

# HEDIS/QARR 2019 – CHILD AND ADOLESCENT CARE

MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Well-Child Visits: 0-15 Months (W15)</b>	0-15 months	Children who turn 15 months of age should have six or more well-child visits from birth through 15 months old (visits must be at least 14 days apart) with a PCP provider	<b>Well-Care</b> - CPT: 99381, 99382, 99383; HCPCS: G0438, G0439; ICD10: Z00.110, Z00.111, Z00.129
<b>Well-Child Visits: 3-6 Years (W34)</b>	3-6 years	Children three to six years old should have one well-child visit annually with a PCP provider	<b>Well-Care</b> - CPT: 99381, 99382, 99383; HCPCS: G0438, G0439; ICD10: Z00.129, Z00.8
<b>Adolescent Well Care (AWC)</b>	12-21 years	Adolescents should have at least one comprehensive well-care visit annually with a PCP or OB/GYN practitioner	<b>Well-Care</b> - CPT: 99381, 99382, 99383; HCPCS: G0438, G0439; ICD10: Z00.129, Z00.8
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b>	3-17 years	<p>Children and adolescents ages 3-17 should have an outpatient visit with a provider during the measurement year</p> <p>Documentation needed for ages 3-17:</p> <ol style="list-style-type: none"> <li>1. BMI Percentile</li> <li>2. Counseling for Nutrition</li> <li>3. Counseling for Physical Activity</li> </ol> <p>Ages 12-17 assessment or counseling or education on these 4 components</p> <ol style="list-style-type: none"> <li>1. Sexual activity</li> <li>2. Depression</li> <li>3. Tobacco use</li> <li>4. Substance use (e.g. alcohol, street drugs, and prescription and non-prescription drugs)</li> </ol> <p><b>Exclusion:</b> Pregnancy diagnosis during the measurement year</p>	<p><b>BMI Percentile</b> - ICD10: Z68.51, Z68.52, Z68.53</p> <p><b>Nutrition Counseling</b> - CPT: 97802, 97803, 97804; HCPCS: G0447, G0270, G0271; ICD10: Z71.3</p> <p><b>Physical Activity Counseling</b> - HCPCS: G0447, S9451; ICD10: Z02.5, Z71.82</p> <p><b>Sexual Activity</b> - CPT: 4293F; HCPCS: G0445; ICD10: Z71.7, Z70.8, Z30.00</p> <p><b>Depression</b> - CPT: 1220F, 3085F, 3351F; HCPCS: G0444, G8431, G8510</p> <p><b>Tobacco</b> - CPT: 99406, 99407, 1000F; HCPCS: S9453; ICD10: Z71.6</p> <p><b>Alcohol/Drug Use</b> - CPT: 99408, 99409, 3016F; HCPCS: G0396, G0443, H0005; ICD10: Z71.41, Z71.51</p> <p><b>Exclusion:</b> Pregnancy - ICD-10: 000.0, 000.1, 000.2</p>
<b>Annual Dental Visit (ADV)</b>	2-20 years	Children 2-20 years old should have an annual preventive dental visit with a dental practitioner	<b>There are no code requirements</b>
<b>Lead Screening in Children (LSC)</b>	Birth-2 years	Children should have at least one lead capillary or venous blood test on or before their 2nd birthday	<b>Lead Tests</b> - CPT: 83655; LOINC: 10368-9, 10912-4, 14807-2
<b>Adult Immunization Status (AIS)</b>	19+	<p>Members 19 years of age and older who are up-to-date on recommended routine vaccines:</p> <ol style="list-style-type: none"> <li>1. Influenza</li> <li>2. Tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap)</li> <li>3. Zoster</li> <li>4. Pneumococcal</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Anaphylactic Reaction any time during or before the measurement year</li> <li>2. Encephalopathy within 7 days after a previous dose of a Td-containing vaccine</li> <li>3. Active Chemotherapy during the measurement year</li> <li>4. Bone Marrow transplant during the measurement year</li> <li>5. History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia &amp; HB-S disease or cerebrospinal fluid leaks any time during the member's history through the measurement year</li> <li>6. Hospice during the measurement year</li> </ol>	<p><b>Adult Influenza Vaccine</b> - CPT: 90630, 90654, 90656</p> <p><b>Td Vaccine</b> - CPT: 90714, 90718; <b>Tdap Vaccine Administered</b> - CPT: 90715</p> <p><b>Herpes Zoster Live Vaccine</b> - CPT: 90736; <b>Herpes Zoster Recombinant Vaccine</b> - CPT: 90750</p> <p><b>Pneumococcal Conjugate Vaccine 13</b> - CPT: 90670; <b>Pneumococcal Conjugate Vaccine 23</b> - CPT: 90732</p> <p><b>Exclusions:</b></p> <p>Anaphylactic Reaction Due to Vaccine - ICD10: T80.52XA, T80.52XD, T80.52XS</p> <p>Encephalopathy Due to Vaccination - ICD10: G04.32</p> <p>Chemotherapy Grouper - ICD10: Z51.0, Z51.11, Z51.12; CPT: 96401, 96402, 96405</p> <p>Bone Marrow Transplant Grouper - ICD10PCS: 30230AZ, 30230G0, 30230G1</p> <p>Immunocompromising Conditions - ICD10: B20, B59, B97.35; ICD9: 042, 079.53, 136.3</p> <p>Cochlear Implant - CPT: 69930; HCPCS: L8614, L8619, L8627; ICD10: Z96.20, Z96.21</p> <p>Anatomic or Functional Asplenia - ICD10: Q89.01; ICD9: 759.0</p> <p>Sickle Cell Anemia and HB-S Disease - ICD10: D57.00, D57.01, D57.02</p> <p>Cerebrospinal Fluid Leak - ICD10: G96.0, G97.0</p>

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<b>Childhood Immunizations Status (CIS)</b>	Birth-2 years	Children should have complete immunizations on or before their 2nd birthday (events must be at least 14 days apart): 1. Four DTaP 2. Three IPV 3. Three Hep B 4. Two Influenza 5. Three HiB 6. Four PCV 7. Two or Three Rotavirus 8. One Hep A 9. One VZV 10. One MMR	<b>DTaP Vaccine Administered</b> - CPT: 90698, 90700, 90721 <b>Inactivated Polio Vaccine (IPV) Administered</b> - CPT: 90698, 90713, 90723 <b>Hepatitis B Vaccine Administered</b> - CPT: 90723, 90740, 90744; <b>ICD10:</b> 3E0234Z; <b>HCPCS:</b> G0010 <b>Influenza Vaccine Administered</b> - CPT: 90655, 90657, 90661; <b>HCPCS:</b> G0008 <b>Haemophilus Influenzae Type B (HiB) Vaccine Administered</b> - CPT: 90644, 90645, 90646 <b>Pneumococcal Conjugate Vaccine Administered</b> - CPT: 90669, 90670; <b>HCPCS:</b> G0009 <b>Rotavirus Vaccine (2 Dose Schedule) Administered</b> - CPT: 90681 <b>Rotavirus Vaccine (3 Dose Schedule) Administered</b> - CPT: 90680 <b>Hepatitis A Vaccine Administered</b> - CPT: 90633 <b>Varicella Zoster (VZV) Vaccine Administered</b> - CPT: 90710, 90716 <b>Measles/Rubella Vaccine Administered</b> - CPT: 90707, 90710
<b>Immunizations for Adolescents (IMA)</b>	<b>Meningococcal</b> 11-12 years  <b>Tdap</b> 10-12 years  <b>HPV</b> 9-12 years	Adolescents should have the following immunizations on or before their 13th birthday: 1. Meningococcal on or between their 11th and 13th birthday 2. Tdap on or between their 10th and 13th birthday 3. <b>Two</b> dose or <b>Three</b> dose HPV vaccines with different dates of service on or between their 9th and 13th birthday	<b>Meningococcal Vaccine Administered</b> - CPT: 90734 <b>Tdap Vaccine Administered</b> - CPT: 90715 <b>HPV Vaccine Administered</b> - CPT: 90649, 90650, 90651
<b>Appropriate Testing for Children with Pharyngitis (CWP)</b>	3-18 years	Children ages 3-18 should receive a strep test (rapid strep test and/or throat culture) 3 days prior to or 3 days after an antibiotic is dispensed for a pharyngitis diagnosis.	<b>Group A Strep Tests</b> - CPT: 87070, 87071, 87081; <b>LONIC:</b> 11268-0, 17656-0, 17898-8
<b>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</b>	3 months - 18 years	Antibiotics should not be prescribed for children ages 3 months-18 years old with a diagnosis of URI.  <b>LOWER RATE IS BETTER</b>  <b>Exclusions:</b> 1. Pharyngitis Diagnosis 2. Competing Diagnosis	<b>Exclusions:</b> Pharyngitis - <b>ICD10:</b> J02.0, J02.8, J02.9 Competing Diagnosis - <b>ICD10:</b> A00.0, A00.1, A00.9
<b>Chlamydia Screening in Women (CHL)</b>	16-24 years	Women 16-24 years old identified as sexually active should be screened annually for Chlamydia  <b>Exclusions:</b> 1. A prescription for isotretinoin (Retinoid) on the day of the pregnancy test or 6 days after 2. X-Ray on the day of the pregnancy test or 6 days after	<b>Chlamydia Tests</b> - CPT: 87110, 87270, 87320; <b>LONIC:</b> 14463-4, 14464-2, 14467-5  <b>Exclusions:</b> Pregnancy Test Exclusion - CPT: 84702, 84703, 81025; <b>LONIC:</b> 19080-1, 19180-9, 20415-6 AND one of the following: • Diagnostic Radiology - CPT: 70010, 70015, 70030 • Prescription for Retinoid: Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a>

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<b>Colorectal Cancer Screening (COL)</b>	50-75	<p>Adults ages 50-75 should be screened for colorectal cancer by one of the following:</p> <ol style="list-style-type: none"> <li>1. Fecal occult blood test (gFOBT or FIT) every year, <b>OR</b></li> <li>2. Flexible sigmoidoscopy during the measurement year or 4 years prior, <b>OR</b></li> <li>3. Colonoscopy during the measurement year or 9 years prior, <b>OR</b></li> <li>4. FIT DNA test during the measurement year or 2 years prior, <b>OR</b></li> <li>5. CT Colonography during the measurement year or 4 years prior</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Colorectal cancer</li> <li>2. Total colectomy</li> <li>3. Members 66 years of age as of 12/31 of the measurement year with a frailty advance illness during the measurement year</li> </ol>	<p><b>Colonoscopy</b> - CPT: 44388, 44389, 44390; <b>HCPCS:</b> G0105, G0121; <b>ICD9:</b> 45.22, 45.23, 45.25  <b>Flexible Sigmoidoscopy</b> - CPT: 45330, 45331, 45332; <b>HCPCS:</b> G0104; <b>ICD9:</b> 45.24  <b>FOBT</b> - CPT: 82270, 82274; - <b>HCPCS:</b> G0328; <b>LONIC:</b> 12503-9, 12504-7, 14563-1  <b>FIT-DNA</b> - CPT: 81528; - <b>HCPCS:</b> G0464; <b>LONIC:</b> 77353-1, 77354-9  <b>CT Colonography</b> - CPT: 74261, 74262, 74263</p> <p><b>Exclusions:</b></p> <p>Colorectal Cancer – <b>HCPCS:</b> G0213, G0214, G0215; <b>ICD10:</b> C18.0, C18.1; C18.2; <b>ICD9:</b> 153.0 153.1, 153.2  Total Colectomy - <b>CPT:</b> 44150, 44151, 44152; <b>ICD10:</b> ODTE0ZZ, ODTE4ZZ, ODTE7ZZ; <b>ICD9:</b> 45.81, 45.82, 45.83  Frailty Advance Illness - One of the following meets criteria:</p> <ul style="list-style-type: none"> <li>• At least two Outpatient - <b>CPT:</b> 99201, 99202, 99203, <b>HCPCS:</b> G0402, G0438, G0439; OR Observation - <b>CPT:</b> 99217, 99218, 99219; OR ED - <b>CPT:</b> 99281, 99282, 99283; OR Nonacute Inpatient - <b>CPT:</b> 99304, 99305, 99306 with different dates of service, with Advanced Illness diagnosis (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis. Visit type need not be the same for the two visits.</i>)</li> <li>• At least one Acute Inpatient - <b>CPT:</b> 99221, 99222, 99223 with an Advanced Illness diagnosis (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis</i>)</li> <li>• A dispensed Dementia Medication – Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></li> </ul>
<b>Adult BMI Assessment (ABA)</b>	18-74	<p>Adults 18-74 years old should have a BMI documented at least once per year. <i>Medical record must include documentation of height, weight, and BMI or BMI percentile</i></p> <ol style="list-style-type: none"> <li>1. Members 20 years of age or older on the date of service should have a BMI value</li> <li>2. Members younger than 20 years of age on the date of service should have a BMI percentile</li> </ol> <p><b>Exclusions:</b></p> <p>A Pregnancy diagnosis during the measurement year or year prior</p>	<p><b>BMI Value</b> - <b>ICD10:</b> Z68.1, Z68.20, Z68.21  <b>BMI Percentile</b> - <b>ICD10:</b> Z68.51-Z68.54</p> <p><b>Exclusions:</b></p> <p>Pregnancy - <b>ICD10:</b> 000.0, 000.1, 000.2</p>
<b>Use of Imaging Studies for Lower Back Pain (LBP)</b>	18-50	<p>Adults 18-50 years with a primary diagnosis of lower back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis unless clinically indicated</p> <p style="text-align: center;"><b>LOWER RATE IS BETTER</b></p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Cancer - any time during the member's history through 28 days after the IESD</li> <li>2. Major organs transplant - any time during the 12 months prior through 28 days after the diagnosis date</li> <li>3. HIV - any time during the member's history through 28 days after the diagnosis date</li> <li>4. Neurologic Impairment - any time during the 12 months prior through 28 days after the diagnosis date</li> <li>5. Spinal Infection - any time during the 12 months prior through 28 days after the diagnosis date</li> <li>6. IV drug abuse - any time during the 12 months prior through 28 days after the diagnosis date</li> <li>7. Recent trauma - any time during the 90 days prior to the through 28 days after the diagnosis date</li> <li>8. Prolonged used of corticosteroid - 90 consecutive days of corticosteroid treatment any time during the 12 months prior to the diagnosis date</li> </ol>	<p><b>Imaging Study</b> - CPT: 72010, 72020, 72052;  <b>Uncomplicated Low Back Pain</b> - <b>ICD10:</b> M47.26, M47.27, M47.28</p> <p><b>Exclusions:</b></p> <p>Cancer - (<i>History of Malignant Neoplasms, Other Neoplasms, Other Malignant Neoplasm of Skin and Malignant Neoplasms</i>)  Organ Transplant Other Than Kidney, Kidney transplant  (<i>See the MetroPlus Provider Portal for full list of codes for Cancer and organ transplants because codes are specific to diagnosis</i>)</p> <p>HIV - <b>ICD10:</b> B20, Z21; <b>ICD9:</b> V08, 042  Neurologic Impairment - <b>ICD10:</b> G83.4  Spinal Infection - <b>ICD10:</b> A17.81, G06.1, M46.25  IV Drug Abuse: - <b>ICD10:</b> F11.10, F11.11, F11.120  Trauma: - <b>ICD10:</b> S02.0XXA, S02.0XXB, S02.101B  Prolonged used of corticosteroid - Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p>

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# HEDIS/QARR 2019 – CARE FOR ADULTS AND OLDER ADULTS

MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Care for Older Adults (COA)</b>	66+	Adults 66 years and older should have the following documented at least annually: 1. Advance Care Planning 2. Medication List and Review or Transitional Care Management Services 3. Functional Status Assessment 4. Pain Assessment	<b>Medication Review</b> - CPT: 90863, 99605, 99606; CPT: 1160F <b>Medication List</b> - CPT: 1159F; HCPCS: G8427 <b>Transitional Care Management Services</b> - CPT: 99495, 99496 <b>Functional Status Assessment</b> - CPT: 1170F; HCPCS: G0438, G0439 <b>Pain Assessment</b> - CPT: 1125F, 1126F <b>Advance Care Planning</b> - CPT: 99497, 1123F, 1124F; HCPCS: S0257; ICD10: Z66
<b>Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)</b>	18+	Adults 18 years and older diagnosed with Rheumatoid Arthritis should be dispensed at least one prescription for a disease modifying anti-rheumatic drug (DMARD).  <b>Exclusions:</b> 1. HIV or HIV Type 2 Diagnosis anytime during the member history 2. Pregnancy during the measurement year 3. Members 81 years of age and older as of 12/31 of the measurement year with frailty during the measurement years 4. Members 66-80 years of age as of 12/31 of the measurement year with a frailty advance illness during the measurement year	<b>DMARD</b> - HCPCS: J0129, J0135, J0717  <b>Exclusions:</b> HIV - ICD10: B20, Z21; ICD9: 042, V08 HIV Type 2 - ICD10: B97.35; ICD9: 079.53 Pregnancy - ICD10: 000.0, 000.1, 000.2 Frailty ( <i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis</i> ) Frailty Advance Illness - One of the following meets criteria: • At least two Outpatient - CPT: 99201, 99202, 99203, HCPCS: G0402, G0438, G0439; OR Observation - CPT: 99217, 99218, 99219; OR ED - CPT: 99281, 99282, 99283; OR Nonacute Inpatient - CPT: 99304, 99305, 99306 with different dates of service, with Advanced Illness diagnosis ( <i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis</i> ). Visit type need not be the same for the two visits • At least one Acute Inpatient - CPT: 99221, 99222, 99223 with an Advanced Illness Value diagnosis ( <i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis</i> ) • A dispensed Dementia Medication – Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a>  <b>DO NOT use Rheumatoid Arthritis diagnosis codes when ruling out the disease</b>

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# HEDIS/QARR 2019 – CARE FOR WOMEN AND MATERNAL HEALTH

MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Breast Cancer Screening (BCS)</b>	50-74	<p>Women 50-74 years old should have a mammogram every 2 years.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Bilateral Mastectomy</li> <li>2. Members 66 years of age as of 12/31 of the measurement year with a frailty advance illness during the measurement year</li> </ol>	<p><b>Mammography</b> - <b>CPT:</b> 77055, 77056, 77057; <b>HCPCS:</b> G0202, G0204, G0206</p> <p><b>Exclusions:</b></p> <p>Bilateral Mastectomy- <b>ICD10:</b> OHTV0ZZ; <b>ICD9:</b> 85.42, 85.44, 85.46</p> <p>Frailty Advance Illness - One of the following meets criteria:</p> <ul style="list-style-type: none"> <li>• At least two Outpatient - <b>CPT:</b> 99201, 99202, 99203, <b>HCPCS:</b> G0402, G0438, G0439; OR Observation - <b>CPT:</b> 99217, 99218, 99219; OR ED - <b>CPT:</b> 99281, 99282, 99283; OR Nonacute Inpatient - <b>CPT:</b> 99304, 99305, 99306 with different dates of service, with Advanced Illness diagnosis (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis. Visit type need not be the same for the two visits.</i>)</li> <li>• At least one Acute Inpatient - <b>CPT:</b> 99221, 99222, 99223 with an Advanced Illness diagnosis (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis</i>)</li> <li>• A dispensed Dementia Medication – Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></li> </ul>
<b>Cervical Cancer Screening (CCS)</b>	21-64	<p>Women 21-64 years old should be screened for cervical cancer using either of the following:</p> <ol style="list-style-type: none"> <li>1. <b>21-64</b> years old - cervical cytology <b>every 3 years</b></li> <li>2. <b>30-64</b> years old - cervical cytology with HPV co-testing <b>every 5 years</b></li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Hysterectomy with no residual cervix</li> </ol>	<p><b>Cervical Cytology</b> - <b>CPT:</b> 88141, 88142, 88143; <b>HCPCS:</b> G0123, G0124, G0141; <b>LONIC:</b> 10524-7, 18500-9, 19762-4</p> <p><b>HPV Tests</b> - <b>CPT:</b> 87620, 87621, 87622; <b>HCPCS:</b> G0476; <b>LONIC:</b> 21440-3, 30167-1, 38372-9</p> <p><b>Exclusions:</b></p> <p>Absence of Cervix - <b>CPT:</b> 51925, 56308, 57540; <b>ICD10:</b> Q51.5, Z90.710, Z90.712; <b>ICD9:</b> 618.5, 752.43, V88.01</p>
<b>Chlamydia Screening in Women (CHL)</b>	16-24	<p>Women 16-24 years old identified as sexually active should be screened annually for Chlamydia</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. A prescription for isotretinoin (Retinoid) on the day of the pregnancy test or 6 days after</li> <li>2. X-ray on the day of the pregnancy test or 6 days after</li> </ol>	<p><b>Chlamydia Tests</b> - <b>CPT:</b> 87110, 87270, 87320; <b>LONIC:</b> 14463-4, 14464-2, 14467-5</p> <p><b>Exclusions:</b></p> <p>Pregnancy Test Exclusion - <b>CPT:</b> 84702, 84703, 81025 <b>LONIC:</b> 19080-1, 19180-9, 20415-6 AND one of the following:</p> <ul style="list-style-type: none"> <li>• Diagnostic Radiology - <b>CPT:</b> 70010, 70015, 70030</li> <li>• Prescription for Retinoid: Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></li> </ul>
<b>Osteoporosis Management in Women Who Had a Fracture (OMW)</b>	67-85	<p>Women 67-85 years of age who suffered a fracture should have a bone mineral density test or be dispensed a drug to treat or prevent osteoporosis within six months after the fracture.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. BMD test 24 months prior to the fracture date</li> <li>2. Osteoporosis therapy 12 months prior to the fracture</li> <li>3. A dispensed prescription or an active prescription to treat osteoporosis 12 months prior to the fracture</li> <li>4. Members 81 years of age and older as of 12/31 of the measurement year with frailty during the measurement year</li> <li>5. Members 66-80 years of age as of 12/31 of the measurement year with a frailty advance illness during the measurement year</li> </ol>	<p><b>Bone Mineral Density Tests</b> - <b>CPT:</b> 76977, 77078, 77080; <b>HCPCS:</b> G0130; <b>ICD10:</b> BP48ZZ1, BP49ZZ1, BP4GZZ1</p> <p><b>Osteoporosis Medications</b> - <b>HCPCS:</b> J0630, J0897, J1740</p> <p><b>Long-Acting Osteoporosis Medications</b> - <b>HCPCS:</b> J0897, J1740, J3487</p> <p><b>Exclusions:</b></p> <p>Bone Mineral Density Tests - <b>CPT:</b> 76977, 77078, 77080 <b>HCPCS:</b> G0130 <b>ICD10:</b> BP48ZZ1, BP49ZZ1, BP4GZZ1</p> <p>Osteoporosis Medication - <b>HCPCS:</b> J0630, J0897, J1740</p> <p>Frailty (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis</i>)</p> <p>Frailty Advance Illness - One of the following meets criteria:</p> <ul style="list-style-type: none"> <li>• At least two Outpatient - <b>CPT:</b> 99201, 99202, 99203, <b>HCPCS:</b> G0402, G0438, G0439; OR Observation - <b>CPT:</b> 99217, 99218, 99219; OR ED - <b>CPT:</b> 99281, 99282, 99283; OR Nonacute Inpatient - <b>CPT:</b> 99304, 99305, 99306 with different dates of service, with Advanced Illness diagnosis (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis. Visit type need not be the same for the two visits.</i>)</li> <li>• At least one Acute Inpatient - <b>CPT:</b> 99221, 99222, 99223 with an Advanced Illness diagnosis (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis</i>)</li> <li>• A dispensed Dementia Medication – Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></li> </ul>

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# HEDIS/QARR 2019 – CARE FOR WOMEN AND MATERNAL HEALTH

MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
Prenatal and Postpartum Care (PPC)	N/A	<p><b>Timeliness of Prenatal Care:</b> Initial prenatal visit must be within first trimester or within 42 days of enrollment with health plan. If labs are being used to make the member compliant, they do not have to occur on the same date.</p> <p><b>Postpartum Care:</b> Postpartum visit must occur <b>between 21-56 days</b> after delivery</p>	<p><b>Timeliness of Prenatal Care</b> - One of the following meets criteria:  <b>Prenatal Bundled Services</b> - CPT: 59400, 59425, 59426; HCPCS: H1005  <b>Stand Alone Prenatal Visits</b> - CPT: 99500; HCPCS: H1000, H1001, H1002; CPT-CAT-11: 0500F, 0501F, 0502F  <b>Prenatal Visits</b> - CPT: 99201, 99202, 99203; HCPCS: G0463, T1015 <i>with</i> one of the following: <b>Obstetric Panel</b> - CPT: 80055, 80081 or <b>Prenatal Ultrasound</b> - CPT: 76801, 76805, 76811; <b>ICD10:</b> BY49ZZZ, BY4BZZZ, BY4CZZZ or <b>Pregnancy Diagnosis for the prenatal visit</b> (<i>codes must be from the same visit</i>) <b>ICD10:</b> 009.00, 009.01, 009.02  <b>OR</b> All the following labs: <b>Toxoplasma Antibody</b> - CPT: 86777, 86778; <b>LONIC:</b> 11598-0, 12261-4, 12262-2; <b>Rubella Antibody</b> - CPT: 86762; <b>LONIC:</b> 13279-5, 13280-3, 17550-5; <b>Cytomegalovirus Antibody</b> - CPT: 86644; <b>LONIC:</b> 13225-8, 13949-3, 15377-5; <b>Herpes Simplex Antibody</b> - CPT: 86694, 86695, 86696; <b>LONIC:</b> 10350-7, 13323-1, 13324-9  <b>OR</b> one of the following meets criteria:  <ul style="list-style-type: none"> <li>• <b>Rubella Antibody</b> - CPT: 86762; <b>LONIC:</b> 13279-5, 13280-3, 17550-5 and an <b>Rh</b> - CPT: 86901; <b>LONIC:</b> 10331-7, 1305-2, 34961-3</li> <li>• <b>Rubella Antibody</b> - CPT: 86762; <b>LONIC:</b> 13279-5, 13280-3, 17550-5 and an <b>ABO</b> - CPT: 86900; <b>LONIC:</b> 57743-7, 883-9;</li> <li>• <b>Rubella Antibody</b> - CPT: 86762; <b>LONIC:</b> 13279-5, 13280-3, 17550-5 and an <b>Rh</b> - CPT: 86901; <b>LONIC:</b> 10331-7, 1305-2, 34961-3</li> <li>• <b>Rubella Antibody</b> - CPT: 86762; <b>LONIC:</b> 13279-5, 13280-3, 17550-5 and an <b>ABO and Rh</b> - <b>LONIC:</b> 77397-8, 882-1, 884-7</li> </ul> <b>Postpartum Care</b> any one of the following:  <b>Postpartum Bundle Services</b> - CPT: 59400, 59410, 59510  <b>Postpartum Visit</b> - CPT: 57170, 58300, 59430; <b>HCPCS:</b> G0101; <b>ICD10:</b> Z01.411, Z01.419, Z01.42  <b>Cervical Cytology</b> – CPT: 88141, 88142, 88143; <b>HCPCS:</b> G0123, G0124, G0141; <b>LONIC:</b> 10524-7, 18500-9, 19762-4                 </p>
Prenatal Immunization Status (PRS)	N/A	<p>Women that delivered during the measurement year and received:</p> <ol style="list-style-type: none"> <li>1. Influenza</li> <li>2. Tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Weeks of gestation less than 37</li> <li>2. Anaphylactic reaction to the vaccine during or before the measurement period</li> <li>3. Encephalopathy within seven days after a previous dose of a Td-containing vaccine</li> <li>4. Hospice during the measurement year</li> </ol>	<p><b>Adult Influenza Vaccine</b> - CPT: 90630, 90654, 90656  <b>Tdap Vaccine Administered</b> - CPT: 90715</p> <p><b>Exclusions:</b>                      Weeks of gestation less than 37 - <b>ICD10:</b> Z3A.00, Z3A.01, Z3A.08;                      Anaphylactic reaction to the vaccine - <b>ICD10:</b> T80.52XA, T80.52XD, T80.52XS                      Encephalopathy Due to Vaccination - <b>ICD10:</b> G04.32                 </p>

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MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Follow-Up After Hospitalization for Mental Illness (FUH)</b>	6+	<p>Children and adults who were hospitalized for treatment of selected mental illness diagnoses should have a follow-up outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner after discharge. Two rates are reported:</p> <ol style="list-style-type: none"> <li>Members who received follow-up <b>within 7 days of discharge</b></li> <li>Members who received follow-up <b>within 30 days of discharge</b></li> </ol>	<p><b>Visit Setting Unspecified</b> - CPT: 90791, 90792, 90832 (with or without a telehealth modifier) with:  <b>Outpatient POS</b>: 03, 05, 07 OR  <b>Community Mental Health Center</b> - POS: 53 OR <b>Partial Hospitalization</b> - POS: 52 OR <b>Telehealth</b> - POS: 2  <b>BH Outpatient visit</b> - CPT: 98960, 98961, 98962 (with or without a telehealth modifier)  <b>Partial Hospitalization/Intensive Outpatient</b> - HCPCS: G0410, G0411, H0035  <b>Electroconvulsive Therapy</b> - CPT: 90870; ICD10: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ with <b>Ambulatory Surgical Center</b> - POS: 24;  <b>Community Mental Health Center</b> - POS: 53; <b>Outpatient POS</b>: 03, 05, 07; <b>Partial Hospitalization</b> - POS: 52  <b>Observation Visit</b> - CPT: 99217, 99218, 99219  <b>Transitional Care Management Services</b> - CPT: 99495, 99496 (with or without a telehealth modifier) -  <b>Telehealth Modifier</b> - CPT: 95, GT</p>
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b>	6–12	<p>Children with newly prescribed medication for attention-deficit/hyperactivity disorder (ADHD) should have at least three follow-up care visits within a 10-month period, one of which should be within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ol style="list-style-type: none"> <li><b>Initiation Phase</b>: Children with an ambulatory prescription dispensed for ADHD medication should have one follow-up visit with a practitioner with prescribing authority <b>during the 30-day Initiation Phase</b>.</li> <li><b>Continuation and Maintenance Phase (C&amp;M)</b>: Children with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days should have two or more follow-up visits with a practitioner from <b>31 to 300 days after the ADHD medication was newly prescribed</b>.</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Diagnosis of narcolepsy any time during their history through the measurement year</li> </ol>	<p><b>Initiation Phase</b>  <b>Visit Setting Unspecified</b> - CPT: 90791, 90792, 90832 with <b>Outpatient</b> - POS: 03, 05, 07 OR  <b>Partial Hospitalization</b> - POS: 52 OR  <b>Community Mental Health Center</b> - POS: 53 (with or without a telehealth modifier)  <b>BH Outpatient visit</b> - CPT: 98960, 98961, 98962  <b>Observation Visit</b> - CPT: 99217, 99218, 99219  <b>Health and Behavior Assessment/Intervention</b> - CPT: 96150, 96151, 96152  <b>Partial Hospitalization/Intensive Outpatient</b> - HCPCS: G0410, G0411, H0035  <b>Visit Setting Unspecified</b> - CPT: 90791, 90792, 90832</p> <p><b>C&amp;M Phase</b>  <b>All codes listed for Initiation Phase above are applicable to the C&amp;M Phase including:</b>  <b>Telephone Visits</b> - CPT: 98966, 98967, 98968</p> <p><b>Exclusions:</b>  Narcolepsy - ICD9: 347.00, 347.01, 347.10; ICD10: G47.411, G47.419, G47.421</p>
<b>Antidepressant Medication Management (AMM)</b>	18+	<p>Members who have a diagnosis of major depression, treated with antidepressant medication, and remained on antidepressant medication treatment: Two rates are reported:</p> <ol style="list-style-type: none"> <li><b>Effective Acute Phase Treatment</b> – The percentage of members who remained on an antidepressant medication for <b>at least 84 days</b>.</li> <li><b>Effective Continuation Phase Treatment</b> – The percentage of members who remained on an antidepressant medication for <b>at least 180 days</b>.</li> </ol>	<p><b>Antidepressant Medications List</b>: Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p>

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# HEDIS/QARR 2019 – BEHAVIORAL HEALTH

MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</b>	19–64	<p>Adults with schizophrenia who were dispensed an antipsychotic medication should remain on an antipsychotic medication for <b>at least 80% of their treatment period.</b></p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Dementia diagnosis during the measurement year</li> </ol>	<p><b>Antipsychotic medication List:</b> Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p> <p><b>Exclusions:</b></p> <p>Dementia - <b>ICD10:</b> F01.50, F01.51, F02.80; - <b>ICD9:</b> 290.0, 290.10, 290.11</p>
<b>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)</b>	18–64	<p>Adults with schizophrenia or bipolar disease who were dispensed an antipsychotic medication should have:</p> <ol style="list-style-type: none"> <li>1. A glucose screening test or an HbA1c screening test during the measurement year</li> </ol>	<p><b>Glucose Tests - CPT:</b> 80047, 80048, 80050; <b>LOINC:</b> 10450-5, 1492-8, 1494-4</p> <p><b>HbA1c Tests - CPT:</b> 83036, 83037; <b>CPT-CAT-II:</b> 3044F; <b>LOINC:</b> 17856-6, 4548-4, 4549-2</p>
<b>Risk of Continued Opioid Use (COU)</b>	18+	<p>Members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Members who had 15 or more calendar days covered by an opioid medication during the 30-day period</li> <li>2. Members who had 31 or more calendar days covered by an opioid medication during the 62-day period.</li> </ol>	<p><b>Opioid Medications List:</b> Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p>

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MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)</b>	18-64	<p>Adults with schizophrenia and diabetes should have the following tests during the measurement year:</p> <ol style="list-style-type: none"> <li>1. LDL-C Test</li> <li>2. HbA1C Test</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Gestational Diabetes during the measurement year or year prior</li> <li>2. Steroid-Induced Diabetes during the measurement year or year prior</li> </ol>	<p><b>LDL-C Tests - CPT:</b> 80061, 83700, 83701; <b>CPT-CAT-II:</b> 3048F,3049F, 3050F; <b>LOINC:</b> 12773-8,13457-7, 18262-6</p> <p><b>HbA1c Tests - CPT:</b> 83036, 83037; <b>CPT-CAT-II:</b> 3044F; <b>LOINC:</b> 17856-6, 4548-4, 4549-2</p> <p><b>Exclusions:</b> Diabetes Exclusions - <b>ICD-10:</b> E08.00, E08.01, E08.10</p>
<b>Follow-Up After Emergency Department Visit for Mental Illness (FUM)</b>	6+	<p>The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Member received a follow-up within 30 days of the ED visit</li> <li>2. Member received a follow-up within 7 days of the ED visit</li> </ol>	<p><b>Visit Setting Unspecified:</b> - CPT: 90791, 90792, 90832 (<i>with or without a telehealth modifier</i>) with a principle <b>Mental Health Diagnosis Value Set</b> - <b>ICD10:</b> F03.90, F03.91, F20.0 with an <b>Outpatient</b> - <b>POS:</b> 03, 05, 07 T14.91XD, T14.91XS OR <b>Partial Hospitalization</b> - <b>POS:</b> 52 HCPCS: G0410, G0411, H0035 OR <b>Community Mental Health Center</b> - <b>POS:</b> 53 OR <b>Telehealth</b> - <b>POS</b> 2</p> <p><b>Visit Setting Unspecified:</b> - CPT: 90791, 90792, 90832 (<i>with or without a telehealth modifier</i>) with a principle diagnosis of <b>Intentional Self-Harm</b> - <b>ICD10:</b> T14.91XA, T14.91XD, T14.91XS with a <b>Mental Health Diagnosis:</b> - <b>ICD10:</b> F03.90, F03.91, F20.0 with an <b>Outpatient- POS:</b> 03, 05, 07 OR <b>Partial Hospitalization</b> - <b>POS:</b> 52 OR <b>Community Mental Health Center</b> - <b>POS:</b> 53 OR <b>Telehealth</b> - <b>POS</b> 2</p> <p><b>Electroconvulsive Therapy</b> - <b>CPT:</b> 90870; <b>ICD10:</b> GZB0ZZZ, GZB1ZZZ, GZB2ZZZ with <b>Ambulatory Surgical Center</b> - <b>POS:</b> 24; <b>Community Mental Health Center</b> - <b>POS:</b> 53; <b>Outpatient</b> - <b>POS:</b> 03, 05, 07; <b>Partial Hospitalization</b> - <b>POS:</b> 52, with a <b>Mental Health Diagnosis</b> - <b>ICD10:</b> F03.90, F03.91, F20.0 OR <b>Intentional Self-Harm</b> - <b>ICD10:</b> T14.91XA, T14.91XD, T14.91XS with any <b>Mental Health Diagnosis:</b> - <b>ICD10:</b> F03.90, F03.91, F20.0</p> <p><b>BH Outpatient CPT:</b> 98960, 98961, 98962; <b>HCPCS:</b> G0155, G0176, G0177 (<i>with or without a telehealth modifier</i>) with a <b>Mental Health Diagnosis Value Set:</b> <b>ICD10:</b> F03.90, F03.91, F20.0 OR <b>Intentional Self-Harm</b> - <b>ICD10:</b> T14.91XA, T14.91XD, T14.91XS with any <b>Mental Health Diagnosis:</b> - <b>ICD10:</b> F03.90, F03.91, F20.0</p> <p><b>Partial Hospitalization/Intensive Outpatient Value Set</b> - <b>HCPCS:</b> G0410, G0411, H0035 with a <b>Mental Health Diagnosis</b> - <b>ICD10:</b> F03.90, F03.91, F20.0 OR <b>Intentional Self-Harm Value Set</b> - <b>ICD10:</b> T14.91XA, T14.91XD, T14.91XS with <b>Mental Health Diagnosis</b> - <b>ICD10:</b> F03.90, F03.91, F20.0</p> <p><b>Observation</b> - <b>CPT:</b> 99217, 99218, 99219 with a principle <b>Mental Health Diagnosis</b> <b>ICD10:</b> F03.90, F03.91, F20.0 OR <b>Intentional Self-Harm</b> - <b>ICD10:</b> T14.91XA, T14.91XD, T14.91XS with a <b>Mental Health Diagnosis</b> - <b>ICD10:</b> F03.90, F03.91, F20.0</p> <p><b>Telehealth Modifier</b> - <b>CPT:</b> 95, GT</p>

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# HEDIS/QARR 2019 – BEHAVIORAL HEALTH

MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)</b>	13+	Emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) Abuse or dependence, who had a follow up visit for AOD. Two rates are reported: 1. Member received a follow-up within 30 days of the ED visit 2. Member received a follow-up within 7 days of the ED visit	<b>IET Stand Alone Visits</b> (with or without a telehealth modifier) - CPT: 98960, 98961, 98962; HCPC: G0155, G0176, G0177 <b>IET Visits Group 1</b> - CPT: 90791, 90792, 90832 with <b>IET POS Group 1</b> - POS: 02, 03, 05 (with or without a telehealth modifier) <b>IET Visits Group 2</b> - CPT: 99221, 99222, 99223 with <b>IET POS Group 2</b> - POS: 02, 52, 53 (with or without a telehealth modifier) <b>Observation visit</b> - CPT: 99217, 99218, 99219 <b>Telehealth Modifier</b> - CPT: 95, GT <b>A Telephone Visit</b> - CPT: 98966, 98967, 98968 <b>An Online Assessment</b> - CPT: 98969, 99444 <b>AOD Abuse and Dependence</b> : - ICD10: F10.10, F10.120, F10.121
<b>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)</b>	18-64	Members 18–64 years of age with schizophrenia and cardiovascular disease, should have: 1. LDL-C test during the measurement year	<b>LDL-C Tests</b> - CPT: 80061, 83700, 83701
<b>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</b>	1-17	Adolescents 1–17 years of age who had two or more antipsychotic prescriptions should have: 1. One test for blood glucose or HbA1c 2. One test for LDL-C or cholesterol	<b>Glucose Tests</b> - CPT: 80047, 80048, 80050 <b>HbA1c Tests</b> - CPT: 83036, 83037 <b>LDL-C Tests</b> - CPT: 80061, 83700, 83701 <b>Cholesterol Tests Other Than LDL</b> - CPT: 84478, 83718, 82465

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# HEDIS/QARR 2019 – DIABETES, CARDIOVASCULAR, & RESPIRATORY CONDITIONS

MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Comprehensive Diabetes Care (CDC)</b>	18-75	<p>Adults ages 18-75 diagnosed with diabetes (types 1 and 2) should have each of the following at least annually:</p> <ol style="list-style-type: none"> <li>HbA1c Testing - Goal: &lt;8.0% (<b>Last of the year</b>)</li> <li>Blood Pressure - Goal: &lt;140/90 mm Hg (<b>Last of the year</b>)</li> <li>Medical Attention for Nephropathy: Urine Protein test, or ACE/ARB prescription, or evidence of treatment for Nephropathy</li> <li>Dilated or retinal eye exam by an eye care professional (<b>annually</b>) or negative for retinopathy the year prior to the measurement year</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Gestational Diabetes during the measurement year or year prior</li> <li>Steroid-Induced Diabetes during the measurement year or year prior</li> <li>Members 66 years of age as of 12/31 of the measurement year with a frailty advance illness during the measurement year</li> </ol>	<p><b>HbA1c Testing</b>  <b>HbA1c - CPT:</b> 83036, 83037, -CPT-CAT II: 3045F</p> <p><b>Blood Pressure</b>  <b>Systolic Less than 140mmHg: - CPT-CAT-II:</b> 3074F, 3075F  <b>Systolic greater than/equal 140mmHg: - CPT-CAT-II:</b> 3077F  <b>Diastolic Less than 80-89 mmHg: - CPT-CAT-II:</b> 3079F  <b>Diastolic Less than 80mmHg: - CPT-CAT-II:</b> 3078F  <b>Diastolic greater than/equal 90mmHg: - CPT-CAT-II:</b> 3080F</p> <p><b>Medical Attention for Nephropathy</b>  <b>Urine Protein Tests - CPT:</b> 81000, 81001, 81002  <b>ACE/ARB</b> - Please refer to NCQA website for complete Medication lists of NDC codes:  <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p> <p><b>Dilated or retinal eye exam</b>  <b>Diabetic Retinal Screening - CPT:</b> 67028, 67030, 67031; <b>HCPCS:</b> S0620, S0621, S3000</p> <p><b>Exclusions:</b>  Diabetes Exclusions - <b>ICD-10:</b> E08.00, E08.01, E08.10  Frailty Advance Illness - One of the following meets criteria:</p> <ul style="list-style-type: none"> <li>At least two Outpatient - <b>CPT:</b> 99201, 99202, 99203, <b>HCPCS:</b> G0402, G0438, G0439; OR Observation - <b>CPT:</b> 99217, 99218, 99219; OR ED - <b>CPT:</b> 99281, 99282, 99283; OR Nonacute Inpatient - <b>CPT:</b> 99304, 99305, 99306 with different dates of service, with Advanced Illness diagnosis (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis. Visit type need not be the same for the two visits.</i>)</li> <li>At least one Acute Inpatient - <b>CPT:</b> 99221, 99222, 99223 with an Advanced Illness diagnosis (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis</i>)</li> <li>A dispensed Dementia Medication – Please refer to NCQA website for complete Medication lists of NDC codes:  <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></li> </ul>
<b>Statin Therapy for Patients with Diabetes (SPD)</b>	40-75	<p>Adults with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) and:</p> <ol style="list-style-type: none"> <li>Dispensed at least one statin medication of any intensity during the measurement year</li> <li>Remained on statin medication of any intensity for at least 80% of the treatment period</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Gestational Diabetes during the measurement year or year prior</li> <li>Steroid-Induced Diabetes during the measurement year or year prior</li> <li>Members 66 years of age as of 12/31 of the measurement year with a frailty advance illness during the measurement year</li> </ol>	<p>Please refer to NCQA website for complete Medication lists of NDC codes:  <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p> <p><b>Exclusions:</b>  Diabetes Exclusions - <b>ICD-10:</b> E08.00, E08.01, E08.10  Frailty Advance Illness - One of the following meets criteria:</p> <ul style="list-style-type: none"> <li>At least two Outpatient - <b>CPT:</b> 99201, 99202, 99203, <b>HCPCS:</b> G0402, G0438, G0439; OR Observation - <b>CPT:</b> 99217, 99218, 99219; OR ED - <b>CPT:</b> 99281, 99282, 99283; OR Nonacute Inpatient - <b>CPT:</b> 99304, 99305, 99306 with different dates of service, with Advanced Illness diagnosis (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis. Visit type need not be the same for the two visits.</i>)</li> <li>At least one Acute Inpatient - <b>CPT:</b> 99221, 99222, 99223 with an Advanced Illness diagnosis (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis</i>)</li> <li>A dispensed Dementia Medication – Please refer to NCQA website for complete Medication lists of NDC codes:  <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></li> </ul>

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# HEDIS/QARR 2019 – DIABETES, CARDIOVASCULAR, & RESPIRATORY CONDITIONS

MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Controlling High Blood Pressure (CBP)</b>	18-85	<p>Adults ages 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</p> <ol style="list-style-type: none"> <li>Members 18-59 - Goal: &lt;140/90 mm Hg (<b>Last of the year</b>)</li> <li>Members 60-85 with a diagnosis of diabetes - Goal: &lt;140/90 mm Hg (<b>Last of the year</b>)</li> <li>Members 60-85 without a diagnosis of diabetes - Goal: &lt;150/90 mm Hg (<b>Last of the year</b>)</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members 81 years of age and older as of 12/31 of the measurement year with frailty during the measurement year</li> <li>Members 66-80 years of age as of 12/31 of the measurement year with a frailty advance illness during the measurement year</li> </ol>	<p><b>Systolic Less than 140mmHg:</b> - CPT-CAT-II: 3074F, 3075F  <b>Systolic greater than/equal 140mmHg:</b> - CPT-CAT-II: 3077F  <b>Diastolic Less than 80mmHg:</b> - CPT-CAT-II: 3078F  <b>Diastolic Less than 80-89 mmHg:</b> - CPT-CAT-II: 3079F  <b>Diastolic greater than/equal 90mmHg:</b> - CPT-CAT-II: 3080F</p> <p><b>Exclusions:</b>                      Frailty (See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis)                      Frailty Advance Illness - One of the following meets criteria:</p> <ul style="list-style-type: none"> <li>At least two Outpatient - <b>CPT:</b> 99201, 99202, 99203, <b>HCPCS:</b> G0402, G0438, G0439; OR Observation - <b>CPT:</b> 99217, 99218, 99219; OR ED - <b>CPT:</b> 99281, 99282, 99283; OR Nonacute Inpatient - <b>CPT:</b> 99304, 99305, 99306 with different dates of service, with Advanced Illness diagnosis (See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis. Visit type need not be the same for the two visits.)</li> <li>At least one Acute Inpatient - <b>CPT:</b> 99221, 99222, 99223 with an Advanced Illness diagnosis (See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis)</li> <li>A dispensed Dementia Medication – Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></li> </ul>
<b>Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)</b>	18+	<p>Adults 18 years and older who were hospitalized after a heart attack should receive beta-blocker treatment for 6 months after discharge</p> <p><b>Exclusions:</b> Any time during the members history of</p> <ol style="list-style-type: none"> <li>Asthma</li> <li>COPD</li> <li>Obstructive chronic bronchitis</li> <li>Chronic respiratory conditions due to fumes/vapors</li> <li>Hypotension, heart block &gt;1 degree or sinus bradycardia</li> <li>A medication dispensed for asthma</li> <li>Intolerance or allergy to beta-blocker therapy</li> <li>Members 81 years of age and older as of 12/31 of the measurement year with frailty during the measurement year</li> <li>Members 66-80 years of age as of 12/31 of the measurement year with a frailty advance illness during the measurement year</li> </ol>	<p>Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p> <p><b>Exclusions:</b>                      Asthma - <b>ICD-9:</b> 493.00, 493.01, 493.02                      COPD - <b>ICD-9:</b> 493.20, 493.21, 493.22; <b>ICD-10:</b> J44.0, J44.1, J44.9;                      Obstructive chronic bronchitis - <b>ICD-9:</b> 491.20, 491.21, 491.22                      Chronic respiratory conditions due to fumes/vapors - <b>ICD-9:</b> 506.4; <b>ICD-10:</b> J68.4                      Adverse Effect of Beta-Adrenoreceptor Antagonists - <b>ICD-9:</b> 426.0, 426.12, 426.13 <b>ICD-10:</b> I44.1, I44.2, I44.4                      Intolerance or allergy to beta-blocker therapy: - <b>ICD10:</b> T44.7X5A, T44.7X5D, T44.7X5S                      Frailty (See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis)                      Frailty Advance Illness - One of the following meets criteria:</p> <ul style="list-style-type: none"> <li>At least two Outpatient - <b>CPT:</b> 99201, 99202, 99203, <b>HCPCS:</b> G0402, G0438, G0439; OR Observation - <b>CPT:</b> 99217, 99218, 99219; OR ED - <b>CPT:</b> 99281, 99282, 99283; OR Nonacute Inpatient - <b>CPT:</b> 99304, 99305, 99306 with different dates of service, with Advanced Illness diagnosis (See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis. Visit type need not be the same for the two visits.)</li> <li>At least one Acute Inpatient - <b>CPT:</b> 99221, 99222, 99223 with an Advanced Illness diagnosis (See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis)</li> <li>A dispensed Dementia Medication – Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></li> </ul>

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# HEDIS/QARR 2019 – DIABETES, CARDIOVASCULAR, & RESPIRATORY CONDITIONS

MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Statin Therapy for Patients with Cardiovascular Disease (SPC)</b>	21-75 (males) 40-75 (females)	<p>Adults with clinical atherosclerotic cardiovascular disease (ASCVD):</p> <ol style="list-style-type: none"> <li>1. Dispensed at least one high or moderate-intensity statin medication during the measurement year</li> <li>2. Remain on a high or moderate-intensity statin medication for at least 80% of the treatment period</li> </ol> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>1. Pregnancy - during the measurement year or year prior</li> <li>2. In vitro fertilization - during the measurement year or year prior</li> <li>3. Dispense prescription for clomiphene (Estrogen agonists) - during the measurement year or year prior</li> <li>4. ESRD - during the measurement year or year prior</li> <li>5. Cirrhosis - during the measurement year or year prior</li> <li>6. Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year</li> <li>7. Members 66 years of age as of 12/31 of the measurement year with a frailty advance illness during the measurement year</li> </ol>	<p>Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p> <p><b>Exclusions:</b></p> <p>Pregnancy - <b>ICD10:</b> 000.0, 000.1, 000.2            IVF - <b>HCPCS:</b> S4015, S4016, S4018,            ESRD - <b>CPT:</b> 36147, 36800, 36810, <b>HCPCS:</b> G0257, S9339; <b>ICD-10:</b> N18.5, N18.6; - <b>ICD9:</b> 585.5, 585.6, V45.11            Cirrhosis - <b>ICD10:</b> K70.30, K70.31, K71.7            Muscular Pain and Disease - <b>ICD10:</b> G72.0, G72.2, G72.9</p> <p>Prescription for clomiphene - Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p> <p>Frailty Advance Illness - One of the following meets criteria:</p> <ul style="list-style-type: none"> <li>• At least two Outpatient - <b>CPT:</b> 99201, 99202, 99203, <b>HCPCS:</b> G0402, G0438, G0439; OR Observation - <b>CPT:</b> 99217, 99218, 99219; OR ED - <b>CPT:</b> 99281, 99282, 99283; OR Nonacute Inpatient - <b>CPT:</b> 99304, 99305, 99306 with different dates of service, with Advanced Illness diagnosis (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis. Visit type need not be the same for the two visits.</i>)</li> <li>• At least one Acute Inpatient - <b>CPT:</b> 99221, 99222, 99223 with an Advanced Illness diagnosis (<i>See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis</i>)</li> <li>• A dispensed Dementia Medication – Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></li> </ul>
<b>Annual Monitoring for Patients on Persistent Medications (MPM)</b>	18+	<p>Adults 18 years and older who were on certain medications for at least 6 months should receive specific monitoring tests:</p> <ol style="list-style-type: none"> <li>1. ACE/ARB and Diuretics - lab panel; or one serum potassium and a serum creatinine</li> </ol>	<p><b>Lab Panel - CPT:</b> 80047, 80048, 80050  <b>Serum Potassium - CPT:</b> 80051, 84132; - <b>LOINC:</b> 12812-4, 12813-2, 2823-3  <b>Serum Creatinine - CPT:</b> 82565, 82575 - <b>LOINC:</b> 11041-1, 11042-9, 12195-4</p>
<b>Medication Management for People with Asthma (MMA)</b>	5-85	<p>Children and adults ages 5-85 who were identified as having persistent asthma and were dispensed appropriate medications must remain on an asthma controller for at least 75% of the treatment period</p> <p><b>Exclusions:</b> Same exclusion as AMR apply to MMA</p>	<p>Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p>
<b>Asthma Medication Ratio (AMR)</b>	5-85	<p>Children and adults ages 5-85 diagnosed with persistent asthma should have a ratio of controller medications to total asthma medications of 0.50 or greater</p> <p><b>Exclusions:</b> Any time during the members history through the measurement year:</p> <ol style="list-style-type: none"> <li>1. Emphysema</li> <li>2. Other emphysema</li> <li>3. COPD</li> <li>4. Obstructive Chronic Bronchitis</li> <li>5. Chronic Respiratory Conditions Due to Fumes/Vapors</li> <li>6. Cystic Fibrosis</li> <li>7. Acute Respiratory Failure</li> <li>8. Members who had no asthma medications (controller or reliever) dispensed during the measurement year</li> </ol>	<p>Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p> <p><b>Exclusions:</b></p> <p>Emphysema - <b>ICD-9:</b> 492.0, 492.8 <b>ICD-10:</b> J43.0, J43.1            Other emphysema - <b>ICD-9:</b> 518.1, 518.2; <b>ICD-10:</b> J98.2, J98.3            COPD - <b>ICD-9:</b> 493.20-493.22 <b>ICD-10:</b> J44.0, J44.1            Obstructive Chronic Bronchitis - <b>ICD-9:</b> 491.20, 491.21            Chronic Respiratory Conditions Due to Fumes/Vapors - <b>ICD-9:</b> 506.4 <b>ICD-10:</b> J68.4            Cystic Fibrosis - <b>ICD-9:</b> 506.4; <b>ICD10:</b> J68.4            Acute Respiratory Failure - <b>ICD-9:</b> 518.81; <b>ICD-10:</b> J96.00, J96.01</p>

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# HEDIS/QARR 2019 – DIABETES, CARDIOVASCULAR, & RESPIRATORY CONDITIONS

MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</b>	40+	<p>Adults 40 years and older with a new diagnosis of COPD or newly active COPD should have appropriate spirometry testing to confirm the diagnosis between two years prior through six months after diagnosis.</p> <p><b>Exclusions:</b></p> <ol style="list-style-type: none"> <li>Members 81 years of age and older as of 12/31 of the measurement year with frailty during the measurement year</li> <li>Members 66-80 years of age as of 12/31 of the measurement year with a frailty advance illness during the measurement year</li> </ol>	<p><b>Spirometry - CPT:</b> 94010, 94014, 94015</p> <p><b>Exclusions:</b>                      Frailty (See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis)                      Frailty Advance Illness - One of the following meets criteria:</p> <ul style="list-style-type: none"> <li>At least two Outpatient - <b>CPT:</b> 99201, 99202, 99203, <b>HCPCS:</b> G0402, G0438, G0439; OR Observation - <b>CPT:</b> 99217, 99218, 99219; OR ED - <b>CPT:</b> 99281, 99282, 99283; OR Nonacute Inpatient - <b>CPT:</b> 99304, 99305, 99306 with different dates of service, with Advanced Illness diagnosis (See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis. Visit type need not be the same for the two visits.</li> <li>At least one Acute Inpatient - <b>CPT:</b> 99221, 99222, 99223 with an Advanced Illness diagnosis (See the MetroPlus Provider Portal for full list of codes for Advance illness because codes are specific to diagnosis)</li> <li>A dispensed Dementia Medication – Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></li> </ul>
<b>Pharmacotherapy Management of COPD Exacerbation (PCE)</b>	40+	<p>Adults 40 years and older who had an acute inpatient discharge or ED encounter for COPD on or between January 1–November 30 exacerbation should be dispensed the following medications:</p> <ol style="list-style-type: none"> <li>A systemic corticosteroid within 14 days of discharge</li> <li>A bronchodilator within 30 days of discharge</li> </ol>	<p>Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p>
<b>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)</b>	18-64	<p>Antibiotics should not be prescribed for adults with a diagnosis of acute bronchitis:</p> <p style="text-align: center;"><b>LOWER RATE IS BETTER</b></p> <p><b>Exclusions:</b> Any of the following diagnosis 12 months prior to the episode date</p> <ol style="list-style-type: none"> <li>HIV</li> <li>HIV Type 2</li> <li>Malignant Neoplasm</li> <li>Other Malignant Neoplasm of Skin</li> <li>Emphysema</li> <li>COPD</li> <li>Cystic Fibrosis</li> <li>Comorbid Condition</li> <li>Disorders of the Immune System</li> </ol>	<p><b>Exclusions:</b></p> <p>HIV - <b>ICD10:</b> B20, Z21                      HIV Type 2 - <b>ICD10:</b> B97.35, 079.53                      Malignant Neoplasm - <b>ICD10:</b> C00.0-C00.2                      Other Malignant Neoplasm of Skin - <b>ICD10:</b> C44.00, C44.01, C44.02                      Emphysema - <b>ICD-10:</b> J43.0, J43.1, J43.2; ,492.8                      COPD - <b>ICD-10:</b> J44.0, J44.1, J44.9                      Cystic Fibrosis - <b>ICD10:</b> E84.0, E84.11, J84.83                      Comorbid Condition - <b>ICD10:</b> A15.0, A15.4, A15.5                      Disorders of the Immune System - <b>ICD-10:</b> D80.0-D80.9, D81.0</p> <p>Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p>

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# HEDIS/QARR 2019 – Medication Management and Care Coordination

MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Medication Reconciliation Post-Discharge (MRP)</b>	18+	Adults 18 years and older with discharges from January 1–December 1 of the measurement year for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days): conducted by a prescribing practitioner, clinical pharmacist or registered nurse.	<b>Medication Reconciliation</b> - CPT: 99495, 99496; CPT-CAT-II: 1111F
<b>Transitions of Care (TRC)</b>	18+	Adults 18 years and older with discharges from January 1–December 1 who had each of the following during the measurement year. Four rates are reported: 1. Documentation of receipt of notification of inpatient admission on the day of admission or the following day 2. Documentation of receipt of discharge information on the day of discharge or the following day 3. Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge 4. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days) conducted by a prescribing practitioner, clinical pharmacist or registered nurse	<b>Patient Engagement</b> - One of the following meets criteria <b>Outpatient Visit</b> (with or without a telehealth modifier) - CPT: 99201, 99202, 99203; HCPCS: G04063, T10115 <b>Telehealth Modifier</b> - CPT: 95, GT <b>Telephone visit</b> - CPT: 98966, 98967, 98968 <b>Transitional Care Management Services</b> - CPT: 99495, 99496  <b>Medication Reconciliation Post-Discharge</b> <b>Medication Reconciliation</b> - CPT: 99495, 99496; CPT-CAT-II: 1111F
<b>Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions (FMC)</b>	18+	Adults 18 years and older who have high-risk multiple chronic conditions who had a follow-up service within 7 days of the ED visit within 7 days after the ED visit (8 total days) include visits that occur on the date of the ED visit. The following meet criteria for follow-up: 1. An outpatient visit with or without a telehealth modifier 2. A telephone visit 3. Transitional care management services 4. Case management visits 5. Complex Care Management Services 6. An outpatient or telehealth behavioral health visit with or without a telehealth modifier 7. An outpatient or telehealth behavioral health visit with or without a telehealth modifier 8. An intensive outpatient encounter or partial hospitalization with or without a telehealth modifier 9. An intensive outpatient encounter or partial hospitalization 10. A community mental health center visit with or without a telehealth modifier 11. Electroconvulsive therapy with Ambulatory Surgical Center POS, Community Mental Health Center POS, Outpatient POS or Partial Hospitalization POS 12. A telehealth visit with or without a telehealth modifier. 13. An observation visit 14. IET Stand Alone Visits Value Set, with or without a telehealth modifier	<b>Outpatient Visit</b> (with or without a telehealth modifier) – CPT: 99201, 99202, 99203; HCPCS: G0402, G0438, G0439 <b>Telehealth Modifier</b> - CPT: 95, GT <b>Telephone Visits</b> - CPT: 98966, 98967, 98968 <b>Transitional Care Management Services</b> - CPT: 99495, 99496 <b>Case Management Encounter</b> - CPT: 99366; HCPCS: T1016, T1017, T2022 <b>Complex Care Management Services</b> - CPT: 99487, 99489, 99490; HCPCS: G0506 <b>Visit Setting Unspecified</b> - CPT: 90791, 90792, 90832 <b>with Outpatient POS</b> - POS: 03, 05, 07 OR Partial <b>Hospitalization POS</b> - POS: 52 HCPCS: G0410, G0411, H0035 OR <b>Community Mental Health Center POS</b> – POS 53 (with or without a telehealth modifier) <b>BH Outpatient</b> - CPT: 98960, 98961, 98962; HCPCS: G0155, G0176, G0177 (with or without a telehealth modifier) <b>Partial Hospitalization/Intensive Outpatient Value Set</b> - HCPCS: G0410, G0411, <b>Electroconvulsive Therapy</b> - CPT: 90870; ICD10: GZB0ZZZ, GZB1ZZZ, GZB2ZZZ with <b>Ambulatory Surgical Center POS</b> - POS: 24 OR <b>Community Mental Health Center POS</b> - POS 53 OR <b>Outpatient POS</b> - POS: 03,05,07 OR <b>Partial Hospitalization POS</b> - POS: 52 <b>Observation visit</b> - CPT: 99217, 99218, 99219 <b>IET Stand Alone Visits Value Set</b> (with or without a telehealth modifier) - CPT: 98960, 98961, 98962; HCPCS: G0155, G0176, G0177
<b>Use of Opioids at High Dosage (UOD)</b>	18+	Adults 18 years and older receiving prescription opioids for ≥15 days during the measurement year at a high dosage (average morphine equivalent dose [MED] >120 mg)  <b>LOWER RATE IS BETTER</b>  <b>Exclusions:</b> Any of the following diagnosis during the measurement year 1. Cancer 2. Sickle cell disease	Please refer to NCQA website for complete Medication lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a>  <b>Exclusions:</b> Cancer (Malignant Neoplasms) (see MetroPlus Provider Portal for full list of codes) Sickle Cell Anemia and HB-S Disease - ICD10: D57.00, D57.01, D57.02

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# HEDIS/QARR 2019 – Medication Management and Care Coordination

MEASURE	AGE	SPECIFICATIONS	VALUE SET NAME AND CODES*
<b>Use of Opioids from Multiple Providers (UOP)</b>	18+	<p>Adults 18 years and older receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported.</p> <ol style="list-style-type: none"> <li>Multiple Prescribers: Receiving prescriptions for opioids from four or more different prescribers during the measurement year.</li> <li>Multiple Pharmacies: Receiving prescriptions for opioids from four or more different pharmacies during the measurement year.</li> <li>Multiple Prescribers and Multiple Pharmacies: Receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year</li> </ol> <p style="text-align: center;"><b>LOWER RATE IS BETTER</b></p>	<p>Please refer to NCQA website for complete Medication lists of NDC codes:  <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p>
<b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</b>	1-17	<p>Children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care in the 121-day period from 90 days prior to the index prescription start date (IPSD) through 30 days after the IPSD</p>	<p><b>Psychosocial Care</b> (with or without a telehealth modifier) - <b>CPT:</b> 90832, 90833, 90834; <b>HCPCS:</b> G0176, G0177, G0409  <b>Telehealth Modifier</b> - <b>CPT:</b> 95, GT</p>
<b>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</b>	13+	<p>Adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who had the following:</p> <ol style="list-style-type: none"> <li><b>Initiation of AOD Treatment</b> through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis. For all initiation events except medication treatment, initiation on the same day as the IESD must be with different providers to count.</li> <li><b>Engagement of AOD Treatment</b>, two or more additional AOD services or MAT within 34 days of the initiation visit</li> </ol>	<p><b>Initiation of AOD treatment and Engagement visits:</b> Any of the following diagnosis cohorts from the initial episode  <b>Alcohol Abuse and Dependence:</b> - <b>ICD10:</b> F10.10, F10.120, F10.121  <b>Opioid Abuse and Dependence:</b> - <b>ICD10:</b> F11.10, F11.120, F11.121  <b>Other Drug Abuse and Dependence:</b> - <b>ICD10:</b> F12.10, F12.120, F12.121</p> <p>WITH any of the following code combinations:  Acute or nonacute <b>Inpatient Stay</b> - <b>UBREV:</b> 0100, 0101, 0110  <b>IET Stand Alone Visits</b> (with or without a telehealth modifier) - <b>CPT:</b> 98960, 98961, 98962; <b>-HCPCS:</b> G0155, G0176, G0177  <b>Observation Visit</b> - <b>CPT:</b> 99217, 99218, 99219  <b>IET Visits Group 1</b> - <b>CPT:</b> 90791, 90792, 90832 <b>with IET POS Group 1</b> – <b>POS:</b> 02 ,03, 05 (with or without a telehealth modifier)  <b>IET Visits Group 2</b> - <b>CPT:</b> 99221,99222, 99223 <b>with IET POS Group 2</b> – <b>POS:</b> 02, 52, 53 (with or without a telehealth modifier)  <b>A telephone visit</b> - <b>CPT:</b> 98966, 98967, 98968  <b>Online assessment</b> - <b>CPT:</b> 98969, 99444.</p> <p><b>AOD Medication Treatment visit</b> - <b>HCPCS:</b> H0020, H0033, J0571</p> <p>Please refer to NCQA website for complete Medication lists of NDC codes:  <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></p>

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