



Measure	Requirement	Coding Assistance
<b>NEP</b> <b>Diabetic Nephropathy</b> Members 18-75 years of age with Type I or Type II diabetes who had medical attention for nephropathy.	<b>Ages 18-75:</b> A nephropathy screening or monitoring test or evidence of nephropathy. This includes diabetics who had one of the following during the measurement year: <ul style="list-style-type: none"> <li>• A nephropathy screening or monitoring test.</li> <li>• Evidence of treatment for nephropathy or ACE/ARB therapy.</li> <li>• At least one ACE inhibitor or ARB dispensing event.</li> <li>• Evidence of stage 4 CKD, ESRD, dialysis, nephrectomy, or kidney transplant.</li> </ul> *Document date and values in medical record. Most recent lab value during the year will be the representative value.	<b>Kidney Function Test:</b> <b>CPT Code(s):</b> 81000-81003, 81005, 82042-82044, 84156 <b>CPT II Code(s):</b> 3060F, 3061F, 3062F, 3066F, 4010F *Prescription for ACE/ARB during measure year will satisfy measure. *Prescription for ACE/ARB during measure year will satisfy measure once member picks up medication from pharmacy.
<b>PCR</b> <b>Plan All-Cause Readmission</b> Members 18-64 years of age, the number of acute inpatient and observation 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.	<b>Ages 18-64:</b> Identify all acute inpatient and observation stay discharges on or between January 1 and December 1 of the measurement year. *The measure includes acute discharges from any type of facility, including behavioral healthcare facilities.	<b>Goal:</b> Avoid unplanned or predicted readmissions within 30 days of acute hospital discharges. <b>Tip:</b> Schedule a follow-up visit within 3-7 days of the discharge to review medications, identify any new health problems, and reevaluate existing conditions. *Consider performing risk assemblance to manage potential readmissions for chronic conditions (CHF, diabetes, COPD, etc.).
<b>PPC</b> <b>Prenatal and Postpartum Care</b> 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.	<b>This measure assesses the following facets of prenatal and postpartum care:</b> <b>Timeliness of Prenatal Care:</b> 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. <b>Postpartum Care:</b> The percentage of deliveries that had a postpartum care visit between 7 and 84 days of delivery.	<b>To satisfy timeliness of prenatal care:</b> Complete a prenatal visit during the first trimester. An OB/GYN or PCP meet criteria for this visit. <b>To satisfy postpartum care:</b> Complete a postpartum visit between 7 and 84 days after delivery. An OB/GYN or PCP meet criteria for this visit.
<b>URI</b> <b>Appropriate Treatment for Upper Respiratory Infection</b> Members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic-dispensing event.	<b>3 months and older:</b> Members who are diagnosis of upper respiratory infection (URI) should be prescribed an antibiotic during episode date. *Episode date is the date of service for any outpatient, telephone, observation or ED visit, e-visit or virtual check-in during the Intake Period with a diagnosis of URI. with URI who were NOT prescribed an antibiotic.	<b>To identify URI:</b> <b>ICD-10-CM Code(s):</b> J00, J06.0, J06.9
<b>WCC</b> <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b> 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.	<b>Ages 3-17:</b> Documentation in the medical record for the measurement year must indicate: <ul style="list-style-type: none"> <li>• BMI percentile documentation</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul> <b>Excludes:</b> Female members who have a diagnosis of pregnancy.	<b>To identify BMI percentile:</b> <b>ICD-10-CM Code(s):</b> Z68.51-Z68.54 <b>To identify nutrition counseling:</b> <b>CPT Code(s):</b> 97802, 97803, 97804 <b>HCPCS Code(s):</b> G0270, G0271, G0447, S9449, S9452, S9470 <b>ICD-10-CM Code(s):</b> Z71.3 <b>To identify physical activity counseling:</b> <b>HCPCS Code(s):</b> G0447, S9451 <b>ICD-10-CM Code(s):</b> Z02.5, Z71.82

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<b>A1C</b> <b>Hemoglobin A1C Testing and Control</b> 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.	<b>Test needed:</b> HbA1C required at least one time in the measurement year and most recent test results must be <8.0%. <b>Excludes:</b> 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.	<b>CPT® Code(s):</b> 83036, 83037 <b>CPT® II Code(s):</b> 3044F, 3046F, 3051F, 3052F *When coding a Hemoglobin A1C Test, it is required to include the CPT®II Code with the results of the test. If CPT II codes are used, that portion of the medical record that documents those results must be submitted.
<b>AAB</b> <b>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b> Members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis who did NOT result in an antibiotic-dispensing event.	<b>3 months and older:</b> Members should be dispensed a prescription for an antibiotic medication on or within three days after the Episode Date when diagnosed with acute bronchitis/bronchiolitis. *Episode Date is the date of service for any outpatient, telephone, observation or ED visit, e-visit or virtual check-in during the Intake Period with a diagnosis of acute bronchitis/ bronchiolitis. dispensing event.	<b>ICD-10-CM Code(s):</b> 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 *Submit comorbid diagnosis codes along with any competing diagnosis codes for bacterial infection, if present, on claim/encounter.
<b>AMR</b> <b>Asthma Medication Ratio</b> Members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	<b>Age 5-64</b> Dispensing Events: <b>Oral medications:</b> One prescription of an amount lasting 30 days or less. Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events. <b>Inhalers:</b> All inhalers (i.e., canisters) of the same medication dispensed on the same day count as one dispensing event. Different inhaler medications dispensed on the same day are counted as different dispensing events. <b>Injections:</b> Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.	<b>Asthma Controller Medications:</b> <b>Oral:</b> Dyphylline-guaifenesin, Montelukast, Zafirlukast, Zileuton, Theophylline <b>Inhalation:</b> Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone, Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone <b>Injection:</b> Omalizumab, Dupilumab, Benralizumab, Mepolizumab, Reslizumab <b>Asthma Reliever Medications:</b> <b>Inhalation:</b> Albuterol, Levalbuterol
<b>BCS</b> <b>Breast Cancer Screening</b> Female members 50-74 years of age as of December 31 who had a mammogram to screen for breast cancer.	<b>Ages 50-74:</b> Mammogram is required two years prior to the measurement year through December 31 of the measurement year. <b>Excludes:</b> <ul style="list-style-type: none"> <li>-Bilateral mastectomy</li> <li>-Unilateral mastectomy with a bilateral modifier</li> <li>-History of bilateral mastectomy</li> <li>-Any combination of codes that indicate a mastectomy on both the left and right side on the same or different dates of service</li> </ul>	<b>Mammography Codes:</b> <b>CPT Code(s):</b> 77055, 77056, 77057, 77061, 77062, 77063, 77065, 77066, 77067 <b>HCPCS Code(s):</b> G0202, G0204, G0206 <b>Exclusion Codes:</b> <b>CPT Code(s):</b> 19180, 19200, 19220, 19240, 19303-19307 <b>ICD-10-CM Code(s):</b> Z90.11, Z90.12, Z90.13 <b>ICD-10-PCS:</b> OHTUOZZ, OHTTOZZ, OHTVOZZ *Bilateral modifier codes: 50, LT, RT
<b>CBP</b> <b>Controlling Blood Pressure</b> 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.	<b>Ages 18-85:</b> Identify the most recent BP reading taken during an outpatient visit, a non-acute inpatient encounter or remote monitoring event. *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.	To Identify Blood Pressure Readings, providers must use appropriate CPT II or HCPCS code(s), in addition to CPT code(s), when submitting claims. <b>CPT II Code(s):</b> 3074F, 3075F, 3077F, 3078F, 3079F, 3080F <b>HCPCS Code(s):</b> G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2061, G2062, G2063, T1015 *Note: Telephone visits, e-visits and virtual check-ins are appropriate settings for BP readings.

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<b>CCS</b> <b>Cervical Cancer Screening</b>  Female members 21–64 years of age who were screened for cervical cancer.	<b>Women 21–64</b> years of age who were screened for cervical cancer using any of the following criteria: <ul style="list-style-type: none"> <li>• <b>Women 21–64</b> years of age who had cervical cytology performed within the last 3 years.</li> <li>• <b>Women 30–64</b> years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.</li> <li>• <b>Women 30–64</b> years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.</li> </ul> <b>Excludes:</b> Members who had a prior hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.	<b>Cervical Cytology:</b> <b>CPT Code(s):</b> 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175  <b>HCPCS Code(s):</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091  <b>HPV Test:</b> <b>CPT Code(s):</b> 87620, 87621, 87622, 87624, 87625 <b>HCPCS Code(s):</b> G0476
<b>CHL</b> <b>Chlamydia Screening in Women</b>  Women 16–24 years of age who were identified as sexually active and had at least one chlamydia test during the measurement year.	<b>Ages 16–24:</b> 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>	<b>Chlamydia Tests:</b> <b>CPT Code(s):</b> 87110, 87270, 87320, 87490, 87491, 87492, 87810
<b>COL</b> <b>Colon Cancer Screening</b>  Members 50–75 who had an appropriate screening for colorectal cancer.	<b>Ages 50–75:</b> One of five screenings accepted: <ul style="list-style-type: none"> <li>• <b>FOBT:</b> Performed during the current year.</li> <li>• <b>FIT-DNA:</b> Performed during the current year or the two years prior.</li> <li>• <b>Flexible Sigmoidoscopy:</b> Performed during the current year or four years prior.</li> <li>• <b>CT Colonography:</b> Performed during the current year or the four years prior.</li> <li>• <b>Colonoscopy:</b> Performed during the current year or the nine years prior.</li> </ul> <b>Excludes:</b> Colorectal cancer and total colectomy.	<b>FOBT, FIT:</b> <b>CPT Code(s):</b> 82270, 82274, 81528 <b>HCPCS Code(s):</b> G0328, G0464 <b>Flexible Sigmoidoscopy:</b> <b>CPT Code(s):</b> 45330–45335, 45337–45342, 45345–45347, 45349, 45350 <b>HCPCS Code(s):</b> G0104 <b>Colonoscopy:</b> <b>CPT Code(s):</b> 44388–44394, 44397, 44401–44408, 45355, 45378–45393, 45398 <b>HCPCS Code(s):</b> G0105, G0121 <b>CT Colonography:</b> <b>CPT Code(s):</b> 74261–74263
<b>CRE</b> <b>Cardiac Rehabilitation</b>  Members 18 years and older, who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement.	<b>Age 18+:</b> Four rates are reported: <ol style="list-style-type: none"> <li>1. <i>Initiation:</i> Attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.</li> <li>2. <i>Engagement 1:</i> Attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.</li> <li>3. <i>Engagement 2:</i> Attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.</li> <li>4. <i>Achievement:</i> Attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.</li> </ol>	<b>CPT Code(s):</b> 93797, 93798 <b>HCPCS Code(s):</b> G0422, G0423, S9472
<b>CWP</b> <b>Appropriate Testing for Pharyngitis</b>  Members 3 years and older who were diagnosed with pharyngitis, dispensed an antibiotic, and given a group A streptococcus (strep) test for the episode.	<b>Ages 3+:</b> Members who are diagnosed with pharyngitis, should be dispensed an antibiotic and receive a group A streptococcus (strep) test for the episode.  <b>*Episode date</b> is the date of service for any outpatient, telephone, observation or ED visit, e-visit or virtual check-in during the intake. Period with a diagnosis of pharyngitis.	<b>Group A Stress Test:</b> <b>CPT Code(s):</b> 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880

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<b>EYE</b> <b>Diabetic Retinal Eye Exam</b>  Members 18–75 years of age with Type I or Type II diabetes who had a retinal eye exam during the measurement year.	<b>Age 18–75:</b> Screening or monitoring for diabetic retinal disease. This includes diabetics who had one of the following: <ul style="list-style-type: none"> <li>-A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.</li> <li>-A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.</li> <li>-Bilateral eye enucleation any time during the member's history through December 31 of the measurement year.</li> </ul> <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>	<b>CPT Code(s):</b> 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 67028, 67030, 67031, 67036, 67039–67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213–99215, 99242–99245  <b>CPT® II Code(s):</b> 2022F, 2023F, 2024F, 2025F, 2026F, 2033F or 3072F (negative for retinopathy in prior year).  <b>HCPCS Code(s):</b> S0620, S0621, S3000
<b>KED</b> <b>Kidney Health Evaluation for Patients with Diabetes</b>  Members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) <b>and</b> a urine albumin-creatinine ratio (uACR), during the measurement year.	<b>Ages 18-75:</b> Members who received <b>both</b> of the following during the measurement year on the same or different dates of service: <ul style="list-style-type: none"> <li>• At least one eGFR.</li> <li>• At least one uACR identified by <b>both</b> a quantitative urin albumin test <b>and</b> a urine creatinine test <b>with</b> service dates four or less days apart.</li> </ul>	<b>CPT Code(s):</b> 80047, 80048, 80050, 80053, 80069, 82043, 82565, 82570
<b>LBP</b> <b>Use of Imaging Studies for Low Back Pain</b>  Members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	<b>Ages 18+:</b> Members with a diagnosis of uncomplicated low back pain should have an imaging study on the IESD or in the 28 days following the IESD.  <b>Excludes:</b> Cancer diagnoses, recent trauma, intravenous drug abuse, neurological impairment, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids.	<b>Imaging Study</b> <b>CPT Code(s):</b> 72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220 <b>ICD-10-CM Code(s):</b> 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, M53.2X6, 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, M54.89, 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,