XXA, X77.3XXD, X77.3XXS, X77.8XXA, X77.8XXD, X77.8XXS, X77.9XXA, X77.9XXD, X77.9XXS, X78.0XXA, X78.0XXD, X78.0XXS, X78.1XXA, X78.1XXD, X78.1XXS, X78.2XXA, X78.2XXD, X78.2XXS, X78.8XXA, X78.8XXD, X78.8XXS, X78.9XXA, X78.9XXD, X78.9XXS, X79.XXXA, X79.XXXD, X79.XXXS, X80.XXXA, X80.XXXD, X80.XXXS, X81.0XXA, X81.0XXD, X81.0XXS, X81.1XXA, X81.1XXD, X81.1XXS, X81.8XXA, X81.8XXD, X81.8XXS, X82.0XXA, X82.0XXD, X82.0XXS, X82.1XXA, X82.1XXD, X82.1XXS, X82.2XXA, X82.2XXD, X82.2XXS, X82.8XXA, X82.8XXD, X82.8XXS, X83.0XXA, X83.0XXD, X83.0XXS, X83.1XXA, X83.1XXD, X83.1XXS, X83.2XXA, X83.2XXD, X83.2XXS, X83.8XXA, X83.8XXD, X83.8XXS, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, </p>
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			<p> F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.81, F43.89, F43.9, F44.0, F44.1, F44.2, F44.4, F44.5, F44.6, F44.7, F44.81, F44.89, F44.9, F45.0, F45.1, F45.20, F45.21, F45.22, F45.29, F45.41, F45.42, F45.8, F45.9, F48.1, F48.2, F48.8, F48.9, F50.00, F50.010, F50.011, F50.012, F50.013, F50.014, F50.019, F50.020, F50.021, F50.022, F50.023, F50.024, F50.029, F50.20, F50.21, F50.22, F50.23, F50.24, F50.25, F50.810, F50.811, F50.812, F50.813, F50.814, F50.819, F50.82, F50.83, F50.84, F50.89, F50.9, F51.01, F51.02, F51.03, F51.04, F51.05, F51.09, F51.11, F51.12, F51.13, F51.19, F51.3, F51.4, F51.5, F51.8, F51.9, F52.0, F52.1, F52.21, F52.22, F52.31, F52.32, F52.4, F52.5, F52.6, F52.8, F52.9, F53.0, F53.1, F59, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F64.0, F64.1, F64.2, F64.8, F64.9, F65.0, F65.1, F65.2, F65.3, F65.4, F65.50, F65.51, F65.52, F65.81, F65.89, F65.9, F66, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F69, F80.0, F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F88, F89, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, F95.0, F95.1, F95.2, F95.8, F95.9, F98.0, F98.1, F98.21, F98.29, F98.3, F98.4, F98.5, F98.8, F98.9, F99 </p>
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Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.

EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS

Measure	Measure Description	Measure Information/Documentation Required	Criteria
Controlling High Blood Pressure (CBP)	Members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the MY.	<ul style="list-style-type: none"> • BP must be latest reading in the MY and must occur on or after the second diagnosis of HTN. • BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests, are not used. • BP readings taken during an inpatient stay or ED visit are not used. • When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used. • If no BP is recorded during the MY, the member is “not controlled.” • Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. • Member-reported data documented in medical record is acceptable if BP captured with a digital device and documented in the medical record with date BP taken. <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. • 81 years of age and older with two indications of frailty on different dates of service during the MY. 	<p>Diastolic Blood Pressure: CPT-CAT-II: 3078F, 3079F, 3080F</p> <p>Systolic Blood Pressure: CPT-CAT-II: 3074F, 3075F, 3077F</p> <p>Systolic and Diastolic Result: CPT-CAT-II:</p> <ul style="list-style-type: none"> • Most Recent Systolic less than 130: 3074F • Most Recent Systolic 130 – 139: 3075F • Most Recent Systolic greater than or equal to 140: 3077F • Most Recent Diastolic less than 80: 3078F • Most Recent Diastolic 80-89: 3079F • Most Recent Diastolic greater than or equal to 90: 3080F <p>Hypertension Diagnosis: ICD10CM: I10</p> <p>ESRD Diagnosis: ICD10CM: N18.5, N18.6, Z99.2</p> <p>Dialysis Procedure: CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512 HCPCS: G0257, S9339</p> <p>Partial Nephrectomy: CPT: 50240</p> <p>Total Nephrectomy: CPT: 50220, 50225, 50230, 50234, 50236, 50340, 50370, 50543, 50545, 50546, 50548</p> <p>Kidney Transplant: CPT: 50360, 50365, 50380</p>

		<ul style="list-style-type: none"> • Evidence of ESRD or kidney transplant on or prior to 12/31 of the MY. Documentation must include a dated note indicating evidence of ESRD, kidney transplant, or dialysis. • Diagnosis of pregnancy during the MY. • A nonacute inpatient admission during the MY. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Retake of BP that is 140/90 or above not documented. • Member-reported BP is not documented with sufficient detail. • Claim missing CPT II codes for BP results. • Claim includes CPT II codes for BP results and includes CPT II codes modifier indicating certain actions were not performed. • BP rounded up before documented in medical record. • BP documented as a range. • No documentation of follow-up appointment scheduled if BP elevated. • Cardiology visits with no BP documented in the chart. • Flowsheets missing member name and second identifier such as date of birth. 	<p>HCPCS: S2065</p> <p>History of Nephrectomy or Kidney Transplant: ICD10CM: Z90.5, Z94.0</p> <p>Palliative Care Encounter: HCPCS: G9054</p> <p>Nonacute Inpatient Stay: UBREV: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002</p> <p>Advanced Illness: ICD10CM: A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F04, F10.27, F10.96, F10.97, G10, G12.21, G20.A1, G20.A2, G20.B1, G20.B2, G20.C, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83, G35, I09.81, I11.0, I12.0, I13.0, I13.11, I13.2, I50.1, I50.20,</p>
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EFFECTIVENESS OF CARE: DIABETES

Measure	Measure Description	Measure Information/Documentation Required	Criteria
Eye Exam for Patients with Diabetes (EED)	Members 18 – 75 years of age with diabetes (Type 1 and Type 2) who had a retinal eye exam during the measurement year (MY), an exam with a negative result in the year prior to the MY.	<p>Documentation can include any of the following noted in the medical record:</p> <ul style="list-style-type: none"> A note or letter during the MY prepared by an ophthalmologist, optometrist, PCP, or other health care provider indicating that an ophthalmoscopic exam was completed by an eye care provider (optometrist or ophthalmologist), the date when the procedure was performed and the results. 	<p>Retinal Eye Exams: CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92230, 92235, 92250, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245 HCPCS: S0620, S0621, S3000</p> <p>Diabetes Mellitus without Complications: ICD10CM: E10.9, E11.9, E13.9</p>

	<ul style="list-style-type: none"> • Documentation of a negative (or normal) retinal or dilated exam by an eye care provider (optometrist or ophthalmologist) in the year prior to the MY, where results indicate retinopathy was not present and the date when the exam was performed. • A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) or qualified reading center reviewed the results, or that results were read by a system that provides artificial intelligence (AI) interpretation. <p>Hypertensive retinopathy is handled the same as diabetic retinopathy when reporting the Eye Exam indicator.</p> <ul style="list-style-type: none"> • Positive for hypertensive retinopathy is counted as positive for diabetic retinopathy if diabetic retinopathy is not documented separately during the visit. <p>• An eye exam documented as negative for hypertensive retinopathy is counted as negative for diabetic retinopathy if diabetic retinopathy is not documented separately during the visit.</p> <p>Common Abbreviations for Retinopathy:</p> <ul style="list-style-type: none"> • NPDR (Non-proliferative diabetic retinopathy). • PDR (Proliferative diabetic retinopathy). • BDR (Background diabetic retinopathy). • Mild BDR or PDR. • Severe PDR. <p>Examples of Negative Exam:</p> <ul style="list-style-type: none"> • Assessment of fundus and macula were “normal.” • Diabetes mellitus without ophthalmic complication. • Retinal exam documented as “normal” is considered negative for Retinopathy if diabetic retinopathy is not documented separately during the visit. 	<p>Eye Exam with Evidence of Retinopathy: CPT-CAT-II: 2022F, 2024F, 2026F</p> <p>Eye Exam without Evidence of Retinopathy: CPT-CAT-II: 2023F, 2025F, 2033F</p> <p>Retinal Imaging: CPT: 92137, 92227, 92228</p> <p>Diabetic retinal screening negative in prior year CPT-CAT-II code: 3072F</p> <p>Right Eye Enucleation: ICD-10-PCS code: 08TOXZZ</p> <p>Left Eye Enucleation: ICD-10-PCS code: 08T1XZZ</p> <p>Diabetes: ICD10CM: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E10.A2, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521,</p>
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		<p>Examples of documentation <u>not</u> meeting criteria:</p> <ul style="list-style-type: none"> • Notation limited to a statement that indicates “diabetes without complications”, with or without documentation of retinal exam. <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • Bilateral absence of eyes at any time during the member’s history through 12/31 of the MY. • Bilateral eye enucleation at any time during the member’s history through 12/31 of the MY. • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. <p>Blindness is not an exclusion for a diabetic eye exam.</p>	<p>E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83</p> <p><i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i></p>
Measure	Measure Description	Measure Information/Documentation Required	Criteria
Glycemic Status Assessment for Patients With Diabetes (GSD)	Members 18 – 75 years of age with diabetes (Type 1 or Type 2) whose most recent glycemic status (hemoglobin A1c	At a minimum, the documentation in the medical record must include a note indicating the date when the most recent	HbA1c Lab Test: CPT: 83036, 83037

	<p>[HbA1c] or glucose management indicator [GMI]) was at the following level during the MY:</p> <ul style="list-style-type: none"> • Glycemic Status (>9%) <p><i>A lower rate indicates better performance for this indicator (i.e., low rates of Glycemic Status >9% indicate better care).</i></p>	<p>glycemic status assessment (HbA1c test or GMI) was performed in the MY and the result or findings.</p> <p>A distinct numeric result is required; ranges and thresholds do not meet criteria.</p> <p>Terms below, with date of service and result, can be used: A1c, Hemoglobin A1c, Glycated Hemoglobin, HbA1c, Glycohemoglobin A1c, Glycosylated Hemoglobin, HgA1c, GMI.</p> <p>GMI result from CGM (Continuous Glucose Monitoring): When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date. If multiple glycemic status assessments were recorded for a single date, use the lowest result.</p> <p>For GMI results (only): results collected by the member and documented in the member's medical record are eligible for use in reporting (provided the GMI does not meet any exclusion criteria and all other dates and values are documented). There is no requirement that there be evidence the GMI was collected by a PCP or specialist.</p> <p>The member is not numerator compliant if the most recent glycemic status during the measurement year is ≤9.0%.</p> <p>Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance. "Unknown" is not considered a result/finding.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. 	<p>HbA1c Test Result or Finding: CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <ul style="list-style-type: none"> • Less than 7.0%: 3044F • Greater than or equal to 7.0 and less than 8.0%: 3051F • Greater than or equal to 8.0% and less than or equal to 9.0%: 3052F • Greater than 9.0%: 3046F <p>Diabetes: ICD10CM: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E10.A2, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610,</p>
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		<ul style="list-style-type: none"> • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Absence of two required member identifiers on documentation (e.g., both member name and date of birth). • A1c noted in the chart but without specific date. • In-house A1c noted in visit but no result documented. • A1c result documented as a range. • Reference ranges present instead of result distinct value. • GMI value present with no corresponding date ranges. 	<p>E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493, E13.3499, E13.3511, E13.3512, E13.3513, E13.3519, E13.3521, E13.3522, E13.3523, E13.3529, E13.3531, E13.3532, E13.3533, E13.3539, E13.3541, E13.3542, E13.3543, E13.3549, E13.3551, E13.3552, E13.3553, E13.3559, E13.3591, E13.3592, E13.3593, E13.3599, E13.36, E13.37X1, E13.37X2, E13.37X3, E13.37X9, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83</p> <p><i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i></p>
Measure	Measure Description	Measure Information/Documentation Required	Criteria
Kidney Evaluation for Patients With Diabetes (KED)	<p>Members ages 18 – 85 with diabetes (Type 1 and Type 2) who received a kidney health evaluation during the MY, defined as:</p> <ol style="list-style-type: none"> 1. Estimated glomerular filtration rate lab (eGFR) 2. Either of the following: <ul style="list-style-type: none"> • a urine albumin-creatinine ratio lab (uACR) • both a Quantitative Urine Albumin Lab and Urine Creatinine Lab (QuACR) with service dates four days or less apart. 	<p>Documentation must include the required tests with results and dates of service in addition to two member identifiers.</p> <p>Required Exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. 	<p>Estimated Glomerular Filtration Rate Lab Test: CPT: 80047, 80048, 80050, 80053, 80069, 82565</p> <p>Quantitative Urine Albumin Lab Test: CPT: 82043</p> <p>Urine Creatinine Lab Test: CPT: 882570</p> <p>Service dates of Quantitative Urine Albumin Lab Test and Urine Creatinine Lab Test must be four or less days apart.</p>

		<ul style="list-style-type: none"> • Evidence of ESRD or dialysis any time during the member's history through 12/31 of the MY. • 66 years of age and older with frailty and advanced illness during the MY. • 81 years of age and older with two indications of frailty with different dates of service during the MY. 	<p>Diabetes: ICD10CM: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3219, E10.3291, E10.3292, E10.3293, E10.3299, E10.3311, E10.3312, E10.3313, E10.3319, E10.3391, E10.3392, E10.3393, E10.3399, E10.3411, E10.3412, E10.3413, E10.3419, E10.3491, E10.3492, E10.3493, E10.3499, E10.3511, E10.3512, E10.3513, E10.3519, E10.3521, E10.3522, E10.3523, E10.3529, E10.3531, E10.3532, E10.3533, E10.3539, E10.3541, E10.3542, E10.3543, E10.3549, E10.3551, E10.3552, E10.3553, E10.3559, E10.3591, E10.3592, E10.3593, E10.3599, E10.36, E10.37X1, E10.37X2, E10.37X3, E10.37X9, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E10.A2, E11.00, E11.01, E11.10, E11.11, E11.21, E11.22, E11.29, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3219, E11.3291, E11.3292, E11.3293, E11.3299, E11.3311, E11.3312, E11.3313, E11.3319, E11.3391, E11.3392, E11.3393, E11.3399, E11.3411, E11.3412, E11.3413, E11.3419, E11.3491, E11.3492, E11.3493, E11.3499, E11.3511, E11.3512, E11.3513, E11.3519, E11.3521, E11.3522, E11.3523, E11.3529, E11.3531, E11.3532, E11.3533, E11.3539, E11.3541, E11.3542, E11.3543, E11.3549, E11.3551, E11.3552, E11.3553, E11.3559, E11.3591, E11.3592, E11.3593, E11.3599, E11.36, E11.37X1, E11.37X2, E11.37X3, E11.37X9, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3219, E13.3291, E13.3292, E13.3293, E13.3299, E13.3311, E13.3312, E13.3313, E13.3319, E13.3391, E13.3392, E13.3393, E13.3399, E13.3411, E13.3412, E13.3413, E13.3419, E13.3491, E13.3492, E13.3493,</p>
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EFFECTIVENESS OF CARE: OVERUSE & APPROPRIATENESS

Measure	Measure Description	Measure Information/Documentation Required	Criteria
Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB)	<p>The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. This is an episode-based event so a member may be included multiple times.</p> <p><i>A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).</i></p>	<p>Members in the specified age range that had an Episode Date (EP) for any outpatient, telephone, observation, or ED visit, e-visit, or virtual check-in during the 12-month Intake Period (IP), from 7/1 of the year prior to the MY to 6/30 of the MY, with a diagnosis of acute bronchitis/bronchiolitis and was dispensed prescription for an antibiotic medication on or three days after the EP.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. <p>Common Chart Deficiencies:</p>	<p>Acute Bronchitis: ICD10CM: J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9</p> <p>Pharyngitis: ICD10CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p> <p>AAB Antibiotic Medications: Aminoglycosides: Amikacin, Gentamicin, Streptomycin, Tobramycin Aminopenicillins: Amoxicillin, Ampicillin Beta-lactamase inhibitors: Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam First generation cephalosporins: Cefadroxil, Cefazolin, Cephalexin Fourth generation cephalosporins: Cefepime</p>

		<ul style="list-style-type: none"> • Additional/competing diagnosis requiring antibiotics not documented in visit or coded on claim. 	<p>Lincomycin derivatives: Clindamycin, Lincomycin</p> <p>Macrolides: Azithromycin, Clarithromycin, Erythromycin</p> <p>Miscellaneous antibiotics: Aztreonam, Chloramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin</p> <p>Natural penicillin's: Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine</p> <p>Penicillinase-resistant penicillin's: Dicloxacillin, Nafcillin, Oxacillin</p> <p>Quinolones: Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin</p> <p>Rifamycin derivatives: Rifampin</p> <p>Second generation cephalosporins: Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime</p> <p>Sulfonamides: Sulfadiazine, Sulfamethoxazole-trimethoprim</p> <p>Tetracyclines: Doxycycline, Minocycline, Tetracycline</p> <p>Third generation cephalosporins: Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone</p> <p>Urinary anti-infectives: Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim</p> <p>Competing Diagnosis: ICD10CM: A00.0, A00.1, A00.9, A01.00, A01.01, A01.02, A01.03, A01.04, A01.05, A01.09, A01.1, A01.2, A01.3, A01.4, A02.0, A02.1, A02.20, A02.21, A02.22, A02.23, A02.24, A02.25, A02.29, A02.8, A02.9, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A04.0, A04.1, A04.2, A04.3, A04.4, A04.5, A04.6, A04.71, A04.72, A04.8, A04.9, A05.0, A05.1, A05.2, A05.3, A05.4, A05.5, A05.8, A05.9, A06.0, A06.1, A06.2, A06.3, A06.4, A06.5, A06.6, A06.7, A06.81, A06.82, A06.89, A06.9, A07.0, A07.1, A07.2, A07.3, A07.4, A07.8, A07.9, A08.0, A08.11, A08.19, A08.2, A08.31, A08.32, A08.39, A08.4, A08.8, A09, A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91, A44.0, A44.1, A44.8, A44.9, A49.1, A49.9, A50.01,</p>
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Measure	Measure Description	Measure Information/Documentation Required	Criteria
<p>Use of Imaging Studies for Low Back Pain (LBP)</p>	<p>Members 18 – 75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</p> <p><i>A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).</i></p>	<p>Members in the specified age range who had an outpatient visit, ED visit, telephone visit, e-visit, virtual check-in, physical therapy visit, osteopathic or chiropractic manipulative treatment with a principal diagnosis of uncomplicated low back pain during the Intake Period (IP), January 1–December 3 of the MY and had an imaging study with a diagnosis of uncomplicated low back pain on the Index episode start date (IESD) or in the 28 days following the IESD.</p> <p>Do not include outpatient, ED, or observation visits that result in an inpatient stay. If the member had more than one encounter, include only the first encounter.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. • Any of the following anytime in the member’s history through 28 days after the IESD: 	<p>Imaging Study CPT: 72020, 72040, 72050, 72052, 72070, 72072, 72074, 72080, 72081, 72082, 72083, 72084, 72100, 72110, 72114, 72120, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72200, 72202, 72220</p> <p>Uncomplicated Low Back Pain: ICD10CM: M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.061, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.360, M51.362, M51.369, M51.37, M51.370, M51.372, M51.379, M51.86, M51.87, M53.2X6, M53.2X7, M53.2X8, M53.3, M53.86, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.50, M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS</p>

		<ul style="list-style-type: none"> ○ Cancer. ○ HIV. ○ Major organ transplant. ○ Osteoporosis therapy. ○ Lumbar surgery. ○ Spondylopathy. • Any of the following during 12 months (1 year) prior to the IESD through 28 days after the IESD: <ul style="list-style-type: none"> ○ IV drug abuse. ○ Neurologic impairment. ○ Spinal infection. • Any of the following during the 3 months (90 days) prior to the IESD through 28 days after the IESD: <ul style="list-style-type: none"> ○ Trauma. ○ Fragility fracture. • 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD. 	<p>Diagnosis History That May Warrant Imaging: ICD10CM: B20, C00.0, C00.1, C00.2, C00.3, C00.4, C00.5, C00.6, C00.8, C00.9, C01, C02.0, C02.1, C02.2, C02.3, C02.4, C02.8, C02.9, C03.0, C03.1, C03.9, C04.0, C04.1, C04.8, C04.9, C05.0, C05.1, C05.2, C05.8, C05.9, C06.0, C06.1, C06.2, C06.80, C06.89, C06.9, C07, C08.0, C08.1, C08.9, C09.0, C09.1, C09.8, C09.9, C10.0, C10.1, C10.2, C10.3, C10.4, C10.8, C10.9, C11.0, C11.1, C11.2, C11.3, C11.8, C11.9, C12, C13.0, C13.1, C13.2, C13.8, C13.9, C14.0, C14.2, C14.8, C15.3, C15.4, C15.5, C15.8, C15.9, C16.0, C16.1, C16.2, C16.3, C16.4, C16.5, C16.6, C16.8, C16.9, C17.0, C17.1, C17.2, C17.3, C17.8, C17.9, C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.0, C21.1, C21.2, C21.8, C22.0, C22.1, C22.2, C22.3, C22.4, C22.7, C22.8, C22.9, C23, C24.0, C24.1, C24.8, C24.9, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C26.0, C26.1, C26.9, C30.0, C30.1, C31.0, C31.1, C31.2, C31.3, C31.8, C31.9, C32.0, C32.1, C32.2, C32.3, C32.8, C32.9, C33, C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91, C34.92, C37, C38.0, C38.1, C38.2, C38.3, C38.4, C38.8, C39.0, C39.9, C40.00, C40.01, C40.02, C40.10, C40.11, C40.12, C40.20, C40.21, C40.22, C40.30, C40.31, C40.32, C40.80, C40.81, C40.82, C40.90, C40.91, C40.92, C41.0, C41.1, C41.2, C41.3, C41.4, C41.9, C43.0, C43.10, C43.11, C43.111, C43.112, C43.12, C43.121, C43.122, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, C44.00, C44.01, C44.02, C44.09, C44.101, C44.102, C44.1021, C44.1022, C44.109, C44.1091, C44.1092, C44.111, C44.112, C44.1121, C44.1122, C44.119, C44.1191, C44.1192, C44.121, C44.122, C44.1221, C44.1222, C44.129, C44.1291, C44.1292, C44.131, C44.1321, C44.1322, C44.1391, C44.1392, C44.191, C44.192, C44.1921, C44.1922, C44.199, C44.1991, C44.1992, C44.201, C44.202, C44.209, C44.211, C44.212, C44.219, C44.221, C44.222, C44.229, C44.291, C44.292, C44.299, C44.300, C44.301,</p>
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		C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390, C44.391, C44.399, C44.40, C44.41, C44.42, C44.49, C44.500, C44.501, C44.509, C44.510, C44.511, C44.519, C44.520, C44.521, C44.529, C44.590, C44.591, C44.599, C44.601, C44.602, C44.609, C44.611, C44.612, C44.619, C44.621, C44.622, C44.629, C44.691, C44.692, C44.699, C44.701, C44.702, C44.709, C44.711, C44.712, C44.719, C44.721, C44.722, C44.729, C44.791, C44.792, C44.799, C44.80, C44.81, C44.82, C44.89, C44.90, C44.91, C44.92, C44.99, C45.0, C45.1, C45.2, C45.7, C45.9, C46.0, C46.1, C46.2, C46.3, C46.4, C46.50, C46.51, C46.52, C46.7, C46.9, C47.0, C47.10, C47.11, C47.12, C47.20, C47.21, C47.22, C47.3, C47.4, C47.5, C47.6, C47.8, C47.9, C48.0, C48.1, C48.2, C48.8, C49.0, C49.10, C49.11, C49.12, C49.20, C49.21, C49.22, C49.3, C49.4, C49.5, C49.6, C49.8, C49.9, C49.A0, C49.A1, C49.A2, C49.A3, C49.A4, C49.A5, C49.A9, C4A.0, C4A.10, C4A.11, C4A.111, C4A.112, C4A.12, C4A.121, C4A.122, C4A.20, C4A.21, C4A.22, C4A.30, C4A.31, C4A.39, C4A.4, C4A.51, C4A.52, C4A.59, C4A.60, C4A.61, C4A.62, C4A.70, C4A.71, C4A.72, C4A.8, C4A.9, C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C51.0, C51.1, C51.2, C51.8, C51.9, C52, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.3, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C60.0, C60.1, C60.2, C60.8, C60.9, C61, C62.00, C62.01, C62.02, C62.10, C62.11, C62.12, C62.90, C62.91, C62.92, C63.00, C63.01, C63.02, C63.10, C63.11, C63.12, C63.2, C63.7, C63.8, C63.9, C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, C66.1,
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		C66.2, C66.9, C67.0, C67.1, C67.2, C67.3, C67.4, C67.5, C67.6, C67.7, C67.8, C67.9, C68.0, C68.1, C68.8, C68.9, C69.00, C69.01, C69.02, C69.10, C69.11, C69.12, C69.20, C69.21, C69.22, C69.30, C69.31, C69.32, C69.40, C69.41, C69.42, C69.50, C69.51, C69.52, C69.60, C69.61, C69.62, C69.80, C69.81, C69.82, C69.90, C69.91, C69.92, C70.0, C70.1, C70.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C72.0, C72.1, C72.20, C72.21, C72.22, C72.30, C72.31, C72.32, C72.40, C72.41, C72.42, C72.50, C72.59, C72.9, C73, C74.00, C74.01, C74.02, C74.10, C74.11, C74.12, C74.90, C74.91, C74.92, C75.0, C75.1, C75.2, C75.3, C75.4, C75.5, C75.8, C75.9, C76.0, C76.1, C76.2, C76.3, C76.40, C76.41, C76.42, C76.50, C76.51, C76.52, C76.8, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C7A.00, C7A.010, C7A.011, C7A.012, C7A.019, C7A.020, C7A.021, C7A.022, C7A.023, C7A.024, C7A.025, C7A.026, C7A.029, C7A.090, C7A.091, C7A.092, C7A.093, C7A.094, C7A.095, C7A.096, C7A.098, C7A.1, C7A.8, C7B.00, C7B.01, C7B.02, C7B.03, C7B.04, C7B.09, C7B.1, C7B.8, C80.0, C80.1, C80.2, C81.00, C81.01, C81.02, C81.03, C81.04, C81.05, C81.06, C81.07, C81.08, C81.09, C81.0A, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.1A, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25, C81.26, C81.27, C81.28, C81.29, C81.2A, C81.30, C81.31, C81.32, C81.33, C81.34, C81.35, C81.36, C81.37, C81.38, C81.39, C81.3A, C81.40, C81.41, C81.42, C81.43, C81.44, C81.45, C81.46, C81.47, C81.48, C81.49, C81.4A, C81.70, C81.71, C81.72, C81.73, C81.74, C81.75, C81.76, C81.77, C81.78, C81.79, C81.7A, C81.90, C81.91, C81.92, C81.93, C81.94, C81.95, C81.96, C81.97, C81.98, C81.99, C81.9A, C82.00, C82.01, C82.02,
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			<p>C82.03, C82.04, C82.05, C82.06, C82.07, C82.08, C82.09, C82.0A, C82.10, C82.11, C82.12, C82.13, C82.14, C82.15, C82.16, C82.17, C82.18, C82.19, C82.1A, C82.20, C82.21, C82.22, C82.23, C82.24, C82.25, C82.26, C82.27, C82.28, C82.29, C82.2A, C82.30, C82.31, C82.32, C82.33, C82.34, C82.35, C82.36, C82.37, C82.38, C82.39, C82.3A, C82.40, C82.41, C82.42, C82.43, C82.44, C82.45, C82.46, C82.47, C82.48, C82.49, C82.4A, C82.50, C82.51, C82.52, C82.53, C82.54, C82.55, C82.56, C82.57, C82.58, C82.59, C82.5A, C82.60, C82.61, C82.62, C82.63, C82.64, C82.65, C82.66, C82.67, C82.68, C82.69, C82.6A, C82.80, C82.81, C82.82, C82.83, C82.84, C82.85, C82.86, C82.87, C82.88, C82.89, C82.8A, C82.90, C82.91, C82.92, C82.93, C82.94, C82.95, C82.96, C82.97, C82.98, C82.99, C82.9A, C83.00, C83.01, C83.02, C83.03, C83.04, C83.05, C83.06, C83.07, C83.08, C83.09, C83.0A, C83.10, C83.11, C83.12, C83.13, C83.14, C83.15, C83.16, C83.17, C83.18, C83.19, C83.1A, C83.30, C83.31, C83.32, C83.33, C83.34, C83.35, C83.36, C83.37, C83.38, C83.39, C83.390, C83.398, C83.3A, C83.50, C83.51, C83.52, C83.53, C83.54, C83.55, C83.56, C83.57, C83.58, C83.59, C83.5A, C83.70, C83.71, C83.72, C83.73, C83.74, C83.75, C83.76, C83.77, C83.78, C83.79, C83.7A, C83.80, C83.81, C83.82, C83.83, C83.84, C83.85, C83.86, C83.87, C83.88, C83.89, C83.8A, C83.90, C83.91, C83.92, C83.93, C83.94, C83.95, C83.96, C83.97, C83.98, C83.99, C83.9A, C84.00, C84.01, C84.02, C84.03, C84.04, C84.05, C84.06, C84.07, C84.08, C84.09, C84.0A, C84.10, C84.11, C84.12, C84.13, C84.14, C84.15, C84.16, C84.17, C84.18, C84.19, C84.1A, C84.40, C84.41, C84.42, C84.43, C84.44, C84.45, C84.46, C84.47, C84.48, C84.49, C84.4A, C84.60, C84.61, C84.62, C84.63, C84.64, C84.65, C84.66, C84.67, C84.68, C84.69, C84.6A, C84.70, C84.71, C84.72, C84.73, C84.74, C84.75, C84.76, C84.77, C84.78, C84.79, C84.7A, C84.7B, C84.90, C84.91, C84.92, C84.93,</p>
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		M80.019D, M80.019G, M80.019K, M80.019P, M80.019S, M80.021A, M80.021D, M80.021G, M80.021K, M80.021P, M80.021S, M80.022A, M80.022D, M80.022G, M80.022K, M80.022P, M80.022S, M80.029A, M80.029D, M80.029G, M80.029K, M80.029P, M80.029S, M80.031A, M80.031D, M80.031G, M80.031K, M80.031P, M80.031S, M80.032A, M80.032D, M80.032G, M80.032K, M80.032P, M80.032S, M80.039A, M80.039D, M80.039G, M80.039K, M80.039P, M80.039S, M80.041A, M80.041D, M80.041G, M80.041K, M80.041P, M80.041S, M80.042A, M80.042D, M80.042G, M80.042K, M80.042P, M80.042S, M80.049A, M80.049D, M80.049G, M80.049K, M80.049P, M80.049S, M80.051A, M80.051D, M80.051G, M80.051K, M80.051P, M80.051S, M80.052A, M80.052D, M80.052G, M80.052K, M80.052P, M80.052S, M80.059A, M80.059D, M80.059G, M80.059K, M80.059P, M80.059S, M80.061A, M80.061D, M80.061G, M80.061K, M80.061P, M80.061S, M80.062A, M80.062D, M80.062G, M80.062K, M80.062P, M80.062S, M80.069A, M80.069D, M80.069G, M80.069K, M80.069P, M80.069S, M80.071A, M80.071D, M80.071G, M80.071K, M80.071P, M80.071S, M80.072A, M80.072D, M80.072G, M80.072K, M80.072P, M80.072S, M80.079A, M80.079D, M80.079G, M80.079K, M80.079P, M80.079S, M80.08XA, M80.08XD, M80.08XG, M80.08XK, M80.08XP, M80.08XS, M80.0AXA, M80.0AXD, M80.0AXG, M80.0AXK, M80.0AXP, M80.0AXS, M80.0B1A, M80.0B1D, M80.0B1G, M80.0B1K, M80.0B1P, M80.0B1S, M80.0B2A, M80.0B2D, M80.0B2G, M80.0B2K, M80.0B2P, M80.0B2S, M80.0B9A, M80.0B9D, M80.0B9G, M80.0B9K, M80.0B9P, M80.0B9S, M80.80XA, M80.80XD, M80.80XG, M80.80XK, M80.80XP, M80.80XS, M80.811A, M80.811D, M80.811G, M80.811K, M80.811P, M80.811S, M80.812A, M80.812D, M80.812G, M80.812K, M80.812P, M80.812S, M80.819A, M80.819D, M80.819G, M80.819K, M80.819P, M80.819S, M80.821A, M80.821D, M80.821G, M80.821K, M80.821P, M80.821S, M80.822A, M80.822D, M80.822G, M80.822K, M80.822P, M80.822S, M80.829A, M80.829D, M80.829G, M80.829K, M80.829P, M80.829S, M80.831A, M80.831D, M80.831G,
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		<p> M80.831K, M80.831P, M80.831S, M80.832A, M80.832D, M80.832G, M80.832K, M80.832P, M80.832S, M80.839A, M80.839D, M80.839G, M80.839K, M80.839P, M80.839S, M80.841A, M80.841D, M80.841G, M80.841K, M80.841P, M80.841S, M80.842A, M80.842D, M80.842G, M80.842K, M80.842P, M80.842S, M80.849A, M80.849D, M80.849G, M80.849K, M80.849P, M80.849S, M80.851A, M80.851D, M80.851G, M80.851K, M80.851P, M80.851S, M80.852A, M80.852D, M80.852G, M80.852K, M80.852P, M80.852S, M80.859A, M80.859D, M80.859G, M80.859K, M80.859P, M80.859S, M80.861A, M80.861D, M80.861G, M80.861K, M80.861P, M80.861S, M80.862A, M80.862D, M80.862G, M80.862K, M80.862P, M80.862S, M80.869A, M80.869D, M80.869G, M80.869K, M80.869P, M80.869S, M80.871A, M80.871D, M80.871G, M80.871K, M80.871P, M80.871S, M80.872A, M80.872D, M80.872G, M80.872K, M80.872P, M80.872S, M80.879A, M80.879D, M80.879G, M80.879K, M80.879P, M80.879S, M80.88XA, M80.88XD, M80.88XG, M80.88XK, M80.88XP, M80.88XS, M80.8AXA, M80.8AXD, M80.8AXG, M80.8AXK, M80.8AXP, M80.8AXS, M80.8B1A, M80.8B1D, M80.8B1G, M80.8B1K, M80.8B1P, M80.8B1S, M80.8B2A, M80.8B2D, M80.8B2G, M80.8B2K, M80.8B2P, M80.8B2S, M80.8B9A, M80.8B9D, M80.8B9G, M80.8B9K, M80.8B9P, M80.8B9S, M81.0, M81.6, M81.8, Z21, Z85.00, Z85.01, Z85.020, Z85.028, Z85.030, Z85.038, Z85.040, Z85.048, Z85.05, Z85.060, Z85.068, Z85.07, Z85.09, Z85.110, Z85.118, Z85.12, Z85.20, Z85.21, Z85.22, Z85.230, Z85.238, Z85.29, Z85.3, Z85.40, Z85.41, Z85.42, Z85.43, Z85.44, Z85.45, Z85.46, Z85.47, Z85.48, Z85.49, Z85.50, Z85.51, Z85.520, Z85.528, Z85.53, Z85.54, Z85.59, Z85.6, Z85.71, Z85.72, Z85.79, Z85.810, Z85.818, Z85.819, Z85.820, Z85.821, Z85.828, Z85.830, Z85.831, Z85.840, Z85.841, Z85.848, Z85.850, Z85.858, Z85.89, Z85.9, Z86.000, Z86.001, Z86.002, Z86.003, Z86.004, Z86.005, Z86.006, Z86.007, Z86.008, Z86.03, Z90.5, Z94.0, Z94.1, Z94.2, Z94.3, Z94.4, Z94.82, Z94.83 </p> <p>Procedure History That May Warrant Imaging:</p>
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Measure	Measure Description	Measure Information/Documentation Required	Criteria
Appropriate Treatment for Upper Respiratory Infection (URI)	<p>The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. This is an episode-based event so a member may be included multiple times.</p> <p><i>A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).</i></p>	<p>Members in the specified age range who had an outpatient visit, ED visit, telephone visit, e-visit, or virtual check-in with a diagnosis of URI during the 12-month Intake Period (IP), from 7/1 of the year prior to the MY to 6/30 of the MY, and were dispensed a prescription for an antibiotic medication from the Antibiotic Medications List on or 3 days after the episode date (EP).</p> <p>If a member has more than one EP in a 31-day period, only the first EP will be used. Do not include visits that result in an inpatient stay or members with a competing comorbid condition 12 months prior to the EP.</p> <p>Members with a comorbid condition during the 12 months prior to the EP will be excluded. These include:</p> <ul style="list-style-type: none"> • HIV, HIV Type 2. • Malignant neoplasm. • Emphysema, COPD or other chronic lung disease. • Cystic Fibrosis or other pulmonary disorders. • Disorders of the immune system. • Other comorbid conditions. <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p>	<p>URI Diagnosis: ICD10CM: J00, J06.0, J06.9</p> <p>Pharyngitis: ICD10CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p> <p>Competing Diagnosis ICD10CM: A00.0, A00.1, A00.9, A01.00, A01.01, A01.02, A01.03, A01.04, A01.05, A01.09, A01.1, A01.2, A01.3, A01.4, A02.0, A02.1, A02.20, A02.21, A02.22, A02.23, A02.24, A02.25, A02.29, A02.8, A02.9, A03.0, A03.1, A03.2, A03.3, A03.8, A03.9, A04.0, A04.1, A04.2, A04.3, A04.4, A04.5, A04.6, A04.71, A04.72, A04.8, A04.9, A05.0, A05.1, A05.2, A05.3, A05.4, A05.5, A05.8, A05.9, A06.0, A06.1, A06.2, A06.3, A06.4, A06.5, A06.6, A06.7, A06.81, A06.82, A06.89, A06.9, A07.0, A07.1, A07.2, A07.3, A07.4, A07.8, A07.9, A08.0, A08.11, A08.19, A08.2, A08.31, A08.32, A08.39, A08.4, A08.8, A09, A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91, A44.0, A44.1, A44.8, A44.9, A49.1, A49.9, A50.01, A50.02, A50.03, A50.04, A50.05, A50.06, A50.07, A50.08, A50.09, A50.1, A50.2, A50.30, A50.31, A50.32, A50.39, A50.40, A50.41, A50.42, A50.43, A50.44, A50.45, A50.49, A50.51, A50.52, A50.53, A50.54, A50.55, A50.56, A50.57, A50.59, A50.6, A50.7, A50.9, A51.0, A51.1, A51.2, A51.31, A51.32, A51.39, A51.41, A51.42, A51.43, A51.44, A51.45, A51.46, A51.49, A51.5, A51.9, A52.00, A52.01,</p>

		<ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Additional/Competing diagnosis requiring antibiotics not documented in visit or coded on claim. 	A52.02, A52.03, A52.04, A52.05, A52.06, A52.09, A52.10, A52.11, A52.12, A52.13, A52.14, A52.15, A52.16, A52.17, A52.19, A52.2, A52.3, A52.71, A52.72, A52.73, A52.74, A52.75, A52.76, A52.77, A52.78, A52.79, A52.8, A52.9, A53.0, A53.9, A54.00, A54.01, A54.02, A54.03, A54.09, A54.1, A54.21, A54.22, A54.23, A54.24, A54.29, A54.30, A54.31, A54.32, A54.33, A54.39, A54.40, A54.41, A54.42, A54.43, A54.49, A54.5, A54.6, A54.81, A54.82, A54.83, A54.84, A54.85, A54.86, A54.89, A54.9, A55, A56.00, A56.01, A56.02, A56.09, A56.11, A56.19, A56.2, A56.3, A56.4, A56.8, A57, A58, A59.00, A59.01, A59.02, A59.03, A59.09, A59.8, A59.9, A63.0, A63.8, A64, A69.0, A69.1, A69.20, A69.21, A69.22, A69.23, A69.29, A69.8, A69.9, B60.00, B60.01, B60.02, B60.03, B60.09, B60.10, B60.11, B60.12, B60.13, B60.19, B60.2, B60.8, B64, B78.1, B96.89, E83.2, H66.001, H66.002, H66.003, H66.004, H66.005, H66.006, H66.007, H66.009, H66.011, H66.012, H66.013, H66.014, H66.015, H66.016, H66.017, H66.019, H66.10, H66.11, H66.12, H66.13, H66.20, H66.21, H66.22, H66.23, H66.3X1, H66.3X2, H66.3X3, H66.3X9, H66.40, H66.41, H66.42, H66.43, H66.90, H66.91, H66.92, H66.93, H67.1, H67.2, H67.3, H67.9, H70.001, H70.002, H70.003, H70.009, H70.011, H70.012, H70.013, H70.019, H70.091, H70.092, H70.093, H70.099, H70.10, H70.11, H70.12, H70.13, H70.201, H70.202, H70.203, H70.209, H70.211, H70.212, H70.213, H70.219, H70.221, H70.222, H70.223, H70.229, H70.811, H70.812, H70.813, H70.819, H70.891, H70.892, H70.893, H70.899, H70.90, H70.91, H70.92, H70.93, H95.00, H95.01, H95.02, H95.03, H95.111, H95.112, H95.113, H95.119, H95.121, H95.122, H95.123, H95.129, H95.131, H95.132, H95.133, H95.139, H95.191, H95.192, H95.193, H95.199, H95.21, H95.22, H95.31, H95.32, H95.41, H95.42, H95.51, H95.52, H95.53, H95.54, H95.811, H95.812, H95.813, H95.819, H95.88, H95.89, J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91, J04.10, J04.11, J04.2, J05.0, J05.10, J05.11, J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.61,
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		J15.69, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9, J20.0, J20.1, J20.2, J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9, J35.01, J35.02, J35.03, J35.1, J35.2, J35.3, J35.8, J35.9, J38.7, J39.0, J39.1, J39.2, J39.8, J39.9, K05.20, K05.211, K05.212, K05.213, K05.219, K05.221, K05.222, K05.223, K05.229, K12.2, L01.00, L01.01, L01.02, L01.03, L01.09, L01.1, L03.011, L03.012, L03.019, L03.021, L03.022, L03.029, L03.031, L03.032, L03.039, L03.041, L03.042, L03.049, L03.111, L03.112, L03.113, L03.114, L03.115, L03.116, L03.119, L03.121, L03.122, L03.123, L03.124, L03.125, L03.126, L03.129, L03.211, L03.212, L03.213, L03.221, L03.222, L03.311, L03.312, L03.313, L03.314, L03.315, L03.316, L03.317, L03.319, L03.321, L03.322, L03.323, L03.324, L03.325, L03.326, L03.327, L03.329, L03.811, L03.818, L03.891, L03.898, L03.90, L03.91, L04.0, L04.1, L04.2, L04.3, L04.8, L04.9, L08.1, L08.81, L08.82, L08.89, L08.9, L88, L92.8, L98.0, L98.3, M46.20, M46.21, M46.22, M46.23, M46.24, M46.25, M46.26, M46.27, M46.28, M46.30, M46.31, M46.32, M46.33, M46.34, M46.35, M46.36, M46.37, M46.38, M46.39, M89.00, M89.011, M89.012, M89.019, M89.021, M89.022, M89.029, M89.031, M89.032, M89.039, M89.041, M89.042, M89.049, M89.051, M89.052, M89.059, M89.061, M89.062, M89.069, M89.071, M89.072, M89.079, M89.08, M89.09, M89.121, M89.122, M89.123, M89.124, M89.125, M89.126, M89.127, M89.128, M89.129, M89.131, M89.132, M89.133, M89.134, M89.138, M89.139, M89.151, M89.152, M89.153, M89.154, M89.155, M89.156, M89.157, M89.158, M89.159, M89.160, M89.161, M89.162, M89.163, M89.164, M89.165, M89.166, M89.167, M89.168, M89.169, M89.18, M89.20, M89.211, M89.212, M89.219, M89.221, M89.222, M89.229, M89.231, M89.232, M89.233, M89.234, M89.239, M89.241, M89.242, M89.249, M89.251, M89.252, M89.259, M89.261, M89.262, M89.263, M89.264, M89.269, M89.271, M89.272, M89.279, M89.28, M89.29, M89.40, M89.411, M89.412, M89.419, M89.421, M89.422,
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EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure	Measure Description	Measure Information/Documentation Required	Criteria
Chlamydia Screening (CHL)	Members recommended for routine chlamydia screening 16 – 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the MY.	<p>Members in the specified age range as of December 31 of the MY identified as female and as sexually active through pharmacy data or claim/encounter data who were screened for chlamydia screening during the MY.</p> <p>Chlamydia screening can be performed through a urine test (urine analysis) or vaginal swab (thinprep) pap smear.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • A pregnancy test in the MY and a prescription for isotretinoin (Retinoid) on the date of the pregnancy test or 6 days after the pregnancy test. • A pregnancy test in the MY and an X-ray on the date of the pregnancy test or the 6 days after the pregnancy test. <p>Gender Exclusions: The Exchange QRS measure set for MY2025 does not specify any measure-specific gender exclusions.</p> <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Not collecting/testing urine sample routinely at well-visits. • Criteria is not met by notation of parental/patient refusal. • Criteria is not met by notation that patient is not sexually active. 	<p>Chlamydia Tests: CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810</p> <p><i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i></p>
Measure	Measure Description	Measure Information/Documentation Required	Criteria
Oral Evaluation, Dental Services (OED)	Members under 21 years of age in the MY who received a comprehensive or periodic oral evaluation with a dental provider.	Documentation in the medical record must contain evidence of a comprehensive or	CDT: D0120, D0145, D0150

		<p>periodic oral evaluation by a dental provider.</p> <p>Dental providers include dentist, dental hygienist, dental assistant, dental therapist, endodontist, denturist, oral medicinist, oral/maxillofacial dentist/surgeon.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. 	<p>Dental Provider Taxonomy: 122300000X, 1223D0001X, 1223D0004X, 1223E0200X, 1223G0001X, 1223P0106X, 1223P0221X, 1223P0300X, 1223P0700X, 1223S0112X, 1223X0008X, 1223X0400X, 1223X2210X, 122400000X, 124Q00000X, 125J00000X, 125K00000X, 125Q00000X, 126800000X, 204E00000X, 261QD0000X, 261QF0400X, 261QR1300X, 261QS0112X</p>
Measure	Measure Description	Measure Information/Documentation Required	Criteria
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	<p>Members 3 – 17 years of age in the MY who had an outpatient visit with a PCP or OB/GYN and who had evidence of each of the following:</p> <ul style="list-style-type: none"> • BMI percentile documentation. • Counseling for nutrition. • Counseling for physical activity. 	<p>BMI Percentile:</p> <ul style="list-style-type: none"> • Documentation must include height, weight, and BMI percentile during the MY. • The height, weight, and BMI must be from the same data source. • BMI percentile can be documented as a value or plotted on an age-growth chart. • Member-reported values (weight, height, BMI) can be captured during a telephone visit, e-visit, or virtual check-in. <p>Counseling for Nutrition: Documentation of counseling for nutrition or referral for nutrition education during the MY. Examples include: Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).</p> <ul style="list-style-type: none"> • Checklist indicating nutrition was addressed. • Member received educational materials on nutrition during a face-to-face visit. • Anticipatory guidance for nutrition. • Weight or obesity counseling. • Referral to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). <p>Counseling for Physical Activity: Documentation of counseling for physical activity or referral for physical activity during the MY. Examples include:</p>	<p>BMI Percentile: ICD10CM: Z68.51, Z68.52, Z68.53, Z68.54, Z68.55, Z68.56</p> <p>Nutrition Counseling: CPT: 97802, 97803, 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470</p> <p>Physical Activity Counseling: HCPCS: G0447, S9451 Encounter for Physical Activity Counseling: ICD10CM: Z02.5, Z71.82</p> <p><i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i></p>

		<ul style="list-style-type: none"> • Checklist indicating physical activity was addressed. • Member received educational materials on physical activity during a face-to-face visit. • Anticipatory guidance for physical activity or weight/obesity counseling. • Weight or obesity counseling. • Discussion of current physical activity (e.g., sports activities, exercise routines). • Exam for sport participation/sports physical. <p>Notes:</p> <ul style="list-style-type: none"> • Services may be rendered during a visit other than a well-child visit; however, services specific to the assessment or treatment of an acute or chronic condition do not count toward the “Counseling for Nutrition” and “Counseling for Physical Activity” indicators. <p>Services may be delivered during a telephone visit, e-visit, or virtual check-in. This includes member-reported data (e.g., height, weight, BMI) documented in the chart.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Diagnosis of pregnancy during the MY. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Height, weight, and BMI percentile not documented each year. • BMI documented as a value and not as a percentile. • BMI percentile documented as a range or threshold. • BMI documented on an appropriate age-growth chart but without name, DOB, or discernible DOS on the chart. • BMI documented on weight or stature for age charts. 	
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		<ul style="list-style-type: none">• Documentation of developmental milestones without notation of anticipatory guidance or education for physical activity.• Missing counseling/education on physical activity and/or nutrition.• Notation of “health education” or “anticipatory guidance” without specific mention of nutrition and/or physical activity.• Counseling on safety (e.g., “wears helmet” or “water safety”) without specific mention of physical activity recommendations.• A physical exam finding or observation alone (e.g., well-nourished) is not compliant because it does not indicate counseling for nutrition.• Documentation related to a member’s “appetite” does not meet criteria.• Notation of “cleared for gym class” alone without documentation of a discussion.• Notation of “health education” or “anticipatory guidance” without specific mention of physical activity• Notation solely related to screen time (computer or television) without specific mention of physical activity	
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EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS

Measure	Measure Description	Measure Information/Documentation Required	Criteria
Asthma Medication Ratio (AMR)	The percentage of members 5 – 64 years of age in the MY who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 50% or greater.	<p>Oral medication-dispensing event: Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events. If multiple prescriptions for the same medication are dispensed on the same day, sum the days' supply, and divide by 30. Use the Drug ID to determine if the prescriptions are the same or different.</p> <p>Inhaler-dispensing event: All inhalers (i.e., canisters) of the same medication dispensed on the same day count as one dispensing event. Medications with different drug IDs dispensed on the same day are counted as different dispensing events.</p> <p>Injection-dispensing events: Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.</p> <p>Units of medications: When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Members who had no asthma medications dispensed during the MY. • Members who had a diagnosis of any of the following in the member's history through December 31 of the MY: emphysema, COPD, Obstructive Bronchitis, chronic respiratory conditions due to fumes/vapors, Cystic Fibrosis, acute respiratory failure. 	<p>Population includes ED, IP, and/or observation visits billed with asthma diagnosis or 4 non-controller asthma medication-dispensing events during the MY and the year prior.</p> <p>Asthma Diagnosis: ICD10CM: J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998</p> <p>Outpatient and Telehealth: CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483</p> <p>HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p> <p>UBREV: 0510, 0511, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p>Asthma Controller Medications: Antibody inhibitors: Omalizumab Anti-interleukin-4: Dupilumab Anti-interleukin-5: Benralizumab, Mepolizumab, Reslizumab Inhaled steroid combinations: Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone</p>

		<ul style="list-style-type: none"> Deceased at any time in the MY. <p>.</p> <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> No documentation of review of medications at every visit. 	<p>Inhaled corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone</p> <p>Leukotriene modifiers: Montelukast, Zafirlukast, Zileuton</p> <p>Methylxanthines: Theophylline</p> <p>Asthma Reliever Medications:</p> <p>Short-acting, inhaled beta-2 agonists: Albuterol, Levalbuterol</p> <p><i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i></p>
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UTILIZATION

Measure	Measure Description	Measure Information/Documentation Required	Criteria
Child and Adolescent Well-Care Visits (WCV)	The percentage of members 3 – 21 years of age during the MY who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner.	<p>Documentation from the medical record must include a note indicating a comprehensive well-care visit with a PCP or OB/GYN, including the date when the well-child visit occurred. The comprehensive well-care visit must occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the member.</p> <p>Well-child visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/</p> <p>Note: Preventive services may be rendered on visits other than well-child visits however a Telehealth/Telephone well visits do not meet numerator compliance. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision.</p> <p>Required Exclusions:</p>	<p>Encounter for Well Care: ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2</p> <p>Well Care Visit: CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613</p> <p><i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i></p>

		<p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Children or adolescents being seen for sick visits only, with no documentation/claims/encounter data related to well-visit services provided. • Telehealth/Telephone well visit do not meet numerator compliance. 	
Measure	Measure Description	Measure Information/Documentation Required	Criteria
Well-Child Visits in the First 30 Months of Life (W30)	<p>The percentage of members who had the following number of well-child visits with a PCP during the last 15 months.</p> <p>The following rates are reported:</p> <ol style="list-style-type: none"> 1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the MY: Six or more well-child visits. 2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the MY: Two or more well-child visits 	<p>Documentation from the medical record must include a note indicating a well visit with a PCP and the date the well-child visit occurred.</p> <p>Well-child visit criteria is based on American Academy of Pediatrics Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. https://www.aap.org/en/practice-management/bright-futures/bright-futures-materials-and-tools/</p> <p>Note: Preventive services may be rendered on visits other than well-child visits however a Telehealth/Telephone well visits do not meet numerator compliance. Chronic or acute condition assessment and treatment are excluded from this provision.</p> <p>Required Exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Children being seen for sick visits only and no documentation/claims/encounter data related to well visit services provided. • Telehealth/Telephone well visit do not meet numerator compliance. 	<p>Encounter for Well Care: ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2</p> <p>Well Care Visit: CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613</p> <p><i>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</i></p>

MEASURES COLLECTED THROUGH THE QHP HEALTH PLAN SURVEY

Measure	Measure Description	Measure Information/Documentation Required	Criteria
Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	<p>Members 18 years or older during the MY who responded to the QHP Enrollee Survey, identify as current smokers or tobacco users, and who indicated they received medical assistance with smoking and tobacco use cessation.</p> <p>The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:</p> <ul style="list-style-type: none"> • <i>Advising Smokers and Tobacco Users to Quit.</i> A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year. • <i>Discussing Cessation Medications.</i> A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year. • <i>Discussing Cessation Strategies.</i> A rolling average represents the percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year. 	<p>Denominator and numerator subset rates are derived from member QHP Enrollee Survey response. Rolling averages are calculated using the formula below. $\text{Rate} = (\text{Year 1 Numerator} + \text{Year 2 Numerator}) / (\text{Year 1 Denominator} + \text{Year 2 Denominator})$</p> <p>Advising Smokers and Tobacco Users to Quit <i>Denominator</i> The number of members who responded to the survey and indicated that they were current smokers or tobacco users. Member response choices must be as follows to be included in the denominator: Q46 = "Every day" or "Some days." Q47 = "Never" or "Sometimes" or "Usually" or "Always."</p> <p><i>Numerator</i> The number of members in the denominator who indicated that they received advice to quit from a doctor or other health provider by answering "Sometimes" or "Usually" or "Always" to Q47.</p> <p>Discussing Cessation Medications <i>Denominator</i> The number of members who responded to the survey and indicated that they were current smokers or tobacco users. Member response choices must be as follows to be included in the denominator: Q46 = "Every day" or "Some days." Q48 = "Never" or "Sometimes" or "Usually" or "Always."</p> <p><i>Numerator</i> The number of members in the denominator who indicated that their doctor or health provider recommended or discussed cessation medications by</p>	<p>Measure compliance collection is based on enrollee responses to a subset of the QHP Enrollee Survey questions Collected annually by CMS using a rolling average methodology. Refer to the CMS MQI website (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/ACA-MQI-Landing-Page) for more information about the QHP Enrollee Survey, including a crosswalk of survey questions associated with the QRS survey measures.</p> <p>The QHP Enrollee Survey response data are submitted to CMS.</p>

		<p>answering “Sometimes” or “Usually” or “Always” to Q48.</p> <p>Discussing Cessation Strategies</p> <p><i>Denominator</i></p> <p>The number of members who responded to the survey and indicated that they were current smokers or tobacco users. Member response choices <i>must</i> be as follows to be included in the denominator:</p> <p>Q46 = “Every day” or “Some days.”</p> <p>Q49 = “Never” or “Sometimes” or “Usually” or “Always.”</p> <p><i>Numerator</i></p> <p>The number of members in the denominator who indicated that their doctor or health provider discussed or provided cessation methods and strategies by answering “Sometimes” or “Usually” or “Always” to Q49.</p>	
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MEASURES COLLECTED USING ELECTRONIC CLINICAL DATA SYSTEMS

Measure	Measure Description	Measure Information/Documentation Required	Criteria
Adult Immunization Status (AIS) <i>This is a measure collected through claims and Electronic Clinical Data Systems. Please contact your Account Executive or Quality Management Department to discuss options for a direct data feed. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests</i>	<p>Members 19 years of age and older during the MY who are up to date on recommended routine vaccines for influenza; tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap); zoster; pneumococcal and hepatitis B.</p>	<p>Influenza:</p> <ul style="list-style-type: none"> Members who received an influenza vaccine on or between July 1 of the year prior to the MY and June 30 of the MY, or Members with anaphylaxis due to the influenza vaccine any time before or during the MY. <p>Td/Tdap:</p> <ul style="list-style-type: none"> Members who received at least one Td vaccine or one Tdap vaccine between 9 years prior to the start of the MY and the end of the MY, or Members with a history of at least one of the following contraindications any time before or during the MY: <ul style="list-style-type: none"> Anaphylaxis due to the diphtheria, tetanus or pertussis vaccine. Encephalitis due to the diphtheria, tetanus or pertussis vaccine. <p>Zoster:</p> <ul style="list-style-type: none"> Members who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant at least 28 days apart, any time on or after the member's 50th birthday and before or during the MY, or Members with anaphylaxis due to the herpes zoster vaccine any time before or during the MY. <p>Pneumococcal:</p> <ul style="list-style-type: none"> Members who were administered at least one dose of an adult pneumococcal vaccine on or after the member's 19th birthday and before or during the MY, or Members with anaphylaxis due to the pneumococcal vaccine any time before or during the MY. 	<p>The method of collection is through Electronic Clinical Data Systems (ECDS) feeds. HEDIS for QRS quality measures reported using ECDS inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices.</p> <p>Organizations that report HEDIS for QRS using ECDS encourage the exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time. The ECDS reporting standard represents a step forward in adapting HEDIS for QRS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement</p> <p>ECDS are the network of data containing a plan member's personal health information and records of their experiences within the health care system. They may also support other care-related activities directly or indirectly, including evidence-based decision support, quality management, and outcome reporting. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed, providing results quickly and efficiently to the team responsible for the care of health plan members.</p> <p>Adult Influenza Immunization: CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205, 320</p> <p>Adult Influenza Vaccine Procedure: CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756</p> <p>Adult Pneumococcal Immunization:</p>

		<p>Hepatitis B: Members who received at least three doses of the childhood hepatitis B vaccine with different dates of service on or before their 19th birthday.</p> <ul style="list-style-type: none"> • One of the three vaccinations can be a newborn hepatitis B vaccination (ICD-10-PCS code 3E0234Z) during the 8-day period that begins on the date of birth and ends 7 days after the date of birth. For example, if the member's date of birth is December 1, the newborn hepatitis B vaccination must be on or between December 1 and December 8. • Members who received a hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period, including either of the following: <ul style="list-style-type: none"> – At least two doses of the recommended two-dose adult hepatitis B administered at least 28 days apart; or – At least three doses of any other recommended adult hepatitis B vaccine administered on different days of service. • Members who had a hepatitis B surface antigen, hepatitis B surface antibody or total antibody to hepatitis B core antigen test, with a positive result any time before or during the measurement period. Either of the following meets criteria: <ul style="list-style-type: none"> – A test (Hepatitis B Tests With Threshold of 10 Value Set) with a result greater than 10 mIU/mL. – A test with a finding of immunity. • Members with a history of hepatitis B illness any time before or during the measurement period. Do not include laboratory claims (claims with POS code 81). • Members with anaphylaxis due to the hepatitis B vaccine any time before or during the measurement period. <p>Required Exclusions:</p>	<p>CVX: 33, 109, 133, 152, 215, 216, 327</p> <p>Adult Pneumococcal Vaccine Procedure: CPT: 90670, 90671, 90677, 90684, 90732 HCPCS: G0009</p> <p>Herpes Zoster Recombinant Vaccine Procedure: CPT: 90750</p> <p>Influenza Virus LAIV Immunization: CVX: 111, 149</p> <p>Influenza Virus LAIV Vaccine Procedure: CPT: 90660, 90672</p> <p>Td Immunization: CVX: 09, 113, 138, 139</p> <p>Td Vaccine Procedure: CPT: 90714</p> <p>Tdap Vaccine Procedure: CPT: 90715</p> <p>Hepatitis B Vaccine Procedure: CPT: 90697, 90723, 90740, 90744, 90747, 90748 HCPCS: G0010</p> <p>Hepatitis B Immunization: CVX: 08, 44, 45, 51, 110, 146, 198</p> <p>Adult Hepatitis B Immunization (3 dose): CVX: 43, 44, 45, 104, 220</p> <p>Adult Hepatitis B Vaccine Procedure (2 dose): CPT: 90739, 90743</p> <p>Adult Hepatitis B Vaccine Procedure (3 dose): CPT: 90740, 90744, 90746, 90747, 90759</p> <p>Hepatitis B: ICD10CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11</p>
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Measure	Measure Description	Measure Information/Documentation Required	Criteria
<p>Blood Pressure Control for Patients with Hypertension (BPC-E)</p> <p><i>This is a measure collected through claims and Electronic Clinical Data Systems. Please contact your Account Executive or Quality Management Department to discuss options for a direct data feed. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests</i></p>	<p>Members 18–85 years of age during the MY who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mm Hg.</p>	<ul style="list-style-type: none"> • BP must be latest reading in the MY and must occur on or after the second diagnosed hypertension event. • BP readings taken during an inpatient stay or ED visit do not contribute to numerator compliance • When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used. • If no BP is recorded during the MY, the member is “not controlled.” • Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. <p>Required Exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. • Members who had a nonacute inpatient admission at any time during the MY • 66 years of age and older at any time during the MY enrolled in an Institutional SNP (I-SNP) or living long-term in an institution (LTI). • Diagnosis of ESRD or kidney transplant any time during the member’s history on or prior to 12/31. Documentation must include a dated note indicating evidence of ESRD, kidney transplant, or dialysis. • Diagnosis of pregnancy during the MY. • 66–80 years of age with frailty and advanced illness during the MY. • 81 years of age with two indications of frailty on different dates of service illness during the MY. 	<p>The method of collection is through Electronic Clinical Data Systems (ECDS) feeds. HEDIS for QRS quality measures reported using ECDS inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices.</p> <p>Organizations that report HEDIS for QRS using ECDS encourage the exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time. The ECDS reporting standard represents a step forward in adapting HEDIS for QRS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement</p> <p>ECDS are the network of data containing a plan member’s personal health information and records of their experiences within the health care system. They may also support other care-related activities directly or indirectly, including evidence-based decision support, quality management, and outcome reporting. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed, providing results quickly and efficiently to the team responsible for the care of health plan members.</p> <p>Diastolic Blood Pressure: CPT-CAT-II: 3078F, 3079F, 3080F</p> <p>Systolic Blood Pressure: CPT-CAT-II: 3074F, 3075F, 3077F</p> <p>Systolic and Diastolic Result:</p>

		<p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • BP DOS not on or after the date of the second hypertension event. • Claim missing CPT II codes for BP results. • Claim includes CPT II codes for BP results and includes CPT II codes modifier indicating certain actions were not performed. 	<p>CPT-CAT-II:</p> <ul style="list-style-type: none"> • Most Recent Systolic less than 130: 3074F • Most Recent Systolic 130 – 139: 3075F • Most Recent Systolic greater than or equal to 140: 3077F • Most Recent Diastolic less than 80: 3078F • Most Recent Diastolic 80-89: 3079F • Most Recent Diastolic greater than or equal to 90: 3080F <p>Hypertension Diagnosis: ICD10CM: I10</p> <p>ESRD Diagnosis: ICD10CM: N18.5, N18.6, Z99.2</p> <p>Dialysis Procedure: CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512 HCPCS: G0257, S9339</p> <p>Partial Nephrectomy: CPT: 50240</p> <p>Total Nephrectomy: CPT: 50220, 50225, 50230, 50234, 50236, 50340, 50370, 50543, 50545, 50546, 50548</p> <p>Kidney Transplant: CPT: 50360, 50365, 50380 HCPCS: S2065</p> <p>History of Nephrectomy or Kidney Transplant: ICD10CM: Z90.5, Z94.0</p> <p>Palliative Care Encounter: HCPCS: G9054</p> <p>Nonacute Inpatient Stay: UBREV: 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190, 0191, 0192, 0193, 0194, 0199, 0524, 0525, 0550, 0551, 0552, 0559, 0660, 0661, 0662, 0663, 0669, 1000, 1001, 1002</p> <p>Advanced Illness: ICD10CM: A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9,</p>
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			<p>W18.12XS, W18.2XXA, W18.2XXD, W18.2XXS, W18.30XA, W18.30XD, W18.30XS, W18.31XA, W18.31XD, W18.31XS, W18.39XA, W18.39XD, W18.39XS, W19.XXXA, W19.XXXD, W19.XXXS, Y92.199, Z59.3, Z73.6, Z74.01, Z74.09, Z74.1, Z74.2, Z74.3, Z74.8, Z74.9, Z91.81, Z99.11, Z99.3, Z99.81, Z99.89</p> <p>CPT CAT II Modifier: CPT: 1P, 2P, 3P, 8P</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
Measure	Measure Description	Measure Information/Documentation Required	Criteria
<p>Breast Cancer Screening (BCS-E)</p> <p><i>This is a measure collected through claims and Electronic Clinical Data Systems. Please contact your Account Executive or Quality Management Department to discuss options for a direct data feed. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests</i></p>	<p>Members 40 – 74 years of age who were recommended for a routine breast cancer screening and had a mammogram at any time on or between October 1 two years prior to the MY and the end of the MY to screen for breast cancer.</p>	<p>All types and methods of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis) qualify for numerator compliance if one or more mammograms occur any time on or between October 1 two years prior to the MY and the end of the MY.</p> <p>Note: Biopsies, breast ultrasounds, and MRIs do not count toward this measure.</p> <p>Include members recommended for routine breast cancer screening with any of the following criteria:</p> <ul style="list-style-type: none"> • Administrative Gender of Female at any time in the member's history. • Sex Assigned at Birth of Female at any time in the member's history. • Sex Parameter for Clinical Use of Female during the measurement period. <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services in the MY. • Deceased at any time in the MY. • Receiving palliative care any time in the MY. 	<p>The method of collection is through Electronic Clinical Data Systems (ECDS) feeds. HEDIS for QRS quality measures reported using ECDS inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices.</p> <p>Organizations that report HEDIS for QRS using ECDS encourage the exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time. The ECDS reporting standard represents a step forward in adapting HEDIS for QRS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement</p> <p>ECDS are the network of data containing a plan member's personal health information and records of their experiences within the health care system. They may also support other care-related activities directly or indirectly, including evidence-based decision support, quality management, and outcome reporting. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed, providing results quickly and efficiently to the team</p>

	<ul style="list-style-type: none"> • 66 years of age and older with frailty and advanced illness during the MY. • Had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria any time during the member's history through the end of the MY. • Bilateral mastectomy or both right and left unilateral mastectomy with bilateral modifier from same procedure any time during the member's history through the end of the MY. <p>The Fenway Institute recommends that for patients assigned female at birth who have not undergone chest reconstruction (including those who have had breast reduction), breast/chest screening recommendations are the same as for cisgender women of a similar age and medical history.</p> <p>The University of California San Francisco Center of Excellence for Transgender Health recommends that transgender men who have not undergone bilateral mastectomy, or who have only undergone breast reduction, undergo screening according to current guidelines for non-transgender women.</p> <p>The World Professional Association for Transgender Health recommends health care professionals follow local breast cancer screening guidelines developed for cisgender women in their care of transgender and gender diverse people with breasts from natal puberty who have not had gender-affirming chest surgery.</p>	<p>responsible for the care of health plan members.</p> <p>Mammography: CPT: 77061, 77062, 77063, 77065, 77066, 77067</p> <p>Unilateral Mastectomy: CPT: 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307</p> <p>Absence of Left Breast: ICD10CM: Z90.12</p> <p>Absence of Right Breast: ICD10CM: Z90.11</p> <p>History of Bilateral Mastectomy: ICD10CM: Z90.13</p> <p>Advanced Illness: ICD10CM: A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.0, C71.1, C71.2, C71.3, C71.4, C71.5, C71.6, C71.7, C71.8, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.01, C78.02, C78.1, C78.2, C78.30, C78.39, C78.4, C78.5, C78.6, C78.7, C78.80, C78.89, C79.00, C79.01, C79.02, C79.10, C79.11, C79.19, C79.2, C79.31, C79.32, C79.40, C79.49, C79.51, C79.52, C79.60, C79.61, C79.62, C79.63, C79.70, C79.71, C79.72, C79.81, C79.82, C79.89, C79.9, C91.00, C91.02, C92.00, C92.02, C93.00, C93.02, C93.90, C93.92, C93.Z0, C93.Z2, C94.30, C94.32, F01.50, F01.511, F01.518, F01.52, F01.53, F01.54, F01.A0, F01.A11, F01.A18, F01.A2, F01.A3, F01.A4, F01.B0, F01.B11, F01.B18, F01.B2, F01.B3, F01.B4, F01.C0, F01.C11, F01.C18, F01.C2, F01.C3, F01.C4, F02.80, F02.811, F02.818, F02.82, F02.83, F02.84, F02.A0, F02.A11, F02.A18, F02.A2, F02.A3, F02.A4, F02.B0, F02.B11, F02.B18, F02.B2, F02.B3, F02.B4, F02.C0, F02.C11, F02.C18, F02.C2, F02.C3, F02.C4, F03.90, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18,</p>
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Measure	Measure Description	Measure Information/Documentation Required	Criteria
<p>Cervical Cancer Screening (CCS-E)</p> <p><i>This is a measure collected through claims and Electronic Clinical Data Systems. Please contact your Account Executive or Quality Management Department to discuss options for a direct data feed. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</i></p>	<p>Members 21–64 years of age as of December 31 of the MY who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> • Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years. • Members 30–64 years of age who were recommended for routine cervical cancer 	<p>Cervical screening type and age range determine the length of compliance period:</p> <p>Members in the specified age range as of December 31 of the MY were recommended for routine cervical cancer screening and were screened for cervical cancer with cervical cytology lab (e.g., Pap test) within the current MY and 2-year lookback period.</p>	<p>The method of collection is through Electronic Clinical Data Systems (ECDS) feeds. HEDIS for QRS quality measures reported using ECDS inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices.</p> <p>Organizations that report HEDIS for QRS using ECDS encourage the exchange of the information needed to provide high-quality</p>

	<p>screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.</p> <ul style="list-style-type: none"> Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years. 	<p>Members in the specified age range as of December 31 of the MY who were recommended for routine cervical cancer screening and were screened for cervical cancer with cervical high-risk human papillomavirus (hrHPV) testing or cervical cytology/high-risk human papillomavirus (e.g., Pap/HPV) cotesting within the current MY and 4-year lookback period.</p> <p>Documentation using either of the following criteria meet:</p> <ul style="list-style-type: none"> A note indicating the date when the cervical cytology was performed and the findings. A note indicating the date when the hrHPV test was performed and the findings. <p>Note: Evidence of hrHPV testing within the last 5 years also captures patients who had co-testing.</p> <p>Do NOT Count:</p> <ul style="list-style-type: none"> Lab results that indicate results “Unknown.” Lab results that indicate the sample was inadequate or that “no cervical cells were present” is not a valid screening. Biopsies (e.g., colposcopies) are diagnostic and are not valid as a primary cervical cancer screening <p>Required Exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Deceased at any time in the MY. Receiving palliative care any time in the MY. Evidence of a hysterectomy with no residual cervix. Must specify “complete,” “total,” “radical,” “abdominal,” or “vaginal” hysterectomy. “Cervical agenesis” or “acquired absence of the cervix.” 	<p>services, ensuring that the information reaches the right people at the right time.</p> <p>The ECDS reporting standard represents a step forward in adapting HEDIS for QRS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement. ECDS are the network of data containing a plan member’s personal health information and records of their experiences within the health care system. They may also support other care-related activities directly or indirectly, including evidence-based decision support, quality management, and outcome reporting. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed, providing results quickly and efficiently to the team responsible for the care of health plan members.</p> <p>Cervical Cytology (Pap): CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001</p> <p>High-Risk HPV Testing: CPT: 87624, 87625, 87626, 0502U HCPCS: G0476</p> <p>Absence of Cervix Diagnosis: ICD10CM: Q51.5, Z90.710, Z90.712</p> <p>Hysterectomy With No Residual Cervix: CPT: 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135</p> <p><i>Note: LOINC and SNOMED codes can be captured through ECDS.</i></p>
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		<ul style="list-style-type: none"> Hysterectomy in combination with documentation that the patient no longer needs Pap testing/cervical cancer screening. <p>Gender Exclusions:</p> <ul style="list-style-type: none"> Members with Male sex assigned at Birth. Documentation patient is “transitioning from male to female” or has undergone sex reassignment surgery from male to female. Documentation of “binary,” “non-binary,” “transgender,” or “transsexual” would not be considered an exclusion. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> Unclear if member’s cervix is absent. Hysterectomy is not documented in the chart sufficiently to exclude member from measure. Member-reported data not documented with sufficient information to show the screening was completed with a result in the measure time frame. Pap/HPV test completed but results not documented. Missing clear documentation on transgender patients (not clear that member is appropriate for the screening). 	
Measure	Measure Description	Measure Information/Documentation Required	Criteria
<p>Childhood Immunization Status (CIS-E)</p> <p><i>This is a measure collected through claims and Electronic Clinical Data Systems. Please contact your Account Executive or Quality Management Department to discuss options for a direct data feed. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests</i></p>	Members 2 years of age in the MY who are up to date on recommended routine vaccines for diphtheria, tetanus, and acellular pertussis (DTaP); polio (IPV); measles, mumps, and rubella (MMR); Haemophilus influenza type B (HiB); hepatitis B (HepB); chicken pox (VZV); pneumococcal conjugate (PCV); hepatitis A (HepA); rotavirus (RV); and influenza (Flu).	<p>Children 2 years of age as of December 31 of the MY who had the following:</p> <ul style="list-style-type: none"> 1 MMR on or between the 1st and 2nd birthdays or history of measles, mumps, and rubella on or before the 2nd birthday. 1 VZV on or between the 1st and 2nd birthdays, history of chicken pox, or anaphylaxis due to the VZV vaccine on or before the 2nd birthday. 1 HepA on or between the 1st and 2nd birthdays, history of hepatitis A, or anaphylaxis due to the vaccine on or before the 2nd birthday. 3 HepB with different date of service on or before the 2nd birthday or history of the illness or anaphylaxis due to the vaccine. 	<p>The method of collection is through Electronic Clinical Data Systems (ECDS) feeds. HEDIS for QRS quality measures reported using ECDS inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices.</p> <p>Organizations that report HEDIS for QRS using ECDS encourage the exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time. The ECDS reporting standard represents a step forward in adapting HEDIS for QRS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement.</p>

		<p>One of the 3 can be newborn (DOB to 7 days after birth).</p> <ul style="list-style-type: none"> • 3 IPV with different DOS on or before the 2nd birthday. Do not count if administered prior to 42 days after birth. • 3 Hib with different DOS on or before the 2nd birthday or anaphylaxis due to the HiB vaccine. Do not count DOS prior to 42 days after birth. • 4 PCV with different DOS or anaphylaxis due to the vaccine on or before the 2nd birthday. Do not count DOS prior to 42 days after birth. • 4 DTaP different DOS on or before the 2nd birthday or anaphylaxis or encephalitis due to any of the vaccines. Do not count DOS prior to 42 days after birth. • 2 RV (RotaRix) or 3 RV (RotaTeg) on different DOS or anaphylaxis due to the vaccine on or before the 2nd birthday. Do not count DOS prior to 42 days after birth. • 2 Flu with different DOS or anaphylaxis due to the vaccine on or before 2nd birthday. Do not count DOS prior to 6 months (180 days) after birth. One of the two vaccinations can be LAIV (nasal Flu Mist) administered ONLY on the 2nd birthday. <p>Documentation:</p> <ul style="list-style-type: none"> • A note indicating the name of the specific antigen and the date of the immunization. • A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered. • Initial HepB given "at birth" or "nursery/hospital" should be documented in the medical record or indicated on the immunization record as appropriate. • Immunizations documented using a generic header (e.g., polio vaccine) or "IPV/OPV" can be counted as evidence of IPV. <p>Required Exclusions:</p>	<p>ECDS are the network of data containing a plan member's personal health information and records of their experiences within the health care system. They may also support other care-related activities directly or indirectly, including evidence-based decision support, quality management, and outcome reporting. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed, providing results quickly and efficiently to the team responsible for the care of health plan members.</p> <p>Diphtheria and Tetanus Toxoids and Acellular Pertussis vaccine (DTaP): CVX: 20, 50, 106, 107, 110, 120, 146, 198 CPT: 90697, 90698, 90700, 90723</p> <p>Haemophilus Influenza Type B (HiB): CVX: 17, 46, 47, 48, 49, 50, 51, 120, 146, 148, 198 CPT: 90644, 90647, 90648, 90697, 90698, 90748</p> <p>Hepatitis A Vaccine (HepA): CVX: 31, 83, 85 CPT: 90633 History of Hepatitis A: ICD10CM: B15.0, B15.9</p> <p>Hepatitis B Vaccine (HepB): CVX: 08, 44, 45, 51, 110, 146, 198 CPT: 90697, 90723, 90740, 90744, 90747, 90748 HCPCS: G0010 History of Hepatitis B: ICD10CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11</p> <p>Inactivated Poliovirus Vaccine (IPV): CVX: 10, 89, 110, 120, 146 CPT: 90697, 90698, 90713, 90723</p> <p>Influenza Vaccine:</p>
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		<p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • Any of the following on or before the child's 2nd birthday: <ul style="list-style-type: none"> ○ Severe combined immunodeficiency. ○ Immunodeficiency. ○ HIV. ○ Lymphoreticular cancer, multiple myeloma, or leukemia. ○ Intussusception <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Immunizations administered after the 2nd birthday. • PCP charts do not contain immunization records if vaccine(s) received elsewhere, such as those given at health departments or those given in the hospital at birth. • Rotavirus documentation does not specify if Rotarix 2-dose or RotaTeq 3-dose. • Flu Mist (LAIV, Live Attenuated Influenza Vaccine) only meets criteria when administered on the 2nd birthday. • A note that "member is up to date" with all immunizations does not constitute compliance due to insufficient data. • Parental refusal does not meet compliance. 	<p>CVX: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186, 320 CPT: 90655, 90656, 90657, 90658, 90661, 90674, 90685, 90686, 90687, 90688, 90689, 90756 LAIV Immunization: CVX: 111, 149 CPT: 90660, 90672</p> <p>Measles, Mumps, and Rubella Vaccine (MMR): CVX: 03, 94 CPT: 90707, 90710 History of Measles: ICD10CM: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9 History of Mumps: ICD10CM: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9 History of Rubella: ICD10CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9</p> <p>Pneumococcal Conjugate Vaccine (PCV): CVX: 109, 133, 152, 215, 216 CPT: 90670, 90671, 90677 HCPS: G0009</p> <p>Rotavirus Vaccine (RV): CVX: 122, 116 (3 dose) CPT: 90680 (3 dose), 90681 (2 dose)</p> <p>Varicella Zoster Virus (VZV): CVX: 21, 94 CPT: 90710, 90716 ICD10CM: 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</p> <p>Contraindications to Childhood Vaccines: ICD10CM: B20, B97.35, C81.00, C81.01, C81.02, C81.03, C81.04, C81.05, C81.06, C81.07, C81.08, C81.09, C81.0A, C81.10, C81.11, C81.12, C81.13, C81.14, C81.15, C81.16, C81.17, C81.18, C81.19, C81.1A, C81.20, C81.21, C81.22, C81.23, C81.24, C81.25,</p>
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Measure	Measure Description	Measure Information/Documentation Required	Criteria
<p>Colorectal Cancer Screening (COL-E)</p> <p><i>This is a measure collected through claims and Electronic Clinical Data Systems. Please contact your Account Executive or Quality Management Department to discuss options for a direct data feed. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</i></p>	<p>Members 45–75 years of age during the MY who had an appropriate screening for colorectal cancer.</p>	<p>The MY is 1/1 – 12/31. Potential screening methods include an annual guaiac-based fecal occult blood test (gFOBT), annual fecal immunochemical test (FIT), multitargeted stool DNA with FIT test (sDNA FIT) every 3 years, colonoscopy every 10 years, CT colonography every 5 years, flexible sigmoidoscopy every 5 years or flexible sigmoidoscopy every 10 years, with FIT every year.</p> <p>Acceptable documentation to support measure compliance includes laboratory reports, pathology reports, surgical reports or medical record documentation.</p>	<p>The method of collection is through Electronic Clinical Data Systems (ECDS) feeds. HEDIS for QRS quality measures reported using ECDS inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices.</p> <p>Organizations that report HEDIS for QRS using ECDS encourage the exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time.</p> <p>The ECDS reporting standard represents a step forward in adapting HEDIS for QRS to accommodate the expansive information</p>

		<p>Documentation in the medical record must include a note within the measure timeframe (MY) indicating the date of service when the colorectal cancer screening was performed identifying which screening method and the result if the screening method is a laboratory test (e.g. FOBT DOS: 1/01/MY Negative or sDNA FIT 1/01/MY Negative).</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. • Colorectal cancer any time in member history through 12/31 of the MY. • Total colectomy any time in member history through 12/31 of the MY. • had Colorectal Cancer at any time during the member's history through December 31 of the MY. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Member-reported data not documented with sufficient information to show the screening was completed in the measure time frame. • Documentation not clear on type of screening (e.g., only "Col" or "Colon"). • Documentation not clear on location to which scope advanced in situations of incomplete colonoscopy (must advance to the cecum) or flexible sigmoidoscopy (must advance into the sigmoid colon). • Most recent screening dates not documented in the record/updated in patient history. • Documentation of only "up to date." • Documentation of only "next due" dates. • FOBTs performed in an office setting. • FOBTs performed on a sample collected via Digital Rectal Exam (DRE). 	<p>available in electronic clinical datasets used for patient care and quality improvement. ECDS are the network of data containing a plan member's personal health information and records of their experiences within the health care system. They may also support other care-related activities directly or indirectly, including evidence-based decision support, quality management, and outcome reporting. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed, providing results quickly and efficiently to the team responsible for the care of health plan members.</p> <p>FOBT Lab Test: CPT: 82270, 82274 HCPCS: G0328</p> <p>sDNA FIT Lab Test: CPT: 81528, 0464U</p> <p>CT Colonography: CPT: 74261, 74262, 74263</p> <p>Flexible Sigmoidoscopy: CPT: 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350 HCPCS: G0104</p> <p>Colonoscopy: CPT: 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398 HCPCS: G0105, G0121</p> <p>Total Colectomy: CPT: 44150, 44151, 44152, 44153, 44155, 44156, 44157, 44158, 44210, 44211, 44212</p> <p>Colorectal Cancer:</p>
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		<ul style="list-style-type: none"> • Fewer than 3 samples documented for gFOBT. • Documentation not clear if Stool-DNA with FIT or FIT FOBT. 	<p>ICD10CM: C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048</p> <p><i>Note: LOINC and SNOMED codes can be captured through ECDS.</i></p>
Measure	Measure Description	Measure Information/Documentation Required	Criteria
<p>Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)</p> <p><i>This is a measure collected through claims and Electronic Clinical Data Systems. Please contact your Account Executive or Quality Management Department to discuss options for a direct data feed. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests</i></p>	<p>The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.</p> <p>1. Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument.</p> <p>2. Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.</p>	<p>The measure requires the use of an age-appropriate screening instrument. The member's age is used to select the appropriate depression screening instrument.</p> <p>Acceptable tools for the 12-17 population are the PHQ-9, PHQ-9M, PHQ-2, BDI-FS, CESD-R, EPDS, or PROMIS Depression.</p> <p>Acceptable tools for the Adult 18+ population are the PHQ-9; PHQ-2; BDI-FS; BDI-II; CESD-R; DUKE-AD; GDS; EPDS; M-3; PROMIS Depression, or CUDOS.</p> <p>Follow up which meets criteria:</p> <ul style="list-style-type: none"> • Outpatient, telephone, e-visit or virtual check-in visit. • Depression case management encounter. • A behavioral health encounter. • Dispensed antidepressant medication. • Additional depression screening on a full-length instrument indicating no depression or no symptoms that require follow up on the same day as a positive screen on a brief screening instrument. <p>Depression screening captured in health risk assessments or other types of health assessments are allowed if the questions align with a specific instrument that is validated for depression screening.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MP. 	<p>The method of collection is through Electronic Clinical Data Systems (ECDS) feeds. HEDIS for QRS quality measures reported using ECDS inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices.</p> <p>Organizations that report HEDIS for QRS using ECDS encourage the exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time. The ECDS reporting standard represents a step forward in adapting HEDIS for QRS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement. ECDS are the network of data containing a plan member's personal health information and records of their experiences within the health care system. They may also support other care-related activities directly or indirectly, including evidence-based decision support, quality management, and outcome reporting. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed, providing results quickly and efficiently to the team responsible for the care of health plan members.</p> <p>Follow Up Visit: CPT: 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078,</p>

		<ul style="list-style-type: none"> • Deceased at any time in the MP. • Bipolar disorder in the year prior to the MP. • Depression that starts during the year prior to the MP. 	<p>99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483</p> <p>HCPCS: G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p> <p>UBREV: 0510, 0513, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p>Behavioral Health Encounter:</p> <p>CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485</p> <p>UBREV: 0900, 0901, 0902, 0903, 0904, 0905, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919</p> <p>Depression Case Management Encounter:</p> <p>CPT: 99366, 99492, 99493, 99494</p> <p>HCPCS: G0512, T1016, T1017, T2022, T2023</p> <p>Dispensed Antidepressant Medication:</p> <p><i>Miscellaneous antidepressants:</i> Bupropion, Vilazodone, Vortioxetine</p> <p><i>Monoamine oxidase inhibitors:</i> Isocarboxazid, Phenelzine, Selegiline, Tranylcypromine</p> <p><i>Phenylpiperazine antidepressants:</i> Nefazodone, Trazodone</p> <p><i>Psychotherapeutic combinations:</i> Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine</p> <p><i>SNRI antidepressants:</i> Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine</p>
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Measure	Measure Description	Measure Information/Documentation Required	Criteria
<p>Immunizations for Adolescents (IMA-E)</p> <p><i>This is a measure collected through claims and Electronic Clinical Data Systems. Please contact your Account Executive or Quality Management Department to discuss options for a direct data feed. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests</i></p>	<p>Adolescent members 13 years of age in the MY who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.</p>	<p>Adolescents 13 years of age who had the following:</p> <ul style="list-style-type: none"> At least one meningococcal vaccine (serogroups A, C, W, Y or A, C, W, Y, B) with DOS on or between the 10th and 13th birthdays or evidence of antigen or anaphylaxis due to the vaccine on or before the 13th birthday. At least one Tdap or TD with DOS on or between the 10th and 13th birthdays or evidence of antigen, anaphylaxis, or encephalitis due to the vaccine on or before the 13th birthday. HPV — any of the following: <ul style="list-style-type: none"> 3 doses with different dates of service on or between the 9th and 13th birthdays. 2 doses with at least 146 days between the 1st and 2nd dose on or between the 9th and 13th birthdays. Anaphylaxis due to the vaccine on or before the 13th birthday. Evidence of antigen. <p>Combination vaccines within the timeframes are acceptable.</p> <p>Documentation:</p> <ul style="list-style-type: none"> A note indicating the name of the specific antigen and the date of the immunization. A certificate of immunization prepared by an authorized health care provider or 	<p>The method of collection is through Electronic Clinical Data Systems (ECDS) feeds. HEDIS for QRS quality measures reported using ECDS inspire innovative use of electronic clinical data to document high-quality patient care that demonstrates commitment to evidence-based practices.</p> <p>Organizations that report HEDIS for QRS using ECDS encourage the exchange of the information needed to provide high-quality services, ensuring that the information reaches the right people at the right time. The ECDS reporting standard represents a step forward in adapting HEDIS for QRS to accommodate the expansive information available in electronic clinical datasets used for patient care and quality improvement. ECDS are the network of data containing a plan member's personal health information and records of their experiences within the health care system. They may also support other care-related activities directly or indirectly, including evidence-based decision support, quality management, and outcome reporting. Data in these systems are structured such that automated quality measurement queries can be consistently and reliably executed, providing results quickly and efficiently to the team responsible for the care of health plan members.</p>

		<p>agency including the specific dates and types of immunizations administered.</p> <p>Required Exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Deceased at any time in the MY. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Immunizations administered outside of the appropriate time frames. • PCP charts do not contain records when immunizations administered elsewhere (i.e., health departments, school clinics, urgent care facilities). • HPV doses are not at least 146 days apart when only 2 doses administered. • A note that “member is up to date” with all immunizations does not constitute compliance due to insufficient data. • Parental refusal does not meet compliance. • Td (Tetanus, Diphtheria Toxoids) does not meet criteria for Tdap. • Meningococcal Recombinant (serogroup B) (MenB) does not meet criteria for the Meningococcal vaccine. 	<p>Meningococcal Immunization: CVX: 32, 108, 114, 136, 147, 167, 203, 316 Meningococcal Vaccine Procedure: CPT: 90619, 90623, 90733, 90734</p> <p>Tetanus, Diphtheria, & Acellular Pertussis Vaccine (Tdap): CPT: 90715</p> <p>HPV Vaccine: CVX: 62, 118, 137, 165 CPT: 90649, 90650, 90651</p> <p><i>Note: LOINC and SNOMED codes can be captured through ECDS.</i></p>
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Appendix

CPT (Current Procedural Terminology): The [CPT](#) Category I (CPT I) codes are a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians.

Source: <https://mmshub.cms.gov/measure-lifecycle/measure-specification/specify-code/CPT>

Data collection methods: Data collection methods used in HEDIS are the Administrative Method, which includes claims and encounter data; the Hybrid Method, which combines claims/encounter data and chart (medical record) review data; Electronic Clinical Data Systems (ECDS), which includes data from electronic databases; and survey data collected through the CAHPS survey.

ECDS (Electronic Clinical Data Systems): A HEDIS reporting standard to collect and submit quality measures to NCQA. This reporting standard defines the data sources and types of electronic data acceptable for use in a HEDIS measure report. Data systems that may be eligible for ECDS reporting include, but are not limited to, administrative claims, clinical registries, health information exchanges, immunization information systems, disease/case management systems, survey data collected through the CAHPS survey, and electronic health records.

ECDS (Electronic Clinical Data Systems) measures: QRS measures that are required to be reported using the Electronic Clinical Data Systems (ECDS) reporting standard. Chart (medical record) review data are not an acceptable data collection method for these measures.

ICD (ICD10CM): [ICD-10-CM](#) is the diagnosis classification system developed by the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) for use in health care treatment settings in the United States. Diagnosis coding under this system uses three to seven alphanumeric characters and full code titles, but the format is the same as ICD-9-CM.

Source: <https://mmshub.cms.gov/measure-lifecycle/measure-specification/specify-code/ICD>

LOINC codes: [LOINC](#) is a code system (i.e., set of identifiers, names, and codes) for clinical and laboratory observations, health care screening/survey instruments, and document type identifiers. Each LOINC record corresponds to a single observation of almost any type (i.e., observables) and is best known for concepts that represent laboratory tests. LOINC also includes representation of document types and thus, frequently represents a document section in consolidated clinical document architecture (C-CDA) and other templated exchange standards.

Source: <https://mmshub.cms.gov/measure-lifecycle/measure-specification/specify-code/LOINC>

Measurement time frame: The period of time which a measure is calculated.

Member: An individual included in the AmeriHealth Caritas NEXT enrollment population.

Mental health provider: A provider who delivers mental health services and meets any of the following criteria:

- An MD or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry; or, if not certified, who successfully completed an

accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient care psychiatry or child psychiatry, if required by the state of practice.

An individual who is licensed as a psychologist in their state of practice, if required by the state of practice.

- An individual who is certified in clinical social work by the American Board of Examiners; who is listed on the National Association of Social Worker's Clinical Register; or who has a master's degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice.
- A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist, or who has a master's degree in nursing with a specialization in psychiatric/ mental health and 2 years of supervised clinical experience, and is licensed to practice as a psychiatric or mental health nurse if required by the state of practice.
- An individual (normally with a master's or a doctoral degree in marital and family therapy and at least 2 years of supervised clinical experience) who practices as a marital and family therapist, and is licensed as a certified counselor by the state of practice, or, if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy.
- An individual (normally with a master's or doctoral degree in counseling and at least 2 years of supervised clinical experience) who practices as a professional counselor, and is licensed or certified to do so by the state of practice, or, if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors.
- A physician assistant who is certified to practice psychiatry by the National Commission on Certification of Physician Assistants.
- A certified community mental health center (CMHC), or the comparable term (e.g., behavioral health organization, mental health agency, behavioral health agency) used in the state of location, or a Certified Community Behavioral Health Clinic (CCBHC).

Only authorized CMHCs are considered mental health providers. To be authorized as a CMHC, an entity must meet one of the following criteria:

- The entity has been certified by CMS to meet the conditions of participation (CoPs) that community mental health centers (CMHCs) must meet in order to participate in the Medicare program, as defined in the Code of Federal Regulations Title 42. CMS defines a CMHC as an entity that meets applicable licensing or certification requirements for CMHCs in the State in which it is located and provides the set of services specified in section 1913(c)(1) of the Public Health Service Act (PHS Act).
- The entity has been licensed, operated, authorized, or otherwise recognized as a CMHC by a state or county in which it is located.

Only authorized CCBHCs are considered mental health providers. To be authorized as a CCBHC, an entity must meet one of the following criteria:

- Has been certified by a State Medicaid agency as meeting criteria established by the Secretary for participation in the Medicaid CCBHC demonstration program pursuant to Protecting Access to Medicare Act. 270 MY 2024 HEDIS for QRS Version—NCQA All Rights Reserved
- § 223(a) (42 U.S.C. § 1396a note); or as meeting criteria within the State's Medicaid Plan to be considered a CCBHC.
- Has been recognized by the Substance Abuse and Mental Health Services Administration, through the award of grant funds or otherwise, as a CCBHC that meets certification criteria of a CCBHC.

MY: The Measure Year that QRS measures are evaluated.

OB/GYN and other prenatal care practitioners: Includes:

- Physicians certified as obstetricians or gynecologists by the American Medical Specialties Board of Obstetrics or Gynecology or the American Osteopathic Association; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in obstetrics and gynecology.
- Certified nurse midwives, nurse practitioners or physician assistants who deliver prenatal care services in a specialty setting (under the direction of an OB/GYN certified or accredited provider).
- Direct entry midwives who deliver prenatal and postpartum services, in a specialty setting (under the direction of an OB/GYN certified or accredited provider) and are licensed in their state of practice.

Outpatient visits: Visits to providers that do not require hospital admission.

PCP: Primary care practitioner. A physician or nonphysician (e.g., nurse practitioner, physician assistant, certified nurse midwife) who offers primary care medical services.

Licensed practical nurses and registered nurses are not considered PCPs.

Only certified Federally Qualified Health Centers (FQHC) are considered PCPs. This must be reviewed and approved by an auditor.

To be certified as an FQHC, an entity must meet any one of the following criteria:

- Is receiving a grant under Section 330 of the Public Health Service (PHS) Act (42 United States Code Section 254a) or is receiving funding from such a grant and meets other requirements.

Is not receiving a grant under Section 330 of the PHS Act but is determined by the Secretary of the Department of Health & Human Services (HHS) to meet the requirements for receiving such a grant (qualifies as a “FQHC look-alike”) based on the recommendation of the Health Resources and Services Administration.

- Was treated by the Secretary of HHS for purposes of Medicare Part B as a comprehensive Federally-funded health center as of January 1, 1990.
- Is operating as an outpatient health program or facility of a tribe or tribal organization under the Indian Self Determination Act or as an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act as of October 1991.

For certification as an FQHC, the entity must meet all of the following criteria (in addition to one of the criteria above):

- Provide comprehensive services and have an ongoing quality assurance program.
- Meet other health and safety requirements.
- Not be concurrently approved as a Rural Health Clinic (RHC).

–Only certified RHCs are considered PCPs. This must be reviewed and approved by an auditor.

To be certified as an RHC, the entity must meet CMS requirements to qualify for payment via an all-inclusive rate (AIR) for medically-necessary primary health services and qualified preventive health services furnished by an RHC practitioner.

Practitioner: A professional who provides health care services. Practitioners must usually be licensed as defined by law.

Provider: An institution or organization that provides services for the organization’s members. Examples of providers include hospitals and home health agencies. NCQA uses the term practitioner to refer to professionals who provide health care services; however, it recognizes that a provider directory generally includes both providers and practitioners, and that the inclusive definition is the more common usage.

SNOMED Codes (SNOMED CT): [SNOMED CT](#) is a general clinical reference terminology, meaning its intent is to represent clinical concepts across many domains, which includes conditions, diagnoses, symptoms, and signs, all of which are a type of finding. SNOMED CT also represents procedures, observations, and some laboratory tests, drugs, and devices. The table also notes concepts used for ancillary aspects for documentation of the domains.

Source: <https://mmshub.cms.gov/measure-lifecycle/measure-specification/specify-code/LOINC>

Telehealth: Synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) are considered separate modalities for HEDIS reporting.

Synchronous telehealth requires real-time interactive audio and video telecommunications. A measure specification that is silent about telehealth includes synchronous telehealth because telehealth is billed using standard CPT and HCPCS codes for professional services, in conjunction with a telehealth modifier and/or a telehealth POS code. Therefore, the CPT or HCPCS code in the value set meets criteria (whether or not a telehealth modifier or POS code is present). A measure specification will indicate when synchronous telehealth is not eligible for use and should be excluded.

A measure will indicate when telephone visits are eligible for use.

Asynchronous telehealth, sometimes referred to as an “e-visit” or “virtual check-in,” is not in real-time, but still requires two-way interaction between the member and provider. For example, asynchronous telehealth can occur through a patient portal, secure text messaging or email. A measure will indicate when asynchronous telehealth visits are eligible for use.

