ARHOME MY 2023 Quick Reference Guide

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Updated to reflect NCQA HEDIS® MY 2023 Technical Specifications

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

WHAT IS HEDIS®?

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

WHAT ARE THE SCORES USED FOR?

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

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS score determines your rates for physician incentive programs that pay you an increased premium — for example, Pay For Performance or Quality Bonus Funds.

HOW ARE RATES CALCULATED?

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

HOW CAN I IMPROVE MY HEDIS® SCORES?

► Submit claim/encounter data for each and every service rendered.

► Make sure that chart documentation reflects all services billed.

► Bill (or report by encounter submission) for all delivered services, regardless of contract status.

► Ensure that all claim/encounter data is submitted in an accurate and timely manner.

► Consider including CPT® II codes to provide additional details and reduce medical record requests.

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

For more information, visit ncqa.org

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AMB23-AR-H-120

Primary Care Access and Preventive Care

(AMM-AD) ANTIDEPRESSANT MEDICATION MANAGEMENT

Measure evaluates percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:

► Effective Acute Phase Treatment: Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

► Effective Continuation Phase Treatment: Percentage of members who remained on an antidepressant medication for at least 180 days (six months).

Antidepressant Medications

DESCRIPTION	PRESCRIPTION			
Miscellaneous antidepressants	Bupropion	Vilazodone	Vortioxetine	
Monoamine oxidase inhibitors	Isocarboxazid	Selegiline	Phenelzine	Tranylcypromine
Phenylpiperazine antidepressants	Nefazodone	Trazodone		
Psychotherapeutic combinations	Amitriptyline-chlordiazepoxide Fluoxetine-olanzapine		Amitriptyline-perphenazine	
SNRI antidepressants	Desvenlafaxine	Duloxetine	Levomilnacipran	Venlafaxine
SSRI antidepressants	Citalopram Paroxetine	Escitalopram Sertraline	Fluoxetine	Fluvoxamine
Tetracyclic antidepressants	Maprotiline	Mirtazapine		
Tricyclic antidepressants	Amitriptyline Doxepin (> 6 mg) Trimipramine	Amoxapine Imipramine	Clomipramine Nortriptyline	Desipramine Protriptyline

*Codes subject to change

(CBP-AD) CONTROLLING HIGH BLOOD PRESSURE

Measure evaluates the percentage of members 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).

DESCRIPTION	CODES
Hypertension	ICD-10: I10
Systolic ≥ 140	CPT-CAT-II: 3077F
Systolic < 140	CPT-CAT-II: 3074F, 3075F
Diastolic ≥ 90	CPT-CAT-II: 3080F
Diastolic 80–89	CPT-CAT-II: 3079F
Diastolic < 80	CPT-CAT-II: 3078F
Outpatient Visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient Visits	CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337
Online Assessments	CPT: 98969-98972, 99421-99423, 99444, 9945 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Telephone Visits	CPT: 98966-98968, 99441-99443
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

*Codes subject to change

(BPD-AD) BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES

Measure evaluates the percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure was adequately controlled (< 140/90 mm Hg) during the measurement year.

DESCRIPTION	CODES
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347- 99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient	CPT: 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337
Telehealth/Telephone	CPT: 98969-98972, 99421-99423, 99441-99444, 99457-99458 HCPCS: G0071,G2010,G2012,G2061-G2063, G2250-G2252
Systolic ≥ 140	CPT-CAT-II: 3077F
Systolic < 140	CPT-CAT-II: 3074F, 3075F
Diastolic ≥ 90	CPT-CAT-II: 3080F
Diastolic < 80	CPT-CAT-II: 3078F

*Codes subject to change

(HBD-AD) HBA1C CONTROL FOR PATIENTS WITH DIABETES

Measure evaluates the percentage of members 18–75 years of age with diabetes (types 1 and 2) whose HbA1c was at the following levels during the measurement year:

► HbA1c control (< 8%)

► HbA1c poor control (> 9%)

DESCRIPTION	CODES
HbA1c Level > 7	CPT-CAT-II: 3044F
HbA1C > 9	CPT-CAT-II: 3046F
HbA1c Level ≥ 7 and < 8	CPT-CAT-II: 3051F
HbA1c Level ≥ 8 and ≤ 9	CPT-CAT-II: 3052F

(EED-AD) EYE EXAM PATIENTS WITH DIABETES

Measure evaluates the percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

DESCRIPTION	CODES
Palliative Care	HCPS: G9054, M1017 ICD-10: Z51.5
Outpatient	CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345 99347- 99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483, HCPS: G0402, G0438, G0439, G0463, T1015
Non-Acute Inpatient	CPT: 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337
Telehealth/Telephone	CPT: 98966-98968, 99441-99443
Eye Exam With Evidence of Retinopathy	CPT-CAT-II: 2022F, 2024F, 2026F
Eye Exam Without Evidence of Retinopathy	CPT-CAT-II: 2023F, 2025F, 2033F
Unilateral Eye Enucleation	CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114

(COL-AD) COLORECTAL CANCER SCREENING

Measure evaluates the percentage of members 45–75 years of age who had an appropriate screening for colorectal cancer.

DESCRIPTION	CODES
Colonoscopy	CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398 HCPCS: G0105, G0121
CT Colonography	CPT: 74261-74263
FIT- DNA Lab Test	CPT: 81528
Flexible Sigmoidoscopy	CPT: 45330-45335, 45337-45338, 45340-45342, 45346-45347, 45349-45350 HCPCS: G0104
FOBT Lab Test	CPT: 82270, 82274 HCPCS: G0328
Colorectal Cancer	HCPCS: G0213, G0214, G0215, G0231 ICD-10: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5
Total Colectomy	CPT: 44150-44153, 44155-44158, 44210-44212

*Codes subject to change

(KED-AD) KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES

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

DESCRIPTION	CODES
Estimated Glomerular Filtration Rate (eGFR)	CPT: 80047, 80048, 80050, 80053, 80069, 82565
Urine Albumin-Creatinine Ratio (uACR)	CPT: 82043, 82570
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

*Codes subject to change

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

Measure evaluates the percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test.

DESCRIPTION	CODES
HbA1C Lab Tests	CPT: 83036, 83037 CPT-CAT-II: 3044F, 3046F, 3051F, 3052F
Glucose Lab Tests	CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

*Codes subject to change

Maternal Health

(BCS-AD) BREAST CANCER SCREENING

Measure evaluates the percentage of patients 50–74 years of age who had a mammogram to screen for breast cancer.

DESCRIPTION	CODES
Mammogram	CPT: 77061-77063, 77065-77067 ICD-10 (bilateral mastectomy): Z90.13
Palliative Care	HCPCS: G9054, M1017 I CD-10: Z51.5

*Codes subject to change

(CCS-AD) CERVICAL CANCER SCREENING

Measure demonstrates the percentage of patients 21–64 years of age who were screened for cervical cancer using any of the following criteria:

► Patients ages 21–64 who had cervical cytology performed within last three years.

► Patients ages 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.

► Patients ages 30–64 who had cervical cytology/hrHPV co-testing within the last five years.

DESCRIPTION	CODES
Cervical Cytology Lab Test (20–64)	CPT: 88141-88143, 88147, 88148, 88150, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests (30–64)	CPT: 87624, 87625 HCPCS: G0476
Hysterectomy with No Residual Cervix and Absence of Cervix Diagnosis	CPT: 51925, 56308, 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135 ICD-10: Q51.5, Z90.710
Palliative Care	HCPCS: G9054, M1017 ICD-10: Z51.5

*Codes subject to change

(CHL-AD) CHLAMYDIA SCREENING

Measure evaluates the percentage of patients 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia.

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

*Codes subject to change

(CCP-AD) CONTRACEPTIVE CARE — POSTPARTUM WOMEN AGES 21–44

Measure evaluates the percentage of women ages 21–44 who had a live birth and were provided one of the following:

► A most effective or moderately effective method of contraception within three and 60 days of delivery.

► A long-acting reversible method of contraception (LARC) within three and 60 days of delivery.

CONTRACEPTIVE EFFECTIVENESS	EXAMPLES
Provision of a most effective method of contraception	Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUDs/IUSs)
Provision of a moderately effective method of contraception	Provision of injectables, oral pills, patch, or ring
Provision of a LARC	Provision of contraceptive implants, IUDs, or IUSs

(CCW-AD) CONTRACEPTIVE CARE — ALL WOMEN AGES 21–44

Measure evaluates the percentage of women ages 21–44 at risk of unintended pregnancy who were provided one of the following:

► A most effective or moderately effective method of contraception.

► A long-acting reversible method of contraception (LARC).

CONTRACEPTIVE EFFECTIVENESS	EXAMPLES
Provision of a most effective method of contraception	Provision of female sterilization, contraceptive implants, or intrauterine devices or systems (IUDs/IUSs)
Provision of a moderately effective method of contraception	Provision of injectables, oral pills, patch, or ring
Provision of a LARC	Provision of contraceptive implants, IUDs, or IUSs

(PPC-AD) PRENATAL AND POSTPARTUM CARE

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

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

▶ Postpartum Care: Percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.

DESCRIPTION	CODES
Online Assessments	CPT: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Prenatal Visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99483 HCPCS: G0463, T1015
Prenatal Bundled Services	CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005
Stand-Alone Prenatal Visits	CPT: 99500 CPT-CAT-II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004
Cervical Cytology Lab Test	CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Visits	CPT: 57170, 58300, 59430, 99501 CPT-CAT-II: 0503F HCPCS: G0101 ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telephone Visits	CPT: 98966-98968, 99441-99443

*Codes subject to change

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

General Health

(AMR-AD) ASTHMA MEDICATION RATIO

Measure evaluates the percentage of members 19–64 years old who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater.

Step 1:

For each member, count the units of asthma controller medications (Asthma Controller Medications List) dispensed during the measurement year.

Step 2:

For each member, count the units of asthma reliever medications (Asthma Reliever Medications List) dispensed during the measurement year.

► For each member, sum the units calculated in steps 1 and 2 to determine the total units asthma medications.

► For each member, calculate ratio using the below:

► Units of Controller Medications/Units of Total Asthma Medications.

Asthma Controller Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Antiasthmatic Combinations	Dyphyllineguaifenesin	Dyphyllineguaifenesin Medications List	Oral
Antibody Inhibitors	Omalizumab	Omalizumab Medications List	Injection
Anti-Interleukin-4	Dupilumab	Dupilumab Medications List	Injection
Anti-Interleukin-5	Benralizumab	Benralizumab Medications List	Injection
Anti-Interleukin-5	Mepolizumab	Mepolizumab Medications List	Injection
Anti-Interleukin-5	Reslizumab	Reslizumab Medications List	Injection
Inhaled Steroid Combinations	Budesonideformoterol	Budesonideformoterol Medications List	Inhalation
Inhaled Steroid Combinations	Fluticasonesalmeterol	Fluticasonesalmeterol Medications List	Inhalation
Inhaled Steroid Combinations	Fluticasonevilantero	Fluticasonevilanterol Medications List	Inhalation
Inhaled Steroid Combinations	Formoterolmometasone	Formoterolmometasone Medications List	Inhalation

Asthma Controller Medications (Continued)

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Inhaled Corticosteroids	Beclomethasone	Beclomethasone Medications List	Inhalation
Inhaled Corticosteroids	Budesonide	Budesonide Medications List	Inhalation
Inhaled Corticosteroids	Ciclesonide	Ciclesonide Medications List	Inhalation
Inhaled Corticosteroids	Flunisolide	Flunisolide Medications List	Inhalation
Inhaled Corticosteroids	Fluticasone	Fluticasone Medications List	Inhalation
Inhaled Corticosteroids	Mometasone	Mometasone Medications List	Inhalation
Leukotriene Modifiers	Montelukast	Montelukast Medications List	Oral
Leukotriene Modifiers	Zafirlukast	Zafirlukast Medications List	Oral
Leukotriene Modifiers	Zileuton	Zileuton Medications List	Oral
Methylxanthines	Theophylline	Theophylline Medications List	Oral

*Codes subject to change

Asthma Reliever Medications

DESCRIPTION	PRESCRIPTIONS	MEDICATION LISTS	ROUTE
Short-Acting, Inhaled Beta-2 Agonists	Albuterol	Albuterol Medications List	Inhalation
Short-Acting, Inhaled Beta-2 Agonists	Levalbuterol	Levalbuterol Medications List	Inhalation

*Codes subject to change

(COB-AD) CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES

Measure evaluates the percentage of members ages 19 and older with concurrent use of prescription opioids and benzodiazepines. A lower rate indicates better performance.

Goal:

Prevent members from having two or more prescription claims for benzodiazepine, with different dates of service, and concurrent use of opioids within 30 or more cumulative days.

Exclusions:

Cancer diagnoses, sickle cell disease diagnoses, and/or hospice or palliative care

OPIOID MEDICATIONS				
·Benzohydrocodone	·Buprenorphine	·Butorphanol	·Codeine	·Dihydrocodeine
·Fentanyl	·Hydrocodone	·Hydromorphone	·Levorphanol	·Meperidine
·Methadone	·Morphine	·Opium	·Oxycodone	·Oxymorphone
·Pentazocine	·Tapentadol	·Tramadol		

*Includes combination products and prescription opioid cough medications

**Excludes the following: Injectable formulations; sufentanil (used in a supervised setting); and single-agent and combination buprenorphine products used to treat opioid use disorder (e.g., buprenorphine sublingual tablets, Probuphine® Implant kit subcutaneous implant, and all buprenorphine/naloxone combination products).

BENZODIAZEPINE MEDICATIONS				
·Alprazolam	·Chlordiazepoxide	·Clobazam	·Clonazepam	·Clorazepate
·Diazepam	·Estazolam	·Flurazepam	·Lorazepam	·Midazolam
·Oxazepam	·Quazepam	·Temazepam	·Triazolam	

*Excludes injectable formulations

**Includes combination products

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(FUA-AD) FOLLOW-UP AFTER EMERGECY DEPARTMENT VISIT FOR ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE — AGES 19 AND OLDER

Measure evaluates the percentage of members ages 19 and older who had an emergency department visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and who had a follow-up visit for AOD abuse or dependence.

Seven-Day Follow-Up: A follow-up visit with any practitioner with a principal diagnosis of AOD abuse or dependence within seven days of the ED visit (eight total days). Includes visits that occur on the same date as the ED visit.

30-Day Follow-Up: A follow-up visit with any practitioner with a principal diagnosis of AOD abuse or dependence within 30 days of the ED visit (31 total days). Includes visits that occur on the same date as the ED visit.

DESCRIPTION	CODES
FUA Stand-Alone Visits	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99221-99223, 99231, 99233, 99238, 99239, 99241-99245, 99341-99345, 99347-99350, 99251-99255, 99381-99387, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99492-99494, 99510 HCPCS: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 POS: 02, 03, 05, 07, 09, 11-20, 22, 33, 49-50, 52-53, 57, 58, 71-72
Telephone Visits	CPT: 98966-98968, 99441-99443
E-visit/Virtual Check-In	CPT: 98969-98972, 99421-99423, 99444, 99457,99458 HCPCS: G0071 G2010, G2012, G2061-G2063, G2250-G2252
OUD Weekly Non-Drug Service	HCPCS: G2087, G2071, G2074-G2077, G2080
OUD Weekly Drug Treatment Service	HCPCS: G2067-G2070, G2072, G2073
OUD Monthly Office Based Treatment	HCPCS: G2086, G2087
Observation Visit	CPT: 99217-99220

*Codes subject to change

(FUH-AD) FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

Measure evaluates the percentage of discharges for members ages 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:

► Discharges for which the member received follow-up within 30 days of discharge.

► Discharges for which the member received follow-up within seven days of discharge.

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Provider	CPT: 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99231-99233, 99238, 99239, 99251-99255, 99484, 99492, 99493 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with Mental Health Provider	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345,99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483, 99492-99494, 99510 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Provider	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 52
Partial Hospitalization/Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Visit Setting Unspecified Value Set with Community Mental Health Center POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 53
Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/ Partial Hospitalization POS	CPT: 90870 Ambulatory POS: 24 Comm. POS: 53 Partial Hosp. POS: 52 Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 ICD-10: GZB4ZZZ
Telehealth Visit	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 02, 10
Observation	CPT: 99217-99220
Transitional Care Management	CPT: 99495, 99496
Telephone Visit	CPT: 98966-98968, 99441-99443

*Codes subject to change

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1-877-617-0390 (TTY: 1-877-617-0392)

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(FUM-AD) FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS — AGES 19 AND OLDER

Measure evaluates the percentage of emergency department visits for members ages 19 and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness. Two rates are reported:

Seven-Day Follow-Up: A follow-up visit with any practitioner with a principal diagnosis of a mental health disorder or intentional self-harm and any diagnosis of a mental health disorder within seven days of the ED visit (8 total days). Includes visits that occur on the same date as the ED visit.

30-Day Follow-Up: A follow-up visit with any practitioner with a principal diagnosis of a mental health disorder or intentional self-harm and any diagnosis of mental health disorder within 30 days of the ED visit (31 total days). Includes visits that occur on the same date as the ED visit.

Exclusions:

Hospice care

DESCRIPTION	CODES
Visit Setting Unspecified Value Set with Outpatient POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit	CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483,99492-99494,99510 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015
Observation Visit	CPT: 99217-99220
Health and Behavior Assessment/Intervention	CPT: 96150-96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Electroconvulsive Therapy	CPT: 90870 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22,24, 33, 49, 50,52,71, 72
Partial Hospitalization/ Intensive Outpatient	HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telehealth Visit	CPT: 90791, 90792, 90832,90834, 90837-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255
Telephone Visits	CPT: 98966-98968, 99441-99443
Online Assessments	CPT: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G2010, G2012, G2061, G2062, G2063,G2250-G2252
Visit Setting Unspecified Value Set With Community Mental Health Center POS	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 POS: 53

*Codes subject to change

(IET-AD) INITIATION AND ENGAGEMENT OF SUBSTANCE USE DISORDER TREATMENT

Measure evaluates the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement for patients who received the following:

► Initiation of SUD Treatment: The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days.

► Engagement of SUD Treatment: The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

DESCRIPTION	CODES
Initiation and Engagement/Treatment	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99221-99223, 99231, 99233, 99238, 99239, 99241-99245, 99341-99345, 99347-99350, 99251-99255, 99381-99387, 99401-99404, 99408, 99409, 99411, 99412, 99483, 99492-99494, 99510 HCPS: G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 |POS: 02, 03, 05, 07, 09, 11-20, 22, 33, 49-50, 52-53, 57, 58, 71-72
Telephone Visits	CPT: 98966-98968, 99441-99443
E-visit/Virtual Check-In	CPT: 98969-98972, 99421-99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063, G2250-G2252

*Codes subject to change

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

1-877-617-0390 (TTY: 1-877-617-0392)
AMB23-AR-H-120

(OHD-AD) USE OF OPIOIDS AT HIGH DOSAGE IN PERSONS WITHOUT CANCER

Measure evaluates the percentage of members ages 19 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 MME over a period of 90 days or more. A lower rate indicates better performance.

Goal:

Prevent members from having an opioid dosage greater than 90 MME over a period of 90 days or more.

Exclusions:

Cancer diagnosis, sickle cell disease diagnosis, and/or hospice or palliative care

OPIOID MEDICATIONS				
·Benzhydrocodone	·Butorphanol	·Codeine	·Dihydrocodeine	·Fentanyl
·Hydrocodone	·Hydromorphone	·Levorphanol	·Meperidine	·Methadone
·Morphine	·Opium	·Oxycodone	·Oxymorphone	·Pentazocine
·Tapentadol	·Tramadol			

*Includes combination products

**Excludes the following: Injectable formulations; opioid cough and cold products; sufentanil (used in a supervised setting); and all buprenorphine products (as a partial opioid agonist is not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids)

(OUD-AD) USE OF PHARMACOTHERAPY FOR OPIOID USE DISORDER

Measure evaluates the percentage of members ages 19–64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement year. Five rates are reported:

► Rate 1: A total (overall) rate capturing any medications used in medication-assisted treatment of opioid dependence and addiction

► Four separate rates representing the following types of FDA-approved drug products:

- Rate 2: Buprenorphine

- Rate 3: Oral naltrexone

- Rate 4: Long-acting, injectable naltrexone

- Rate 5: Methadone

Goal:

If the member has a diagnosis of OUD, they should be prescribed one of the four FDA-approved drug products throughout the year.

(PCR-AD) PLAN ALL-CAUSE READMISSIONS

For beneficiaries ages 19–64, this measure evaluates the number of acute inpatient 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. A lower rate indicates better performance.

Data are reported in the following categories:

► Count of Index Hospital Stays (IHS)

► Count of Observed 30-Day Readmissions

► Count of Expected 30-Day Readmissions

Goal:

Prevent members who have been admitted for an acute inpatient or observation stay from being readmitted for any additional diagnosis during a 30-day period through follow-up hospital visits with a PCP within 30 days of discharge.

Tips for Improved Rates:

► Validate that members understood discharge instructions on changes that need immediate attention.

► Educate members to call the office with condition changes (weight gain, medication changes, high/low blood sugar readings).

► Monitor admission, discharge, and emergency department visit reports.

► Obtain hospital discharge summaries and use them to schedule post-discharge appointments.

► Document in-office notes and code any conditions found during hospital admission.

► Perform a medication reconciliation soon after discharge to prevent medication-related readmissions.

► Complete risk assessments to manage potential admissions (congestive heart failure, diabetes, COPD).

Exclusions:

► The beneficiary died during the stay.

► Female beneficiaries with a principal diagnosis of pregnancy on the discharge claim.

► A principal diagnosis of a condition originating in the perinatal period on the discharge claim.

► Beneficiaries in hospice or using hospice services anytime during the measurement period.

(PQI01-AD) DIABETES SHORT-TERM COMPLICATIONS ADMISSION RATE

Measure evaluates the number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for beneficiaries ages 19 and older. A lower rate indicates better performance.

Members are qualified for this measure by looking at the total number of months of Medicaid enrollment for beneficiaries 19 and older during the measurement period.

Compliance with this measure means no inpatient discharges for beneficiaries 19 and older with an ICD-10-CM principal diagnosis of short-term complications of diabetes (ketoacidosis, hyperosmolarity, or coma).

Example: If a member is discharged from an inpatient status with a principal diagnosis of diabetes short-term complications, they will appear as non-compliant.

Exclusions:

► Transfer from a hospital (different facility), a skilled nursing facility (SNF) or intermediate care facility (ICF), or another healthcare facility

► Admissions with an ungroupable DRG

► Admissions with missing age, year, or principal diagnosis

► Obstetric discharges

(PQI05-AD) COPD OR ASTHMA IN OLDER ADULTS ADMISSION RATE

Measure evaluates the number of inpatient hospital admissions for COPD or asthma per 100,000 beneficiary months for beneficiaries ages 40 and older. A lower rate indicates better performance.

Members are qualified for this measure by looking at the total number of months of Medicaid enrollment for beneficiaries 40 and older during the measurement period.

Compliance with this measure means no inpatient discharges for beneficiaries 40 and older with an ICD-10-CM principal diagnosis of COPD or asthma.

Example: If a member is discharged from an inpatient status with a principal diagnosis of COPD or asthma, they will appear as non-compliant.

Exclusions:

► Transfer from a hospital (different facility), a skilled nursing facility (SNF) or intermediate care facility (ICF), or another healthcare facility

► Admissions with an ungroupable DRG

► Admissions with missing age, year, or principal diagnosis

► Obstetric discharges

► Cases with any listed ICD-10-CM diagnosis code for cystic fibrosis and anomalies of the respiratory system

(PQI08-AD) HEART FAILURE ADMISSION RATE

Measure evaluates the number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries ages 19 and older. A lower rate indicates better performance.

Members are qualified for this measure by looking at the total number of months of Medicaid enrollment for beneficiaries 19 and older during the measurement period.

Compliance with this measure means no inpatient discharges for beneficiaries 19 and older with an ICD-10-CM principal diagnosis of heart failure.

Example: If a member is discharged from an inpatient status with a principal diagnosis of heart failure, they will appear as non-compliant.

Exclusions:

► Transfer from a hospital (different facility), a skilled nursing facility (SNF) or intermediate care facility (ICF), or another healthcare facility

► Admissions with an ungroupable DRG

► Admissions with missing age, year, or principal diagnosis

► Obstetric discharges

► Cases with any listed ICD-10-CM diagnosis code for cardiac procedure

(PQI15-AD) ASTMA IN YOUNGER ADULTS ADMISSION RATE

Measure evaluates the number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries ages 19–39. A lower rate indicates better performance.

Members are qualified for this measure by looking at the total number of months of Medicaid enrollment for beneficiaries ages 19–39 during the measurement period.

Compliance with this measure means no inpatient discharges for beneficiaries ages 19–39 with an ICD-10-CM principal diagnosis of asthma.

Example: If a member is discharged from an inpatient status with a principal diagnosis of asthma, they will appear as non-compliant.

Exclusions:

► Transfer from a hospital (different facility), a skilled nursing facility (SNF) or intermediate care facility (ICF), or another healthcare facility

► Admissions with an ungroupable DRG

► Admissions with missing age, year, or principal diagnosis

► Obstetric discharges

► Cases with any listed ICD-10-CM diagnosis code for cystic fibrosis and anomalies of the respiratory system

(SSA-AD) ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA

Measure evaluates the percentage of members ages 18 and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period during the measurement year.

ORAL ANTIPSYCHOTIC MEDICATION DESCRIPTION	PRESCRIPTION	MEDICATION LIST
Miscellaneous antipsychotic agents (oral)	Aripiprazole	Aripiprazole Oral Medications List
	Asenapine	Asenapine Oral Medications List
	Brexpiprazole	Brexpiprazole Oral Medications List
	Cariprazine	Cariprazine Oral Medications List
	Clozapine	Clozapine Oral Medications List
	Haloperidol	Haloperidol Oral Medications List
	Iloperidone	Iloperidone Oral Medications List
	Loxapine	Loxapine Oral Medications List
	Lurasidone	Lurasidone Oral Medications List
	Molindone	Molindone Oral Medications List
	Olanzapine	Olanzapine Oral Medications List
	Paliperidone	Paliperidone Oral Medications List
	Quetiapine	Quetiapine Oral Medications List
	Risperidone	Risperidone Oral Medications List
	Ziprasidone	Ziprasidone Oral Medications List
Phenothiazine antipsychotics (oral)	Chlorpromazine	Chlorpromazine Oral Medications List
	Fluphenazine	Fluphenazine Oral Medications List
	Perphenazine	Perphenazine Oral Medications List
	Prochlorperazine	Prochlorperazine Oral Medications List
	Thioridazine	Thioridazine Oral Medications List
	Trifluoperazine	Trifluoperazine Oral Medications List
Psychotherapeutic combinations (oral)	Amitriptyline-perphenazine	Amitriptyline Perphenazine Oral Medications List
Thioxanthenes (oral)	Thiothixene	Thiothixene Oral Medications List

Long-Acting Injections

DESCRIPTION	PRESCRIPTION	MEDICATION LIST
Long-acting injection — 14-day supply	Risperidone (excluding Perseris®)	Long-Acting Injections — 14-Day Supply Medications List
Long-acting injection — 28-day supply	Aripiprazole Fluphenazine decanoate Haloperidol decanoate Olanzapine Paliperidone palmitate	Long-Acting Injections — 28-Day Supply Medications List
Long-acting injection — 3 0-day supply	Risperidone (Perseris®)	Long-Acting Injections — 30-Day Supply Medications List