



Measure	Requirement	Coding Assistance
PPC Prenatal and Postpartum Care Members who deliver live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.	This measure assesses the following facets of prenatal and postpartum care: 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 care visit between 7 and 84 days of delivery.	To satisfy timeliness of prenatal care: Complete a prenatal visit during the first trimester. An OB/GYN or PCP meet criteria for this visit. To satisfy postpartum care: Complete a postpartum visit between 7 and 84 days after delivery. An OB/GYN or PCP meet criteria for this visit.
SPC Statin Therapy for Patients with Cardiovascular Disease Members who are males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD).	Two rates are reported: 1. Received Statin Therapy: Members who were dispensed at least one high- or moderate-intensity statin medication during the measurement year. 2. Statin Adherence 80%: Members who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period. Excludes: Pregnancy, in vitro fertilization, ESRD, cirrhosis, myalgia, myositis, myopathy or rhabdomyolysis.	To satisfy received statin therapy: A prescription for a high- or moderate-intensity statin medication will satisfy the measure. To satisfy statin adherence 80%: Remain on a high- or moderate-intensity statin medication for 80% of the treatment period.
SPD Statin Therapy for Patients with Diabetes Members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD).	Two rates are reported: 1. Received Statin Therapy: Members who were dispensed at least one high- or moderate-intensity statin medication during the measurement year. 2. Statin Adherence 80%: Members who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period. Excludes: Members with cardiovascular disease (MI, CABG, PCI, IVD or other revascularization), pregnancy, in vitro fertilization, ESRD, cirrhosis, myalgia, myositis, myopathy or rhabdomyolysis	To satisfy received statin therapy: A prescription for a high- or moderate-intensity statin medication will satisfy the measure. To satisfy statin adherence 80%: Remain on a high- or moderate-intensity statin medication for 80% of the treatment period.
URI Appropriate Treatment for Upper Respiratory Infection Members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic-dispensing event.	3 months and older: Members who were dispensed a prescription for an antibiotic medication with 3 days of the episode date. <i>*This measure aims to report members diagnosed with URI who were NOT prescribed an antibiotic.</i>	To identify URI: ICD-10-CM Code(s): J00, J06.0, J06.9
WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN, and who had evidence of BMI percentile documentation and counseling for nutrition and physical activity during the measurement year.	Ages 3–17: Documentation in the medical record for the measurement year must indicate: • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity Excludes: Female members who have a diagnosis of pregnancy.	To identify BMI percentile: ICD-10-CM Code(s): Z68.51–Z68.54 To identify nutrition counseling: CPT® Code(s): 97802, 97803, 97804 HCPCS Code(s): G0270, G0271, G0447, S9449, S9452, S9470 ICD-10-CM Code(s): Z71.3 To identify physical activity counseling: HCPCS Code(s): G0447, S9451 ICD-10-CM Code(s): Z02.5, Z71.82

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A1C Hemoglobin A1C Testing and Control Members 18–75 years of age with Type I or Type II diabetes who had an HbA1C screening (must be <8) during the measurement year.	Test needed: HbA1C required at least one time in the measurement year and most recent test results must be <8.0%. Excludes: Members with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior to the measurement year.	CPT® Code(s): 83036, 83037 CPT® II Code(s): 3044F, 3045F, 3046F <i>*When coding a Hemoglobin A1C Test, it is required to include the CPT® II Code with the results of the test. If codes 3045F or 3046F are used, that portion of the medical record that documents those results must be submitted.</i>
AAB Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis Members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis who did NOT result in an antibiotic-dispensing event.	3 months and older: Members diagnosed with acute bronchitis/bronchiolitis and were NOT prescribed an antibiotic. <i>*This measure is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did not result in an antibiotic-dispensing event.</i>	ICD-10-CM Code(s): J20.0, J20.1, J20.2, J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9, J40 <i>*Submit comorbid diagnosis codes along with any competing diagnosis codes for bacterial infection, if present, on claim/encounter.</i>
ABA Adult Body Mass Assessment Members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.	Younger than 20: Documentation in the medical record must indicate the height, weight and BMI percentile, and be dated during the measurement year or year prior to the measurement year. 20 years or older: Documentation in the medical record must indicate the weight and BMI value, dated during the measurement year or year prior to the measurement year. Excludes: Female members with a diagnosis of pregnancy.	To Identify BMI: ICD-10-CM Code(s): BMI: Z68.1–Z68.45 BMI Percentile: Z68.51–Z68.54
BCS Breast Cancer Screening Female members 50–74 years of age as of December 31 who had a mammogram to screen for breast cancer.	Ages 50–74: Mammogram is required two years prior to the measurement year through December 31 of the measurement year. Excludes: Patients with a bilateral mastectomy, unilateral mastectomy with bilateral modifier, or two unilateral mastectomies with service dates 14 days or more apart.	Mammography Codes: CPT® Code(s): 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067 HCPCS Code(s): G0202, G0204, G0206 Exclusion Codes: CPT® Code(s): 19180, 19200, 19220, 19240, 19303–19307 ICD-10-CM Code(s): Z90.11, Z90.12, Z90.13 ICD-10-PCS: OHTUOZZ, OHTTOZZ, OHTVOZZ <i>*Bilateral modifier codes: 50 and 09950</i>
CBP Controlling Blood Pressure Members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	Ages 18–85: Identify the most recent BP reading taken during an outpatient visit, a non-acute inpatient encounter or remote monitoring event. <i>*Documentation in the medical record must clearly state that the reading was taken by an electronic device and results were digitally stored and transmitted to the provider, and interpreted by the provider.</i>	To Identify Blood Pressure Readings: CPT® II Code(s): 3074F, 3075F, 3077F, 3078F, 3079F, 3080F

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CCS Cervical Cancer Screening Female members 21–64 years of age who were screened for cervical cancer.	Women 21–64 years of age who were screened for cervical cancer using any of the following criteria: <ul style="list-style-type: none"> • Women 21–64 years of age who had cervical cytology performed within the last 3 years. • Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years. Excludes: Members who had a prior hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.	Cervical Cytology: CPT® Code(s): 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 HCPCS Code(s): G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 HPV Test: CPT® Code(s): 87620, 87621, 87622, 87624, 87625 HCPCS Code(s): G0476
CHL Chlamydia Screening in Women Women 16–24 years of age who were identified as sexually active and had at least one chlamydia test during the measurement year.	Ages 16–24: At least one chlamydia test during the measurement year. <i>*Documentation must include a note indicating the date the test was performed and the result or finding.</i>	Chlamydia Tests: CPT® Code(s): 87110, 87270, 87320, 87490, 87491, 87492, 87810
COL Colon Cancer Screening Members 50–75 who had an appropriate screening for colorectal cancer.	Ages 50–75: One or more screenings for colorectal cancer. Any of the following meet criteria: Fecal occult blood test during the measurement year. Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. Colonoscopy during the measurement year or the nine years prior to the measurement year. CT colonography during the measurement year or the four years prior to the measurement year. FIT-DNA test during the measurement year or the two years prior to the measurement year. Excludes: Colorectal cancer and total colectomy.	FOBT, FIT: CPT® Code(s): 82270, 82274, 81528 HCPCS Code(s): G0328, G0464 Flexible Sigmoidoscopy: CPT® Code(s): 45330–45335, 45337–45342, 45345–45347, 45349, 45350 HCPCS Code(s): G0104 Colonoscopy: CPT® Code(s): 44388–44394, 44397, 44401–44408, 45355, 45378–45393, 45398 HCPCS Code(s): G0105, G0121 CT Colonography: CPT® Code(s): 74261–74263
CWP Appropriate Testing for Pharyngitis Members 3 years and older who were diagnosed with pharyngitis, dispensed an antibiotic, and given a group A streptococcus (strep) test for the episode.	Ages 3+: A group A streptococcus test in the seven-day period from three days prior to the episode date through three days after the episode date.	Group A Stress Test: CPT® Code(s): 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
EYE Diabetic Retinal Eye Exam Members 18–75 years of age with Type I or Type II diabetes who had a retinal eye exam during the measurement year.	Age 18–75: Dilated or retinal eye exam must be completed by an eye care professional in the measurement year; or, a negative dilated or retinal exam report completed by an eye care professional in the year prior to the measurement year. Excludes: Members with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or year prior; or members with a diagnosis of eye enucleation. <i>*If submitted by a PCP, the following CPT® codes must be accompanied by a CPT® II code to meet the HEDIS specifications indicating the services were performed by a qualified eye care professional.</i>	CPT® Code(s): 67028, 67030–67031, 67036, 67039–67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220–67221, 67227–67228, 92002, 92004, 92012, 92014, 92018–92019, 92134, 92225–92228, 92230, 92235, 92240, 92250, 92260 CPT® II Code(s): 2022F, 2024F, 2026F or 3072F (negative for retinopathy) HCPCS Code(s): S0620, S0621, S3000

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LBP Use of Imaging Studies for Low Back Pain Members with a primary diagnosis of low back pain who did not have an imaging study (plan X-ray, MRI, CT scan) within 28 days of the diagnosis.	Ages 18+: Members who 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. Excludes: Cancer diagnoses, recent trauma, intravenous drug abuse, neurological impairment, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids.	Imaging Study CPT® Code(s): 72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220 ICD-10-CM Code(s): M47.26, M47.27, M47.28, M47.816, M47.817, M47.818, M47.896, M47.897, M47.898, M48.06, M48.061, M48.062, M48.07, M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.87, M53.88, M54.16, M54.17, M54.18, M54.30, M54.31, M54.32, M54.40, M54.41, M54.42, M54.5, M54.89, M54.9, M99.03, M99.04, 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
MMA Medication Management for People with Asthma Members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.	Ages 5–64: Two rates are reported: <ol style="list-style-type: none"> 1. Members who remained on an asthma controller medication for at least 50% of their treatment period. 2. Members who remained on an asthma controller medication for at least 75% of their treatment period. Excludes: Members with a diagnosis of emphysema, COPD, cystic fibrosis or acute respiratory failure. Members who had no asthma controller medications dispensed during the measurement year.	Asthma Controller Medications: Dyphylline-guaifenesin, Omalizumab, Benralizumab, Mepolizumab, Reslizumab, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone, Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone, Montelukast, Zafirlukast, Zileuton, Theophylline Asthma Reliever Medications: Albuterol and Levalbuterol
NEP Diabetic Nephropathy Members 18–75 years of age with Type I or Type II diabetes who had medical attention for nephropathy.	Ages 18–75: Order a urinalysis with macroalbumin or microalbumin to be performed during the measurement year; or, prescribe an ACE/ARB during the measurement year. <i>*Document date and values in medical record. Most recent lab value during the year will be the representative value.</i>	Kidney Function Test: CPT® Code(s): 81000–81003, 81005, 82042, 82043, 82044, 84156 CPT® II Code(s): 3060F, 3061F, 3062F, 3066F, 4010F <i>*Prescription for ACE/ARB during measure year will satisfy measure.</i>
PCR Plan All-Cause Readmission Members 18–64 years of age, the number of acute inpatient and observations stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days, and the predicted probability of an acute readmission.	Ages 18–64: Identify all acute inpatient and observation stays with an admission date on or between January 3 and December 31 of the measurement year. <i>*The measure includes acute discharges from any type of facility, including behavioral healthcare facilities.</i>	Goal: Avoid unplanned or predicted readmissions within 30 days of acute hospital discharges. Tip: Schedule a follow-up visit within 3–7 days of the discharge to review medications, identify any new health problems, and reevaluate existing conditions. <i>*Consider performing risk assemblance to manage potential readmissions for chronic conditions (CHF, diabetes, COPD, etc.).</i>