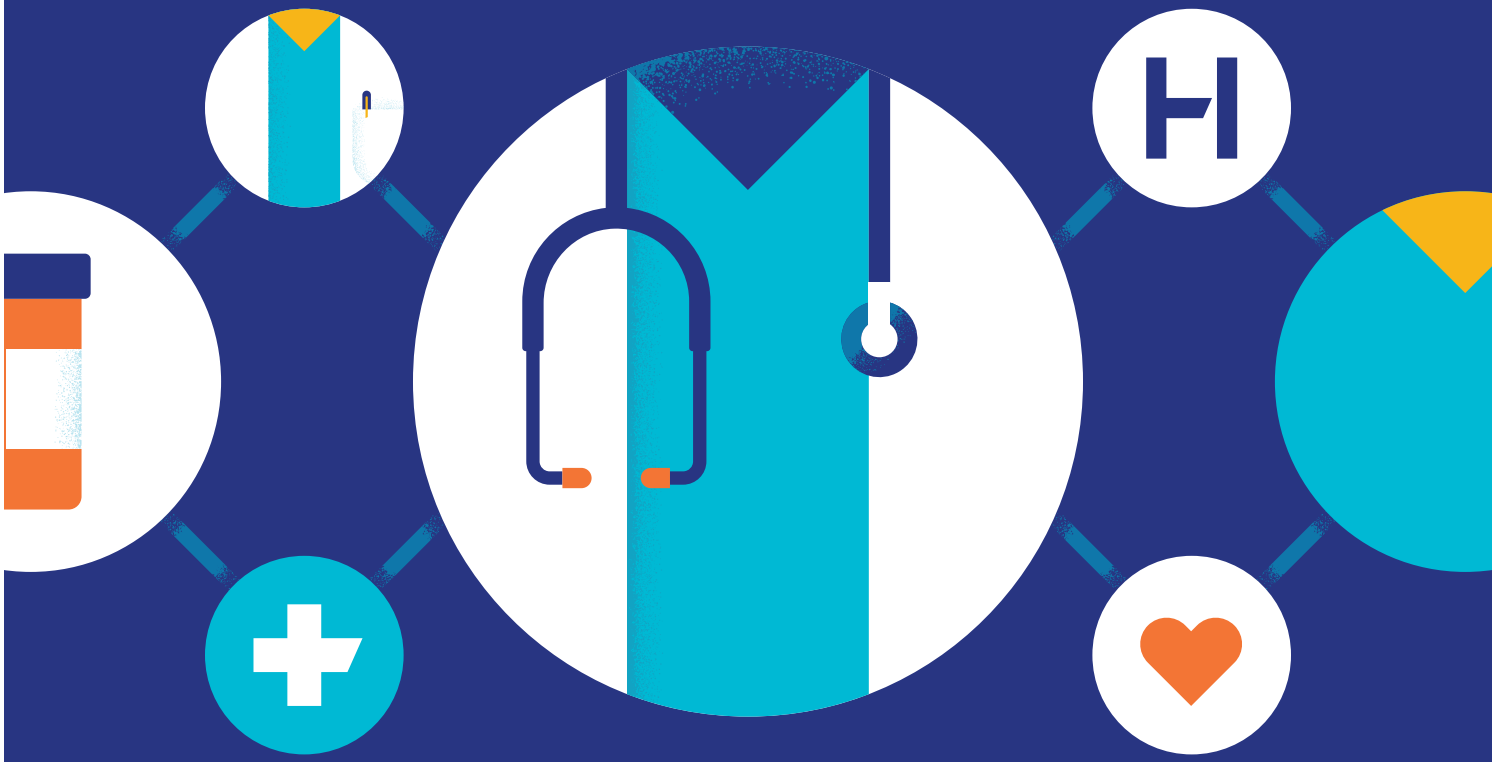

UnitedHealthcare® Quality Reference Guide

2020/21 HEDIS,® CMS Part D, CAHPS® and HOS Measures

United Healthcare | PATH

We have the same goal:

To help improve your patients' health outcomes by identifying and addressing open care opportunities.

Like you, we want your patients, who are UnitedHealthcare plan members, to be as healthy as possible. And a big part of that is making sure they get the preventive care and chronic care management they need. To help identify care opportunities, our PATH program gives you information specific to UnitedHealthcare members who are due or overdue for specific services.

This reference guide can help you better understand the specifications for many of the quality measurement programs and tools used to address care opportunities, as well as how to report data and what billing codes to use.

For additional PATH resources or to access this guide online, please visit **UHCprovider.com/path.**

PCA-1-20-02817-Clinical-WEB_10062020

United Healthcare | PATH

By working together, we can achieve our shared goals.

HEDIS® Measures

Healthcare Effectiveness Data and Information Set (HEDIS®) is a National Committee for Quality Assurance (NCQA) tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.

- HEDIS® measures are reported as administrative or hybrid and are collected and reported annually by health plans.
- The data collection cycle, which includes gathering medical record information from care providers, generally happens in the first half of each year.
- The data is then used to evaluate quality of care, which is determined by dividing the measure numerator by the measure denominator.

HEDIS®-related terms are explained in the Glossary.

CMS Measures

Centers for Medicare & Medicaid Services (CMS) Part D medication adherence measures are used to help increase the number of Medicare members taking their cholesterol (statin), diabetes and/or hypertension (RAS antagonist) medications as prescribed. Members are eligible for a measure if their medication appears on a targeted list provided by the Pharmacy Quality Alliance (PQA). Their adherence is then evaluated using the proportion of days covered (PDC), which is defined in the Glossary.

- CMS considers Medicare members adherent if their PDC is 80 percent or more at the end of the measurement period.
- Member eligibility and performance within the Part D medication adherence measures is ***based entirely on prescription claims processed at the pharmacy under the Part D benefit.***
- Supplemental data from medical records or patient assessments can't be used to affect these measures.

CAHPS® Measures

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey that asks consumers and members to report on and evaluate their experiences with health care. The CAHPS® survey is governed by CMS and NCQA.

- The survey is given annually between Feb. and June to adults ages 18 and older who have been enrolled in a health plan during a continuous six-month period for Medicare and Medicaid, or a 12-month period for commercial. For Medicaid only, guardians of children ages 17 and younger are also given the survey if they've been enrolled in a plan for a continuous six-month period.
- Respondents are asked a core set of questions determined by NCQA and CMS, in addition to a series of optional supplemental questions crafted by a health plan and approved by NCQA and CMS.
- Members are given the option to complete the survey by mail, phone or online.
- Results are calculated and released between July and Oct.

HOS Measures

Health Outcomes Survey (HOS) is a health plan member survey by CMS that gathers health status data specific to the Medicare Advantage program. Respondents are given a baseline survey between late Aug. and Nov. and then asked to complete a follow-up survey two years later between Aug. and Nov.

Baseline survey results are calculated and released in May of the following year, while results for the follow-up survey are provided during the summer of the following year.

Glossary of Terms

New for 2021

E-Visit or Virtual Check-In
These visit types fall under telehealth for purposes of NCQA and HEDIS® reporting. These interactions are not "real-time" but still require two-way interaction between the member and provider (e.g., a patient portal, secure text messaging or email).

Phone Visits
CPT®/CPT® II – 98966-68, 99441-43

Online Assessment (e-visit/virtual check-in)
CPT®/CPT® II – 98969-72, 99421-23, 99444, 99457
HCPCS – G0071, G2010, G2012, G2061, G2062, G2063

Measurement Year

In most cases, the 12-month timeframe between which a service was rendered – generally Jan.1 – Dec. 31. Data collected from this timeframe is reported during the reporting year.

Reporting Year

The timeframe when data is collected and reported. The service dates are from the measurement year, which is usually the year prior. In some cases, the service dates may go back more than one year.

Example: The 2021 reporting year would include data from services rendered during the measurement year, which would be 2020 and/or any time prior. Results from the 2021 reporting year would likely be released in June 2021, depending on the quality program.

Denominator

The number of members who qualify for the measure criteria, based on NCQA technical specifications.

Numerator

The number of members who meet compliance criteria based on NCQA technical specifications for appropriate care, treatment or service.

Medical Record Data

The information taken directly from a member's medical record to validate services rendered that weren't captured through medical or pharmacy claims, encounters or supplemental data.

Collection and Reporting Method

- **Administrative –** Measures reported as administrative use the total eligible population for the denominator. Medical, pharmacy and encounter claims count toward the numerator. In some instances, health plans use approved supplemental data for the numerator.
- **Hybrid –** Measures reported as hybrid use a random sample of 411 members from a health plan's total eligible population for the denominator. The numerator includes medical and pharmacy claims, encounters and medical record data. In some cases, health plans use auditor-approved supplemental data for the numerator.
- **Supplemental Data –** Standardized process in which clinical data is collected by health plans for purposes of HEDIS® improvement. Supplemental clinical data is additional data beyond claims data.

Required Exclusion

Members are excluded from a measure denominator based on a diagnosis and/or procedure captured in their claim/encounter/pharmacy data. If applicable, the required exclusion is applied after the claims data is processed within certified HEDIS® software while the measure denominator is being created. For example:

- Members with end-stage renal disease (ESRD) during the measurement year or year prior will be excluded from the statin therapy for patients with cardiovascular disease (SPC) measure denominator.
- Members with a claim for hospice services during the measurement year will be excluded from all applicable measures.

Glossary of Terms

Optional Exclusion

Members are excluded from a measure denominator manually using certified HEDIS® software during the hybrid review process, also known as medical record review. For example:

- Members who had a total colectomy when they weren't enrolled in a UnitedHealthcare plan will be excluded from the colorectal cancer screening (COL) measure after a hybrid review and appropriate documentation is provided.
- Women with evidence of a total hysterectomy (no residual cervix) will be excluded from the Cervical Cancer Screening (CCS) measure after hybrid review and appropriate documentation is provided.

Applicable optional and required exclusions are listed for each measure included in this reference guide. You can also locate associated codes in the Appendix.

Proportion of days covered (PDC)

According to the Pharmacy Quality Alliance (PQA), the PDC is the percent of days in the measurement period covered by prescription claims for the same medication or another in its therapeutic category.

Tools You Can Use

We aim to make it easier for your practice to successfully address care opportunities for UnitedHealthcare plan members. To help, we offer a range of resources – some of which are highlighted here – so you can share data with us more effectively, identify members due for tests and screenings, and much more.

If you have any questions, please don't hesitate to talk with your UnitedHealthcare representative. They're happy to give you updates on the programs we already have, and details on any innovations that are coming soon.

Link – Harness the Power of Self-Service.

Link self-service tools can quickly provide the comprehensive information you may need for most UnitedHealthcare benefit plans — without the extra step of calling for information. Use Link to perform secure online transactions such as checking member eligibility and benefits, managing claims and requesting prior authorization. You can capture screenshots of your activity or record reference numbers for better documentation and less paper.

To access Link:

- Go to **UHCprovider.com** and click **Sign In to Link** in the top right corner.
- Log in using your Optum ID.

Link self-service tools include:

- **Eligibility and Benefits on Link –** View detailed patient eligibility and benefits information for multiple plans.
  - Search for covered members.
  - View preventive care opportunities for some members.
  - Check previous benefit coverage up to 18 months in the past.
  - Determine network and tier status.
  - Find out a member's cost share, deductible or out-of-pocket responsibility.
- **Claims on Link –** Get claims information for multiple UnitedHealthcare plans, including access letters, remittance advice documents and reimbursement policies.
  - Get up-to-date status on claims.
  - Submit corrected claims and/or claim reconsideration requests.
- **Referrals on Link –** Determine if a referral is needed for your patient, submit a referral request and receive a confirmation number.
  - Check the status of a referral request.
  - View, print or save confirmation numbers and timelines for submitted referrals.
- **Prior Authorization and Notification –** Submit notification and prior authorization requests.
  - Determine if prior authorization or notification is required.
  - Upload medical notes or other attachments.
  - Check the status of requests – including those made by phone.
- **PreCheck MyScript –** Get real-time, accurate, patient-specific prescription data.
  - See current prescription coverage and price, including out-of-pocket costs.
  - Learn which prescriptions require prior authorization, or which aren't covered or preferred.
  - Request prior authorization and receive status and results.
- **Document Vault –** View and download UnitedHealthcare reports, physician rosters and most commercial claim letters.
  - Access, flag and download claim letters and reports, such as the Patient Care Opportunity Report (PCOR).
  - Request paperless delivery to opt out of paper copies of letters and documents available in your Document Vault.

Tools You Can Use

Link – Harness the Power of Self-Service. (continued)

- **My Practice Profile –** View and update* the care provider demographic data UnitedHealthcare members see for your practice.

To learn more about Link, please visit **UHCprovider.com/link** and click **Sign In to Link** in the top right corner. If you have questions, please call UnitedHealthcare Web Support at **866-842-3278,** option 1, 7 a.m. – 9 p.m. Central Time, Monday – Friday.

Patient Care Opportunity Report – Check Often for Preventive and Chronic Care Management Opportunities.

We're always working on ways to positively impact the time you spend with your patients who are UnitedHealthcare plan members. That's one reason why we created the Patient Care Opportunity Report (PCOR) – to help you quickly see who may be due for screenings and tests, and who may be at risk for non-adherence to their medications.

The PCOR is available online monthly and is compiled from medical and pharmacy claims data and supplemental data. You can check it daily to view care opportunities tied to measures included in this reference guide such as:

- CMS Star Ratings
- HEDIS®
- Pharmacy compliance
- Value-based contracting

Simply follow these instructions to view your PCOR:

- Go to **UHCprovider.com/pcor.**
  - If this is your first time signing in, click on **New User** at the top of the home page and follow the registration instructions.
- Click on **Go to Reports** and enter your Optum ID and password.
- All users will be prompted to choose an account. If you have more than one, pick which account you'd like to view reports for.
- When the Document Vault tool opens, click on the **Physician Performance & Reporting** button and choose **Open My Reports.** Select the report you want to see.

If this is your first time accessing your report, please use your PIN to sign in. The PIN is the same for UnitedHealthcare Community Plan, Medicare Advantage and commercial members. If you don't know your PIN, please contact your UnitedHealthcare representative or call UnitedHealthcare Web Support at **866-842-3278,** option 1, 7 a.m. – 9 p.m. Central Time, Monday – Friday.

If you have questions about viewing your report, click on the envelope icon on the Open My Reports page and complete the Contact Us form. If you need additional assistance, please contact UnitedHealthcare Web Support at **866-842-3278,** option 1, 7 a.m. – 9 p.m. Central Time, Monday – Friday.

Point of Care Assist (POCa): Compatible with Athena, EPIC and Cerner EMR systems

POCa technology allows care provider offices to access payor source of truth data through a pipeline in real-time, eliminating the need to spend time on provider/payor portals, phone services or other applications.

POCa allows you to do the following all within your own EMR system:

- Get insights on patient care needs, costs and coverage at the point of care.
- Select labs based on impact to the member.
- Get automated alerts to help identify care opportunities when you log in to a patient's account.
- Access coverage information to confirm eligibility and see if prior authorizations or referrals are needed.

*Care providers who participate with **UnitedHealthcare Community Plan of Hawaii** should not use My Practice Profile to update demographic information. Instead, please call **888-980-8728** to make demographic updates. Delegated providers who submit **UnitedHealthcare Community Plan of Michigan** demographic updates through a separate process should not use My Practice Profile to update demographic information. Instead, please continue to submit those updates using your existing process.

Tools You Can Use

UHCCareConnect: Available through Link – Access to Address Open Care Opportunities

UHCCareConnect is UnitedHealthcare's convenient online tool that can help make it easier to identify open care opportunities for your patients who are our plan members. This tool was formerly known as UHCTransitions™ or Health BI.

UHCCareConnect allows you to:

- Identify and address open care opportunities for your patients.
- Keep your patients on target with their medications, screenings and tests.
- Submit supplemental data to close open care opportunities.
- Manage your patients who were admitted to or discharged from an inpatient stay at a hospital.
- We also included a Hospital Census tab within the tool to show any members recently discharged from an inpatient hospital stay. This can help you know who to follow up with to complete a medication review – so you can successfully meet requirements for the medication reconciliation post-discharge HEDIS® measure.

For more information, please see the User Guide within UHCCareConnect by selecting the FAQ button on the top right of your screen when you're in the tool.

To get started, sign in to Link with your Optum ID

- To sign in to Link, go to **UHCprovider.com** and click **Sign In to Link** top right corner.
- If you aren't registered yet, select **New User** to begin registration.

For additional information on UHCCareConnect or to get signed up today, please contact your UnitedHealthcare representative.

UnitedHealthcare Data Exchange Program

Share important member clinical data with our Clinical Data Services Management (CDSM) team to help us more easily:

- Identify and address care opportunities
- Report accurate data to CMS and NCQA
- Reach our goal of improving health care outcomes while lowering health care costs

For more information or to get started, please email **ecdiops@uhc.com.**

Healthcare Professional Education and Training

We provide a full range of training resources including interactive-self paced courses, instructor-led sessions and on-demand programs on an array of topics. We're continually creating new programs that you can view any time and from any device.

To get started, go to **UHCprovider.com/training.** You'll find many of our most frequently viewed courses and registration for our instructor-led sessions under the Self-Service Tools section.

OptumHealth Education – Learn More Online

OptumHealth Education, a UnitedHealth Group company offering solutions to help improve patient care delivery, provides continuing education classes with credits for several of the physical and mental health conditions included in this reference guide.

Care providers can learn about patient treatment, best practices, trends and more. To learn about OptumHealth Education or register for classes, visit **optumhealtheducation.com.**

Contact us to learn more.

For more information about how our programs can help support your patients who are UnitedHealthcare plan members, please contact your UnitedHealthcare representative. Thank you.

Coordination of Care for Patients with Medical and Behavioral Health Disorders

If an individual receives services from more than one practitioner, it's essential to collaborate to help ensure care is comprehensive, safe and effective. Lack of communication may negatively affect quality patient care.

Complex conditions increase risk of hospital admission/readmission.

- Continuity and coordination of care is important for all individuals, especially those with severe and persistent mental health and/or substance use disorders and medical illnesses.
- This is particularly true when the individual has been recently hospitalized for a mental illness.

How You Can Help

- Refer the individual to a behavioral health professional.
- Discuss the importance of seeing a behavioral health professional with the individual.
- Discuss essential clinical information with other treating practitioners.

Refer to a Behavioral Health Professional

- You can request coordination of care and referrals by calling the number on the back of the member's health plan ID card.
- Search **liveandworkwell.com** for in-network providers.
- Behavioral health professionals need to be licensed in psychiatry, psychiatric nursing, psychology, counseling, social work or marriage and family therapy.
- Visits with a behavioral health professional need to occur after the date of discharge.
- Telehealth visits with a behavioral health professional are also an option.

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UnitedHealthcare Social Determinants of Health (SDoH) Protocol

Starting Oct. 1, 2020, we strongly encourage you to document Social Determinants of Health (SDoH) using ICD-10 diagnostic code(s) (or successor diagnostic codes) in the member's medical record.

Unless prohibited by federal or state law, this protocol applies to all of UnitedHealthcare's members, including UnitedHealthcare Medicare Advantage, Medicaid and Individual Group Market plans.

SDoH are non-clinical societal and environmental conditions, such as lack of access to adequate food and health care, housing, transportation and education, along with unsafe environment, lack of adequate social support, employment and behavioral stability support that prevent individuals from accessing health care they need.

Working Together

- Health care providers can help patients overcome the barriers of the SDoH they face by gaining a better understanding of the scope of factors influencing the treatment process.
- Using codes associated with these conditions will allow health care providers and UnitedHealthcare to collect data and identify solutions that more closely align with patients' needs.

UnitedHealthcare Protocol

You can find the full Social Determinants of Health Protocol at **UHCprovider.com** > Policies and Protocols. Under Additional Resources choose Protocols > Social Determinants of Health Protocol.

Coding guidelines; including, but not limited to:

Z55 Problems related to education and literacy (excludes disorders of psychological development F80–F89)

Z55.0	Illiteracy and low-level literacy
Z55.1	Schooling unavailable and unattainable
Z55.2	Failed examinations
Z55.3	Underachievement in school
Z55.4	Educational maladjustment and discord w/teachers and classmates
Z55.8	Other problems related to education and literacy (inadequate teaching)
Z55.9	Problem related to education and literacy, unspecified

Z56 Problems related to employment and unemployment (excludes occupational exposure to risk factors Z57.- and problems related to housing and economic circumstances (Z59.-)

Z56.0	Unemployment, unspecified
Z56.1	Change of job
Z56.2	Threat of job loss
Z56.3	Stressful work situation
Z56.4	Discord with boss and workmates
Z56.5	Uncongenial work (difficult conditions at work)
Z56.6	Other physical and mental strain related to work
Z56.7	Other and unspecified problems related to employment

Z59 Problems related to housing and economic circumstances (excludes inadequate drinking water supply Z58.6)

Z59.0	Homelessness
Z59.1	Inadequate housing (lack of heating, restriction of space, technical defects in home preventing adequate care, unsatisfactory surroundings. Excludes problems related to physical environment Z58.-)
Z59.2	Discord with neighbors, lodgers and landlord
Z59.3	Problems related to living in a residential institution (boarding school resident. Excludes institutional upbringing Z62.2)
Z59.4	Lack of adequate food (excludes effects of hunger T73.0, inappropriate diet or eating habits Z72.4, and malnutrition E40–E46)
Z59.5	Extreme poverty
Z59.6	Low income
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances (foreclosure on loan, isolated dwelling or problems with creditors)
Z59.9	Problems related to housing and economic circumstances, unspecified

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Care for Older Adults (COA) – Advance Care Planning

New for 2021

Added

- Advanced care planning that takes place during a telephone visit, e-visit or virtual check-in meets numerator compliance.

Yes!
Supplemental Data Accepted

Definition

Percentage of adults ages 66 and older who had evidence of advance care planning in the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare Special Needs Plans (SNP)	• None	**Hybrid** • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Advance Care Planning	
CPT®/CPT II	99483, 99497, 1123F-24F, 1157F-58F
HCPCS	S0257
ICD-10 Diagnosis	Z66

Telephone Visits	
CPT®/CPT II	98966-68, 99441-43

Online Assessment (e-visit/virtual check-in)	
CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Care for Older Adults (COA) – Advance Care Planning

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Measurement year	• Evidence of an advance care plan in the medical record or advanced care planning discussion with a physician and the date it was discussed or evidence of a previously executed advance care plan • Advanced directive, actionable medical orders, living will, surrogate decision maker	• Advance care plan or discussion of one • Health history and physical • Home health records • Progress notes • Skilled nursing facility minimum data set (MDS) form • SOAP notes

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always clearly document the date of service of advance care planning evidence.**
- Documentation of a care provider asking a member if an advance care plan is in place and the member saying "No" will **not** meet compliance.
- Advance care planning may be conducted over the phone by any care provider type including registered nurses and medical assistants. If a practitioner or other health plan staff contacts a member by phone to just gather information for HEDIS® data collection, a service isn't being rendered and will **not** meet criteria.
  - Documentation in the medical record must include the date the advance care plan discussion took place by phone – not the date of a follow-up visit.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as advance care planning. It can also reduce the need for some chart review.
- Advance care plans can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Care for Older Adults (COA) – Functional Status Assessment

New for 2021

Added

- Functional status assessment that takes place during a telephone visit, e-visit or virtual check-in meets numerator compliance.

Yes!
Supplemental Data Accepted

Definition

Percentage of adults ages 66 and older who had evidence of advance care planning in the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare Special Needs Plans (SNP)	• CMS Star Ratings	**Hybrid** • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Functional Status Assessment	
CPT®/CPT II	1170F, 99483
HCPCS	G0438-39

Telephone Visits	
CPT®/CPT II	98966-68, 99441-43

Online Assessment (e-visit/virtual check-in)	
CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Care for Older Adults (COA) – Functional Status Assessment

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Functional status assessment must occur within the measurement year. Functional status assessment conducted in an acute inpatient setting will **not** meet compliance.	Standardized functional status assessment tool and results	• Functional status assessment forms • Health history and physical • Home health records • Occupational therapy notes • Physical therapy notes • Progress notes • Skilled nursing facility minimum data set (MDS) form • SOAP notes
	Assessment of at least **four** Instrumental Activities of Daily Living (IADL) including, but not limited to: • Chores, such as laundry • Cleaning • Cooking • Driving or using public transportation • Grocery shopping • Home repair • Paying bills or other financial tasks • Taking prescribed medications • Using a phone	
	Assessment of at least **five** ADLs including, but not limited to: • Bathing • Dressing • Eating meals/snacks • Getting up and down from sitting or lying position • Using the restroom • Walking	

Care for Older Adults (COA) – Functional Status Assessment

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always clearly document the date of service of the functional status assessment.**
- A functional status assessment done in an acute inpatient setting will **not** meet compliance.
- A functional status assessment limited to an acute or single condition, event or body system, such as lower back or leg, will **not** meet compliance.
- The following notations will **not** meet compliance:
  - "Functional status reviewed" doesn't indicate that a complete functional status assessment was performed.
  - "Reports," "denies," "stated" or "discussed" after talking with a member during a visit doesn't meet criteria for the speech sensory component.
  - Head, eyes, ears, nose and throat (HEENT) is not a sufficient assessment of the sensory component of the functional status assessment. HEENT is considered a physical exam.
  - "Cranial nerves intact" or "cranial nerves assessed" is not evidence of a full sensory exam because it's not clear that hearing, vision and speech were assessed. A cranial nerve assessment will meet compliance if it's documented as being specifically about hearing (cranial nerve VIII), vision (cranial nerve II) and speech (cranial nerve XII) and includes a result or finding.
- Documentation of "normal motor/sensory" during an exam or a checked box next to "normal motor/sensory" on a neurological exam isn't enough evidence for a functional status assessment.
- "Living independently" isn't sufficient documentation of ADL guidelines because only one of the four functional status assessment components was assessed. However, "living independently" is sufficient documentation for the "other functional independence" component.
- A functional status assessment may be conducted over the phone by any care provider type including registered nurses and medical assistants. If a practitioner or other health plan staff contacts a member by phone to just gather information for HEDIS® data collection, a service isn't being rendered and will **not** meet criteria.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as functional status assessment. It can also reduce the need for some chart review.
- Functional status assessments can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Care for Older Adults (COA) – Medication Review

New for 2021

Added

- A member does not need to be present for a medication review to be completed.

Yes!
Supplemental Data Accepted

Definition

Percentage of adults ages 66 and older who had a medication review by a clinical pharmacist or prescribing practitioner and the presence of a medication list in the medical record in the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare Special Needs Plans (SNP)	• CMS Star Ratings	**Hybrid** • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Medication List	
CPT®/CPT II	1159F This code (medication list documented) must be submitted with 1160F (review of all medications by a prescribing practitioner or clinical pharmacist documented) on the same date of service.
HCPCS	G8427

Medication Review	
CPT®/CPT II	99605-06, 90863, 99483, 1160F

Transitional Care Management	
CPT®/CPT II	99495-96

Care for Older Adults (COA) – Medication Review

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• Medication list must be included in the medical record **and** medication review must be completed by a prescribing provider or clinical pharmacist. • A medication list, signed and dated during the measurement year by the appropriate practitioner type — prescribing practitioner or clinical pharmacist – meets compliance. • Documentation that the medications aren't tolerated isn't an exclusion for this measure. • A review of side effects for a single medication at the time of prescription alone does **not** meet compliance. • Medication review conducted in an acute inpatient setting will **not** meet compliance.	Medication review **or** dated clinician's note that says the member is **not** taking any medications	• Health history and physical • Medication list • Progress notes • SOAP notes

Care for Older Adults (COA) – Medication Review

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always clearly document the date of service of the medication review or notation of no medications.**
- A medication review conducted in an acute inpatient setting will **not** meet compliance.
- A medication review may be conducted with a member over the phone if the clinician is a prescriber or clinical pharmacist. A registered nurse can collect the list of current medications from the member during the call, but there must be evidence that the appropriate practitioner reviewed the list.
  - For example: An electronic signature with credentials on the medication list
- The medication review must include all of the member's medications, including prescription and over-the-counter medications and herbal or supplemental therapies.
- A medication list signed and dated within the measurement year by the prescribing practitioner or clinical pharmacist meets the criteria.
  - The practitioner's signature along with a medication list in the member's chart is considered evidence that the medications were reviewed.
  - A review of side effects for a single medication at the time of prescription alone will **not** meet compliance.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as medication reviews. It can also reduce the need for some chart review.
- Medication reviews and the presence of a medication list can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Care for Older Adults (COA) – Pain Assessment

New for 2021

Added

- Pain assessment that takes place during a telephone visit, e-visit or virtual check-in meets numerator compliance.

Yes!
Supplemental Data Accepted

Definition

Percentage of adults ages 66 and older who were assessed for pain in the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare Special Needs Plans (SNP)	• CMS Star Ratings	**Hybrid** • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Pain Assessment	
CPT®/CPT II	1125F-26F

Telephone Visits	
CPT®/CPT II	98966-68, 99441-43

Online Assessment (e-visit/virtual check-in)	
CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Care for Older Adults (COA) – Pain Assessment

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• Pain assessment must be completed within the measurement year. • A pain assessment conducted in an acute inpatient setting will **not** meet compliance.	• Standardized pain assessment tool and results • Date and notation of “no pain” in the medical record after the member’s pain was assessed	• Health history and physical • Home health records • Occupational therapy notes • Pain assessment forms • Physical therapy notes • Progress notes • Skilled nursing facility minimum data set (MDS) form • SOAP notes

Care for Older Adults (COA) – Pain Assessment

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always clearly document the date of service of the pain assessment or the notation that the member's pain was assessed.**
- Documentation in a member's medical record of a pain management plan or pain treatment alone will **not** meet compliance.
- Documentation in a member's medical record of screening for chest pain or documentation of chest pain alone will **not** meet compliance.
- A pain assessment related to a single body part, with the exception of chest, meets compliance.
- Pain scales – numbers or faces – are an acceptable form of pain assessment and meet compliance.
- A pain assessment may be conducted over the phone by any care provider type including registered nurses and medical assistants. If a practitioner or other health plan staff contacts a member by phone to just gather information for HEDIS® data collection, a service isn't being rendered and will **not** meet criteria.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as pain assessment. It can also reduce the need for some chart review.
- Pain assessments can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Colorectal Cancer Screening (COL)

New for 2021

Updated

- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

Added

- Palliative care is a required exclusion for this measure.
- Donepezil-memantine to the Dementia Medication list for exclusion criteria.

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 50–75 who had an appropriate screening for colorectal cancer.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Select Medicaid State Reporting • Medicare	• CMS Star Ratings • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Rankings	**Hybrid** • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Colonoscopy	
CPT®/CPT II	44388-94, 44397, 44401-08, 45355, 45378-93, 45398
HCPCS	G0105, G0121

Computed Tomography (CT) Colonography	
CPT®/CPT II	74261-63 This service isn't covered for UnitedHealthcare Medicare Advantage members.
LOINC	60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3

(Codes continued)

Colorectal Cancer Screening (COL)

Codes (continued)

See Appendix for codes that include descriptions.

FIT-DNA Test	
CPT®/CPT II	81528 This code is specific to the Cologuard® FIT-DNA test.
HCPCS	G0464 This code was retired and replaced with CPT code 81528 on Jan. 1, 2016.
LOINC	77353-1, 77354-9

Flexible Sigmoidoscopy	
CPT®/CPT II	45330-35, 45337-42, 45345-47, 45349-50
HCPCS	G0104

FOBT	
CPT®/CPT II	82270
HCPCS	G0328
LOINC	12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6

FIT	
CPT®/CPT II	82274

Colorectal Cancer Screening (COL)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year • Members receiving palliative care	Any time during the measurement year
Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: • Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s) on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	**Frailty** diagnosis must be in the measurement year. **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year.
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year

Optional Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Total colectomy • Colorectal cancer	Any time in a member's history through Dec. 31 of the measurement year

*Supplemental and medical record data may **not** be used for the frailty with advanced illness or institutional living exclusions.

Colorectal Cancer Screening (COL)

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Measurement year or nine years prior	Colonoscopy	• Consultation reports • Diagnostic reports • Health history and physical • Lab reports • Pathology reports – For a colonoscopy, must indicate the type or screening or that the scope advanced beyond the splenic flexure. For a flexible sigmoidoscopy, must indicate the type or screening or that the scope advanced into the sigmoid colon.
Measurement year or four years prior	• Flexible sigmoidoscopy • CT colonography	
Measurement year or two years prior	FIT-DNA test	
Measurement year	iFOBT, gFOBT, FIT	

Colorectal Cancer Screening (COL)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always include a date of service – year only is acceptable – when documenting a colonoscopy, flexible sigmoidoscopy, FIT-DNA test, CT colonography or FOBT.**
- In June 2018, the American Cancer Society (ACS) changed their recommendations for colorectal cancer screening from age 50 to age 45.
  - At this time, NCQA and the U.S. Preventive Services Task Force (USPSTF) have not adopted this recommendation. HEDIS® measure methodology remains the same at ages 50–75.
- It's important to submit any codes that reflect a member's history of malignancy for colorectal cancer, Z85.038 and Z85.048.
  - If a member is new to the care provider and the diagnosis is discovered during the history and physical, the code should be submitted with the initial visit claim.
  - If a member isn't new to the care provider, but the member's chart has documented history of the diagnosis, the ICD-10 diagnosis code should be submitted on any visit claim.
- Member refusal will **not** make them ineligible for this measure.
  - Please recommend a flexible sigmoidoscopy, FIT-DNA test or FOBT if a member refuses or can't tolerate a colonoscopy.
- There are two types of acceptable FOBT tests – guaiac (gFOBT) and immunochemical (iFOBT).
- If you have an account with LabCorp, UnitedHealthcare's laboratory services vendor, you can order iFOBT kits through them. The kit includes a take-home collection kit and a requisition form. If you don't have an account with LabCorp, you can get a limited contract that allows you to order the kits.
  - Physicians, nurse practitioners and physician assistants can provide the kit to members during their routine office visits. Members can then collect the sample at home and send the specimen and requisition form directly to the laboratory services vendor in a postage-paid envelope.
  - Instead of providing kits directly to members, you can also encourage them to call the Customer Service number on the back of their health plan ID card to request a kit.
- USPSTF added CT colonography for colorectal cancer screening in July 2016. However, Medicare hasn't approved coverage for this colorectal cancer screening test, and it's not a covered benefit for UnitedHealthcare Medicare Advantage members.
  - **If you administer or refer out for this test, please confirm a member's eligibility and benefit coverage.**
- Digital Rectal Exams (DRE) or FOBT test performed in the office setting will **not** meet compliance
- HCPCS G0464 was used to code the Cologuard FIT-DNA test through Dec. 31, 2015.
- Lab results and procedure codes for colorectal cancer screening can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- Colorectal cancer screenings can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Breast Cancer Screening (BCS)

New for 2021

Updated

- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

Added

- Palliative care is a required exclusion for this measure.
- Donepezil-memantine to the Dementia Medication list for exclusion criteria.

Yes!
Supplemental Data Accepted

Definition

Percentage of female members ages 50–74 who had a mammogram screening Oct. 1 two years prior to the measurement year through Dec. 31 of the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• CMS Star Ratings • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Rankings	**Administrative** • Claim/Encounter Data

Codes

See Appendix for codes that include descriptions.

Mammography	
CPT®/CPT II	77055-57, 77061-63, 77065-67
HCPCS	G0202, G0204, G0206
LOINC	24604-1, 24605-8, 24606-6, 24610-8, 26175-0, 26176-8, 26177-6, 26287-3, 26289-9, 26291-5, 26346-7, 26347-5, 26348-3, 26349-1, 26350-9, 26351-7, 36319-2, 36625-2, 36626-0, 36627-8, 36642-7, 36962-9, 37005-6, 37006-4, 37016-3, 37017-1, 37028-8, 37029-6, 37030-4, 37037-9, 37038-7, 37052-8, 37053-6, 37539-4, 37542-8, 37543-6, 37551-9, 37552-7, 37553-5, 37554-3, 37768-9, 37769-7, 37770-5, 37771-3, 37772-1, 37773-9, 37774-7, 37775-4, 38070-9, 38071-7, 38072-5, 38090-7, 38091-5, 38807-4, 38820-7, 38854-6, 38855-3, 42415-0, 42416-8, 46335-6, 46336-4, 46337-2, 46338-0, 46339-8, 46350-5, 46351-3, 46356-2, 46380-2, 48475-8, 48492-3, 69150-1, 69251-7, 69259-0

Breast Cancer Screening (BCS)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year • Members receiving palliative care	Any time during the measurement year
Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: • Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s)on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	**Frailty** diagnosis must be in the measurement year. **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year.
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year

***Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.**

Breast Cancer Screening (BCS)

Optional Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Any combination of codes that indicate a mastectomy on **both** the left and right sides on the same or different dates of service • Bilateral mastectomy • History of bilateral mastectomy • Unilateral mastectomy with a bilateral modifier • Any combination of the following that indicate a mastectomy on both the left and right side: – Absence of the left and right breast – Unilateral mastectomy with a left-side modifier – Unilateral mastectomy with a right side modifier – Left unilateral mastectomy – Right unilateral mastectomy	Any time in a member's history through Dec. 31 of the measurement year

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• This measure does not include biopsies, breast ultrasounds or MRIs. • If documenting a mammogram in a member's history, please include the month and year. The result is not required.	Mammogram – all types and methods including screening, diagnostic, film, digital or digital breast tomosynthesis	• Consultation reports • Diagnostic reports • Health history and physical

Breast Cancer Screening (BCS)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always include a date of service – year and month is acceptable – when documenting a mammogram reported by a member.**
- As an administrative measure, it's important to submit the appropriate ICD-10 diagnosis code that reflects a member's history of bilateral mastectomy, Z90.13.
  - If a member is new to the care provider and the diagnosis is discovered during the history and physical, the code should be submitted with the initial visit claim.
  - If a member isn't new to the care provider, but the member's chart has a documented history of the diagnosis, the ICD-10 diagnosis code should be submitted on any visit claim.
- Breast cancer screening or mastectomy codes can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Cervical Cancer Screening (CCS)

New for 2021

Updated

- The term 'vaginal hysterectomy' meets exclusion criteria for hysterectomy with no residual cervix.

Added

- Palliative care is a required exclusion for this measure.

Yes!
Supplemental Data Accepted

Definition

Percentage of female members ages 21–64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21–64 who had cervical cytology performed in the measurement year or two years prior
- Women ages 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed in the measurement year or four years prior. The woman must have been at least age 30 on the date of the test.
- Women ages 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed in the measurement year or four years prior

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid	• CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Rankings	**Administrative** • Claim/Encounter Data **Hybrid** • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Cervical Cytology	
CPT®/CPT II	88141-43, 88147-48, 88150, 88152-54, 88164-67, 88174-75
HCPCS	G0123-24, G0141, G0143-45, G0147-48, P3000, P3001, Q0091
LOINC	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

High Risk HPV Test	
CPT®/CPT II	87620-22, 87624-25
HCPCS	G0476
LOINC	21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0

Cervical Cancer Screening (CCS)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began • Members receiving palliative care	Any time during the measurement year

Optional Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix	Any time in a member's history through Dec. 31 of the measurement year

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Measurement year or two years prior	• Cervical cytology for women ages 21–64 • High Risk HPV test (hrHPV) with results or findings	• Consultation reports • Diagnostic reports • Health history and physical • Lab reports
Measurement year or four years prior – test must be performed when the woman is age 30 or older		

Cervical Cancer Screening (CCS)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting.
- Documentation of a "hysterectomy" alone will **not** meet the intent of the exclusion.
  - The documentation must include the words "total," "complete" or "radical" abdominal or vaginal hysterectomy.
  - Documentation of a "vaginal Pap smear" with documentation of "hysterectomy"
  - Documentation of hysterectomy and documentation that a member no longer needs Pap testing/cervical cancer screening
- Biopsies are diagnostic and therapeutic, and not valid for primary cervical cancer screening.
- Member reported information documented in the patient's medical record is acceptable as long as there is a date and result of the test or a date of the hysterectomy and acceptable documentation of no residual cervix. The member reported information must be logged in the patient's chart by a care provider.
- Lab results for cervical cancer screening or procedure codes for hysterectomy can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Chlamydia Screening in Women (CHL)

New for 2021

No applicable measure changes.

Yes!
Supplemental Data Accepted

Definition

Percentage of female members ages 16–24 who were identified as sexually active and had at least one test to screen for chlamydia during the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid	• CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Rankings	**Administrative** • Claim/Encounter Data

Codes

See Appendix for codes that include descriptions.

Chlamydia Screening Test	
CPT®/CPT II	87110, 87270, 87320, 87490-92, 87810
LOINC	14463-4, 14464-2, 14467-5, 14474-1,14513-6, 16600-9, 21190-4, 21191-2, 21613-5, 23838-6, 31775-0, 31777-6, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45068-4, 45069-2, 45075-9, 45076-7, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 91860-7

Chlamydia Screening in Women (CHL)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year

Optional Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
If a member qualified for the measure from a pregnancy test alone, they'll be excluded if they **additionally** have one of the following: • A prescription for isotretinoin • An X-ray	On the date of the pregnancy test or six days after the pregnancy test

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Test must be performed within the measurement year.	Chlamydia screening test	• Consultation reports • Health history and physical • Lab reports

Chlamydia Screening in Women (CHL)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Chlamydia screening may not be captured via claims if the service is performed and billed under prenatal and postpartum global billing. Chlamydia screening can be captured as supplemental lab data using our Data Exchange Program.
- The Centers for Disease Control and Prevention recommends self-obtained vaginal specimens for asymptomatic females.
- Self-obtained vaginal specimens are cleared by the U.S. Food & Drug Administration (FDA) for collection in a clinical setting.
- Additional information on chlamydia screening is available at **brightfutures.aap.org.**
- Lab results for chlamydia screening can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Osteoporosis Management in Women Who Had a Fracture (OMW)

New for 2021

Updated

- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

Added

- Palliative care is a required exclusion for this measure.
- Donepezil-memantine to the Dementia Medication list for exclusion criteria.

Yes!
Supplemental Data Accepted

Definition

Percentage of women ages 67–85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis within six months of the fracture (does not include fractures to the finger, toe, face or skull).

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare	• CMS Star Ratings	**Administrative** • Claim/Encounter Data • Pharmacy Data

Codes

See Appendix for codes that include descriptions.

Bone Mineral Density Tests	
CPT®/CPT II	76977, 77078, 77080, 77081, 77085, 77086
ICD-10 Procedure	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

Osteoporosis Medications	
HCPCS	J0897, J1740, J3110, J3111, J3489

(Codes continued)

Osteoporosis Management in Women Who Had a Fracture (OMW)

Codes (continued)

See Appendix for codes that include descriptions.

Long-Acting Osteoporosis Medications (during inpatient stay only)	
HCPCS	J0897, J1740, J3489

To comply with this measure, a member must be prescribed at least one of the following osteoporosis medications within 180 days of their discharge for a fracture:

Drug Category	Medications	
Bisphosphonates	• Alendronate • Alendronate-cholecalciferol • Ibandronate	• Risedronate • Zoledronic acid
Other agents	• Abaloparatide • Denosumab	• Raloxifene • Romosozumab • Teriparatide

Osteoporosis Management in Women Who Had a Fracture (OMW)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
Members receiving palliative care	During the intake period through the end of the measurement year
Members ages 81 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty*	**Frailty** diagnosis must be during the intake period through the end of the measurement year.
Members ages 67-80 as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: • Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s)on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	**Frailty** diagnosis must be in the measurement year. **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year.
Medicare members ages 67 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year
Members who had a BMD test	24 months prior to the fracture
Members who had osteoporosis therapy	12 months prior to the fracture
Members who were dispensed a medication or had an active prescription for the medication to treat osteoporosis	12 months prior to the fracture

***Supplemental and medical record data may not be used for the frailty, frailty with advanced illness or institutional living exclusions.**

Osteoporosis Management in Women Who Had a Fracture (OMW)

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• BMD test must take place within six months of the fracture. • If the fracture resulted in an inpatient stay, a BMD test administered during the stay will close the care opportunity.	BMD test	• Lab results • Medication list • Progress notes
• Osteoporosis medication must be dispensed within six months of the fracture. • Documentation that the medications aren't tolerated is **not** an exclusion for this measure. • If the fracture resulted in an inpatient stay, long-acting osteoporosis therapy administered during the stay will close the care opportunity.	Osteoporosis therapies identified through pharmacy data	

Osteoporosis Management in Women Who Had a Fracture (OMW)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- The post-fracture treatment period to close this care opportunity is only six months. Please see members for an office visit as soon as possible after an event occurs.
- Osteoporosis medication must be filled using a member's Part D prescription drug benefit.
- To help prevent women from being included in this measure incorrectly, please check that fracture codes are used appropriately – and not before a fracture has been verified through diagnostic imaging. If a fracture code was submitted in error, please submit a corrected claim to fix the misdiagnosis and remove the member from this measure.
- A referral for a BMD will **not** close this care opportunity.
- Women at risk for osteoporosis should be prescribed a bone density screening every two years. At-risk women include those who are:
  - At increased risk for falls or have a history of falls
  - Being monitored to assess their response to, or efficacy of, a Federal Drug Administration (FDA) -approved osteoporosis drug therapy regime
  - Diagnosed with primary hyperparathyroidism
  - Estrogen deficient
  - On long-term steroid therapy
- Bone density screening is a covered benefit for most benefit plans.
- Bone mineral density testing codes can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Osteoporosis Management in Women Who Had a Fracture (OMW)

Example

Fracture Date: March 2, 2020
Important Note: The index episode start date (IESD) is the date you begin counting for the appropriate testing or treatment – IESD plus 180 days.

Scenario 1: Inpatient Hospital Stay With No Direct Transfer
Admission date: March 2, 2020
Discharge date with no direct transfer: March 4, 2020 IESD

Scenario 2: Inpatient Hospital Stay With Direct Transfer
Admission date to second facility: March 3, 2020
Discharge date from second facility: March 8, 2020 IESD

Scenario 3: Outpatient or Observation/Emergency Department (ED) Visit
Visit date: March 6, 2020 IESD
Important note: This scenario assumes the member didn't go to a hospital on the day of their fall and/or wasn't admitted for inpatient stay.

Fracture Date: March 2, 2020				
Fracture Diagnosis Setting	**IESD**	**Bone Mineral Density Test**	**Osteoporosis Therapy**	**Dispensed Rx to Treat Osteoporosis**
Scenario 1: Inpatient hospital stay with no direct transfer	**Discharge date:** March 4, 2020	**During inpatient stay:** March 2 – 4, 2020 **On IESD or within 180 days after IESD:** March 4 – Aug. 31, 2020	**During inpatient stay:** March 2 – 4, 2020 (long-acting osteoporosis medications only)	**On IESD or within 180 days after IESD:** March 4 – Aug. 31, 2020
Scenario 2: Inpatient hospital stay with direct transfer	**Discharge date from second facility:** March 8, 2020	**During inpatient stay:** March 2 – 8, 2020 **On IESD or within 180 days after IESD:** March 8 – Sept. 4, 2020	**During inpatient stay:** March 2 – 8, 2020 (long-acting osteoporosis medications only)	**On IESD or within 180 days after IESD:** March 8 – Sept. 4, 2020
Scenario 3: Outpatient or observation/ ED visit	**Visit date:** March 6, 2020	**On IESD or within 180 days after IESD:** March 6 – Sept. 2, 2020	**On IESD or within 180 days after IESD:** March 6 – Sept. 2, 2020	**On IESD or within 180 days after IESD:** March 6 – Sept. 2, 2020

Prenatal and Postpartum Care (PPC)

New for 2021

Added

- Prenatal and/or post-partum visits that take place during a telephone visit, e-visit or virtual check-in meets numerator compliance.

Yes!
Supplemental Data Accepted

Definition

Percentage of deliveries of live births on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:

- **Timeliness of prenatal care –** Percentage of women who had a live birth that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in a UnitedHealthcare health plan
- **Postpartum care –** Percentage of women who had a live birth that had a postpartum visit on or between 7–84 days after delivery

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicare	• CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Rankings	**Hybrid** • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Prenatal Bundled Services	
CPT®/CPT II	59400, 59425-26, 59510, 59610, 59618
HCPCS	H1005

Stand-Alone Prenatal Visits	
CPT®/CPT II	99500, 0500F-02F
HCPCS	H1000-04

Prenatal Visits	
CPT®/CPT II	99201-05, 99211-15, 99241-45, 99483
HCPCS	G0463, T1015

(Codes continued)

Prenatal and Postpartum Care (PPC)

Codes (continued)

See Appendix for codes that include descriptions.

Postpartum Bundled Services	
CPT®/CPT II	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Postpartum Visits	
CPT®/CPT II	57170, 58300, 59430, 99501, 0503F
HCPCS	G0101
ICD-10 Diagnosis	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telephone Visits	
CPT®/CPT II	98966-68, 99441-43
Online Assessment (e-visit/virtual check-in)	
CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063
Cervical Cytology	
CPT®/CPT II	88141-43, 88147-48, 88150, 88152-54, 88164-67, 88174-75
HCPCS	G0123-24, G0141, G0143-45, G0147-48, P3000, P3001, Q0091
LOINC	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5

Prenatal and Postpartum Care (PPC)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year
• Pregnancy didn't result in a live birth • Member wasn't pregnant • Delivery wasn't in date parameters	Oct. 8 of the year prior to the measurement year through Oct. 7of the measurement year

Prenatal and Postpartum Care (PPC)

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• Prenatal care visit must take place in the first trimester, on or before the enrollment start date or within 42 days of enrollment with the health plan. • For prenatal visits with a primary care provider, a diagnosis of pregnancy must be included with any of the tests listed at right.	Prenatal care visit with an OB/GYN or prenatal care provider, which must include one of the following: • A diagnosis of pregnancy • Auscultation for fetal heart tone • Documentation of last menstrual period (LMP), estimated date of delivery (EDD) or gestational age • Gravidity or parity • Complete obstetrical history • Prenatal risk assessment and counseling/education • Fundal height • Obstetric panel • Pelvic exam with obstetric observations • Prenatal lab results including hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing Rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing • TORCH antibody panel • Ultrasound of pregnant uterus	• Consultation reports • Diagnostic reports • Hospital delivery report • Medical history • Prenatal flow sheets/ACOG form • Progress notes • SOAP notes

(Important Notes continued)

Prenatal and Postpartum Care (PPC)

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• Prenatal care visit must take place in the first trimester, on or before the enrollment start date or within 42 days of enrollment with the health plan. • For prenatal visits with a primary care provider, a diagnosis of pregnancy must be included with any of the tests listed at right.	Postpartum visit, which must include one of the following: • Assessment of breasts or breast feeding, weight, blood pressure check, and abdomen • Notation of postpartum care • Perineal or cesarean incision/ wound check • Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders • Pelvic exam • Glucose screening for women with gestational diabetes • Documentation of infant care or breastfeeding • Documentation of resumption of intercourse, birth spacing or family planning • Documentation of sleep/fatigue • Documentation of resumption of physical activity and attainment of healthy weight	• Consultation reports • Diagnostic reports • Hospital delivery report • Medical history • Prenatal flow sheets/ACOG form • Progress notes • SOAP notes

Prenatal and Postpartum Care (PPC)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- When using bundled service codes, please be sure the claim shows when the initial prenatal visit and the postpartum visit occurred.
- Ultrasound and lab results alone aren't considered a visit. They must be linked to an office visit with an appropriate practitioner to count for this measure.
- A Pap test alone doesn't count as a prenatal care visit, but will count toward postpartum care as a pelvis exam.
- A visit with a registered nurse will **not** meet compliance. It must be with the following care provider types:
  - Midwife
  - OB/GYN
  - Prenatal care provider
  - Primary care provider (PCP), with a diagnosis of pregnancy documented
- When the prenatal care visit is with a PCP, the claim must include the prenatal visit, and a diagnosis of pregnancy.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as prenatal and postpartum care. It can also reduce the need for some chart review.
- Prenatal and postpartum codes can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Asthma Medication Ratio (AMR)

New for 2021

Added

- Dupilumab to the medication list under Anti-interleukin-4.

Definition

Percentage of members ages 5–64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid	• NCQA Accreditation • NCQA Health Plan Rankings	**Administrative** • Claim/Encounter Data • Pharmacy Data

Medications

To comply with this measure, a member must have the appropriate ratio of controller medications to total asthma medications.

Asthma Controller Medications

Drug Category	Medications	
Antiasthmatic combinations	• Dyphylline-guaifenesin	
Antibody inhibitors	• Omalizumab	
Anti-interleukin-4	• Dupilumab	
Anti-interleukin-5	• Benralizumab • Mepolizumab	• Reslizumab
Inhaled corticosteroids	• Beclomethasone • Budesonide • Ciclesonide	• Flunisolide • Fluticasone • Mometasone
Inhaled steroid combinations	• Budesonide-formoterol • Fluticasone-salmeterol	• Fluticasone-vilanterol • Formoterol-mometasone
Leukotriene modifiers	• Montelukast • Zafirlukast	• Zileuton
Methylxanthines	• Theophylline	

(Medications continued)

Asthma Medication Ratio (AMR)

Medications (continued)

To comply with this measure, a member must have the appropriate ratio of controller medications to total asthma medications.

Asthma Reliever Medications

Drug Category	Medications	
Short-acting, inhaled beta-2 agonists	• Albuterol	• Levalbuterol

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year
• Acute respiratory failure • Chronic obstructive pulmonary disease (COPD) • Chronic respiratory conditions due to fumes/vapors • Cystic fibrosis • Emphysema • Obstructive chronic bronchitis	Any time during a member's history through Dec. 31 of the measurement year
Members who weren't prescribed an asthma medication	Any time during the measurement year

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- National Institutes of Health guidelines recommend using tools such as the childhood and adult asthma control test along with an asthma action plan to help members manage their condition.

Comprehensive Diabetes Care (CDC) – Blood Pressure Control

New for 2021

Updated

- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.
- Blood pressure readings taken on a digital device no longer have to be transmitted from a remote monitoring device.

Added

- Palliative care is a required exclusion for this measure.
- Polycystic ovarian syndrome any time during the measurement year or year prior without a diagnosis of diabetes is an optional exclusion for this measure.
- Donepezil-memantine to the Dementia Medication list for exclusion.
- Blood pressure readings that take place using appropriate digital device during a telephone visit, e-visit or virtual check-in meet numerator compliance.
  - Member reported blood pressure readings are allowed from an appropriate digital device.

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who have a blood pressure (BP) reading of <140/90 mmHg in the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• NCQA Accreditation • NCQA Health Plan Rankings	**Hybrid** • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Diastolic Blood Pressure Levels	
CPT®/CPT II	3078-79F

Systolic Blood Pressure Levels	
CPT®/CPT II	3074F-75F

(Codes continued)

Comprehensive Diabetes Care (CDC) – Blood Pressure Control

Codes (continued)

See Appendix for codes that include descriptions.

Telephone Visits	
CPT®/CPT II	98966-68, 99441-43

Online Assessment (e-visit/virtual check-in)	
CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year • Members receiving palliative care	Any time during the measurement year
Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: • Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s)on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	**Frailty** diagnosis must be in the measurement year. **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year.
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year

***Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.**

Comprehensive Diabetes Care (CDC) – Blood Pressure Control

Optional Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who have no diagnosis of diabetes in any setting and a diagnosis of gestational, polycystic ovarian syndrome or steroid-induced diabetes	Any time between Jan. 1 – Dec. 31 of the measurement year and the year prior

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• BP reading must be performed within the measurement year — **last** BP result of the year is the one measured. • BP readings taken on the same day the member receives a common low-intensity or preventive procedure can be used. Examples include, but aren't limited to: – Eye exam with dilating agents – Injections (e.g., allergy, Depo-Provera,® insulin, lidocaine, steroid, testosterone toradol, or vitamin B-12) – Intrauterine device (IUD) insertion – Tuberculosis (TB) test – Vaccinations – Wart or mole removal	BP reading taken during an outpatient visit, nonacute inpatient visit or using a digital device and recorded in the member's medical record	• Consultation reports • Diabetic flow sheets • Progress notes • Vitals sheet

(Important Notes continued)

Comprehensive Diabetes Care (CDC) – Blood Pressure Control

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• BP readings taken in the following situations will **not** count toward compliance: – During an acute inpatient stay or an emergency department visit – On the same day as a diagnostic test, or diagnostic or therapeutic procedure that requires a change in diet or medication on or one day before the day of the test or procedure – with the exception of a fasting blood test. Examples include, but are not limited to: • Colonoscopy • Dialysis, infusions and chemotherapy • Nebulizer treatment with albuterol • BP readings taken by a member using a non-digital device, e.g., manual blood pressure cuff and stethoscope, **do not** meet numerator compliance.	BP reading taken during an outpatient visit, nonacute inpatient visit or using a digital device and recorded in the member's medical record	• Consultation reports • Diabetic flow sheets • Progress notes • Vitals sheet

Comprehensive Diabetes Care (CDC) – Blood Pressure Control

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always list the date of service and BP reading together.**
  - If BP is listed on the vital flow sheet, it must have a date of service.
- Members who have an elevated BP during an office visit in Aug., Sept. or Oct. should be brought back in for a follow-up visit before Dec. 31.
- Talk with members about what a lower goal is for a healthy BP reading.
  - For example: 130/80 mmHg
- Remind members who are NPO for a fasting lab they should continue to take their anti-hypertensive medications with a sip of water on the morning of their appointment.
- If your office uses manual blood pressure cuffs, don't round up the BP reading.
  - For example: 138/89 mmHg rounded to 140/90 mmHg
- If a member's initial BP reading is elevated at the start of a visit, you can take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading. Retake the member's BP after they've had time to rest.
  - For example: **If a member's first BP reading was 160/80 mmHg and the second reading was 120/90 mmHg, use the 120 systolic of the second reading and the 80 diastolic of the first reading to show a BP result of 120/80 mmHg.**
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as diastolic and systolic readings. It can also reduce the need for some chart review.
- BP readings can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Comprehensive Diabetes Care (CDC) – Eye Exam

New for 2021

Updated

- Eye exam results read by a system that provides an artificial intelligence (AI) interpretation meet numerator compliance.
- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

Added

- Palliative care is a required exclusion for this measure.
- Polycystic ovarian syndrome during the measurement year or year prior with no diagnosis of diabetes is an optional exclusion for this measure.
- Donepezil-memantine to the Dementia Medication list for exclusion.

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had any one of the following:

- Retinal or dilated eye exam by an optometrist or ophthalmologist in the measurement year
- Negative retinal or dilated eye exam by an optometrist or ophthalmologist in the year prior to the measurement year
- Bilateral eye enucleations any time during their history through Dec. 31 of the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• CMS Star Ratings • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Rankings	**Hybrid** • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Diabetic Eye Exam without Evidence of Retinopathy in Prior Year	
CPT®/CPT II	3072F

Diabetic Eye Exam without Evidence of Retinopathy	
CPT®/CPT II	2023F, 2025F, 2033F

Diabetic Eye Exam with Evidence of Retinopathy	
CPT®/CPT II	2022F, 2024F, 2026F

(Codes continued)

Comprehensive Diabetes Care (CDC) – Eye Exam

Codes (continued)

See Appendix for codes that include descriptions.

Diabetic Eye Exam	
CPT®/CPT II	67028, 67030-31, 67036, 67039-43, 67101, 67105, 67107-08, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-21, 67227-28, 92002, 92004, 92012, 92014, 92018-19, 92134, 92201, 92202, 92225-28, 92230, 92235, 92240, 92250, 92260, 99203-05, 99213-15, 99242-45
HCPCS	S0620-21, S3000
Unilateral Eye Enucleation	
CPT®/CPT II	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Unilateral Eye Enucleation – Left	
ICD-10 Procedure	08T1XZZ
Unilateral Eye Enucleation – Right	
ICD-10 Procedure	08T0XZZ
Bilateral Modifier	
CPT Modifier	50

Comprehensive Diabetes Care (CDC) – Eye Exam

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year • Members receiving palliative care	Any time during the measurement year
Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: • Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s)on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	**Frailty** diagnosis must be in the measurement year. **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year.
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time between Jan.1 – Dec. 31 of the measurement year and the year prior

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• Members without retinopathy should have an eye exam every two years. • Members with retinopathy should have an eye exam every year.	• Bilateral eye enucleation or acquired absence of both eyes • Dilated or retinal eye exam • Fundus photography	• Consultation reports • Diabetic flow sheets • Eye exam report • Progress notes

***Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.**

Comprehensive Diabetes Care (CDC) – Eye Exam

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always list the date of service, test, result and eye care professional's name and credentials together if you're documenting the history of a dilated eye exam in a member's chart and don't have the eye exam report from an eye care professional.**
  - For example: "Last diabetic eye exam with John Smith, OD, was June 201X with no retinopathy."
- Documentation of a diabetic eye exam by an optometrist or ophthalmologist isn't specific enough to meet the criteria. The medical record must indicate that a **dilated or retinal exam** was performed. If the words "dilated" or "retinal" are missing in the medical record, a notation of "dilated drops used" and findings for macula and vessels will meet the criteria for a dilated exam.
- If history of a dilated retinal eye exam and result is in your progress notes, please ensure that a date of service, the test or result, and the care provider's credentials is documented. The care provider must be an optometrist or ophthalmologist, and including only the date of the progress note will not count.
- A slit-lamp examination will not meet the criteria for the dilated eye exam measure. There must be additional documentation of dilation or evidence that the retina was examined for a slit-lamp exam to be considered compliant.
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist reviewed the results will be compliant.
  - Alternatively, results may be read by:
    - A qualified reading center that operates under the direction of a medical director who is a retinal specialist.
    - A system that provides artificial intelligence (AI) interpretation
- If a copy of the fundus photography is included in your medical record it must include results, date and signature of the reading eye care professional for compliance
- To be reimbursable, billing of fundus photography code 92250 must be submitted globally by an optometrist or ophthalmologist and meet disease state criteria.
- Documentation of hypertensive retinopathy should be considered the same as diabetic retinopathy.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as diabetic retinal screening with an eye care professional. It can also reduce the need for some chart review.
- Dilated retinal eye exams with results can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Comprehensive Diabetes Care (CDC) – HbA1c Control

New for 2021

Updated

- CPT II code 3045F for the most recent HbA1c level of 7.0–9.0 percent is not specific enough for numerator compliance for HbA1c < 8.0 percent and is no longer included in the Value Set.
- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

Added

- Palliative care is a required exclusion for this measure.
- Polycystic ovarian syndrome during the measurement year or year prior with no diagnosis of diabetes is an optional exclusion for this measure.
- Donepezil-memantine to the Dementia Medication list for exclusion.
- 'Hb1c' is acceptable documentation in medical record for hemoglobin A1c test.

Retired

- HbA1c < 7 for select population.

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had an HbA1c lab test during the measurement year that showed their blood sugar is under control (≤ 9.0 percent; good control is < 8.0 percent).

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• CMS Star Ratings • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Rankings	**Hybrid** • Claim/Encounter Data • Medical Record Documentation • Automated Lab Data

Codes

See Appendix for codes that include descriptions.

HbA1c Test	
CPT®/CPT II	83036-37, 3044F, 3046F
LOINC	17856-6, 4548-4, 4549-2

HbA1c Level < 7.0%	
CPT®/CPT II	3044F

(Codes continued)

Comprehensive Diabetes Care (CDC) – HbA1c Control

Codes (continued)

See Appendix for codes that include descriptions.

HbA1c ≥ 7.0% and <8.0%	
CPT®/CPT II	3051F
HbA1c ≥ 8.0% and ≤ 9.0%	
CPT®/CPT II	3052F
HbA1c > 9.0%	
CPT®/CPT II	3046F

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year • Members receiving palliative care	Any time during the measurement year
Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: • Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s)on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	**Frailty** diagnosis must be in the measurement year. **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year.
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year

***Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.**

Comprehensive Diabetes Care (CDC) – HbA1c Control

Optional Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who have no diagnosis of diabetes in any setting **and** a diagnosis of gestational, polycystic ovarian syndrome or steroid-induced diabetes	Any time between Jan.1 – Dec. 31 of the measurement year and the year prior

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
HbA1c test must be performed during the measurement year. If multiple tests were performed in the measurement year, the result from the last test is used.	• A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • HB1c • Hemoglobin A1c	• Diabetic flow sheets • Consultation reports • Lab reports • Progress notes • Vitals sheet

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always list the date of service, result and test together.**
- If test result(s) are documented in the vitals section of your progress notes, please include the date of the blood draw with the result. The date of the progress notes will not count.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as HbA1c level. It can also reduce the need for some chart review.
- HbA1c tests and results can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
  - Please remember to submit LOINCs for any point of care HbA1c tests done in addition to those completed at a lab or hospital facility.

Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy

New for 2021

Updated

- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

Added

- Nebivolol-valsartan to the ACE/ARB medication list under Antihypertensive combinations.
- Palliative care is a required exclusion for this measure.
- Donepezil-memantine to the Dementia Medication list for exclusion criteria.

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 18–75 with diabetes (Types 1 and 2) who had medical attention for nephropathy during the measurement year.

- A nephropathy screening or monitoring test
- Treatment for nephropathy or ACE/ARB therapy
- Stage 4 chronic kidney disease
- ESRD or Dialysis
- Nephrectomy or kidney transplant
- Visit with a nephrologist
- At least one dispensing event for ACE inhibitor or ARB

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare	• CMS Star Ratings • CMS Quality Rating System • NCQA Accreditation	**Hybrid** • Claim/Encounter Data • Pharmacy Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Evidence of Treatment for Nephropathy	
CPT®/CPT II	3066F, 4010F
ICD-10 Diagnosis	E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.A, N01.A, N02.A, N03.A, N04.A, N05.A, N06.A, N07.A, N00.0-.9, N01.0-.9, N02.0-.9, N03.0-.9, N04.0-.9, N05.0-.9, N06.0-.9, N07.0-.9, N08, N14.0-.4, N17.0-.2, N17.8-.9, N18.1-.6, N18.9, N18.30, N18.31, N18.32, N19, N25.0-.1, N25.81, N25.89, N25.9, N26.1-.2, N26.9, Q60.0-.6, Q61.00-.02, Q61.11, Q61.19, Q61.2-.5, Q61.8-.9, R80.0-.3, R80.8-.9

(Codes continued)

Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy

Codes (continued)

See Appendix for codes that include descriptions.

Urine Protein Test	
CPT®/CPT II	81000-03, 81005, 82042-44, 84156, 3060F-62F
LOINC	11218-5, 12842-1, 13705-9, 13801-6, 13986-5, 13992-3, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 17819-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 29946-1, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49002-9, 49023-5, 50209-6, 50561-0, 50949-7, 51190-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 6941-9, 6942-7, 76401-9, 77253-3, 77254-1, 77940-5, 89998-9, 89999-7, 90000-1, 9318-7, 93746-6, 95232-5, 95233-3
Stage 4 Chronic Kidney Disease	
ICD-10 Diagnosis	N18.4
End-Stage Renal Disease (ESRD)	
ICD-10 Diagnosis	N18.5, N18.6
Dialysis	
CPT®/CPT II	90935, 90937, 90945, 90947, 90997, 90999, 99512
HCPCS	G0257, S9339
ICD-10 Procedure	3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z
Nephrectomy	
CPT®/CPT II	50340, 50370
ICD-10 Procedure	0TB00ZX, 0TB00ZZ, 0TB03ZX, 0TB03ZZ, 0TB04ZX, 0TB04ZZ, 0TB07ZX, 0TB07ZZ, 0TB08ZX, 0TB08ZZ, 0TB10ZX, 0TB10ZZ, 0TB13ZX, 0TB13ZZ, 0TB14ZX, 0TB14ZZ, 0TB17ZX, 0TB17ZZ, 0TB18ZX, 0TB18ZZ
Kidney Transplant	
CPT®/CPT II	50360, 50365, 50380
HCPCS	S2065
ICD-10 Procedure	0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2

Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy

Medications

To comply with this measure, a member must have at least one prescription during the measurement year for any of the following angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB) medications:

Drug Category	Medications	
ACE inhibitors	• Benazepril • Captopril • Enalapril • Fosinopril • Lisinopril	• Moexipril • Perindopril • Quinapril • Ramipril • Trandolapril
Angiotensin II Inhibitors	• Azilsartan • Candesartan • Eprosartan • Irbesartan	• Losartan • Olmesartan • Telmisartan • Valsartan
Antihypertensive combinations	• Amlodipine-benazepril • Amlodipine-hydrochlorothiazide-valsartan • Amlodipine-hydrochlorothiazide-olmesartan • Amlodipine-olmesartan • Amlodipine-perindopril • Amlodipine-telmisartan • Amlodipine-valsartan • Azilsartan-chlorthalidone • Benazepril-hydrochlorothiazide • Candesartan-hydrochlorothiazide • Captopril-hydrochlorothiazide • Enalapril-hydrochlorothiazide • Fosinopril-hydrochlorothiazide	• Hydrochlorothiazide-irbesartan • Hydrochlorothiazide-lisinopril • Hydrochlorothiazide-losartan • Hydrochlorothiazide-moexipril • Hydrochlorothiazide-olmesartan • Hydrochlorothiazide-quinapril • Hydrochlorothiazide-telmisartan • Hydrochlorothiazide-valsartan • Nebivolol-valsartan • Sacubitril-valsartan • Trandolapril-verapamil

Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year • Members receiving palliative care	Any time during the measurement year
Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: • Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s)on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	**Frailty** diagnosis must be in the measurement year. **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year.
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year

Optional Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who have no diagnosis of diabetes in any setting **and** a diagnosis of gestational, polycystic ovarian syndrome or or steroid-induced diabetes	Any time between Jan.1 – Dec. 31 of the measurement year and the year prior

***Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.**

Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Urine test, visit with nephrologist or ACE/ARB dispensing must be performed within the measurement year.	Member prescribed, filled or is taking an ACE inhibitor or ARB	• Diabetic flow sheets • Consultation reports • Lab reports • Medication list • Progress notes
	Urine test for protein or albumin: • 24-hour urine to test for albumin or protein • Timed urine to test for albumin or protein • Spot urine to test for albumin or protein – for example, urine dipstick or test strip • Urine to test for albumin/ creatinine ratio • 24-hour urine to test for total protein • Random urine to test for protein/ creatinine ratio	
	A visit with a nephrologist	
	Member has one of the following diagnoses: • Acute renal failure • Albuminuria • Chronic kidney disease • Chronic renal failure • Diabetic nephropathy • Dialysis, hemodialysis or peritoneal dialysis • End-stage renal disease (ESRD) • Proteinuria • Renal dysfunction • Renal insufficiency	
	Member has had a renal transplant	
	Member has had a nephrectomy	

Comprehensive Diabetes Care (CDC) – Medical Attention for Nephropathy

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always list the date of service and test together. Results of urine tests are no longer necessary for this measure to be compliant.**
- If you use an in-house lab service and the urine test appears in the vitals section of your progress notes, please ensure that a date of service is documented with the test. The date of the progress note will not count.
- Glomerular filtration rate (GFR) test will not meet the intent of the nephropathy screening measure.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as +/- microalbuminuria test or + macroalbuminuria test. It can also reduce the need for some chart review.
- Lab results for a nephropathy screening can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Controlling High Blood Pressure (CBP)

New for 2021

Updated

- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.
- Blood pressure readings taken on a digital device no longer have to be transmitted from a remote monitoring device.
- The two outpatient visits with a diagnosis confirming hypertension must be documented in the first 6 months of the measurement year or year prior (previously any time during the measurement year or year prior).

Added

- Palliative care is a required exclusion for this measure.
- Donepezil-memantine to the Dementia Medication list for exclusion criteria.
- Blood pressure readings that take place using appropriate digital device during a telephone visit, e-visit or virtual check-in meet numerator compliance.
  - Member reported blood pressure readings are allowed from an appropriate digital device.

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 18–85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mmHg) during the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• CMS Star Ratings • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Rankings	**Hybrid** • Claim/Encounter Data • Pharmacy Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Diastolic Blood Pressure Levels	
CPT®/CPT II	3078-79F

Systolic Blood Pressure Levels	
CPT®/CPT II	3074F-75F

(Codes continued)

Controlling High Blood Pressure (CBP)

Codes (continued)

See Appendix for codes that include descriptions.

Telephone Visits	
CPT®/CPT II	98966-68, 99441-43

Online Assessment (e-visit/virtual check-in)	
CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year • Members receiving palliative care	Any time during the measurement year
Members ages 81 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty*	**Frailty** diagnosis must be in the measurement year.
Members ages 66–80 as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: • Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s)on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	**Frailty** diagnosis must be in the measurement year. **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year.
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year

*** Supplemental and medical record data may not be used for the frailty, frailty with advanced illness or institutional living exclusions.**

Controlling High Blood Pressure (CBP)

Optional Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Dialysis • End-stage renal disease (ESRD) • Kidney transplant • Nephrectomy	On or before Dec. 31 of the measurement year
• Female members with a diagnosis of pregnancy • Non-acute inpatient admission	Between Jan.1 – Dec. 31 of the measurement year

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• BP reading must be the latest performed within the measurement year, and on or after the second hypertension diagnosis. • BP readings taken on the same day the member receives a common low-intensity or preventive procedure can be used. Examples include, but aren't limited to: – Eye exam with dilating agents – Injections (e.g., allergy, Depo-Provera®, insulin, lidocaine, steroid, testosterone toradol, or vitamin B-12) – Intrauterine device (IUD) insertion – Tuberculosis (TB) test – Vaccinations – Wart or mole removal	BP reading taken during an outpatient visit, nonacute inpatient visit, or using a digital device and recorded in the member's medical record	• Consultation reports • Progress notes • Medical history • SOAP notes • Vitals sheet

Controlling High Blood Pressure (CBP)

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• BP readings taken in the following situations will **not** count toward compliance: – During an acute inpatient stay or an emergency department visit – On the same day as a diagnostic test, or diagnostic or therapeutic procedure that requires a change in diet or medication on or one day before the day of the test or procedure – with the exception of a fasting blood test. Examples include, but are not limited to: – Colonoscopy – Dialysis, infusions and chemotherapy – Nebulizer treatment with albuterol • BP readings taken by a member using a non-digital device, e.g., manual blood pressure cuff and stethoscope, **do not** meet numerator compliance	BP reading taken during an outpatient visit, nonacute inpatient visit, or using a digital device and recorded in the member's medical record	• Consultation reports • Progress notes • Medical history • SOAP notes • Vitals sheet

Controlling High Blood Pressure (CBP)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **Always list the date of service and BP reading together.**
  - If BP is listed on the vital flow sheet, it must have a date of service.
- It's critical to follow up with a member for a BP check after their initial diagnosis.
  - Members who have an elevated BP during an office visit in Aug., Sep. or Oct. should be brought back in for a follow-up visit before Dec. 31.
- Talk with members about what a lower goal BP reading is.
  - For example: 130/80 mmHg
- Remind members who are NPO for a fasting lab they should continue to take their anti-hypertensive medications with a sip of water on the morning of their appointment.
- If your office uses manual blood pressure cuffs, don't round up the BP reading.
  - For example: 138/89 mmHg rounded to 140/90 mmHg
- If a member's initial BP reading is elevated at the start of a visit, you can take multiple readings during the same visit and use the lowest diastolic and lowest systolic to document the overall reading. Retake the member's BP after they've had time to rest.
  - For example: **If a member's first BP reading was 160/80 mmHg and the second reading was 120/90 mmHg, use the 120 systolic of the second reading and the 80 diastolic of the first reading to show a BP result of 120/80 mmHg.**
- If a member is seeing a cardiologist for their hypertension, please encourage them to also have their records transferred to their primary care provider's office.
- If a member is new to your office, please get their medical record from their previous care provider to properly document the transfer of care.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as systolic and diastolic BP readings. It can also reduce the need for some chart review.
- BP readings can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Pharmacotherapy Management of COPD Exacerbation (PCE)

New for 2021

Added

- Fluticasone furoate-umeclidinium-vilanterol to the Bronchodilator medication list under Bronchodilator combinations.
- Formoterol-aclidinium to the Bronchodilator medication list under Bronchodilator combinations.

Definition

Percentage of chronic obstructive pulmonary disease (COPD) exacerbations for members ages 40 and older who had an acute inpatient discharge or emergency department visit on or between Jan. 1 – Nov. 30 of the measurement year and were dispensed appropriate medications

Two rates are reported:

1. Percentage of members dispensed a systemic corticosteroid – or with evidence of an active prescription – within 14 days of the event
2. Percentage of members dispensed a bronchodilator – or with evidence of an active prescription – within 30 days of the event

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• NCQA Accreditation • NCQA Health Plan Rankings	**Administrative** • Claim/Encounter Data • Pharmacy Data

Medications

To comply with this measure, a member must have been dispensed, or have an active prescription for, one of the following systemic corticosteroids on or within 14 days of the COPD exacerbation:

Drug Category	Medications	
Glucocorticoids	• Cortisone-acetate • Dexamethasone • Hydrocortisone	• Methylprednisolone • Prednisolone • Prednisone

(Medications continued)

Pharmacotherapy Management of COPD Exacerbation (PCE)

Medications (continued)

To comply with this measure, a member must have been dispensed, or have an active prescription for, one of the following bronchodilators on or within 30 days of the COPD exacerbation:

Drug Category	Medications	
Anticholinergic agents	• Aclidinium-bromide • Ipratropium	• Tiotropium • Umeclidinium
Beta 2-agonists	• Albuterol • Arformoterol • Formoterol • Indacaterol	• Levalbuterol • Metaproterenol • Salmeterol
Bronchodilator combinations	• Albuterol-ipratropium • Budesonide-formoterol • Dyphylline-guaifenesin • Fluticasone-salmeterol • Fluticasone-vilanterol • Fluticasone furoate-umeclidinium-vilanterol • Formoterol-aclidinium	• Formoterol-glycopyrrolate • Formoterol-mometasone • Indacaterol-glycopyrrolate • Olodaterol hydrochloride • Olodaterol-tiotropium • Umeclidinium-vilanterol

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Tips and Best Practices to Help Close This Care Opportunity

- The denominator for this measure is based on discharges and not members specifically.
- Members with active prescriptions for these medications are administratively compliant with the measure.
  - An active prescription is one that's noted as having available medication left in the "days' supply" through the episode date or further.
  - The "episode date" for an acute inpatient stay is the admission date.
  - The "episode date" for the emergency department visit is the date of service.
- Please follow up with members to make sure any new prescriptions are filled post-discharge.

Acute Hospitalization Utilization (AHU)

New for 2021

No applicable measure changes.

Definition

For members ages18 and older, the risk-adjusted ratio of observed to expected acute inpatient and observation stay discharges during the measurement year reported by Surgery, Medicine and Total

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicare	• NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year

Tips and Best Practices to Help Close This Care Opportunity

- Focus on chronic disease control with members, including regular care provider visits, to help prevent and minimize condition complications and exacerbations.
- Encourage members to come in for annual wellness visits to promote early diagnosis of any conditions, and to help them complete preventive screenings and health promotion activities such as immunizations.
- Educate members on personal safety such as wearing seatbelts and avoiding falls, and on lifestyle choices including diet, exercise, smoking and appropriate alcohol intake.

Adult Access to Preventive Ambulatory Health Services (AAP)

New for 2021

No applicable measure changes.

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 20 and older who had an ambulatory or preventive care visit

- **For Medicaid and Medicare members –** Visit must occur during the measurement year.
- **For commercial members –** Visit must occur during the measurement year or two years prior to the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• NCQA Accreditation	**Administrative** • Claim/Encounter

Codes

See Appendix for codes that include descriptions.

Ambulatory Visits	
CPT®/CPT II	99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99429, 99483
HCPCS	G0402, G0438-39, G0463, T1015
ICD-10 Diagnosis	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
UBREV	0510-17, 0519-23, 0526-29, 0982-83

Other Ambulatory Visits	
CPT®/CPT II	92002, 92004, 92012, 92014, 99304-10, 99315-16, 99318, 99324-28, 99334-37
HCPCS	S0620-21
UBREV	0524-25

(Codes continued)

Adult Access to Preventive Ambulatory Health Services (AAP)

Codes (continued)

See Appendix for codes that include descriptions.

Telephone Visits	
CPT®/CPT II	98966-68, 99441-43

Online Assessment (e-visit/virtual check-in)	
CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Tips and Best Practices to Help Close This Care Opportunity

- Please be sure to have members come in for an ambulatory or preventive care visit annually.
- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities that can be addressed during a well-care visit.** If you have questions, your UnitedHealthcare representative can help.

Emergency Department Utilization (EDU)

New for 2021

Updated

- Exclude ED visits that result in observation stay from the observed events.

Definition

For members ages 18 and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year

Member ED visits for the following reasons will **not** be included in the denominator:

- Electroconvulsive therapy
- Principle diagnosis of mental health or chemical dependency
- Psychiatry

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicare	• NCQA Accreditation • NCQA Health Plan Rankings	**Administrative** • Claim/Encounter Data

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year

Tips and Best Practices to Help Close This Care Opportunity

- Focus on chronic disease control with members, including regular care provider visits, to help prevent and minimize condition complications and exacerbations.
- Encourage members to come in for annual wellness visits to promote early diagnosis of any conditions, and to help them complete preventive screenings and health promotion activities such as immunizations.
- Educate members on personal safety such as wearing seatbelts and avoiding falls, and on lifestyle choices including diet, exercise, smoking and appropriate alcohol intake.
- Talk with members about appropriate ED use and other options including:
  - Asking for same-day appointments
  - Calling your office's after-hours line
  - Going to urgent care
  - Trying telehealth
  - Using their health plan's nurse line

Hospitalization for Potentially Preventable Complications (HPC)

New for 2021

Updated

- The following procedures/diagnoses were removed from the list of Chronic ACSC Observed Events:
  - Toe amputation
  - Acute bronchitis with chronic obstructive pulmonary disease (COPD)

Definition

Rate of discharges for an ambulatory care sensitive condition (ACSC) per 1,000 members ages 67 and older, taking into account the risk-adjusted ratio of observed to expected discharges for an ACSC by chronic and acute condition

The rate is adjusted for factors such as a member's age, gender or comorbid condition(s).

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare	• CMS Star Ratings	**Administrative** • Claim/Encounter Data • Pharmacy Data

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began Medicare members who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year

*** Supplemental and medical record data may not be used for the frailty, frailty with advanced illness or institutional living exclusions.**

Hospitalization for Potentially Preventable Complications (HPC)

Important Notes

Acute inpatient hospitalizations and observation stays for an ACSC during the year count toward the measure. The primary diagnosis on the inpatient hospital claim is used to determine which hospitalizations are included.

NCQA defines ACSC as an acute or chronic health condition that can be managed or treated in an outpatient setting. There are 12 conditions that are considered as part of this measure – four acute and eight chronic.

The four health conditions considered acute ACSC include:	The eight health conditions meeting chronic ACSC criteria are:
• Bacterial pneumonia	• Diabetes short-term complications
• Cellulitis	• Diabetes long-term complications
• Pressure ulcers	• Uncontrolled diabetes
• Urinary tract infections	• Lower-extremity amputation among patients with diabetes
	• Chronic obstructive pulmonary disease (COPD)
	• Asthma
	• Hypertension
	• Heart failure

The classification period is the year prior to the measurement year.

Hospitalization for Potentially Preventable Complications (HPC)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Some members may be at increased risk for complications from an ACSC. In these cases, it's important to make sure they're adhering to your treatment plan including following up on any referrals.
- Issues can arise despite your best interventions. If this happens, consider these suggestions:
  - **Urgent care –** If you can't immediately see a member and it's medically appropriate, direct them to a nearby in-network urgent care center. This can help prevent the member's health condition from getting worse and avoid a costly emergency department (ED) visit. Follow up with them as soon as possible and adjust their treatment plan as needed.
  - **Transitional care management (TCM) –** If recently discharged from a hospital or skilled nursing facility, provide the member with transitional care management (TCM) outreach and services. TCM, which includes medication reconciliation, can help prevent unnecessary inpatient readmissions.
- **Schedule follow-up appointments with members to manage and track their health status. At each visit, provide an opportunity for them to ask questions.**
- Create early intervention processes to help prevent complications and address exacerbations of ACSCs including diabetes, COPD, asthma and congestive heart failure.
- Make sure hospitalists you partner with are familiar with this measure.

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

New for 2021

Added

- Billing codes for opioid treatment services (weekly and monthly billing) to the numerator compliance.
- Medicare now included in this measure.

Definition

Percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- **Initiation of AOD Treatment –** Percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth or medication treatment within 14 days of their diagnosis
- **Engagement of AOD Treatment –** Percentage of members who initiated treatment and had two or more additional services for AOD or medication treatment within 34 days of their initiation visit

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Rankings	**Administrative** • Claim/Encounter Data

Codes

See Appendix for codes that include descriptions.

IET Stand-Alone Visits
Claim must include visit code and diagnosis code matching the original episode diagnosis for:
• Alcohol abuse and dependence • Opioid abuse and dependence, or • Other drug abuse and dependence

CPT®/CPT II	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99384-87, 99394-97, 99401-04, 99408-09, 99411-12, 99483, 99510
HCPCS	G0155, G0176-77, G0396-97, G0409-11, G0443, G0463, H0001-02, H0004-05, H0007, H0015-16, H0022, H0031, H0034-37, H0039-40, H0047, H2000-01, H2010-20, H2035-36, , S0201, S9480, S9484-85, T1006, T1012, T1015
UBREV	0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-07, 0911-17, 0919, 0944-45, 0982-83

(Codes continued)

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Codes (continued)

See Appendix for codes that include descriptions.

Observation Visits
Claim must include visit code and diagnosis code matching the original episode diagnosis for:

- **Alcohol abuse and dependence**
- **Opioid abuse and dependence, or**
- **Other drug abuse and dependence**

CPT®/CPT II	99217-99220

IET Group Visits With Appropriate Place of Service Code
Claim must include visit code and diagnosis code matching the original episode diagnosis for:

- **Alcohol abuse and dependence**
- **Opioid abuse and dependence, or**
- **Other drug abuse and dependence**

SCENARIO 1

CPT®/CPT II	99217-99220

AND

Place of Service Code

Code	Location		
02	Telehealth	**19**	Off-campus outpatient hospital
03	School	**20**	Urgent care facility
05	Indian Health Service free-standing facility	**22**	On-campus outpatient hospital
07	Tribal 638 free-standing facility	**33**	Custodial care facility
09	Prison/Correctional facility	**49**	Independent clinic
11	Office	**50**	Federally qualified health center
12	Home	**52**	Psychiatric facility – partial hospitalization
13	Assisted living facility	**53**	Community mental health center
14	Group home	**57**	Non-residential substance abuse treatment facility
15	Mobile unit	**58**	Non-residential opioid treatment facility
16	Temporary lodging	**71**	Public health clinic
17	Walk-in retail health clinic	**72**	Rural health clinic
18	Place of employment – worksite		

(Codes continued)

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Codes (continued)

See Appendix for codes that include descriptions.

IET Group Visits With Appropriate Place of Service Code
Claim must include visit code and diagnosis code matching the original episode diagnosis for:

- **Alcohol abuse and dependence**
- **Opioid abuse and dependence, or**
- **Other drug abuse and dependence**

SCENARIO 2

CPT®/CPT II	99221-23, 99231-33, 99238-39, 99251-55

AND

Place of Service Code

Code	Location
02	Telehealth
52	Psychiatric facility – partial hospitalization
53	Community mental health center

IET Telephone Visit
Claim must include visit code and diagnosis code matching the original episode diagnosis for:

- **Alcohol abuse and dependence**
- **Opioid abuse and dependence, or**
- **Other drug abuse and dependence**

CPT®/CPT II	98966-68, 99441-43

Online Assessment
Claim must include visit code and diagnosis code matching the original episode diagnosis for:

- **Alcohol abuse and dependence**
- **Opioid abuse and dependence, or**
- **Other drug abuse and dependence**

CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

(Codes continued)

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Codes (continued)

See Appendix for codes that include descriptions.

Opioid Treatment Service
Claim must include diagnosis code matching the original episode diagnosis for:

- **Opioid abuse and dependence**

Weekly Billing	
HCPCS	G2067-70, G2072-73

Monthly Billing	
HCPCS	G2086-87

Medication Treatment for Alcohol Abuse or Dependence
Claim must include diagnosis code matching the original episode diagnosis for:

- **Alcohol abuse and dependence**

Medication Treatment for Alcohol Abuse or Dependence	
HCPCS	H0020, H0033, J0570-75, J2315, Q9991, Q9992, S0109

One or more medication dispensing events for opioid abuse or dependence:

Description	Prescription
Aldehyde dehydrogenase inhibitor	• Disulfiram (oral)
Antagonist	• Naltrexone (oral and injectable)
Other	• Acamprosate (oral; delayed-release tablet)

(Codes continued)

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Codes (continued)

See Appendix for codes that include descriptions.

Medication Treatment for Opioid Abuse or Dependence	
HCPCS	H0020, H0033, J0570-75, J2315, Q9991, Q9992, S0109

One or more medication dispensing events for opioid abuse or dependence:

Description	Prescription
Antagonist	• Naltrexone (oral and injectable)
Partial agonist	• Buprenorphine (sublingual tablet and implant) • Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

An acute or nonacute inpatient admission
Claim must include visit code and diagnosis code (on the discharge claim) matching the original episode diagnosis for:

- **Alcohol abuse and dependence**
- **Opioid abuse and dependence, or**
- **Other drug abuse and dependence**

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Important Notes

	Test, Service or Procedure to Close Care Opportunity
Episode date is the earliest date of service for an observation, intensive outpatient, partial hospitalization, outpatient, telehealth, detoxification or ED visit not resulting in an inpatient stay with an AOD abuse or dependence diagnosis between Jan. 1 – Nov. 14 of the measurement year.	
• Initiation of AOD Treatment must take place within 14 days of the episode date. • Claims must include the visit code, original episode diagnosis and, when applicable, a place of service code. • If the episode was an inpatient discharge or an ED visit resulting in an inpatient stay, the inpatient stay is considered initiation of treatment and the member is compliant.	Initiation of AOD Treatment through: • Acute or non-acute inpatient stay • Group visits with an appropriate place of service code and diagnosis code • Medication dispensing event • Medication treatment • Online assessment with diagnosis code • Stand-alone visits with an appropriate place of service code and diagnosis code • Telephone visit with diagnosis code
• Engagement of AOD Treatment must take place within 34 days of the episode date. • Claims must include the visit code, original episode diagnosis and, when applicable, a place of service code. • For members who initiated treatment through an inpatient admission, the 34-day period for the two engagement visits begins the day after their discharge.	Engagement of AOD Treatment when a member meets the criteria for initiation of treatment and proceeds with two or more of the following: • Acute or non-acute inpatient stay • Group visits with an appropriate place of service code and diagnosis code • Medication dispensing event • Medication treatment • Online assessment with diagnosis code • Stand-alone visits with an appropriate place of service code and diagnosis code • Telephone visit with diagnosis code

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

Tips and Best Practices to Help Close This Care Opportunity

This measure focuses on follow-up treatment when diagnosing a patient with substance use disorder.

- Use screening tools to aid in diagnosing.
- Screening tools (e.g., SBIRT, AUDIT-PC, CAGE-AID) assist in the assessment of substance use and can aid the discussion around referral for treatment. Code "Unspecified use" diagnoses sparingly. (Screening tools available at **providerexpress.com.** Go to Clinical Resources - Behavioral Health Toolkit for Medical Providers).
- Schedule a follow-up appointment prior to patient leaving the office with you or a substance use treatment provider to occur within 14 days and then two more visits with you or a substance use treatment provider within the next 34 days.
- Encourage the use of telehealth appointments when appropriate
- Although community supports, such as AA and NA, are beneficial, they do not take the place of professional treatment.
- Encourage newly diagnosed individuals to accept treatment by assisting them in identifying their own reasons for change.
- If you need to refer your patient to a behavioral health specialist or need to request coordination of care, please call the number on the back of the patient's health plan ID card or search **liveandworkwell.com.**

Plan All-Cause Readmissions (PCR)

New for 2021

Added

- Measure definition includes observation stays.

Definition

For members ages 18 and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

A lower rate indicates a better score for this measure.

For Medicaid and commercial members – The included age range is 18–64 only.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• CMS Star Ratings • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Rankings	**Administrative** • Claim/Encounter Data

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
• Member died during the inpatient stay • Female with a principal diagnosis of pregnancy on the discharge claim • Principle diagnosis of a condition originating in the perinatal period on the discharge claim • Planned admissions for: – Chemotherapy maintenance – Rehabilitation – Organ transplant – Potentially planned procedure without a principal acute diagnosis	Jan. 1 – Dec. 1 of the measurement year

Plan All-Cause Readmissions (PCR)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- The denominator for this measure is based on discharges and not members specifically.
- An acute discharge can be from any type of facility, including behavioral health facilities.
- Discharges are excluded if a direct transfer takes place after Dec. 1st of the measurement year
- Please help members avoid readmission by:
  - Following up with them within one week of their discharge:
  - Making sure they filled their new prescriptions post-discharge
  - Implementing a robust, safe discharge plan that includes a post-discharge phone call to discuss these questions:
    - Do you completely understand all of the instructions that you were given at discharge?
    - Do you completely understand the medications and your medication instructions? Have you filled all of your prescriptions?
    - Have you made your follow-up appointments? Do you need help scheduling them?
    - Do you have transportation to the appointment and/or do you need help arranging transportation?
    - Do you have any questions?

Transitions of Care (TRC) – Inpatient Notification

New for 2021

Updated

- Notification of admission timeframe extended from day of and day after to the day of and 2 days after (from 2 days to 3 days total).
- Documentation can come from any outpatient record that the primary care provider (PCP) or ongoing care provider can access.

Definition

For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between Jan.1 – Dec. 1 of the measurement year with a notification of inpatient admission documented the day of or 2 days after the admission (3 days total)

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare	• NCQA Health Plan Rankings	**Hybrid** • This sub-measure is 100 percent hybrid. No administrative data is available.

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year

Transitions of Care (TRC) – Inpatient Notification

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Admission is defined as the date of the inpatient admission or the date of admission when an observation stay turns into an inpatient admission. Administrative data doesn't count toward the numerator for inpatient admission notification.	Medical record documentation must be about the admission and can include record of a discussion or information transfer between the following: • Inpatient staff/care provider and the member's PCP or ongoing care provider • Emergency department (ED) facility and the member's PCP or ongoing care provider • Health information exchange (HIE), automated admission/discharge transfer (ADT) alert system or shared electronic medical record (EMR) system and the member's PCP or ongoing care provider • The member's health plan and their PCP or ongoing care provider **OR** Medical record documentation that: • The member's PCP or ongoing care provider admitted the member to the hospital. • A specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider. • The member's PCP or ongoing care provider ordered tests or treatments during the member's inpatient stay. • The PCP or ongoing care provider performed a preadmission exam or received communication about a planned inpatient admission.	• Health history and physical • Home health records • Progress notes • Skilled nursing facility minimum data set (MDS) form • SOAP notes

Transitions of Care (TRC) – Medication Reconciliation Post-Discharge

New for 2021

Updated

- Documentation can come from any outpatient record the primary care provider (PCP) or ongoing care provider can access.

Added

- A member does not need to be present for a medication review to be completed.

Definition

For members ages 18 and older, percentage with an acute or non-acute inpatient discharge on or between Jan.1 – Dec. 1 of the measurement year with medication reconciliation documented on the date of the discharge through 30 days after the discharge (31 days total)

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare	• NCQA Health Plan Rankings	**Hybrid** • Claim/Encounter Data

Codes

See Appendix for codes that include descriptions.

Medication Reconciliation	
CPT®/CPT II	1111F, 99483, 99495-96

Transitions of Care (TRC) – Medication Reconciliation Post-Discharge

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• Medication reconciliation can be conducted by a prescribing practitioner, clinical pharmacist or registered nurse. • Medication reconciliation must be completed on the date of discharge or 30 days afterward. • Medication reconciliation can be documented if there is evidence that: – A member was seen for a post-discharge follow-up. – Medication review or reconciliation was completed at the appointment. • A medication list must be present in the outpatient record to fully comply with the measure.	• Discharge medications and outpatient medications reconciled and documented in the outpatient medical record • Current medications and medication list reviewed and documentation of any of the following: – Status of discharge medications – Notation of current medications and that discharge medications were reviewed – Review of discharge medication list – Notation if no medications were prescribed at discharge – Evidence the member was seen for a hospital post-discharge follow-up visit with evidence of medication reconciliation or review	• Health history and physical • Home health records • Medication list • Progress notes • Skilled nursing facility minimum data set (MDS) form • SOAP notes

Transitions of Care (TRC) – Patient Engagement After Inpatient Discharge

New for 2021

Added

- Patient engagement that takes place during a telephone visit, e-visit or virtual check-in meets numerator compliance.

Definition

For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between Jan.1 – Dec. 1 of the measurement year with engagement documented within 30 days of the discharge. Do not include patient engagement that happens on the day of discharge.

Member engagement can include an office or home visit, transitional care management or telephone, e-visit or virtual check-in.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare	• NCQA Health Plan Rankings	**Hybrid** • Claim/Encounter Data

Codes

See Appendix for codes that include descriptions.

Outpatient Visits	
CPT®/CPT II	99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99429, 99455-56, 99483
HCPCS	G0402, G0438-39, G0463, T1015
UBREV	0510-17, 0519-23, 0526-29, 0982-83

Telephone Visits	
CPT®/CPT II	98966-68, 99441-43

Online Assessment (e-visit/virtual check-in)	
CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Transitional Care Management	
CPT®/CPT II	99495-96

Transitions of Care (TRC) – Patient Engagement After Inpatient Discharge

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
• Member engagement must be completed within 30 days of the discharge. • Member engagement on the day of the discharge will **not** be compliant.	Member engagement can include a: • In-home visit • Office visit • Telehealth visit – Must include real-time interaction with the care provider	• Health history and physical • Home health records • Progress notes • Skilled nursing facility minimum data set (MDS) form • SOAP notes

Transitions of Care (TRC) – Receipt of Discharge Information

New for 2021

Updated

- Documentation can come from any outpatient record the primary care provider (PCP) or ongoing care provider can access.
- Notification of discharge timeframe extended from day of and day after to the day of and 2 days after (from 2 days to 3 days total).

Definition

For members ages 18 and older, percentage of acute or non-acute inpatient discharges on or between Jan.1 – Dec. 1 of the measurement year with a receipt of discharge information documented the day of or 2 days after the discharge (3 days total).

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare	• NCQA Health Plan Rankings	**Hybrid** • This sub-measure is 100 percent hybrid. No administrative data is available.

Important Notes

	Test, Service or Procedure to Close Care Opportunity	Medical Record Detail Including, But Not Limited To
Administrative data doesn't count toward the numerator for discharge notification.	Discharge information must include all of the following: • The name of the care provider responsible for the member's care during the inpatient stay • Services or treatments provided during the inpatient stay • Diagnoses at discharge • Test results or documentation that either test results are pending or no test results are pending • Directions on future patient care to the PCP or ongoing care provider • Current medication list	• Discharge care plan • Discharge summary • Health history and physical • Home health records • Progress notes • Skilled nursing facility minimum data set (MDS) form • SOAP notes

Use of Imaging Studies for Low Back Pain (LBP)

New for 2021

No applicable measure changes.

Definition

Percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid	• CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Rankings	**Administrative** • Claim/Encounter Data

Codes

This measure is reported as an inverted measure and a higher score indicates appropriate treatment of low back pain.

See Appendix for codes that include descriptions.

The following codes are imaging studies that should be avoided with a diagnosis of uncomplicated **low back pain.**

Imaging Studies	
CPT®/CPT II	72020, 72052, 72100, 72110, 72114, 72120, 72131-33, 72141-42, 72146-49, 72156, 72158, 72200, 72202, 72220

Use of Imaging Studies for Low Back Pain (LBP)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year
Any member who had a diagnosis where imaging is clinically appropriate including:	
• Cancer • HIV • Major organ transplant	Any time in a member's history through 28 days after the principal diagnosis of low back pain between Jan. 1 – Dec. 3 of the measurement year
Recent trauma	Any time 90 days prior to or 28 days after the principal diagnosis of low back pain between Jan. 1 – Dec. 3 of the measurement year
Prolonged use of corticosteroids – 90 consecutive days of corticosteroid treatment	Dispensed any time 12 months prior to the principal diagnosis of low back pain between Jan. 1 – Dec. 3 of the measurement year
• Intravenous drug abuse • Neurologic impairment	Any time 12 months prior to or 28 days after the principal diagnosis of low back pain between Jan. 1 – Dec. 3 of the measurement year
Spinal infection	Any time 12 months prior to or 28 days after the principal diagnosis of low back pain between Jan. 1 – Dec. 3 of the measurement year

Use of Imaging Studies for Low Back Pain (LBP)

Important Notes

	Test, Service or Procedure to Avoid	Test, Service or Procedure to Close Care Opportunity
The imaging studies listed in the column at right are not clinically appropriate for a diagnosis of **uncomplicated low back pain.**	• CT scan • MRI • Plain X-ray	
The principal diagnosis of **uncomplicated low back pain** can come from any of the services listed in the column at right for a member to be included in this measure.		• Observation or emergency department visit • E-visit or virtual check-in • Osteopathic or chiropractic manipulative treatment • Outpatient visit • Physical therapy visit • Telephone visit

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

New for 2021

Updated

- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

Added

- Donepezil-memantine to the Dementia Medication list for exclusion criteria.

Definition

Percentage of members ages 18 and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of the treatment period

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• NCQA Accreditation • NCQA Health Plan Rankings	**Administrative** • Claim/Encounter Data • Pharmacy Data

Medications

To comply with this measure, a member must have remained on one of the following antipsychotic medications for at least 80 percent of the treatment period.

Oral Antipsychotic Medications

Drug Category	Medications	
Miscellaneous antipsychotic agents (oral)	• Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine	• Lurisadone • Molindone • Olanzapine • Paliperidone • Quetiapine • Risperidone • Ziprasidone
Phenothiazine antipsychotics (oral)	• Chlorpromazine • Fluphenazine • Perphenazine	• Prochlorperazine • Thioridazine • Trifluoperazine
Psychotherapeutic combinations (oral)	• Amitriptyline-perphenazine	
Thioxanthenes (oral)	• Thiothixene	

(Medications continued)

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Medications (continued)

Long-Acting Injections 28-Day Supply Medications

Drug Category	Medications	
Long-acting injections 28-day supply	• Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate	• Olanzapine • Paliperidone palmitate

Long-Acting Injections 14-Day Supply Medications

Drug Category	Medications
Long-acting injections 14-day supply	• Risperidone

Long-Acting Injections 30-Day Supply Medications

Drug Category	Medications
Long-acting injections 30 days supply	• Risperidone (Perseris)

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began • Members ages 81 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty*	Any time during the measurement year
Members ages 66–80 as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: • Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s) on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	**Frailty** diagnosis must be in the measurement year. **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year.
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year

Tips and Best Practices to Help Close This Care Opportunity

This measure focuses on medication compliance.

- Encourage patients to take medications as prescribed.
- Offer tips to patients such as taking medication at the same time each day, use a pill box and enroll in a pharmacy automatic refill program.

***Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.**

Antidepressant Medication Management (AMM)

New for 2021

No applicable measure changes.

Definition

Percentage of members ages 18 and older who were treated with antidepressant medication, had a diagnosis of major depression and remained on an antidepressant medication treatment

Two rates are reported:

1. **Effective Acute Phase Treatment –** Percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
2. **Effective Continuation Phase Treatment –** Percentage of members who remained on an antidepressant medication for at least 180 days (6 months)

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Rankings	**Administrative** • Claim/Encounter Data • Pharmacy Data

Medications

To comply with this measure, a member must remain on any of the following medications for the required duration of time:

Drug Category	Medications	
Miscellaneous antidepressants	• Bupropion • Vilazodone	• Vortioxetine
Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine
Phenylpiperazine antidepressants	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine	• Fluoxetine-olanzapine
SNRI antidepressants	• Desvenlafaxine • Duloxetine	• Levomilnacipran • Venlafaxine
SSRI antidepressants	• Citalopram • Escitalopram • Fluoxetine	• Fluvoxamine • Paroxetine • Sertraline

(Medications continued)

Antidepressant Medication Management (AMM)

Medications (continued)

To comply with this measure, a member must remain on one of the following medications for the required duration of time:

Drug Category	Medications	
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine • Desipramine • Doxepin (>6 mg)	• Imipramine • Nortriptyline • Protriptyline • Trimipramine

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Tips and Best Practices to Help Close This Care Opportunity

This measures focuses on medication compliance.

- Use screening tools to aid in diagnosing and treatment. Many patients with mild depression who are prescribed antidepressants do not stay on medication. Consider a referral or a consult for talk therapy as an alternative to medication.
- Screening tools (e.g., PHQ-9) may provide objective assessment and better identify who would or would not benefit from medication. (Screening tools available at **providerexpress.com.** Go to Clinical Resources - Behavioral Health Toolkit for Medical Providers). Tools help to identify mild, moderate or severe depression. Use “unspecified” diagnoses sparingly.
- When prescribing antidepressants, ensure patients understand it may take up to 12 weeks for full effectiveness of medication and discuss side effects and the importance of medication adherence.
- Encourage patients to accept a referral for psychotherapy and help them understand mental health diagnoses are medical illnesses, not character flaws or weaknesses.
- Encourage the use of telehealth appointments to discuss side effects and answer questions about the medication.
- If you need to refer your patient to a behavioral health specialist or need to request coordination of care, please call the number on the back of the patient’s health plan ID card or search **liveandworkwell.com.**

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

New for 2021

No applicable measure changes.

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 18–64 with schizophrenia or schizoaffective disorder and cardiovascular disease who had a low-density lipoprotein cholesterol (LDL-C) test during the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicaid	• Select Medicaid State Reporting	**Administrative** • Claim/Encounter • Pharmacy Data

Codes

See Appendix for codes that include descriptions.

LDL-C Test	
CPT®/CPT II	80061, 83700-01, 83704, 83721, 3048F-50F
LOINC	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began	Any time during the measurement year

Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)

Important Note

A calculated or direct LDL may be used to report compliance.

Tips and Best Practices to Help Close This Care Opportunity

This measure focuses on appropriate monitoring for members with schizophrenia or schizoaffective disorder and cardiovascular disease.

- Be sure to schedule an annual LDL-C screening.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as lipid profile and LDL-C test results. It can also reduce the need for some chart review.
- Lipid profiles and results can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

New for 2021

Updated

- CPT II code 3045F for the most recent HbA1c level of 7.0–9.0 percent is **not** specific enough for numerator compliance for HbA1c < 8.0 percent and is no longer included in the Value Set.

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 18–64 with schizophrenia or schizoaffective disorder and diabetes who had both an HbA1c test and a low-density lipoprotein cholesterol (LDL-C) test during the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicaid	• Select Medicaid State Reporting	**Administrative** • Claim/Encounter Data • Pharmacy Data

Codes

See Appendix for codes that include descriptions.

HbA1c Test	
CPT®/CPT II	83036-37, 3044F, 3046F, 3051-52F
LOINC	17856-6, 4548-4, 4549-2

LDL-C Test	
CPT®/CPT II	80061, 83700-01, 83704, 83721, 3048F-50F
LOINC	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began	Any time during the measurement year
Members who have no diagnosis of diabetes in any setting **and** a diagnosis of polycystic ovarian syndrome, gestational or steroid-induced diabetes	Any time between Jan. 1 – Dec. 31 of the measurement year and the year prior

Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

Important Notes

	Test, Service or Procedure to Close Care Opportunity
Individual tests to measure cholesterol and blood glucose levels can be done on the same or different dates of service.	• HbA1c test • LDL-C test HbA1c tests may include: • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • HB1c • Hemoglobin A1c

Tips and Best Practices to Help Close This Care Opportunity

This measure focuses on appropriate monitoring for members with schizophrenia or schizoaffective disorder and diabetes.

- Be sure to schedule an annual HbA1c and LDL-C test.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as HbA1c and LDL-C test results. It can also reduce the need for some chart review.
- HbA1c and lipid profile test results can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

New for 2021

Updated

- CPT II code 3045F for the most recent HbA1c level of 7.0–9.0 percent is **not** specific enough for numerator compliance for HbA1c < 8.0 percent and is no longer included in the Value Set.

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 18–64 with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicaid	• NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter Data • Pharmacy Data

Codes

See Appendix for codes that include descriptions.

Glucose Test	
CPT®/CPT II	80047-48, 80050, 80053, 80069, 82947, 82950-51
LOINC	10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7

HbA1c Test	
CPT®/CPT II	83036-37, 3044F, 3046F, 3051-52F
LOINC	17856-6, 4548-4, 4549-2

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began	Any time during the measurement year
Members with diabetes	Measurement year or year prior to measurement year

Important Notes

	Test, Service or Procedure to Close Care Opportunity
HbA1c test must be performed during the measurement year.	• Glucose test • HbA1c test HbA1c tests may include: • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • HB1c • Hemoglobin A1c

Tips and Best Practices to Help Close This Care Opportunity

This measure focuses on appropriate monitoring for members with schizophrenia or bipolar disorder.

- Be sure to schedule an annual screening for diabetes (HbA1c or blood glucose).
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as HbA1c test results. It can also reduce the need for some chart review.
- HbA1c test results can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Follow-Up After Hospitalization for Mental Illness (FUH)

New for 2021

Updated

- Mental Health Practitioner definition changed to Mental Health Provider and includes certified Community Mental Health Center (CMHC) and certified Physician Assistant.
- The following visit types do not have to be with a mental health provider to count for numerator compliance:
  - Intensive outpatient encounters, partial hospitalizations, community mental health centers and electroconvulsive therapy settings.

Added

- Visits in a behavioral healthcare setting meet numerator compliance.
- Follow-up visits that take place during a telephone visit meet numerator compliance.

Definition

Percentage of discharges for members ages 6 and older who were hospitalized for treatment of select mental illness or intentional self-harm diagnoses and had a follow-up visit **with a mental health provider.**

Two rates are reported:

1. Percentage of discharges where the member received follow-up within 30 days of their discharge.
2. Percentage of discharges where the member received follow-up within seven days of their discharge.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter Data

Follow-Up After Hospitalization for Mental Illness (FUH)

Code

See Appendix for codes that include descriptions.

SCENARIO 1
Behavioral Health Outpatient Visit With a Mental Health Provider Behavioral Health Visits

Behavioral Health Visits	
CPT®/CPT II	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99510
HCPCS	G0155, G0176-77, G0409, G0463, H0002, H0004, H0031, H0034, H0036-37, H0039-40, H2000, H2010-11, H2013-20, , T1015
UBREV	0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-04, 0911, 0914-17, 0919, 0982-83

SCENARIO 2
Intensive Outpatient or Partial Hospitalization

Partial Hospitalization/Intensive Outpatient Visits	
HCPCS	G0410-11, H0035, H2001, H2012, S0201, S9480, S9484-85
UBREV	0905, 0907, 0912-13

SCENARIO 3
Observation Visit With a Mental Health Provider

Observation Visit	
CPT®/CPT II	99217-20

(Codes continued)

Follow-Up After Hospitalization for Mental Illness (FUH)

Codes (continued)

See Appendix for codes that include descriptions.

SCENARIO 4
Outpatient Visit With a Mental Health Provider and With Appropriate Place of Service Code

Visit Setting Unspecified	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55

Place of Service Code

Code	Location	Code	Location
03	School	**17**	Walk-in retail health clinic
05	Indian Health Service free-standing facility	**18**	Place of employment – worksite
07	Tribal 638 free-standing facility	**19**	Off-campus outpatient hospital
09	Prison/Correctional facility	**20**	Urgent care facility
11	Office	**22**	On-campus outpatient hospital
12	Home	**33**	Custodial care facility
13	Assisted living facility	**49**	Independent clinic
14	Group home	**50**	Federally qualified health center
15	Mobile unit	**71**	Public health clinic
16	Temporary lodging	**72**	Rural health clinic

SCENARIO 5
Intensive Outpatient Visit or Partial Hospitalization with Appropriate Place of Service Code

Visit Setting Unspecified	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55

Place of Service Code

Code	Location
52	Psychiatric facility – partial hospitalization

(Codes continued)

Follow-Up After Hospitalization for Mental Illness (FUH)

Codes (continued)

See Appendix for codes that include descriptions.

SCENARIO 6
Community Mental Health Center Visit with Appropriate Place of Service Code

Visit Setting Unspecified	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55

Behavioral Health Visits	
CPT®/CPT II	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99510
HCPCS	G0155, G0176-77, G0409, G0463, H0002, H0004, H0031, H0034, H0036-37, H0039-40, H2000, H2010-11, H2013-20, T1015
UBREV	0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-04, 0911, 0914-17, 0919, 0982-83

Observation Visit	
CPT®/CPT II	99217-20

Transitional Care Management Services	
CPT®/CPT II	99495-96

Place of Service Code

Code	Location
53	Community mental health center

(Codes continued)

Follow-Up After Hospitalization for Mental Illness (FUH)

Codes (continued)

See Appendix for codes that include descriptions.

SCENARIO 7
Electroconvulsive Therapy with Appropriate Place of Service Code

Visit Setting Unspecified	
CPT®/CPT II	90870
ICD-10 Procedure	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ

Place of Service Code

Code	Location		
03	School	**18**	Place of employment – worksite
05	Indian Health Service free-standing facility	**19**	Off-campus outpatient hospital
07	Tribal 638 free-standing facility	**20**	Urgent care facility
09	Prison/Correctional facility	**24**	Ambulatory surgical center
11	Office	**33**	Custodial care facility
12	Home	**49**	Independent clinic
13	Assisted living facility	**50**	Federally qualified health center
14	Group home	**53**	Community mental health center
15	Mobile unit	**54**	Psychiatric facility – partial hospitalization
16	Temporary lodging	**71**	Public health clinic
17	Walk-in retail health clinic	**72**	Rural health clinic

SCENARIO 8
Transitional Care Management Services With a Mental Health Provider

Transitional Care Management Services	
CPT®/CPT II	99495-96

(Codes continued)

Follow-Up After Hospitalization for Mental Illness (FUH)

Codes (continued)

See Appendix for codes that include descriptions.

SCENARIO 9
Telehealth Visit With a Mental Health Provider

Visit Setting Unspecified	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55

Place of Service Code

Code	Location
02	Telehealth

SCENARIO 10
Behavioral Healthcare Setting Visit

Behavioral Healthcare Setting	
UBREV	0513, 0900-05, 0907, 0911-17, 0919

SCENARIO 11
Telephone Visit With a Mental Health Provider

Telephone Visits	
CPT®/CPT II	98966-68, 99441-43

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Important Notes

- Visits that occur on the date of discharge will **not** count toward compliance.
- Telehealth and telephone visits with a behavioral health provider are acceptable to address the care opportunity

Follow-Up After Hospitalization for Mental Illness (FUH)

Tips and Best Practices to Help Close This Care Opportunity

This measure focuses on follow-up treatment, which must be with a mental health provider.

- Refer patient to a mental health provider to be seen within seven days of discharge.

  Even patients receiving medication from their primary care provider still need post-discharge supportive therapy with a licensed mental health clinician such as a therapist or social worker.
- If a situation arises where a patient is unable to be seen within seven days, then they need to have an appointment within 30 days of discharge.
- To refer your patient to a behavioral health specialist or to request coordination of care, please call the number on the back of the patient's health plan ID card or search **liveandworkwell.com**.

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

New for 2021

No applicable measure changes.

Yes!
Supplemental Data Accepted

Definition

The percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members ages 13 and older that result in a follow-up visit or service for substance use disorder.

Two rates are reported:

1. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the **7 days** after the visit or discharge
2. The percentage of visits or discharges for which the member received follow-up for substance use disorder within the **30 days** after the visit or discharge.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter Data

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

Codes

See Appendix for codes that include descriptions for alcohol and other drug abuse and dependence diagnoses.

SCENARIO 1

Acute or nonacute inpatient admission or residential behavioral health stay with a principal diagnosis of substance use disorder

Outpatient visit, telehealth, intensive outpatient visit or partial hospitalization with a principal diagnosis of substance use disorder. Any of the following 5 scenarios will meet.

IET Stand Alone Visits	
CPT®/CPT II	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99384-87, 99394-97, 99401-04, 99408-09, 99411-12, 99483, 99510
HCPCS	G0155, G0176-77, G0396-97, G0409-11, G0443, G0463, H0001-02, H0004-05, H0007, H0015-16, H0022, H0031, H0034-37, H0039-40, H0047, H2000-01, H2010-20, H2035-36, , S0201, S9480, S9484-85, T1006, T1012, T1015
UBREV	0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-07, 0911-17, 0919, 0944-45, 0982-83

SCENARIO 2

Opioid Treatment Service – Claim must include diagnosis code matching the original episode diagnosis for:

- **Opioid abuse and dependence**

Weekly Drug Treatment	
HCPCS	G2067-70, G2072-73

Weekly Non-Drug Treatment	
HCPCS	G2071, G2074-77, G2080

Monthly Office Based Treatment	
HCPCS	G2086-87

(Codes continued)

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

Codes (continued)

See Appendix for codes that include descriptions for alcohol and other drug abuse and dependence diagnoses.

SCENARIO 3
IET Group Visits With Appropriate Place of Service Code and a principal diagnosis of substance use disorder

IET Group Visits	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76

AND

Place of Service Code

Code	Location		
02	Telehealth	**19**	Off-campus outpatient hospital
03	School	**20**	Urgent care facility
05	Indian Health Service free-standing facility	**22**	On-campus outpatient hospital
07	Tribal 638 free-standing facility	**33**	Custodial care facility
09	Prison/Correctional facility	**49**	Independent clinic
11	Office	**50**	Federally qualified health center
12	Home	**52**	Psychiatric facility – partial hospitalization
13	Assisted living facility	**53**	Community mental health center
14	Group home	**57**	Non-residential substance abuse treatment facility
15	Mobile unit	**58**	Non-residential opioid treatment facility
16	Temporary lodging	**71**	Public health clinic
17	Walk-in retail health clinic	**72**	Rural health clinic
18	Place of employment – worksite		

(Codes continued)

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

Codes (continued)

See Appendix for codes that include descriptions for alcohol and other drug abuse and dependence diagnoses.

SCENARIO 4
IET Group Visits With Appropriate Place of Service Code and a principal diagnosis of substance use disorder

IET Group Visits	
CPT®/CPT II	99221-23, 99231-33, 99238-39, 99251-55

AND

Place of Service Code

Code	Location
02	Telehealth
52	Psychiatric facility – partial hospitalization
53	Community mental health center

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

Codes (continued)

See Appendix for codes that include descriptions for alcohol and other drug abuse and dependence diagnoses.

SCENARIO 5

Observation visit with a principal diagnosis of substance use disorder

Observation Visits	
CPT®/CPT II	99217, 99218, 99219, 99220

Residential behavioral health treatment with a principal diagnosis of substance use disorder

Residential Behavioral Health Treatment	
HCPCS	H0017, H0018, H0019, T2048

Telephone visit with a principal diagnosis of substance use disorder

Telephone Visit	
CPT®/CPT II	98966-68, 99441-43

E-visit or virtual check-in with a principal diagnosis of substance use disorder

Online Assessment (e-visit/virtual check-in)	
CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

A pharmacotherapy dispensing event or medication treatment event for alcohol or other drug abuse or dependence

Medication Treatment	
HCPCS	H0020, H0033, J0570-75, J2315, Q9991, Q9992, S0109

Opioid Treatment Service – Weekly Billing	
HCPCS	G2067-70, G2072-73

(Codes continued)

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

Medications

One or more medication dispensing events for alcohol abuse or dependence:

Description	Prescription
Aldehyde dehydrogenase inhibitor	• Disulfiram (oral)
Antagonist	• Naltrexone (oral and injectable)
Other	• Acamprosate (oral; delayed-release tablet)

One or more medication dispensing events for alcohol abuse or dependence:

Description	Prescription
Antagonist	• Naltrexone (oral and injectable)
Partial agonist	• Buprenorphine (sublingual tablet, injection, implant)* • Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

* Buprenorphine administered via transdermal patch or buccal film are not included because they are FDA-approved for the treatment of pain, not for opioid use disorder.

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

Important Notes

	Test, Service or Procedure to Close Care Opportunity
Episode date is the date of service for any acute inpatient discharge, residential treatment discharge or detoxification visit with a principal diagnosis of substance use disorder.	Follow-up for substance use disorder can be any of the following: • Group visits with an appropriate place of service code and diagnosis code • Medication dispensing event with diagnosis code • Medication treatment with diagnosis code • Online assessment with diagnosis code • Stand-alone visits with an appropriate place of service code and diagnosis code • Telephone visit with diagnosis code • Residential behavioral health treatment

Tips and Best Practices to Help Close This Care Opportunity

This measure focuses on follow-up treatment with a primary care provider or a behavioral health practitioner.

- See patients within seven days and bill with a substance use diagnosis.
- If a situation arises where a patient is unable to be seen within seven days, then they need to have an appointment within 30 days of discharge.
- Encourage the use of telehealth appointments when appropriate.
- If you need to refer your patient to a behavioral health specialist or need to request coordination of care, please call the number on the back of the patient's health plan ID card or search **liveandworkwell.com**.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

New for 2021

Added

- Follow-up visits that take place during a telephone visit, e-visit or virtual check-in meets numerator compliance.

Yes!
Supplemental Data Accepted

Definition

The percentage of ED visits for members ages 6 years and older with a principal diagnosis of mental illness or intentional self-harm, who then had a follow-up visit for mental illness.

Two rates are reported:

1. The percentage of ED visits for which the member received follow-up for mental illness within the **7 days** after the visit (8 days total)
2. The percentage of ED visits for which the member received follow-up for mental illness within the **30 days** after the visit (31 days total)

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter Data

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Codes

See Appendix for codes that include descriptions for intentional self-harm and mental health diagnoses.

Any of the following scenarios will meet criteria for the measure with:

- A principal diagnosis of mental health disorder
- A principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder

SCENARIO 1
Behavioral Health Outpatient Visit With Any Provider Type

Behavioral Health Visits	
CPT®/CPT II	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99510
HCPCS	G0155, G0176-77, G0409, G0463, H0002, H0004, H0031, H0034, H0036-37, H0039-40, H2000, H2010-11, H2013-20, T1015
UBREV	0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-04, 0911, 0914-17, 0919, 0982-83

SCENARIO 2
Intensive Outpatient or Partial Hospitalization With Any Provider Type

Partial Hospitalization/Intensive Outpatient Visits	
HCPCS	G0410-11, H0035, H2001, H2012, S0201, S9480, S9484-85
UBREV	0905, 0907, 0912-13

SCENARIO 3
Observation Visit With Any Provider Type

Observation Visit	
CPT®/CPT II	99217-20

(Codes continued)

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Codes (continued)

See Appendix for codes that include descriptions for intentional self-harm and mental health diagnoses.

SCENARIO 4
Outpatient Visit With Any Provider Type and With Appropriate Place of Service Code

Visit Setting Unspecified	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55

Place of Service Code

Code	Location	Code	Location
03	School	**17**	Walk-in retail health clinic
05	Indian Health Service free-standing facility	**18**	Place of employment – worksite
07	Tribal 638 free-standing facility	**19**	Off-campus outpatient hospital
09	Prison/Correctional facility	**20**	Urgent care facility
11	Office	**22**	On-campus outpatient hospital
12	Home	**33**	Custodial care facility
13	Assisted living facility	**49**	Independent clinic
14	Group home	**50**	Federally qualified health center
15	Mobile unit	**71**	Public health clinic
16	Temporary lodging	**72**	Rural health clinic

SCENARIO 5
Intensive Outpatient Visit or Partial Hospitalization With Any Provider Type and With Appropriate Place of Service Code

Visit Setting Unspecified	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55

Place of Service Code

Code	Location
52	Psychiatric facility – partial hospitalization

(Codes continued)

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Codes (continued)

See Appendix for codes that include descriptions for intentional self-harm and mental health diagnoses.

SCENARIO 6
Community Mental Health Center Visit With Any Provider Type and With Appropriate Place of Service Code

Visit Setting Unspecified	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55

Place of Service Code

Code	Location
53	Community mental health center

SCENARIO 7
Electroconvulsive Therapy With Any Provider Type and With Appropriate Place of Service Code

Electroconvulsive Therapy	
CPT®/CPT II	90870
ICD-10 Procedure	GZB0ZZZ, GZB1ZZZ, GZB2ZZZ, GZB3ZZZ, GZB4ZZZ

Place of Service Code

Code	Location	Code	Location
03	School	**19**	Off-campus outpatient hospital
05	Indian Health Service free-standing facility	**20**	Urgent care facility
07	Tribal 638 free-standing facility	**22**	On-campus outpatient hospital
09	Prison/Correctional facility	**24**	Ambulatory surgical center
11	Office	**33**	Custodial care facility
12	Home	**49**	Independent clinic
13	Assisted living facility	**50**	Federally qualified health center
14	Group home	**52**	Psychiatric facility – partial hospitalization
15	Mobile unit	**53**	Community mental health center
16	Temporary lodging	**71**	Public health clinic
17	Walk-in retail health clinic	**72**	Rural health clinic
18	Place of employment – worksite	**72**	Rural health clinic

(Codes continued)

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Codes (continued)

See Appendix for codes that include descriptions for intentional self-harm and mental health diagnoses.

SCENARIO 8
Telehealth Visit With Any Provider Type and the Appropriate Place of Service Code

Visit Setting Unspecified	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55

Place of Service Code

Code	Location
02	Telehealth

SCENARIO 9
Telephone Visit With Any Provider Type

Telephone Visits	
CPT®/CPT II	98966-68, 99441-43

SCENARIO 10
E-visit or Virtual Check-in With Any Provider Type

Online Assessment (e-visit/virtual check-in)	
CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Important Notes

- Visits that result in an inpatient stay are not included
- Telehealth visits are acceptable to address the care opportunity

Tips and Best Practices to Help Close This Care Opportunity

This measure focuses on follow-up treatment with a primary care provider or a behavioral health practitioner.

- See patients within seven days and bill with a mental health diagnosis.
- If a situation arises where a patient is unable to be seen within seven days, then they need to have an appointment within 30 days of discharge.
- Encourage the use of telehealth appointments when appropriate.
- If you need to refer your patient to a behavioral health specialist or need to request coordination of care, please call the number on the back of the patient's health plan ID card or search **liveandworkwell.com.**
- **Available Resources:**
  - **Alcohol and Drug Use Screening Tools: Providerexpress.com** > Clinical Resources > Alcohol or Other Drug Disorders
  - **Behavioral Health Tools and Information: Providerexpress.com** > Clinical Resources > Behavioral Health Toolkit for Medical Providers.
  - **Patient Education Information: Liveandworkwell.com** – use access code "clinician." See "Mind & Body" at the top, scroll down to find the links to topics.
- Mental Health visits can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Follow-Up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence (FUA)

New for 2021

No applicable measure changes.

Yes!
Supplemental Data Accepted

Definition

The percentage of ED visits for members ages 13 and older with a principal diagnosis of alcohol or other drug abuse or dependence (AOD) and who had a follow-up visit for AOD.

Two rates are reported:

1. The percentage of ED visits for which the member received follow-up for AOD within the **7 days** after the visit (8 days total)
2. The percentage of visits or discharges for which the member received follow-up for AOD within the **30 days** after the visit (31 days total)

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter Data

Follow-Up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence (FUA)

Codes

See Appendix for codes that include descriptions for alcohol and other drug abuse and dependence diagnoses.

Any of the following scenarios will meet criteria for the measure:

SCENARIO 1

IET Stand Alone Visits	
CPT®/CPT II	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99384-87, 99394-97, 99401-04, 99408-09, 99411-12, 99483, 99510
HCPCS	G0155, G0176-77, G0396-97, G0409-11, G0443, G0463, H0001-02, H0004-05, H0007, H0015-16, H0022, H0031, H0034-37, H0039-40, H0047, H2000-01, H2010-20, H2035-36, S0201, S9480, S9484-85, T1006, T1012, T1015
UBREV	0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-07, 0911-17, 0919, 0944-45, 0982-83

SCENARIO 2
Opioid Treatment Service

Weekly Drug Treatment	
HCPCS	G2067-70, G2072-73

Weekly Non Drug Treatment	
HCPCS	G2071, G2074-77, G2080

Monthly Office Based Treatment	
HCPCS	G2086-87

(Codes continued)

Follow-Up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence (FUA)

Codes (continued)

See Appendix for codes that include descriptions for intentional self-harm and mental health diagnoses.

SCENARIO 3

IET Group Visits With Appropriate Place of Service Code	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76

AND

Place of Service Code

Code	Location		
02	Telehealth	**19**	Off-campus outpatient hospital
03	School	**20**	Urgent care facility
05	Indian Health Service free-standing facility	**22**	On-campus outpatient hospital
07	Tribal 638 free-standing facility	**33**	Custodial care facility
09	Prison/Correctional facility	**49**	Independent clinic
11	Office	**50**	Federally qualified health center
12	Home	**52**	Psychiatric facility – partial hospitalization
13	Assisted living facility	**53**	Community mental health center
14	Group home	**57**	Non-residential substance abuse treatment facility
15	Mobile unit	**58**	Non-residential opioid treatment facility
16	Temporary lodging	**71**	Public health clinic
17	Walk-in retail health clinic	**72**	Rural health clinic
18	Place of employment – worksite		

(Codes continued)

Follow-Up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence (FUA)

Codes (continued)

See Appendix for codes that include descriptions for intentional self-harm and mental health diagnoses.

SCENARIO 4

IET Group Visits With Appropriate Place of Service Code	
CPT®/CPT II	99221-23, 99231-33, 99238-39, 99251-55

AND

Place of Service Code

Code	Location
02	Telehealth
52	Psychiatric facility – partial hospitalization
53	Community mental health center

SCENARIO 5

Observation Visit	
CPT®/CPT II	99217, 99218, 99219, 99220

SCENARIO 6

Telephone Visits	
CPT®/CPT II	98966-68, 99441-43

SCENARIO 7

Online Assessment (e-visit/virtual check-in)	
CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Follow-Up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence (FUA)

Important Notes

- Visits that result in an inpatient stay are not included
- Telehealth visits are acceptable to address the care opportunity

Tips and Best Practices to Help Close This Care Opportunity

This measure focuses on follow-up treatment with a primary care provider or a behavioral health practitioner.

- See patients within seven days and bill with a substance use diagnosis.
- If a situation arises where a patient is unable to be seen within seven days, then they need to have an appointment within 30 days of discharge.
- Encourage the use of telehealth appointments when appropriate.
- The Mental Health Services Administration supports following the Screening, Brief Intervention and Referral to Treatment (SBIRT) guideline[1] at **samhsa.gov/sbirt.**
- If you need to refer your patient to a behavioral health specialist or need to request coordination of care, please call the number on the back of the patient's health plan ID card or search **liveandworkwell.com.**
- **Available Resources:**
  - **Alcohol and Drug Use Screening Tools: Providerexpress.com** > Clinical Resources > Alcohol or Other Drug Disorders
  - **Behavioral Health Tools and Information: Providerexpress.com** > Clinical Resources > Behavioral Health Toolkit for Medical Providers.
  - **Patient Education Information: Liveandworkwell.com** – use access code "clinician." See "Mind & Body" at the top, scroll down to find the links to topics.
- AOD can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

[1]https://www.integration.samhsa.gov/clinical-practice/sbirt/referral-to-treatment

Appropriate Testing for Pharyngitis (CWP)

New for 2021

Updated

- Do not include episodes that result in an inpatient stay.

Yes!
Supplemental Data Accepted

Definition

Percentage of episodes for members ages 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test within 3 days prior to or 3 days after the diagnosis day (seven days total).

A higher rate indicates appropriate testing and treatment.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter Data • Pharmacy Data

Codes

See Appendix for codes that include descriptions.

Group A Strep Test	
CPT®/CPT II	87070-71, 87081, 87430, 87650-52, 87880
LOINC	11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2

Pharyngitis	
ICD-10 Diagnosis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80-81, J03.90-91

Appropriate Testing for Pharyngitis (CWP)

Medications

The following antibiotic medications, in conjunction with a strep test, will meet compliance for this measure:

Drug Category	Medications	
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate	
First generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Folate antagonist	• Trimethoprim	
Lincomycin derivatives	• Clindamycin	
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Natural penicillins	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium • Penicillin G benzathine
Penicillinase-resistant penicillins	• Dicloxacillin	
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third generation cephalosporins	• Cefdinir • Cefditoren • Cefixime	• Cefpodoxime • Ceftibuten • Ceftriaxone

Appropriate Testing for Pharyngitis (CWP)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
• HIV • Malignant Neoplasms • Malignant Neoplasms of the Skin • Emphysema • COPD • Disorders of the Immune System	12 months prior to or on the episode date

Important Notes

This measure addresses appropriate diagnosis and treatment for pharyngitis with a strep test being completed three days before or three days after the primary diagnosis and prescribed antibiotics.

A pharyngitis diagnosis can be from an outpatient, telephone, e-visit, virtual check-in, observation or emergency department visit between July 1 of the year prior to the measurement year and June 30 of the measurement year.

Medical Record Detail Including, But Not Limited to

- History and physical
- Lab reports
- Progress notes

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Do not prescribe antibiotics until results of Group A Strep test are received.
- **Always bill using the LOINC codes previously listed with your strep test submission – not local codes.**
- Lab results can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

New for 2021

Updated

- Do not include episodes that result in an inpatient stay.

Definition

Percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis between July 1 of the year prior to the measurement year through June 30 of the measurement year who were **not** dispensed an antibiotic medication on or 3 days after the episode. A higher rate indicates appropriate treatment (not prescribed an antibiotic).

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter Data • Pharmacy Data

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Medications

To comply with this measure, the following antibiotics should **not** be dispensed upon diagnosis of acute bronchitis:

Drug Category	Medications	
Aminoglycosides	• Amikacin • Gentamicin	• Streptomycin • Tobramycin
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate • Ampicillin-sulbactam	• Piperacillin-tazobactam
First-generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Fourth-generation cephalosporins	• Cefepime	
Ketolides	• Telithromycin	
Lincomycin derivatives	• Clindamycin	• Lincomycin
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Miscellaneous antibiotics	• Aztreonam • Chloramphenicol • Dalfopristin-quinupristin • Daptomycin	• Linezolid • Metronidazole • Vancomycin
Natural penicillins	• Penicillin G benzathine-procaine • Penicillin G potassium • Penicillin G procaine	• Penicillin G sodium • Penicillin V potassium • Penicillin G benzathine
Penicillinase resistant penicillins	• Dicloxacillin • Nafcillin	• Oxacillin
Quinolones	• Ciprofloxacin • Gemifloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Rifamycin derivatives	• Rifampin	

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Medications (continued)

To comply with this measure, the following antibiotics should not be dispensed upon diagnosis of acute bronchitis:

Drug Category	Medications	
Second-generation cephalosporin	• Cefaclor • Cefotetan • Cefoxitin	• Cefprozil • Cefuroxime
Sulfonamides	• Sulfadiazine	• Sulfamethoxazole-trimethoprim
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third-generation cephalosporins	• Cefdinir • Cefditoren • Cefixime • Cefotaxime	• Cefpodoxime • Ceftazidime • Ceftibuten • Ceftriaxone
Urinary anti-infectives	• Fosfomycin • Nitrofurantoin • Nitrofurantoin macrocrystals	• Nitrofurantoin macrocrystals-monohydrate • Trimethoprim

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- An episode for bronchitis/bronchiolitis will **not** count toward the measure denominator if the member was diagnosed with one of these conditions within 12 months of the event:
  - Chronic obstructive pulmonary disease (COPD)
  - Cystic fibrosis
  - Disorders of the immune system
  - Emphysema
  - HIV
  - Malignant neoplasms
  - Other malignant neoplasms of the skin
- An episode for bronchitis/bronchiolitis will **not** count toward the measure denominator if the member was diagnosed with either pharyngitis or a competing diagnosis On or 3 days after the episode date

Appropriate Treatment for Upper Respiratory Infection (URI)

New for 2021

Updated

- Do not include episodes that result in an inpatient stay.

Definition

Percentage of episodes for members 3 months and older who were given a diagnosis of upper respiratory infection (URI) and were **not** dispensed an antibiotic prescription on or 3 days after the diagnosis day (4 days total)

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter Data • Pharmacy Data

Codes

See Appendix for codes that include descriptions.

Upper Respiratory Infection Codes That Do Not Need Antibiotics	
ICD-10 Diagnosis	J00, J06.0, J06.9

Appropriate Treatment for Upper Respiratory Infection (URI)

Medications

The following antibiotic medications should **not** be prescribed for an upper respiratory infection:

Drug Category	Medications	
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate	
First generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Folate antagonist	• Trimethoprim	
Lincomycin derivatives	• Clindamycin	
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Natural penicillins	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium • Penicillin G benzathine
Penicillinase-resistant penicillins	• Dicloxacillin	
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third generation cephalosporins	• Cefdinir • Cefditoren • Cefixime	• Cefotaxime • Ceftibuten • Ceftriaxone

Appropriate Treatment for Upper Respiratory Infection (URI)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
Exclude episode dates when the member had a claim with any of the below diagnoses: • HIV • Malignant Neoplasms • Malignant Neoplasms of the Skin • Emphysema • COPD • Disorders of the Immune Systems	During the 12 months prior to or on the episode date

Important Notes

	Medical Record Detail Including, But Not Limited to
This measure addresses appropriate diagnosis and treatment for upper respiratory infections **without** prescribing an antibiotic. An upper respiratory infection diagnosis can be from an outpatient, telephone, e-visit, virtual check-in, observation or emergency department visit between July 1 of the year prior to the measurement year and June 30 of the measurement year. Members who have a competing diagnosis of pharyngitis on or 3 days after the diagnosis of upper respiratory infection should be excluded.	• History and physical • Progress notes

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Details on the appropriate treatment of URIs are available at **cdc.gov.**

Statin Therapy for Patients With Cardiovascular Disease (SPC)

New for 2021

Updated

- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

Added

- Palliative care is a required exclusion for this measure.
- Donepezil-memantine to the Dementia Medication list for exclusion criteria.

Definition

Percentage of males ages 21–75 and females ages 40–75 during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria:

- **Received statin therapy –** Members who were dispensed at least one high- or moderate-intensity statin medication during the measurement year
- **Statin adherence 80 percent –** Members who remained on a high- or moderate-intensity statin medication for at least 80 percent of the treatment period

Important note: The **treatment period** is defined as the earliest prescription dispensing date in the measurement year for any statin medication of at least moderate intensity through the last day of the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• **CMS Star Ratings – Only includes the sub-measure for "Received Statin Therapy"** • NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter Data • Pharmacy Data

Medications

To comply with this measure, one of the following medications must have been dispensed:

Drug Category	Medications	
High-intensity statin therapy	• Atorvastatin 40-80 mg • Amlodipine-atorvastatin 40-80 mg • Rosuvastatin 20-40 mg	• Simvastatin 80 mg • Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10-20 mg • Amlodipine-atorvastatin 10-20 mg • Rosuvastatin 5-10 mg • Simvastatin 20-40 mg • Ezetimibe-simvastatin 20-40 mg	• Pravastatin 40-80 mg • Lovastatin 40 mg • Fluvastatin 40-80 mg • Pitavastatin 2–4 mg

Statin Therapy for Patients With Cardiovascular Disease (SPC)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year • Members receiving palliative care • Myalgia, myositis, myopathy or rhabdomyolysis diagnosis	Any time during the measurement year
• Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s)on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	**Frailty** diagnosis must be in the measurement year. **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year.
Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: • Enrolled in an Institutional Special Needs Plan (I-SNP) • Living long term in an institution*	Any time during the measurement year
• Cirrhosis • Dispensed at least one prescription for clomiphene • End-stage renal disease (ESRD) • Female members with a diagnosis of pregnancy • In vitro fertilization	Any time during the measurement year or the year prior to the measurement year

*** Supplemental and medical record data may not be used for the frailty with advanced illness or institutional living exclusions.**

Statin Therapy for Patients With Cardiovascular Disease (SPC)

Tips and Best Practices to Help Close the “Received Statin Therapy” Care Opportunity for UnitedHealthcare Medicare Advantage Plan Members:

- **Please check your Patient Care Opportunity Report (PCOR) often. Look in the Member Adherence** tab to find members with open care opportunities.
- Log on to UHCCareConnect to review members with open care opportunities.
  - Select **Member Rx Adherence** to view your patient list.
  - Members without a high- or moderate-intensity statin fill this year will be marked with a "Gap" under the SPC measure.
- **Consider prescribing a high- or moderate-intensity statin, as appropriate.** If you determine medication is appropriate, please send a prescription to the member’s preferred pharmacy.*
  - To address the SPC care opportunity, a member must use their insurance card to fill one of the statins or statin combinations in the strengths/doses listed in the “Medications” table on the previous page by the end of the measurement year.

*Member may use any pharmacy in the network, but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Co-pays apply after deductible.

Statin Therapy for Patients With Diabetes (SPD)

New for 2021

Updated

- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

Added

- Palliative care is a required exclusion for this measure.
- Donepezil-memantine to the Dementia Medication list for exclusion criteria.
- Polycystic ovarian syndrome is an optional exclusion for this measure.

Definition

Percentage of members ages 40–75 during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:

- **Received statin therapy –** Members who were dispensed at least one statin medication of any intensity during the measurement year
- **Statin adherence 80 percent –** Members who remained on a statin medication of any intensity for at least 80 percent of the treatment period

Important note: The **treatment period** is defined as the earliest prescription dispensing date in the measurement year for any statin medication at any intensity through the last day of the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter Data • Pharmacy Data

Statin Therapy for Patients With Diabetes (SPD)

Medications

To comply with this measure, one of the following medications must have been dispensed:

Drug Category	Medications	
High-intensity statin therapy	• Amlodipine-atorvastatin 40–80 mg* • Atorvastatin 40–80 mg • Ezetimibe-simvastatin 80 mg**	• Rosuvastatin 20–40 mg • Simvastatin 80 mg
Moderate-intensity statin therapy	• Amlodipine-atorvastatin 10–20 mg* • Atorvastatin 10–20 mg • Ezetimibe-simvastatin 20–40 mg** • Fluvastatin 40-80 mg • Lovastatin 40 mg	• Pitavastatin 1–4 mg • Pravastatin 40–80 mg • Rosuvastatin 5–10 mg • Simvastatin 20–40 mg
Low-intensity statin therapy	• Ezetimibe-simvastatin 10 mg** • Fluvastatin 20 mg • Lovastatin 10–20 mg	• Pravastatin 10–20 mg • Simvastatin 5–10 mg

*The 10-80 mg is referring to atorvastatin strength.
**The 10-80 mg is referring to simvastatin strength.

Statin Therapy for Patients With Diabetes (SPD)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year • Members receiving palliative care • Myalgia, myositis, myopathy or rhabdomyolysis diagnosis • Medicare members ages 66 and older as of Dec. 31 of the measurement year who are either: – Enrolled in an Institutional Special Needs Plan (I-SNP) – Living long term in an institution*	Any time during the measurement year
Members ages 66 and older as of Dec. 31 of the measurement year who had a diagnosis of frailty and advanced illness.* Advanced illness is indicated by one of the following: • Two or more outpatient, observation, emergency room, telephone, e-visits, virtual check-ins or non-acute inpatient encounters or discharge(s)on separate dates of service with a diagnosis of advanced illness • One or more acute inpatient encounter(s) with a diagnosis of advanced illness • One or more acute inpatient discharge(s) with a diagnosis of advanced illness on the discharge claim • Dispensed a dementia medication: Donepezil, Donepezil-memantine, galantamine, rivastigmine or memantine	**Frailty** diagnosis must be in the measurement year. **Advanced illness** diagnosis must be in the measurement year or year prior to the measurement year.
• Cirrhosis • Dispensed at least one prescription for clomiphene • End-stage renal disease (ESRD) • Female members with a diagnosis of pregnancy • In vitro fertilization	Any time during the measurement year or the year prior to the measurement year
• Coronary artery bypass grafting (CABG) • Myocardial infarction • Other revascularization procedure • Percutaneous coronary intervention (PCI)	Any time during the year prior to the measurement year
A diagnosis of ischemic vascular disease (IVD	Any time during the year prior to the measurement year and the measurement year (must be in both years)

***Supplemental and medical record data may not be used for the frailty with advanced illness exclusion.**

Use of Opioids at High Dosage (HDO)

New for 2021

Added

- Palliative care is a required exclusion for this measure.
- Medication lists for acetaminophen benzhydrocodone, aspirin codeine and codeine phosphate.

Definition

Proportion of members ages 18 and older receiving prescription opioids for ≥ 15 days during the measurement year at a high dosage, average milligram morphine equivalent (MME) dose ≥ 90 mg.

A lower rate indicates a better score for this measure.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter • Pharmacy Data

Medications

To be included in this measure, a member must have been prescribed one of the following opioid medications at a MME ≥ 90 mg for ≥ 15 days:

Opioid Medications		
• Benzhydrocodone	• Hydromorphone	• Oxycodone
• Butorphanol	• Levorphanol	• Oxymorphone
• Codeine	• Meperidine	• Pentazocine
• Dihydrocodeine	• Methadone	• Tapentadol
• Fentanyl	• Morphine	• Tramadol
• Hydrocodone	• Opium	

These medications are not included as dispensing events for this measure:

- Cough and cold products with opioids
- Injectables
- Ionsys®
  - Fentanyl transdermal patch used in inpatient settings only
- Methadone for the treatment of opioid use disorder

Use of Opioids at High Dosage (HDO)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year • Cancer • Sickle cell disease • Members receiving palliative care	Any time during the measurement year

Tips and Best Practices to Help Close This Care Opportunity

This measure focuses on using low dosage for opioids.

- For treatment of acute pain using opioids, the guidelines recommend immediate-release opioids be used at a dosage as low as possible and for as few days as needed.
- For treatment of chronic pain, guidelines recommend clinicians consider non-pharmacologic and non-opioid therapies first, and only in cases where the benefits outweigh the risks, initiation of opioid therapy.
- UnitedHealthcare is committed to working with care providers to help:
  - **Prevent** opioid misuse and addiction.
  - **Treat** those who are addicted.
  - **Support** long-term recovery.

  For more information about our programs to help prevent opioid overuse, please visit **UHCprovider.com >** Menu > Resource Library > Drug Lists and Pharmacy > Opioid Programs and Resources.
- Information to help you stay informed about the latest opioid research and guidelines is also available at **cdc.gov, hhs.gov** or your state's public health department website. Here are a few suggestions to get you started:
  - **Prevention**
    - Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain available at: **cdc.gov >** CDC A - Z INDEX > D > Drug Overdose (OD) > Healthcare Providers > CDC's opioid prescribing guideline for chronic pain
    - U.S. Department of Health & Human Services (HHS) Prevent Opioid Abuse and Addiction available at: **hhs.gov/opioids >** Prevention
  - **Treatment**
    - Substance Abuse and Mental Health Services Administration (SAMHSA) Medication-Assisted Treatment (MAT) available at: **samhsa.gov >** Programs & Campaigns > Medication-Assisted Treatment
    - National Institute on Drug Abuse (NIDA) Effective Treatments for Opioid Addiction available at: **drugabuse.gov >** Drugs of Abuse > Opioids > Effective Treatments for Opioid Addiction
    - HHS Treatment for Opioid Use Disorder available at: **hhs.gov/opioids >** Treatment
    - American Society of Addiction Medicine (ASAM) Educational Resources available at: **asam.org >** Education > Educational Resources
  - **Recovery**
    - In-network MAT care provider search for UnitedHealthcare plan members available at: **provider.liveandworkwell.com**
      - To start a search, enter your ZIP code, then "Select an Area of Expertise." Choose "Substance Use Disorder" and "Search."
  - **Harm Reduction**
    - Harm Reduction Coalition Prescribe Naloxone! available at: **harmreduction.org >** Issues > Overdose Prevention > Prescribe Naloxone! Recent Resources
    - SAMHSA Opioid Overdose Preventive Toolkit available at: **samhsa.gov >** Publications > Substances > Opioids or Opiates > Opioid Overdose Prevention Toolkit (SMA16-4742)

Use of Opioids From Multiple Providers (UOP)

New for 2021

Added

- New medication lists for Aspirin Codeine, Codeine Phosphate, and Acetaminophen Benzhydrocodone.

Definition

Proportion of members ages 18 and older receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers

Three rates are reported

1. **Multiple Prescribers –** Proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
2. **Multiple Pharmacies –** Proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year
3. **Multiple Prescribers and Multiple Pharmacies –** Proportion of members receiving prescriptions for opioids from four or more different prescribers **and** four or more different pharmacies during the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid • Medicare	• NCQA Accreditation • NCQA Health Plan Ratings	**Administrative** • Claim/Encounter • Pharmacy Data

Use of Opioids From Multiple Providers (UOP)

Medications

To be included in this measure, a member must have met both of the following criteria in the measurement year:

- Four or more dispensing events on different dates of service for the following opioid medications, **and**
- ≥ 15 days covered by an opioid prescription

Opioid Medications			
• Benzhydrocodone • Buprenorphine (transdermal patch and buccal film) • Butorphanol	• Codeine • Dihydrocodeine • Fentanyl • Hydrocodone • Hydromorphone	• Levorphanol • Meperidine • Methadone • Morphine • Opium	• Oxycodone • Oxymorphone • Pentazocine • Tapentadol • Tramadol

These medications are not included as dispensing events for this measure:

- Cough and cold products with opioids
- Injectables
- Ionsys®
  - Fentanyl transdermal patch used in inpatient settings only
- Methadone for the treatment of opioid use disorder
- Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder
  - Buprenorphine sublingual tablets
  - Buprenorphine subcutaneous implant
  - Buprenorphine/naloxone combination products

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year	Any time during the measurement year

Use of Opioids From Multiple Providers (UOP)

Tips and Best Practices to Help Close This Care Opportunity

This measure focuses on taking caution with patients using multiple pharmacies and/or prescribers.

- Evidence suggests people who see multiple prescribers and use multiple pharmacies are at higher risk of overdose.
- UnitedHealthcare is committed to working with care providers to help:
  - **Prevent** opioid misuse and addiction.
  - **Treat** those who are addicted.
  - **Support** long-term recovery.

  For more information about our programs to help prevent opioid overuse, please visit **UHCprovider.com >** Menu > Resource Library > Drug Lists and Pharmacy > Opioid Programs and Resources.
- Information to help you stay informed about the latest opioid research and guidelines is also available at **cdc.gov, hhs.gov** or your state's public health department website. Here are a few suggestions to get you started:
  - **Prevention**
    - Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain available at: **cdc.gov >** CDC A - Z INDEX > D > Drug Overdose (OD) > Healthcare Providers > CDC's opioid prescribing guideline for chronic pain
    - U.S. Department of Health & Human Services (HHS) Prevent Opioid Abuse and Addiction available at: **hhs.gov/opioids >** Prevention
  - **Treatment**
    - Substance Abuse and Mental Health Services Administration (SAMHSA) Medication-Assisted Treatment (MAT) available at: **samhsa.gov >** Programs & Campaigns > Medication-Assisted Treatment
    - National Institute on Drug Abuse (NIDA) Effective Treatments for Opioid Addiction available at: **drugabuse.gov >** Drugs of Abuse > Opioids > Effective Treatments for Opioid Addiction
    - HHS Treatment for Opioid Use Disorder available at: **hhs.gov/opioids >** Treatment
    - American Society of Addiction Medicine (ASAM) Educational Resources available at: **asam.org >** Education > Educational Resources
  - **Recovery**
    - In-network MAT care provider search for UnitedHealthcare plan members available at: **provider.liveandworkwell.com**
      - To start a search, enter your ZIP code, then "Select an Area of Expertise." Choose "Substance Use Disorder" and "Search."
  - **Harm Reduction**
    - Harm Reduction Coalition Prescribe Naloxone! available at: **harmreduction.org >** Issues > Overdose Prevention > Prescribe Naloxone! Recent Resources
    - SAMHSA Opioid Overdose Preventive Toolkit available at: **samhsa.gov >** Publications > Substances > Opioids or Opiates > Opioid Overdose Prevention Toolkit (SMA16-4742)

Childhood Immunization Status (CIS)

New for 2021

No applicable measure changes.

Yes!
Supplemental Data Accepted

Definition

Percentage of children age 2 who had four doses of diphtheria, tetanus and acellular pertussis (DTaP) vaccine; one hepatitis A (Hep A) vaccine; three doses of hepatitis B (Hep B) vaccine; three doses of haemophilus influenza type B (HiB) vaccine; two doses of influenza (flu) vaccine; three doses of polio (IPV) vaccine; one measles, mumps and rubella (MMR) vaccine; four doses of pneumococcal conjugate (PCV) vaccine; two or three doses of rotavirus (RV) vaccine; and one chicken pox (VZV) vaccine on or before their second birthday

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid	• CMS Quality Rating System (Combination 3) • NCQA Accreditation (Combination 10) • NCQA Health Plan Ratings (Combination 10)	**Hybrid** • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

DTaP
Number of Doses: 4
Special Circumstances
- Do not count dose administered from birth through 42 days.

CPT®/CPT II	90698, 90700, 90723
CVX Codes	20, 50, 106, 107, 110, 120

Hep A
Number of Doses: 1
Special Circumstances
- Must be administered on or between a child's first and second birthdays.

CPT®/CPT II	90633
CVX Codes	31, 83, 85

(Codes continued)

Childhood Immunization Status (CIS)

Codes (continued)

See Appendix for codes that include descriptions.

Hep B **Number of Doses: 3**	
ICD-10 Procedure	90723, 90740, 90744, 90747-48
CPT/CPT II	08, 44, 45, 51, 110
HCPCS	G0010
Newborn Hep B **Number of Doses: 1 of 3 eligible**	
ICD-10 Procedure	3E0234Z
HiB **Number of Doses: 3** **Special Circumstances:** Do not count dose administered from birth through 42 days.	
CPT®/CPT II	90644, 90647-4890698, 90698, 90748
CVX Codes	17, 46-51, 120, 148
Influenza **Number of Doses: 2** **Special Circumstances:** Do not count dose administered prior to age 6 months.	
CPT®/CPT II	90655, 90657, 90661, 90673, 90685-89
CVX Codes	88, 140, 141, 150, 153, 155, 158, 161
HCPCS	G0008
Live Attenuated Influenza Virus (administered on the 2nd birthday)	
CPT/CPT II	90660, 90672
CVX Codes	111, 149
IPV **Number of Doses: 3** **Special Circumstances:** Do not count dose administered from birth through 42 days.	
CPT®/CPT II	90698, 90713, 90723
CVX Codes	10, 89, 110, 120

(Codes continued)

Childhood Immunization Status (CIS)

Codes (continued)

See Appendix for codes that include descriptions.

MMR **Number of Doses: 1** **Special Circumstances** • Any combination of measles, mumps and rubella vaccines must be administered on or between a child's first and second birthdays.	
CPT®/CPT II	90707, 90710
CVX Codes	03, 94
Measles/Rubella **Number of Doses: 1**	
CPT/CPT II	90708
CVX Codes	04
Measles **Number of Doses: 1**	
CPT®/CPT II	90705
CVX Codes	05
Mumps **Number of Doses: 1**	
CPT®/CPT II	90704
CVX Codes	07
SNOMED	50583002
Rubella **Number of Doses: 1**	
CPT®/CPT II	90706
CVX Codes	06
SNOMED	82314000

(Codes continued)

Childhood Immunization Status (CIS)

Codes (continued)

See Appendix for codes that include descriptions.

PCV **Number of Doses: 4** **Special Circumstances:** Do not count dose administered from birth through 42 days.	
CPT®/CPT II	90670
CVX Codes	133, 152
HCPCS	G0009
Rotavirus **Number of Doses: 2 or 3 (depending on vaccine manufacturer)** **Special Circumstances:** Do not count dose administered from birth through 42 days.	
CPT/CPT II	Rotavirus two dose: 90681 Rotavirus three dose: 90680
CVX Codes	Rotavirus two dose: 119, Rotavirus three dose: 116, 122
VZV **Number of Doses: 1** **Special Circumstances:** Must be administered on or between a child's first and second birthdays.	
CPT®/CPT II	90710, 90716
CVX Codes	21, 94

Childhood Immunization Status (CIS)

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion		Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year		Any time during the measurement year
Any vaccine	Anaphylactic reaction to the vaccine or its components	Any time on or before a member's second birthday
DTaP	Encephalopathy **with** a vaccine adverse-effect code	
Hepatitis B	Anaphylactic reaction to common baker's yeast	
IPV	Anaphylactic reaction to streptomycin, polymyxin B or neomycin	
MMR, VZV and influenza	• Immunodeficiency • HIV • Lymphoreticular cancer, multiple myeloma or leukemia • Anaphylactic reaction to neomycin	
Rotavirus	• History of intussusception • Severe combined immunodeficiency	

Childhood Immunization Status (CIS)

Important Notes

A member's medical record must include:

- A note with the **name of the specific antigen and the date** the vaccine was administered.
- An immunization record from an authorized health care provider or agency – for example, a registry – including the **name of the specific antigen and the date** the vaccine was administered.

Documentation that a member is up-to-date with all immunizations, but doesn't include a list of the immunizations and dates they were administered, will **not** meet compliance.

Documentation of physician orders, CPT codes or billing charges will **not** meet compliance.

For Hep A, Hep B, MMR or VZV, documented history of the illness or a seropositive test result count as numerator events – but they must occur on or before a child's second birthday.

Medical Record Detail Including, But Not Limited to

- History and physical
- Immunization record
- Lab results
- Problem list with illnesses dated
- Progress notes

Childhood Immunization Status (CIS)

Tips and Best Practices to Help Close This Care Opportunity:

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- When documenting the rotavirus vaccine, always include "Rotarix®" or "two-dose," or "RotaTeq®" or "three-dose" with the date of administration.
  - If medical record documentation doesn't indicate whether the two-dose schedule or three-dose schedule was used, it's assumed that the three-dose regimen was used but only recorded for two dates. The vaccinations will then not count for HEDIS®.
- Annual influenza vaccinations – two between ages 6 months and 2 years – are an important part of the recommended childhood vaccination series.
  - Consider using standing orders, protocols and resources from **immunize.org.**
- Please record HepB vaccinations given at the hospital in the child's medical record.
- Parental refusal of vaccinations will **not** remove an eligible member from the denominator.
- When possible, please review vaccine status with parents and give immunizations at visits other than only well-child appointments.
  - Consider offering online appointment scheduling.
  - Help ensure safety by dedicating specific rooms for child immunizations only.
  - Offer options such as extended hours or walk-in vaccination clinics.
  - Consider setting up a drive-up immunization site.
- Schedule appointments for your patient's next vaccination before they leave your office.
  - Remind parents of the importance of keeping immunizations on track.
  - Use phone calls, emails, texts or postcards/letters to help keep parents engaged.
- If applicable, please consider participating in your state's immunization registry.
- Information to help parents choose to immunize is available at **cdc.gov** or your state's public health department website. The American Academy of Pediatrics immunization schedule can be found at **aap.org.**
- Immunizations can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Child and Adolescent Well-Care Visits (WCV)

New for 2021

Updated

- This measure is a combination of the former measures W34 and AWC.
- The hybrid collection and reporting model is no longer available. Administrative reporting only.

Added

- Members ages 7–11 are included.

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 3–21 who had one or more well-child visits with a primary care provider or OB-GYN during the measurement year

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial – Administrative only for non-exchange health plans • Medicaid	• CMS Quality Rating System • Select Medicaid State Reporting	**Administrative** • Claim/Encounter Data

Codes

See Appendix for codes that include descriptions.

Well-Care Visits	
CPT®/CPT II	99381-85, 99391-95, 99461
HCPCS	G0438, G0439, S0302
ICD-10 Diagnosis	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Child and Adolescent Well-Care Visits (WCV)

Important Notes

Always include a date of service and document these components of care:

- Physical exam
  - Vital signs alone aren't enough to meet compliance.
  - Visits where care is limited to OB-GYN topics such as prenatal or postnatal care will **not** meet compliance
- Health history – Assessment of history of disease or illness
  - Notation of allergies, medications or immunizations alone will **not** meet compliance. Documenting all three **will** meet compliance.
- Physical developmental history – Assessment of physical developmental milestones and progress toward developing the skills needed to become a healthy child
  - Notation of Tanner stage or scale will **not** meet compliance.
  - "Appropriate for age" without a specific reference to development will **not** meet compliance.
- Mental developmental history – Assessment of mental developmental milestones and progress toward developing the skills needed to become a healthy child
  - Notations of "appropriately responsive for age," "neurological exam" or "well developed" alone will not meet compliance.
- Health education/anticipatory guidance – Given to parents or guardians to educate them on emerging issues, expectations and things to watch for at the member's age
  - Information about medications or immunizations or their side effects will not meet compliance.

Medical Record Detail Including, But Not Limited to

- Growth charts
- Well-child visit forms
- History and physical
- Progress notes
- Sports or school physical forms
- Vitals sheet

(Important Notes continued)

Child and Adolescent Well-Care Visits (WCV)

Important Notes

The components of care can be completed at any appointment – not just a well-child visit – and on different dates of service. However, services specific to an acute or chronic condition will **not** meet compliance.

The well-child visit must be done by a primary care provider, but it doesn't have to be with the member's assigned primary care provider.

School-based health clinic visits count for this measure if they're for a well-care exam **and** the physician completing the exam is a primary care provider.

Medical Record Detail Including, But Not Limited to

- History and physical
- Immunization record
- Lab results
- Problem list with illnesses dated
- Progress notes

Tips and Best Practices to Help Close This Care Opportunity:

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- If provider is seeing a patient for Evaluation and Management (E/M) services and all well-child visit components are completed: Attach modifier 25 or 59 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure
  - Modifier 25 is used to indicate a significant and separately identifiable evaluation and management (E/M) service by the same physician on the same day another procedure or service was performed.
  - Modifier 59 is used to indicate that 2 or more procedures were performed at the same visit, but to different sites on the body.
- **Documentation of the components of care for a well-care visit can be done at any time during the measurement year and on separate visits.**
- Helpful resources about the components of care are available at **brightfutures.aap.org.**
- Well-care visits can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- The following table offers examples of evaluations to help complete each component of care.

(Tips and Best Practices to Help Close This Care Opportunity continued)

Child and Adolescent Well-Care Visits (WCV)

Tips and Best Practices to Help Close This Care Opportunity:

- The following table offers examples of evaluations to help complete each component of care.

Physical Exam	Health History	Physical Development	Mental Development	Anticipatory Guidance
Assessment of multiple body systems	Birth history	Throws, kicks a ball	Knows full name	Safety, poison control
Vital signs in addition to above	Present and past medical, surgical history	Hops, skips, runs	Colors, writes, starting to read	Nutrition
Height, weight in addition to above	History of illness, allergies	Rides a tricycle or bike	Does well in school	Sees a dentist
Auscultation of heart and lung sounds	No history	Puberty	Uses imagination, plays, shares with others	Interacts with others
		Start of menses	Smoking, alcohol, drug use	Discipline
		Acne	Sexual activity	Physical activity
		Tanner stage assessment	Depression	Oral health
		Growth spurts	Grades	Safe sex
			Good circle of friends	Sunscreen
			School issues	Self-exams – breast or testicular
			Decision-making	

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

New for 2021

Added

- Initial follow-up visit that takes place during a telephone visit, e-visit or virtual check-in meets numerator compliance.
- Continual follow-up visits that take place during an e-visit or virtual check-in meets numerator compliance.

Yes!
Supplemental Data Accepted

Definition

Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed

Two rates are reported:

1. **Initiation Phase –** Percentage of members ages 6–12 with an ambulatory prescription dispensed for ADHD medication who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. A member must be between ages 6–12 when the first prescription for an ADHD medicine was dispensed.
2. **Continuation and Maintenance Phase –** Percentage of members ages 6–12 with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner on different dates of service within 270 days – nine months – after the Initiation Phase ended. A member must be between ages 6–12 when the first prescription for an ADHD medicine was dispensed.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid	• NCQA Accreditation • NCQA Health Plan Ratings (Continuation Only)	**Administrative** • Claim/Encounter Data • Pharmacy Data

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Codes

See Appendix for codes that include descriptions.

Initiation Phase

SCENARIO 1
Outpatient Visit With a Practitioner With Prescribing Authority and With Appropriate Place of Service Code (Place of Service Code Must Be Billed With Visit Code.)

Visit Setting Unspecified	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33,

AND

Place of Service Code

Code	Location		
03	School	**17**	Walk-in retail health clinic
05	Indian Health Service free-standing facility	**18**	Place of employment – worksite
07	Tribal 638 free-standing facility	**19**	Off-campus outpatient hospital
09	Prison/Correctional facility	**20**	Urgent care facility
11	Office	**22**	On-campus outpatient hospital
12	Home	**33**	Custodial care facility
13	Assisted living facility	**49**	Independent clinic
14	Group home	**50**	Federally qualified health center
15	Mobile unit	**71**	Public health clinic
16	Temporary lodging	**72**	Rural health clinic

(Codes continued)

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Codes (continued)

See Appendix for codes that include descriptions.

Initiation Phase

SCENARIO 2
Behavioral Health Outpatient Visit With a Practitioner With Prescribing Authority

Behavioral Health Visits	
CPT®/CPT II	98960-62, 99078, 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411-12, 99483, 99510
HCPCS	G0155, G0176-77, G0409, G0463, H0002, H0004, H0031, H0034, H0036-37, H0039-40, H2000, H2010-11, H2013-20, T1015
SNOMED	30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 391223001, 391224007, 391225008, 391237005, 391239008, 391242002, 391257009, 391260002, 391261003, 439740005, 3391000175108, 444971000124105
UBREV	0510, 0513, 0515-17, 0519-23, 0526-29, 0900, 0902-04, 0911, 0914-17, 0919, 0982-83

SCENARIO 3
Observation Visit With a Practitioner With Prescribing Authority

Observation Visit	
CPT®/CPT II	99217-20

SCENARIO 4
Intensive Outpatient Encounter or Partial Hospitalization With a Practitioner With Prescribing Authority and With Appropriate Place of Service Code (Place of Service Code Must Be Billed With Visit Code.)

Visit Setting Unspecified	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55

AND

Place of Service Code

Code	Location
52	Psychiatric facility – partial hospitalization

(Codes continued)

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Codes (continued)

See Appendix for codes that include descriptions.

Initiation Phase

SCENARIO 5
A Health and Behavior Assessment/Intervention With a Practitioner with Prescribing Authority

A Health and Behavior Assessment/Intervention	
CPT®/CPT II	96150-54, 96156, 96158-59, 96164-65, 96167-68, 96170-71

SCENARIO 6
Intensive Outpatient Encounter or Partial Hospitalization With a Practitioner With Prescribing Authority

Partial Hospitalization/Intensive Outpatient Visits	
HCPCS	G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484-85

SCENARIO 7
Community Mental Health Center Visit With a Practitioner With Prescribing Authority and With Appropriate Place of Service Code

Visit Setting Unspecified	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55

AND

Place of Service Code

Code	Location
53	Community mental health center

(Codes continued)

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Codes (continued)

See Appendix for codes that include descriptions.

Initiation Phase

SCENARIO 8
Telehealth With a Practitioner With Prescribing Authority and With Appropriate Place of Service Code

Visit Setting Unspecified	
CPT®/CPT II	90791-92, 90832-34, 90836-40, 90845, 90847, 90849, 90853, 90875-76, 99221-23, 99231-33, 99238-39, 99251-55

AND

Place of Service Code

Code	Location
02	Telehealth

SCENARIO 9
Telephone With a Practitioner With Prescribing Authority

Telephone Visits	
CPT®/CPT II	98966-68, 99441-43

Continuation Phase – Initiation Phase scenarios 1-9 in addition to the following (only one of two follow-up visits during days 31-300 may be e-visit or virtual check-in):

SCENARIO 10
E-Visit or Virtual Check-In With a Practitioner With Prescribing Authority

Online Assessment (e-visit/virtual check-in)	
CPT®/CPT II	98969-72, 99421-23, 99444, 99457
HCPCS	G0071, G2010, G2012, G2061, G2062, G2063

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Medications

The following ADHD medications dispensed during the 12-month window starting March 1 of the year prior to the measurement year and ending the last calendar day of Feb. of the measurement year identify members for this measure:

Drug Category	Medications	
CNS stimulants	• Dexmethylphenidate • Dextroamphetamine • Lisdexamfetamine	• Methylphenidate • Methamphetamine
Alpha-2 receptor agonists	• Clonidine	• Guanfacine
Miscellaneous ADHD medications	• Atomoxetine	

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
Narcolepsy	Any time during a member's history through Dec. 31 of the measurement year
Members who had an acute inpatient encounter for mental, behavioral or neurodevelopmental disorder	During the 30 days after the earliest prescription dispensing date

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Important Notes

	Medical Record Detail Including, But Not Limited to
• **Initiation Phase – When prescribing ADHD medication for the first time:** – Schedule a member's follow-up appointment within 21–28 days after they receive their initial prescription to assess effectiveness and address any side effects. – Write the initial prescription for the number of days until the follow-up appointment to increase the likelihood that a patient will come to the visit. – Use screening tools such as the Vanderbilt Assessment Scale to assist with diagnosing ADHD. • **Continuation and Maintenance Phase – When providing ongoing care:** – Schedule at least two more follow-up appointments within the next nine months to help ensure the member is stabilized on an appropriate dose. – An e-visit or virtual check-in visit is eligible for **one** visit toward the Continuation and Maintenance Phase.	• Medication list • Progress notes

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Tips and Best Practices to Help Close This Care Opportunity:

- Continue to monitor patient with two or more visits in the next nine months.
- Encourage the use of telehealth appointments when appropriate.
- Screening tools such as the National Institute for Children's Health Quality (NICHQ) Vanderbilt Assessment Scale can help with diagnosing ADHD.
- When prescribing ADHD medication for the first time, make sure all members are scheduled for a follow-up visit within 30 days.
- Write the initial prescription for the number of days until a member's follow-up visit to increase the likelihood they'll come to the appointment.
- Schedule at least three follow-up visits at the time a member's diagnosed and gets their prescription.
  - The first appointment should be 21 to 28 days after they receive their initial prescription so you can assess the medication's effectiveness and address any side effects.
  - Schedule at least two or more follow-up appointments within the next nine months to confirm the member's stable and taking the appropriate dose.
- Review members' history of prescription refill patterns and reinforce education and reminders to take their medication as prescribed.
- At each office visit, talk with members about following your treatment plan and/or barriers to taking their medications, and encourage adherence.
- ADHD follow-up visits can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Immunizations for Adolescents (IMA)

New for 2021

No applicable measure changes.

Yes!
Supplemental Data Accepted

Definition

Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and completed the human papillomavirus (HPV) vaccine series by their 13th birthday

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid	• CMS Quality Rating System • NCQA Accreditation (Combination 2) • NCQA Health Plan Ratings (Combination 2)	**Administrative** • Claim/Encounter Data **Hybrid** • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

HPV
Number of Doses: 2
Special Circumstances:
- Dose must be administered on or between the ninth and 13th birthdays.
- There must be at least 146 days between the first and second dose of HPV vaccine.

CPT®/CPT II	90649-51
CVX Codes	62, 118, 137, 165

Meningococcal Conjugate
Number of Doses: 1
Special Circumstances: Dose must be administered on or between the 11th and 13th birthdays.

CPT®/CPT II	90734
CVX Codes	108, 114, 136, 147, 167

(Codes continued)

Immunizations for Adolescents (IMA)

Codes (continued)

See Appendix for codes that include descriptions.

Tdap
Number of Doses: 1
Special Circumstances: Dose must be administered on or between the 10th and 13th birthdays.

CPT®/CPT II	90715
CVX Codes	115

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year
Anaphylactic reaction to vaccine or its components	Any time on or before a member's 13th birthday
Anaphylactic reaction to vaccine serum	Any date of service prior to Oct. 1, 2011
Encephalopathy with a vaccine adverse-effect code	Any time on or before a member's 13th birthday

Immunizations for Adolescents (IMA)

Important Notes

A member's medical record must include:

- A note with the **name of the specific antigen and the date** the vaccine was administered.
- An immunization record from an authorized health care provider or agency – for example, a registry – including the **name of the specific antigen and the date** the vaccine was administered.

For meningococcal conjugate, meningococcal recombinant – serogroup B (MenB) – will **not** meet compliance.

Documentation that a member is up to date with all immunizations, but doesn't include a list of the immunizations and dates they were administered, will **not** meet compliance.

Documentation of physician orders, CPT® codes or billing charges will **not** meet compliance.

Medical Record Detail Including, But Not Limited to

- History and physical
- Immunization record
- Lab results
- Problem list
- Progress notes

Immunizations for Adolescents (IMA)

Tips and Best Practices to Help Close This Care Opportunity:

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Parental refusal of vaccinations will **not** remove an eligible member from the denominator.
- When possible, please review vaccine status with parents and give immunizations at visits other than only well-child appointments.
  - Consider using standing orders, protocols and resources from **immunize.org.**
  - Consider offering online appointment scheduling.
  - Help ensure safety by dedicating specific rooms for child immunizations only.
  - Offer options such as extended hours or walk-in vaccination clinics.
  - Consider setting up a drive-up immunization site.
- Schedule appointments for your patient's next vaccination before they leave your office.
  - Remind parents of the importance of keeping immunizations on track.
  - Use phone calls, emails, texts or postcards/letters to help keep parents engaged.
- If applicable, please consider participating in your state's immunization registry.
- Information to help parents choose to immunize is available at **cdc.gov** or your state's public health department website. The American Academy of Pediatrics immunization schedule can be found at **aap.org.**
- The American Cancer Society offers information about the HPV vaccine to help prevent cervical cancer at **cancer.org.**
- Immunizations can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Lead Screening in Children (LSC)

New for 2021

No applicable measure changes.

Yes!
Supplemental Data Accepted

Definition

Percentage of children age 2 who had one or more capillary or venous lead blood test for lead poisoning on or by their second birthday

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicaid	• Select Medicaid State Reporting	**Administrative** • Claim/Encounter Data **Hybrid** • Claim/Encounter Data • Medical Record Documentation

Codes

See Appendix for codes that include descriptions.

Lead Test	
CPT®/CPT II	83655
LOINC	10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Lead Screening for Children (LSC)

Important Notes

	Medical Record Detail Including, But Not Limited to
Date of service and result must be documented with the notation of the lead screening test.	• History and physical • Lab results • Progress notes

Tips and Best Practices to Help Close This Care Opportunity:

- Lab tests can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

New for 2021

No applicable measure changes.

Yes!
Supplemental Data Accepted

Definition

Percentage of children and adolescents ages 1–17 who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates are reported:

- The percentage of children and adolescents on antipsychotics who received blood glucose testing
- The percentage of children and adolescents on antipsychotics who received cholesterol testing

The percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid	• NCQA Accreditation • NCQA Health Plan Ratings • Select State Medicaid Reporting	**Administrative** • Claim/Encounter Data • Pharmacy Data

Codes

See Appendix for codes that include descriptions.

Glucose Test	
CPT®/CPT II	80047-48, 80050, 80053, 80069, 82947, 82950-51
LOINC	10450-5, 1492-8, 1494-4, 1496-9, 1499-3, 1501-6, 1504-0, 1507-3, 1514-9, 1518-0, 1530-5, 1533-9, 1554-5, 1557-8, 1558-6, 17865-7, 20436-2, 20437-0, 20438-8, 20440-4, 26554-6, 41024-1, 49134-0, 6749-6, 9375-7

HbA1c Test	
CPT®/CPT II	83036-37, 3044F, 3046F, 3051-52F
LOINC	17856-6, 4548-4, 4549-2

(Codes continued)

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Codes (continued)

See Appendix for codes that include descriptions.

Cholesterol Test Other Than LDL	
CPT®/CPT II	82465, 83718, 83722, 84478
LOINC	2085-9, 2093-3, 2571-8, 3043-7, 9830-1

LDL-C Test	
CPT®/CPT II	80061, 83700-01, 83704, 83721, 3048F-50F
LOINC	12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 49132-4, 55440-2

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began	Any time during the measurement year

Important Notes

	Medical Record Detail Including, But Not Limited to
• A member must have metabolic screening tests that measure **both** blood glucose and cholesterol. • Individual tests to measure cholesterol and blood glucose levels can be done on the same or different dates of service.	• Glucose test or HbA1c test **and** • Cholesterol test other than low-density lipoprotein (LDL) or LDL-C test

Tips and Best Practices to Help Close This Care Opportunity:

- This measure focuses on appropriate monitoring for children prescribed antipsychotic medications.
- Schedule an annual glucose or HbA1C and LDL-C or other cholesterol test.
- Assist caregiver in understanding the importance of annual screening.
- The use of CPT® Category II codes helps UnitedHealthcare identify clinical outcomes such as HbA1c level. It can also reduce the need for some chart review.
- Lab tests visits can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

New for 2021

No applicable measure changes.

Yes!
Supplemental Data Accepted

Definition

Percentage of children and adolescents ages 1–17 who had a new prescription for an antipsychotic and had psychosocial care as first line treatment in the 121 days from 90 days before the earliest dispensing date to 30 days after.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid	• NCQA Accreditation • NCQA Health Plan Ratings • Select State Medicaid Reporting	**Administrative** • Claim/Encounter Data • Pharmacy Data

Codes

See Appendix for codes that include descriptions.

Psychosocial Care	
CPT®/CPT II	90832-34, 90836-40, 90845-47, 90849, 90853, 90875-76, 90880
HCPCS	G0176, G0177, G0409, G0410, G0411, H0004, H0035-40, H2000, H2001, H2011-14, H2017-20, S0201, S9840, S9484-85

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began • One or more acute inpatient encounter with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder • Two or more visits in an outpatient, intensive outpatient or partial hospitalization setting, on different dates of service, with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder	Any time during the measurement year

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

Tips and Best Practices to Help Close This Care Opportunity:

- This measure focuses on referring to psychosocial treatment prior to prescribing an antipsychotic medication to children. This measure excludes children and adolescents diagnosed with schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism or other developmental disorder.
- Make sure children and adolescents received a psychosocial care appointment at least 90 days prior to prescribing medication or within 30 days of starting an initial prescription if there is an urgent need for medication.
- Psychosocial treatments (interventions) include structured counseling, case management, care coordination, psychotherapy and relapse prevention.
- Refer patients to a mental health professional:
  - If you need to refer your patient to a behavioral health specialist or need to request coordination of care, please call the number on the back of the patient's health plan ID card or search **liveandworkwell.com.**
- Helpful resources for you and your practice include:
  - Tools and information about behavioral health issues at **Providerexpress.com** > Clinical Resources > Behavioral Health Toolkit for Medical Providers.
  - Patient education information at **Liveandworkwell.com** – use access code "clinician." See "Mind & Body" at the top, scroll down to find the links to topics.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

New for 2021

Added

- BMI Percentile calculation (height, weight and/or BMI reported by parents) or counseling for physical activity and/or nutrition that takes place during a telephone visit, e-visit or virtual check-in meets numerator compliance.
- Height, weight or BMI percentile reported by the parents and documented into the member's official medical record by a provider is acceptable member reported data.

Yes!
Supplemental Data Accepted

Definition

Percentage of members ages 3–17 who had an outpatient visit with a primary care provider or OB-GYN and had evidence of the following during the measurement year:

- Body mass index (BMI) percentile
- Counseling for nutrition
- Counseling for physical activity

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial • Medicaid	• CMS Quality Rating System • NCQA Accreditation (BMI Percentile Only) • NCQA Health Plan Ratings (BMI Percentile Only)	**Hybrid** • Claim/Encounter Data • Medical Record Documentation

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Codes

See Appendix for codes that include descriptions.

BMI Percentile	
ICD-10 Diagnosis	Z68.51, Z68.52, Z68.53, Z68.54
LOINC	59574-4, 59575-1, 59576-9

Counseling for Nutrition	
CPT®/CPT II	97802-04 (generally used by dietitians)
HCPCS	G0270, G0271, G0447, S9449, S9452, S9470
ICD-10 Diagnosis	Z71.3

Counseling for Physical Activity	
HCPCS	G0447, S9451
ICD-10 Diagnosis	Z02.5, Z71.82

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Optional Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Female members with a diagnosis of pregnancy	Any time during the measurement year

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Important Notes

- For ages 3–17, a BMI percentile or BMI percentile plotted on an age growth chart meets compliance. A BMI value will **not** meet compliance for this age range.
  - Always record height and weight in a member's medical record.
- BMI percentile ranges or thresholds will **not** meet compliance.
  - This is true even for single ranges – for example, 17–18 percent.
- Weight assessment and counseling for nutrition and physical activity can be completed at any appointment – not just a well-child visit. However, services specific to an acute or chronic condition will **not** meet compliance for counseling for nutrition or physical activity.
  - For example: Member has exercise-induced asthma or decreased appetite because of flu symptoms

Medical Record Detail Including, But Not Limited to

- Growth charts
- History and physical
- Progress notes
- Vitals sheet

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Tips and Best Practices to Help Close This Care Opportunity:

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- **If your electronic medical record (EMR) system documents a BMI value and translates it to a BMI percentile, or documents a BMI percentile in ranges, please work with your IT department to see if it's possible to document the data in singular values.**
- For example: 18 percent instead of 17–18 percent
- Please confirm your EMR includes a plotted age growth chart for BMI percentile with the service date and a member's height and weight.
- **Documentation of BMI percentile and counseling for nutrition or physical activity can be done at any time during the measurement year and on separate visits.**
- Including a checklist in a member's medical record is a good way to make sure all measure components are completed. For example:
  - A notation of "well nourished" during a physical exam will **not** meet compliance for nutritional counseling. However, a checklist indicating that "nutrition was addressed" will.
  - A notation of "cleared for gym class" or "health education" will **not** meet compliance for physical activity counseling. However, a checklist indicating "physical activity was addressed" or evidence of a sports physical will.
- Provide parents of children ages 4 and older with age appropriate handout(s) that include a section on physical activity outside of developmental milestones.
  For example:
  - Recommended guidelines for amount of activity per day or week.
- Discuss proper nutrition and promote physical activity with parents and members at every visit.
- Talk with parents and members about nutrition and physical activity for at least 15 minutes at each well-child visit.
- Be sure to document "MEAT" when counseling for obesity:
  - **M**anage the behavioral effects due to obesity.
  - **E**valuate the behavioral effects of obesity.
  - **A**ssess the level of obesity.
  - **T**reat obesity.
- If filing G0447 with a well-child visit, attach modifier 25 or 59 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure.
  - Modifier 25 is used to indicate a significant and separately identifiable evaluation and management (E/M) service by the same physician on the same day another procedure or service was performed.
  - Modifier 59 is used to indicate that 2 or more procedures were performed at the same visit, but to different sites on the body.
- BMI percentiles and evidence of counseling for nutrition and physical activity can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.

Well-Child Visits in the First 30 Months of Life (W30)

New for 2021

Revised

- The measure name changed from W15 to W30.

Retired

- Submeasure reporting for 0–5 visits are not part of the measure.

Updated

- The hybrid collection and reporting model is no longer available. Administrative reporting only.

Added

- New rate for children who turn 30 months during the measurement year.

Yes!
Supplemental Data Accepted

Definition

Percentage of members who turned 15–30 months old during the measurement year and had the recommended number of well-child visits with a primary care provider.

- Children who turned 15 months old during the measurement year: Six or more well-child visits.
- Children who turned 30 months old during the measurement year: Two or more well-child visits.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Commercial – Administrative only for non-exchange health plans • Medicaid	• CMS Quality Rating System • Select Medicaid State Reporting	**Administrative** • Claim/Encounter Data

Codes

See Appendix for codes that include descriptions.

Well-Care Visits	
CPT®/CPT II	99381-85, 99391-95, 99461
HCPCS	G0438, G0439, S0302
ICD-10 Diagnosis	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
Members who use hospice services or elect to use a hospice benefit, regardless of when the services began during the measurement year	Any time during the measurement year

Well-Child Visits in the First 30 Months of Life (W30)

Important Notes

Always include a date of service and document these components of care:

- Physical exam
  - Vital signs alone aren't enough to meet compliance.
- Health history – Assessment of history of disease or illness
  - Notation of allergies, medications or immunizations alone will **not** meet compliance. Documenting all three **will** meet compliance.
- Physical developmental history – Assessment of physical developmental milestones and progress toward developing the skills needed to become a healthy child
  - Notation of Tanner stage or scale will **not** meet compliance.
  - "Appropriate for age" without a specific reference to development will **not** meet compliance.
- Mental developmental history – Assessment of mental developmental milestones and progress toward developing the skills needed to become a healthy child
  - Notations of "appropriately responsive for age," "neurological exam" or "well developed" alone will **not** meet compliance.
- Health education/anticipatory guidance – Given to parents or guardians to educate them on emerging issues, expectations and things to watch for at the member's age
  - Information about medications or immunizations or their side effects will **not** meet compliance.

The components of care can be completed at any appointment – not just a well-child visit – and on different dates of service. However, services specific to an acute or chronic condition will **not** meet compliance.

Medical Record Detail Including, But Not Limited to

- Growth charts
- History and physical
- Progress notes
- Vitals sheet
- Well-child visit forms

Well-Child Visits in the First 30 Months of Life (W30)

Tips and Best Practices to Help Close This Care Opportunity:

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- If provider is seeing a patient for Evaluation and Management (E/M) services and all well-child visit components are completed: Attach modifier 25 or 59 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure.
  - Modifier 25 is used to indicate a significant and separately identifiable evaluation and management (E/M) service by the same physician on the same day another procedure or service was performed.
  - Modifier 59 is used to indicate that 2 or more procedures were performed at the same visit, but to different sites on the body.
- **Documentation of the components of care for a well-care visit can be done at any time during the measurement year and on separate visits.**
- Helpful resources about the components of care are available at **brightfutures.aap.org.**
- Well-care visits can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- The following table offers examples of evaluations to help complete each component of care:

Physical Exam	Health History	Physical Development	Mental Development	Anticipatory Guidance
Assessment of multiple body systems	Birth history	Follows parents with eyes	Coos, babbles	Safety
Vital signs in addition to above	Medical, surgical history	Sits, crawls, walks	Easily consoled	Nutrition, weaning from bottle or breast
Height, weight in addition to above	History of illness, allergies	Pulls self up	Fears strangers, experiences separation anxiety	Development milestones
Auscultation of heart and lung sounds		Turns face to side when on stomach	Looks for toys that fall out of sight	Sleep patterns

Medication Adherence for Cholesterol (MAC)

New for 2021

No applicable methodology changes.

Definition

Percentage of members ages 18 and older who adhere to their cholesterol (statin) medication at least 80 percent of the time in the measurement period

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare	• CMS Star Ratings	**Part D Prescription Claims** • Pharmacy Data

Compliance

To comply with this measure, a member must have a proportion of days covered (PDC) of 80 percent or higher for their statin medication in the measurement period.

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year • End-stage renal disease (ESRD)	Any time during the measurement year

Medication Adherence for Cholesterol (MAC)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
  - **Focus on members marked yellow in your PCOR because they may be at risk for non-adherence.**
- Log on to UHCCareConnect to review members with open care opportunities.
  - Select **Member Rx Adherence** to view your patient list.
  - The list is updated every day and prioritizes members at highest risk for not taking their medications. You can also use the tool to document a member's progress.
- **Improve health literacy.** Talk with members about why they're on a statin medication, and how it's important to take their medication as prescribed and get timely refills.
- **Assess adherence barriers.** Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits, side effects and cost.
- **Discuss continued therapy.** If ongoing therapy is appropriate, talk with members about getting timely refills to prevent large gaps between fills. This is particularly important between the first and second fills to set up good habits for future fills.
  - **Members qualify for the measure with the second fill, but the measurement period starts with the date of the first fill.**
  - For members who qualified for the measure denominator:
    - Pay attention to allowable days remaining and days of therapy missed year-to-date (YTD) in your PCOR or in UHCCareConnect. Members should have a zero or greater allowable days remaining (ADR) at the end of the measurement period.
  - **Members can't achieve 80 percent PDC when the allowable days they can miss in the year is less than zero. ADR must be zero or higher for a member to be adherent.**
- **Consider extended days' supply prescriptions.** When clinically appropriate, consider writing 90-day prescriptions for chronic conditions to help improve adherence and minimize frequent trips to the pharmacy – especially if getting to the pharmacy is an issue. UnitedHealthcare Medicare Advantage benefit plans include coverage for a 90-day supply of prescriptions that can be delivered to a patient's home or picked up at a retail pharmacy.
  - For some health plans, members can get a three month supply of Tier 1 and Tier 2 drugs for the same price as two or two-and-a-half months of the same medication at a retail pharmacy.
- **Prescribe low-cost generics.** When clinically appropriate, prescribe low-cost generic medications to help reduce out-of-pocket costs.
- **Confirm instructions.** Check that the directions on members' prescriptions match your instructions. **If the dose or frequency is changed, please void the old prescription and send a new one to the member's pharmacy.**
- **Use prescription benefit at the pharmacy.** Remind your patients who are UnitedHealthcare members to use their health plan ID card at the pharmacy to get the best value. **Only prescription fills processed with a member's health plan ID card can be used to measure a member's adherence to their medication.**
- **Try home delivery.** If getting to a pharmacy is difficult, ask members about the possibility of filling their prescriptions through a UnitedHealthcare network mail order pharmacy so they can get their medication delivered to their home. For more information, please call OptumRx® at **800-791-7658** or contact your UnitedHealthcare representative.
- **Stay organized.** Encourage members to use a pillbox to keep organized and to set an alarm on their phone or clock as a reminder to take their medication.
- **Join a reminder program.** Ask members to sign up for a refill reminder program at their pharmacy, if available.

Broad formulary coverage available under UnitedHealthcare Medicare Advantage Prescription Drug Plan formularies. Please refer to specific plan formulary for coverage details.

U.S. Department of Health and Human Services Health/Resource Services Administration (HRSA) requirements say network pharmacy providers owned by a 340(b) participating entity may discount or waive the cost-sharing amounts owed by members if there's genuine financial need.

In these cases, Medicare rules and your agreement with OptumRx requires your pharmacy to:

1. Submit claims for Part D drugs for Medicare Part D members to OptumRx using the POS System.
2. If applicable, adjust the member's cost-sharing portion after submitting claims when collecting payment, using guidance on genuine financial need as described by HRSA.

Medication Adherence for Diabetes Medications (MAD)

New for 2021

No applicable methodology changes.

Definition

Percentage of members ages 18 or older who are adherent to their diabetes medications at least 80 percent of the time in the measurement period

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare	• CMS Star Ratings	**Part D Prescription Claims** • Pharmacy Data

Compliance

To comply with this measure, a member must have a proportion of days covered (PDC) of 80 percent or higher for their diabetes medication(s) in the measurement period. These classes of diabetes medications are included in this measure:

- Biguanides
- DPP-4 inhibitors
- Incretin mimetics
- Meglitinides
- SGLT2 inhibitors
- Sulfonylureas
- Thiazolidinediones

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year • End-stage renal disease (ESRD) • One or more prescription claim for insulin	Any time during the measurement year

Medication Adherence for Diabetes Medications (MAD)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
  - **Focus on members marked yellow in your PCOR because they may be at risk for non-adherence.**
- Log on to UHCCareConnect to review members with open care opportunities.
  - Select **Member Rx Adherence** to view your patient list.
  - The list is updated every day and prioritizes members at highest risk for not taking their medications. You can also use the tool to document a member's progress.
- **Improve health literacy.** Talk with members about why they're on a statin medication, and how it's important to take their medication as prescribed and get timely refills.
- **Assess adherence barriers.** Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits, side effects and cost.
- **Discuss continued therapy.** If ongoing therapy is appropriate, talk with members about getting timely refills to prevent large gaps between fills. This is particularly important between the first and second fills to set up good habits for future fills.
  - **Members qualify for the measure with the second fill, but the measurement period starts with the date of the first fill.**
  - For members who qualified for the measure denominator:
    - Pay attention to allowable days remaining and days of therapy missed year-to-date (YTD) in your PCOR or in UHCCareConnect. Members should have zero or greater allowable days remaining (ADR) at the end of the measurement period.
  - **Members can't achieve 80 percent PDC when the allowable days they can miss in the year is less than zero. ADR must be zero or higher for a member to be adherent.**
- **Consider extended days' supply prescriptions.** When clinically appropriate, consider writing 90-day prescriptions for chronic conditions to help improve adherence and minimize frequent trips to the pharmacy – especially if getting to the pharmacy is an issue. UnitedHealthcare Medicare Advantage benefit plans include coverage for a 90-day supply of prescriptions that can be delivered to a patient's home or picked up at a retail pharmacy.
  - For some health plans, members can get a three month supply of Tier 1 and Tier 2 drugs for the same price as two or two-and-a-half months of the same medication at a retail pharmacy.
- **Prescribe low-cost generics.** When clinically appropriate, prescribe low-cost generic medications to help reduce out-of-pocket costs.
- **Confirm instructions.** Check that the directions on members' prescriptions match your instructions. **If the dose or frequency is changed, please void the old prescription and send a new one to the member's pharmacy.**
- **Use prescription benefit at the pharmacy.** Remind your patients who are UnitedHealthcare members to use their health plan ID card at the pharmacy to get the best value. **Only prescription fills processed with a member's health plan ID card can be used to measure a member's adherence to their medication.**
- **Try home delivery.** If getting to a pharmacy is difficult, ask members about the possibility of filling their prescriptions through a UnitedHealthcare network mail order pharmacy so they can get their medication delivered to their home. For more information, please call OptumRx® at **800-791-7658** or contact your UnitedHealthcare representative.
- **Stay organized.** Encourage members to use a pillbox to keep organized and to set an alarm on their phone or clock as a reminder to take their medication.
- **Join a reminder program.** Ask members to sign up for a refill reminder program at their pharmacy, if available.

Broad formulary coverage available under UnitedHealthcare Medicare Advantage Prescription Drug Plan formularies. Please refer to specific plan formulary for coverage details.

U.S. Department of Health and Human Services Health/Resource Services Administration (HRSA) requirements say network pharmacy providers owned by a 340(b) participating entity may discount or waive the cost-sharing amounts owed by members if there's genuine financial need.

In these cases, Medicare rules and your agreement with OptumRx requires your pharmacy to:

1. Submit claims for Part D drugs for Medicare Part D members to OptumRx using the POS System.
2. If applicable, adjust the member's cost-sharing portion after submitting claims when collecting payment, using guidance on genuine financial need as described by HRSA.

Medication Adherence for Hypertension (RAS antagonists) (MAH)

New for 2021

No applicable methodology changes.

Definition

Percentage of members ages 18 or older who adhere to their hypertension (RAS antagonist) medication at least 80 percent of the time in the measurement period

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare	• CMS Star Ratings	**Part D Prescription Claims** • Pharmacy Data

Compliance

To comply with this measure, a member must have a proportion of days covered (PDC) of 80 percent or higher for their hypertension (RAS antagonist) medication in the measurement period. RAS antagonist medications include:

- Angiotensin II receptor blockers (ARBs)
- Angiotensin-converting enzyme (ACE) inhibitors
- Direct renin inhibitors

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year • End-stage renal disease (ESRD) • One or more prescription claim for sacubitril/valsartan (Entresto®)	Any time during the measurement year

Medication Adherence for Hypertension (RAS antagonists) (MAH)

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
  - **Focus on members marked yellow in your PCOR because they may be at risk for non-adherence.**
- Log on to UHCCareConnect to review members with open care opportunities.
  - Select **Member Rx Adherence** to view your patient list.
  - The list is updated every day and prioritizes members at highest risk for not taking their medications. You can also use the tool to document a member's progress.
- **Improve health literacy.** Talk with members about why they're on a statin medication, and how it's important to take their medication as prescribed and get timely refills.
- **Assess adherence barriers.** Discuss medication adherence barriers at each visit and ask open-ended questions about concerns related to health benefits, side effects and cost.
- **Discuss continued therapy.** If ongoing therapy is appropriate, talk with members about getting timely refills to prevent large gaps between fills. This is particularly important between the first and second fills to set up good habits for future fills.
  - **Members qualify for the measure with the second fill, but the measurement period starts with the date of the first fill.**
  - For members who qualified for the measure denominator:
    - Pay attention to allowable days remaining and days of therapy missed year-to-date (YTD) in your PCOR or in UHCCareConnect. Members should have zero or greater allowable days remaining (ADR) at the end of the measurement period.
  - **Members can't achieve 80 percent PDC when the allowable days they can miss in the year is less than zero. ADR must be zero or higher for a member to be adherent.**
- **Consider extended days' supply prescriptions.** When clinically appropriate, consider writing 90-day prescriptions for chronic conditions to help improve adherence and minimize frequent trips to the pharmacy – especially if getting to the pharmacy is an issue. UnitedHealthcare Medicare Advantage benefit plans include coverage for a 90-day supply of prescriptions that can be delivered to a patient's home or picked up at a retail pharmacy.
  - For some health plans, members can get a three month supply of Tier 1 and Tier 2 drugs for the same price as two or two-and-a-half months of the same medication at a retail pharmacy.
- **Prescribe low-cost generics.** When clinically appropriate, prescribe low-cost generic medications to help reduce out-of-pocket costs.
- **Confirm instructions.** Check that the directions on members' prescriptions match your instructions. **If the dose or frequency is changed, please void the old prescription and send a new one to the member's pharmacy.**
- **Use prescription benefit at the pharmacy.** Remind your patients who are UnitedHealthcare members to use their health plan ID card at the pharmacy to get the best value. **Only prescription fills processed with a member's health plan ID card can be used to measure a member's adherence to their medication.**
- **Try home delivery.** If getting to a pharmacy is difficult, ask members about the possibility of filling their prescriptions through a UnitedHealthcare network mail order pharmacy so they can get their medication delivered to their home. For more information, please call OptumRx® at **800-791-7658** or contact your UnitedHealthcare representative.
- **Stay organized.** Encourage members to use a pillbox to keep organized and to set an alarm on their phone or clock as a reminder to take their medication.
- **Join a reminder program.** Ask members to sign up for a refill reminder program at their pharmacy, if available.

Broad formulary coverage available under UnitedHealthcare Medicare Advantage Prescription Drug Plan formularies. Please refer to specific plan formulary for coverage details.

U.S. Department of Health and Human Services Health/Resource Services Administration (HRSA) requirements say network pharmacy providers owned by a 340(b) participating entity may discount or waive the cost-sharing amounts owed by members if there's genuine financial need.

In these cases, Medicare rules and your agreement with OptumRx requires your pharmacy to:

1. Submit claims for Part D drugs for Medicare Part D members to OptumRx using the POS System.
2. If applicable, adjust the member's cost-sharing portion after submitting claims when collecting payment, using guidance on genuine financial need as described by HRSA.

Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews (CMR)

New for 2021

No applicable methodology changes.

Definition

Percentage of members ages 18 or older who were enrolled in a medication therapy management (MTM) program for at least 60 days during the reporting period and received a comprehensive medication review (CMR)

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare Part D	• CMS Star Ratings	**Part D Prescription Claims** • Pharmacy Data • Medical Claim Data • Part D Reporting

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the measurement year • Members who were enrolled in a MTM program for less than 60 days during the reporting period and didn't receive a CMR	Any time during the measurement year

Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews (CMR)

Important Notes

	Timeframe
CMR must be completed by a pharmacist or other health care professional during a member's enrollment in a MTM program. • To be enrolled in a MTM program, a member must meet certain eligibility requirements that include: – Diagnosis of three of these five chronic conditions: diabetes, heart failure, high blood pressure, high cholesterol or rheumatoid arthritis – Prescription fills of at least eight Medicare Part D-covered medications for chronic conditions – Total prescription costs of at least $4,255 for Medicare Part D-covered drugs this year • UnitedHealthcare identifies members who may be eligible every quarter, and automatically enrolls them in our MTM program called MyMedsReview. – Participants are contacted by mail, phone or in person, and asked to schedule a personal medication review with a pharmacist or other qualified care provider. A written summary and action plan are sent following each CMR.	Within the reporting period

Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews (CMR)

Tips and Best Practices to Help Close This Care Opportunity:

- MyMedsReview, UnitedHealthcare's MTM program, is offered at no additional cost to eligible plan members with Medicare Part D coverage. Once enrolled, members can complete a CMR with one of our pharmacists.
- To identify members who may be eligible for MyMedsReview, check the CMR flag within the UHCCareConnect tool. Your UnitedHealthcare representative can show you how.
- At office visits, ask eligible members to call MyMedsReview at **866-216-0198, TTY 711.** Or, call "live" during a visit so they can do their CMR right from your office or schedule for a later date.
  - Pharmacists are available Monday – Thursday, 9 a.m. to 10 p.m. Eastern Time, and Friday, 9 a.m. – 6:30 p.m. Eastern Time, and can often do a review right away.
- Let eligible members know the program can help them:
  - Take their medications as you prescribed.
  - Recognize the benefits of their medications.
  - Better understand side effects to help lower the risk for adverse reactions.
- If your practice has clinical pharmacists who are interested in completing CMRs, please contact our vendor partner, OutcomesMTM, at **clinics@outcomesmtm.com** to request a network agreement or learn more.
- At every appointment, remind members about the importance of taking their medications as prescribed.

Statin Use in Persons With Diabetes (SUPD)

New for 2021

No applicable methodology changes.

Definition

Percentage of Medicare members with diabetes ages 40–75 who receive at least one fill of a statin medication in the measurement year

Members with diabetes are defined as those who have at least two fills of diabetes medications during the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
• Medicare	• CMS Star Ratings	**Part D Prescription Claims** • Pharmacy Data

Compliance

To comply with this measure, a member with diabetes must have a fill for at least one statin or statin combination medication in any strength or dose using their Part D benefit during the measurement year. The statins shown here are on a member's UnitedHealthcare Medicare Advantage formulary:[i,ii]

Formulary Tier	Medications	
Tier 1*	• Atorvastatin • Lovastatin • Pravastatin	• Rosuvastatin • Simvastatin
Tier 2	• Amlodipine-atorvastatin	• Fluvastatin
Tier 3	• Ezetimibe-simvastatin	• Livalo®

Exclusion(s)

If applicable, see Appendix for codes and descriptions.

Exclusion	Timeframe
• Members who use hospice services or elect to use a hospice benefit, regardless of when the services began in the mea surement year • End-stage renal disease (ESRD)	Any time during the measurement year

i All product names are registered ® trademarks of their respective holders. Use of them does not imply any affiliation with or endorsement by them.

ii The formulary and pharmacy network may change at any time.

*Lowest copay of all tier levels

Statin Use in Persons With Diabetes (SUPD)

Tips and Best Practices to Help Close This Care Opportunity:

- **Please check your Patient Care Opportunity Report (PCOR) often.** Look in the Pharmacy Detail tab for members with open care opportunities.
- Log on to UHCCareConnect to review members with open care opportunities.
  - Select Member Rx Adherence to view your patient list.
  - Members without a statin fill this year will be marked with a “Gap” under the SUPD measure.
- **Consider prescribing a statin, as appropriate.** If you determine a statin medication is appropriate, please send a prescription to the member’s preferred pharmacy.*

*Member may use any pharmacy in the network, but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Co-pays apply after deductible.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

This health plan member survey is a multi-year survey that evaluates consumer/member experiences. We use CAHPS results to compare data on members' experience of care between UnitedHealthcare and prescription drug plans.

The example survey questions here use the Medicare and Medicaid look-back period of six months. The questions for commercial members use a 12-month look-back.

Frequency: Annually between Feb. and June
Target Population: Medicare Advantage, commercial and Medicaid members
Measurement Year Look-Back: Six months for Medicare and Medicaid, 12 months for commercial

Annual Flu Vaccine

Survey Question

- Have you had a flu shot since July 1 (of the previous year)?

Compliance Needed to Meet the Intent of the Measure
Percentage of sampled UnitedHealthcare members who received a flu vaccination during the measurement year

For the following survey questions, Medicare and Health Care Exchange members use the case-mix adjusted calculations. Commercial and Medicaid members don't use case-mix adjustment.

Care Coordination

Survey Questions Address:

- Whether the personal doctor is informed and up to date about specialist care
- Whether the doctor had medical records and other information about the member's care (Medicare only)
- Whether there was follow-up with the member to provide test results (Medicare only)
- How quickly the member got the test results (Medicare only)
- Whether the doctor spoke with the member about prescription medicines (Medicare only)
- Whether the member received help managing care (Medicare only)

Compliance Needed to Meet the Intent of the Measure for Medicare Advantage Plan Members
This case-mix adjusted composite measure is used to assess care coordination. The CAHPS score uses the mean of the distribution of responses converted to a scale of 0 to 100.

Customer Service

Survey Questions

- In the last six months, how often did your health plan's customer service give you the information or help you needed?
- In the last six months, how often did your health plan's customer service treat you with courtesy and respect?
- In the last six months, how often were the forms for your health plan easy to fill out? (Medicare only)

Compliance Needed to Meet the Intent of the Measure
This case-mix adjusted composite measure is used to assess how easy it was for members to get information and help when needed. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Getting Appointments and Care Quickly

Survey Questions

- In the last six months, when you needed care right away, how often did you get care as soon as you needed it?
- In the last six months, how often did you get an appointment for a check-up or routine care as soon as you needed?
- Wait time includes time spent in the waiting room and exam room. In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time? (Medicare only)

Compliance Needed to Meet the Intent of the Measure
This case-mix adjusted composite measure is used to assess how quickly members were able to get appointments and care. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100.

Getting Needed Care

Survey Questions

- How often did you get an appointment to see a specialist as soon as you needed?
- In the last six months, how often was it easy to get the care, tests or treatments you needed?)

Compliance Needed to Meet the Intent of the Measure
This case-mix adjusted composite measure is used to assess how easy it was for members to get needed care and see specialists. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100.

Rating of Health Care

Survey Question

- Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last six months?

Compliance Needed to Meet the Intent of the Measure
This case-mix adjusted measure is used to assess members' view of the quality of care received from the health plan. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100.

Rating of Health Plan

Survey Question

- Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?

Compliance Needed to Meet the Intent of the Measure
This case-mix adjusted measure is used to assess the overall view members have of their health plan. The CAHPS score uses the mean of the distribution of responses converted to a scale from 0 to 100.

Rating of Personal Doctor – Commercial and Medicaid Only

Survey Question

- Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Compliance Needed to Meet the Intent of the Measure
This measure is used to assess the overall view members have of their personal doctor.

Rating of Specialist Seen Most Often – Commercial and Medicaid Only

Survey Question

- We want to know your rating of the specialist you saw most often in the last six to12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Compliance Needed to Meet the Intent of the Measure
This measure is used to assess the overall view members have of the specialist they see most often.

Health Outcomes Survey (HOS)

This health plan member survey is used to gather valid, reliable and clinically meaningful health status data in the Medicare Advantage program for use in quality improvement activities, pay for performance, program oversight, public reporting and improving health. All managed care organizations with Medicare Advantage contracts must participate. The survey looks at physical and mental health outcomes measures, urinary incontinence in older adults, physical activity in older adults, fall risk management, and osteoporosis testing in older women.

Frequency: Annually between Aug. and Nov.
Target Population: Medicare Advantage

Improving Bladder Control

HOS Data Only
Cohort follow-up data collection and cohort baseline data collection:

- **HOS Question 42:** Many people experience leakage of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine?
- **HOS Question 43:** During the past six months, how much did leaking of urine make you change your daily activities or interfere with your sleep?
- **HOS Question 45:** There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse or other health care provider about any of these approaches?

Compliance Needed to Meet the Intent of the Measure
Percentage of Medicare members ages 65 and older who reported having urine leakage in the past six months (Question 42) and who discussed treatment options for their urinary incontinence with a health care provider (Question 45).

Improving or Maintaining Mental Health

HOS Data Only
Cohort follow-up data collection and cohort baseline data collection:

- **HOS Question 4a:** During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Accomplished less than you would like: None of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 4b:** During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Didn't do work or other activities as carefully as usual: None of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 6a:** How much of the time during the past four weeks have you felt calm and peaceful? None of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 6b:** How much of the time during the past four weeks did you have a lot of energy? None of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 6c:** How much of the time during the past four weeks have you felt downhearted and blue? None of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 7:** During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? None of the time, a little of the time, some of the time, most of the time, all of the time

Compliance Needed to Meet the Intent of the Measure
Percentage of sampled Medicare members ages 65 and older whose mental health status was the same or better than expected (Questions 4a–b, 6a–c and 7).

Health Outcomes Survey (HOS)

Improving or Maintaining Physical Health

HOS Data Only
Cohort follow-up data collection and cohort baseline data collection:

- **HOS Question 1:** In general, would you say your health is excellent, very good, good, fair or poor?
- **HOS Question 2a:** The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf: Limited a lot, limited a little, not limited at all
- **HOS Question 2b:** The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Climbing several flights of stairs: Limited a lot, limited a little, not limited at all
- **HOS Question 3a:** During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Accomplished less than you would like: None of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 3b:** During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Were limited in the kind of work or other activities: None of the time, a little of the time, some of the time, most of the time, all of the time
- **HOS Question 5:** During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? Not at all, a little bit, moderately, quite a bit, extremely

Compliance Needed to Meet the Intent of the Measure
Percentage of sampled Medicare members ages 65 and older whose physical health status was the same, or better than expected (Questions 1, 2a-b, 3a-b and 5).

Contact us to learn more.

For more information about how our programs can help support your patients who are UnitedHealthcare plan members, please contact your UnitedHealthcare representative. Thank you.

Monitoring Physical Activity

HOS Data Only
Cohort follow-up data collection and cohort baseline data collection:

- **HOS Question 46:** In the past 12 months, did you talk with a doctor or other health provider about your level of exercise or physical activity? For example, a doctor or other health provider may ask if you exercise regularly or take part in physical exercise.
- **HOS Question 47:** In the past 12 months, did a doctor or other health care provider advise you to start, increase or maintain your level of exercise or physical activity? For example, in order to improve your health, your doctor or other health provider may advise you to start taking the stairs, increase walking from 10 to 20 minutes every day or maintain your current exercise program.

Compliance Needed to Meet the Intent of the Measure
Percentage of sampled Medicare members ages 65 and older who had a doctor's visit in the past 12 months and who received advice to start, increase, or maintain their level of exercise or physical activity (Question 47).

Reducing the Risk of Falling

HOS Data Only
Cohort follow-up data collection and cohort baseline data collection:

- **HOS Question 48:** A fall is when your body goes to the ground without being pushed. In the past 12 months, did your doctor or other health provider talk with you about falling or problems with balance or walking?
- **HOS Question 49:** Did you fall in the past 12 months?
- **HOS Question 50:** In the past 12 months, have you had a problem with balance or walking?
- **HOS Question 51:** Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include:
  - Suggest you use a cane or walker.
  - Suggest you do an exercise or physical therapy program.
  - Suggest vision or hearing testing

Compliance Needed to Meet the Intent of the Measure
Percentage of Medicare members ages 65 and older who had a fall or had problems with balance or walking in the past 12 months (Question 49), who were seen by a practitioner in the past 12 months, and who received fall risk intervention from their current practitioner (Questions 48 and 51)

CPT® Category II Codes

Use to help achieve better outcomes for your patients and your practice.

CPT® Category II codes make it easier for you to share data with UnitedHealthcare quickly and efficiently. When you add them for certain preventive care services and test results, we can get a more complete picture of our plan members' health – and help you address care opportunities tied to Healthcare Effectiveness Data and Information Set (HEDIS®) quality measures.

Using CPT® Category II codes may also offer these benefits:

1. **Fewer medical record requests**
   When you add CPT® Category II codes, we won't have to request charts from your office to confirm care you've already completed.
2. **Enhanced performance**
   With better information, we can work with you to help identify opportunities to improve patient care. This may lead to better performance on HEDIS® measures for your practice.
3. **Improved health outcomes**
   With more precise data, we can refer UnitedHealthcare plan members to our programs that may be appropriate for their health situation to help support your plan of care.
4. **Less mail for members**
   With more complete information, we can avoid sending reminders to patients to get screenings they may have already completed.

List of CPT® Category II codes to include

The following chart shows which measures are tracked and which codes to use for each measure. For a complete list of CPT® Category II codes, please go to the American Medical Association website at **ama-assn.org** > Practice Management > CPT® (Current Procedural Terminology) > CPT Overview > Finding Coding Resources.

Measure	Code Descriptor	CPT® Category II Code
Care for Older Adults	Advance care planning discussed and documented – advance care plan or surrogate decision-maker documented in medical record	1123F
	Advance care planning discussed and documented in medical record – patient didn't wish to or was unable to provide an advance care plan or name a surrogate decision-maker	1124F
	Pain assessment – pain documented	1125F
	Pain assessment – no pain documented	1126F
	Advance care plan or similar document in medical record	1157F
	Advance care planning discussion documented	1158F
	Medication list documented	1159F
	Medication review by prescribing care provider or clinical pharmacist documented	1160F
	Functional status assessed	1170F

CPT® Category II Codes

Measure	Code Descriptor	CPT® Category II Code
Comprehensive Diabetes Care	Diabetic retinal screening with evidence of retinopathy	2022F
	Diabetic retinal screening with evidence of retinopathy	2024F
	Diabetic retinal screening with evidence of retinopathy	2026F
	Diabetic retinal screening with no evidence of retinopathy	2023F
	Diabetic retinal screening with no evidence of retinopathy	2025F
	Diabetic retinal screening with no evidence of retinopathy	2033F
	HbA1c level < 7.0%	3044F
	HbA1c level ≥ 7.0% and < 8.0%	3051F
	HbA1c level ≥ 8.0% and ≤ 9.0%	3052F
	HbA1c level > 9.0%	3046F
	Positive microalbuminuria test result reviewed and documented	3060F
	Negative microalbuminuria test result reviewed and documented	3061F
	Positive macroalbuminuria test result reviewed and documented	3062F
	Documentation for treatment of nephropathy	3066F
	Diabetic retinal screening negative in prior year	3072F
	Systolic < 130	3074F
	Systolic 130–139	3075F
	Systolic ≥ 140	3077F
	Diastolic < 80	3078F
	Diastolic 80–89	3079F
	Diastolic ≥ 90	3080F
	ACE inhibitor or ARB therapy prescribed or currently being taken	4010F

* 3045F will not address the care opportunity for HbA1c level < 8.0 percent.

CPT® Category II Codes

Measure	Code Descriptor	CPT® Category II Code
Controlling High Blood Pressure	Systolic < 130	3074F
	Systolic 130–139	3075F
	Systolic ≥ 140	3077F
	Diastolic < 80	3078F
	Diastolic 80–89	3079F
	Diastolic ≥ 90	3080F
Low-Density Lipoprotein Cholesterol (LDL-C) Tests	LDL-C <100 mg/dL	3048F
	LDL-C 100–129 mg/dL	3049F
	LDL-C ≥ 130 mg/dL	3050F
Medication Reconciliation Post-Discharge	Discharge medications reconciled with current medications in outpatient record	1111F
Postpartum Care	Postpartum care visit	0503F
Prenatal Care	Initial prenatal care visit	0500F
	Prenatal flow sheet	0501F
	Subsequent prenatal care	0502F
Transitions of Care	Discharge medications reconciled with current medications in outpatient record	1111F

In some cases, CPT® Category II codes must be submitted by the care provider type that meets the intent of a HEDIS® measure. For example, medication review must be completed by a prescribing care provider or clinical pharmacist to address the Care for Older Adults care opportunity.

The following is a list of the primary services and codes you can use to close the care opportunities outlined in this guide. This information is taken directly from NCQA HEDIS® technical specifications. **Only codes with descriptions are included.** For more information about codes not in this Appendix, please visit **ncqa.org.**

Measure	Service	Code	Description	N*	E**
ADD, FUH, FUM	BH Outpatient	G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes (G0155)	x	
	BH Outpatient	G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) (G0176)	x	
	BH Outpatient	G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) (G0177)	x	
	BH Outpatient	G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF) (G0409)	x	
	BH Outpatient	G0463	Hospital outpatient clinic visit for assessment and management of a patient (G0463)	x	
	BH Outpatient	H0002	Behavioral health screening to determine eligibility for admission to treatment program (H0002)	x	
	BH Outpatient	H0004	Behavioral health counseling and therapy, per 15 minutes (H0004)	x	
	BH Outpatient	H0031	Mental health assessment, by non-physician (H0031)	x	
	BH Outpatient	H0034	Medication training and support, per 15 minutes (H0034)	x	
	BH Outpatient	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes (H0036)	x	
	BH Outpatient	H0037	Community psychiatric supportive treatment program, per diem (H0037)	x	
	BH Outpatient	H0039	Assertive community treatment, face-to-face, per 15 minutes (H0039)	x	
	BH Outpatient	H0040	Assertive community treatment program, per diem (H0040)	x	
	BH Outpatient	H2000	Comprehensive multidisciplinary evaluation (H2000)	x	
	BH Outpatient	H2010	Comprehensive medication services, per 15 minutes (H2010)	x	
	BH Outpatient	H2011	Crisis intervention service, per 15 minutes (H2011)	x	
	BH Outpatient	H2013	Psychiatric health facility service, per diem (H2013)	x	
	BH Outpatient	H2014	Skills training and development, per 15 minutes (H2014)	x	
	BH Outpatient	H2015	Comprehensive community support services, per 15 minutes (H2015)	x	
	BH Outpatient	H2016	Comprehensive community support services, per diem (H2016)	x	
	BH Outpatient	H2017	Psychosocial rehabilitation services, per 15 minutes (H2017)	x	
	BH Outpatient	H2018	Psychosocial rehabilitation services, per diem (H2018)	x	
	BH Outpatient	H2019	Therapeutic behavioral services, per 15 minutes (H2019)	x	
	BH Outpatient	H2020	Therapeutic behavioral services, per diem (H2020)	x	
	BH Outpatient	T1015	Clinic visit/encounter, all-inclusive (T1015)	x	
	Partial Hospitalization or Intensive Outpatient	G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes (G0410)	x	
	Partial Hospitalization or Intensive Outpatient	G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes (G0411)	x	

***Numerator -** Code closes member care opportunity (may be in conjunction with other codes)
****Exclusion -** Code removes member from measure (may be in conjunction with other codes)

Measure	Service	Code	Description	N*	E**
ADD, FUH, FUM	Partial Hospitalization or Intensive Outpatient	H0035	Mental health partial hospitalization, treatment, less than 24 hours (H0035)	x	
	Partial Hospitalization or Intensive Outpatient	H2001	Rehabilitation program, per 1/2 day (H2001)	x	
	Partial Hospitalization or Intensive Outpatient	H2012	Behavioral health day treatment, per hour (H2012)	x	
	Partial Hospitalization or Intensive Outpatient	S0201	Partial hospitalization services, less than 24 hours, per diem (S0201)	x	
	Partial Hospitalization or Intensive Outpatient	S9480	Intensive outpatient psychiatric services, per diem (S9480)	x	
	Partial Hospitalization or Intensive Outpatient	S9484	Crisis intervention mental health services, per hour (S9484)	x	
	Partial Hospitalization or Intensive Outpatient	S9485	Crisis intervention mental health services, per diem (S9485)	x	
APP	Psychosocial Care	G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) (G0176)	x	
	Psychosocial Care	G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) (G0177)	x	
	Psychosocial Care	G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF) (G0409)	x	
	Psychosocial Care	G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes (G0410)	x	
	Psychosocial Care	G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes (G0411)	x	
	Psychosocial Care	H0004	Behavioral health counseling and therapy, per 15 minutes (H0004)	x	
	Psychosocial Care	H0035	Mental health partial hospitalization, treatment, less than 24 hours (H0035)	x	
	Psychosocial Care	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes (H0036)	x	
	Psychosocial Care	H0037	Community psychiatric supportive treatment program, per diem (H0037)	x	
	Psychosocial Care	H0038	Self-help/peer services, per 15 minutes (H0038)	x	
	Psychosocial Care	H0039	Assertive community treatment, face-to-face, per 15 minutes (H0039)	x	
	Psychosocial Care	H0040	Assertive community treatment program, per diem (H0040)	x	
	Psychosocial Care	H2000	Comprehensive multidisciplinary evaluation (H2000)	x	
	Psychosocial Care	H2001	Rehabilitation program, per 1/2 day (H2001)	x	

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Measure	Service	Code	Description	N*	E**
APP	Psychosocial Care	H2011	Crisis intervention service, per 15 minutes (H2011)	x	
	Psychosocial Care	H2012	Behavioral health day treatment, per hour (H2012)	x	
	Psychosocial Care	H2013	Psychiatric health facility service, per diem (H2013)	x	
	Psychosocial Care	H2014	Skills training and development, per 15 minutes (H2014)	x	
	Psychosocial Care	H2017	Psychosocial rehabilitation services, per 15 minutes (H2017)	x	
	Psychosocial Care	H2018	Psychosocial rehabilitation services, per diem (H2018)	x	
	Psychosocial Care	H2019	Therapeutic behavioral services, per 15 minutes (H2019)	x	
	Psychosocial Care	H2020	Therapeutic behavioral services, per diem (H2020)	x	
	Psychosocial Care	S0201	Partial hospitalization services, less than 24 hours, per diem (S0201)	x	
	Psychosocial Care	S9480	Intensive outpatient psychiatric services, per diem (S9480)	x	
	Psychosocial Care	S9484	Crisis intervention mental health services, per hour (S9484)	x	
	Psychosocial Care	S9485	Crisis intervention mental health services, per diem (S9485)	x	
BCS	Mammography	G0202	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed (G0202)	x	
	Mammography	G0204	Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral (G0204)	x	
	Mammography	G0206	Diagnostic mammography, including computer-aided detection (cad) when performed; unilateral (G0206)	x	
	Absence of Left Breast	Z90.12	[Z90.12] Acquired absence of left breast and nipple		x
	Absence of Right Breast	Z90.11	[Z90.11] Acquired absence of right breast and nipple		x
	History of Bilateral Mastectomy	Z90.13	[Z90.13] Acquired absence of bilateral breasts and nipples		x
	Bilateral Mastectomy	0HTV0ZZ	[0HTV0ZZ] Resection of Bilateral Breast, Open Approach		x
	Unilateral Mastectomy Left	0HTU0ZZ	[0HTU0ZZ] Resection of Left Breast, Open Approach		x
	Unilateral Mastectomy Right	0HTT0ZZ	[0HTT0ZZ] Resection of Right Breast, Open Approach		x
	Mammography	24604-1	MG Breast Diagnostic Limited Views	x	
	Mammography	24605-8	MG Breast Diagnostic	x	
	Mammography	24606-6	MG Breast Screening	x	
	Mammography	24610-8	MG Breast Limited Views	x	
	Mammography	26175-0	MG Breast - bilateral Screening	x	
	Mammography	26176-8	MG Breast - left Screening	x	
	Mammography	26177-6	MG Breast - right Screening	x	
	Mammography	26287-3	MG Breast - bilateral Limited Views	x	
	Mammography	26289-9	MG Breast - left Limited Views	x	
	Mammography	26291-5	MG Breast - right Limited Views	x	
	Mammography	26346-7	MG Breast - bilateral Diagnostic	x	
	Mammography	26347-5	MG Breast - left Diagnostic	x	
	Mammography	26348-3	MG Breast - right Diagnostic	x	
	Mammography	26349-1	MG Breast - bilateral Diagnostic Limited Views	x	
	Mammography	26350-9	MG Breast - left Diagnostic Limited Views	x	
	Mammography	26351-7	MG Breast - right Diagnostic Limited Views	x	

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Measure	Service	Code	Description	N*	E**
BCS	Mammography	36319-2	MG Breast 4 Views	x	
	Mammography	36625-2	MG Breast Views	x	
	Mammography	36626-0	MG Breast - bilateral Views	x	
	Mammography	36627-8	MG Breast - left Views	x	
	Mammography	36642-7	MG Breast - left 2 Views	x	
	Mammography	36962-9	MG Breast Axillary	x	
	Mammography	37005-6	MG Breast - left Magnification	x	
	Mammography	37006-4	MG Breast - bilateral MLO	x	
	Mammography	37016-3	MG Breast - bilateral Rolled Views	x	
	Mammography	37017-1	MG Breast - left Rolled Views	x	
	Mammography	37028-8	MG Breast Tangential	x	
	Mammography	37029-6	MG Breast - bilateral Tangential	x	
	Mammography	37030-4	MG Breast - left Tangential	x	
	Mammography	37037-9	MG Breast True lateral	x	
	Mammography	37038-7	MG Breast - bilateral True lateral	x	
	Mammography	37052-8	MG Breast - bilateral XCCL	x	
	Mammography	37053-6	MG Breast - left XCCL	x	
	Mammography	37539-4	MG Breast Grid Views	x	
	Mammography	37542-8	MG Breast Magnification Views	x	
	Mammography	37543-6	MG Breast - bilateral Magnification Views	x	
	Mammography	37551-9	MG Breast Spot Views	x	
	Mammography	37552-7	MG Breast - bilateral Spot Views	x	
	Mammography	37553-5	MG Breast - left Spot Views compression	x	
	Mammography	37554-3	MG Breast - bilateral Magnification and Spot	x	
	Mammography	37768-9	MG Breast - right 2 Views	x	
	Mammography	37769-7	MG Breast - right Magnification and Spot	x	
	Mammography	37770-5	MG Breast - right Tangential	x	
	Mammography	37771-3	MG Breast - right True lateral	x	
	Mammography	37772-1	MG Breast - right XCCL	x	
	Mammography	37773-9	MG Breast - right Magnification	x	
	Mammography	37774-7	MG Breast - right Views	x	
	Mammography	37775-4	MG Breast - right Rolled Views	x	
	Mammography	38070-9	MG Breast Views for implant	x	
	Mammography	38071-7	MG Breast - bilateral Views for implant	x	
	Mammography	38072-5	MG Breast - left Views for implant	x	
	Mammography	38090-7	MG Breast - bilateral Air gap Views	x	
	Mammography	38091-5	MG Breast - left Air gap Views	x	
	Mammography	38807-4	MG Breast - right Spot Views	x	
	Mammography	38820-7	MG Breast - right Views for implant	x	
	Mammography	38854-6	MG Breast - left Magnification and Spot	x	
	Mammography	38855-3	MG Breast - left True lateral	x	
	Mammography	42415-0	MG Breast - bilateral Views Post Wire Placement	x	
	Mammography	42416-8	MG Breast - left Views Post Wire Placement	x	

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Measure	Service	Code	Description	N*	E**
BCS	Mammography	46335-6	MG Breast - bilateral Single view	x	
	Mammography	46336-4	MG Breast - left Single view	x	
	Mammography	46337-2	MG Breast - right Single view	x	
	Mammography	46338-0	MG Breast - unilateral Single view	x	
	Mammography	46339-8	MG Breast - unilateral Views	x	
	Mammography	46350-5	MG Breast - unilateral Diagnostic	x	
	Mammography	46351-3	MG Breast - bilateral Displacement Views for Implant	x	
	Mammography	46356-2	MG Breast - unilateral Screening	x	
	Mammography	46380-2	MG Breast - unilateral Views for implant	x	
	Mammography	48475-8	MG Breast - bilateral Diagnostic for implant	x	
	Mammography	48492-3	MG Breast - bilateral Screening for implant	x	
	Mammography	69150-1	MG Breast - left Diagnostic for implant	x	
	Mammography	69251-7	MG Breast Views Post Wire Placement	x	
	Mammography	69259-0	MG Breast - right Diagnostic for implant	x	
	Online Assessments	G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only (G0071)	x	x
	Online Assessments	G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment (G2010)	x	x
	Online Assessments	G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion (G2012)	x	x
	Online Assessments	G2061	Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes (G2061)	x	x
	Online Assessments	G2062	Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes (G2062)	x	x
	Online Assessments	G2063	Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes (G2063)	x	x
BCS, CCS, COL, CBP, SPC, SPD, CDC, OMW	Palliative Care Encounter	G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project) (G9054)		x
	Palliative Care Encounter	M1017	Patient admitted to palliative care services (M1017)		x
	Palliative Care Encounter	Z51.5	[Z51.5] Encounter for palliative care		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Frailty Device	E0100	Cane, includes canes of all materials, adjustable or fixed, with tip (E0100)		x
	Frailty Device	E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips (E0105)		x
	Frailty Device	E0130	Walker, rigid (pickup), adjustable or fixed height (E0130)		x
	Frailty Device	E0135	Walker, folding (pickup), adjustable or fixed height (E0135)		x
	Frailty Device	E0140	Walker, with trunk support, adjustable or fixed height, any type (E0140)		x
	Frailty Device	E0141	Walker, rigid, wheeled, adjustable or fixed height (E0141)		x
	Frailty Device	E0143	Walker, folding, wheeled, adjustable or fixed height (E0143)		x
	Frailty Device	E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat (E0144)		x
	Frailty Device	E0147	Walker, heavy duty, multiple braking system, variable wheel resistance (E0147)		x
	Frailty Device	E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each (E0148)		x
	Frailty Device	E0149	Walker, heavy duty, wheeled, rigid or folding, any type (E0149)		x
	Frailty Device	E0163	Commode chair, mobile or stationary, with fixed arms (E0163)		x
	Frailty Device	E0165	Commode chair, mobile or stationary, with detachable arms (E0165)		x
	Frailty Device	E0167	Pail or pan for use with commode chair, replacement only (E0167)		x
	Frailty Device	E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each (E0168)		x
	Frailty Device	E0170	Commode chair with integrated seat lift mechanism, electric, any type (E0170)		x
	Frailty Device	E0171	Commode chair with integrated seat lift mechanism, non-electric, any type (E0171)		x
	Frailty Device	E0250	Hospital bed, fixed height, with any type side rails, with mattress (E0250)		x
	Frailty Device	E0251	Hospital bed, fixed height, with any type side rails, without mattress (E0251)		x
	Frailty Device	E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress (E0255)		x
	Frailty Device	E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress (E0256)		x
	Frailty Device	E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress (E0260)		x
	Frailty Device	E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress (E0261)		x
	Frailty Device	E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress (E0265)		x
	Frailty Device	E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress (E0266)		x
	Frailty Device	E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress (E0270)		x
	Frailty Device	E0290	Hospital bed, fixed height, without side rails, with mattress (E0290)		x
	Frailty Device	E0291	Hospital bed, fixed height, without side rails, without mattress (E0291)		x
	Frailty Device	E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress (E0292)		x
	Frailty Device	E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress (E0293)		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Frailty Device	E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress (E0294)		x
	Frailty Device	E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress (E0295)		x
	Frailty Device	E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress (E0296)		x
	Frailty Device	E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress (E0297)		x
	Frailty Device	E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress (E0301)		x
	Frailty Device	E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress (E0302)		x
	Frailty Device	E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress (E0303)		x
	Frailty Device	E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress (E0304)		x
	Frailty Device	E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (E0424)		x
	Frailty Device	E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (E0425)		x
	Frailty Device	E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing (E0430)		x
	Frailty Device	E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing (E0431)		x
	Frailty Device	E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge (E0433)		x
	Frailty Device	E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing (E0434)		x
	Frailty Device	E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor (E0435)		x
	Frailty Device	E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing (E0439)		x
	Frailty Device	E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing (E0440)		x
	Frailty Device	E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit (E0441)		x
	Frailty Device	E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit (E0442)		x
	Frailty Device	E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit (E0443)		x
	Frailty Device	E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit (E0444)		x
	Frailty Device	E0462	Rocking bed with or without side rails (E0462)		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Frailty Device	E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube) (E0465)		x
	Frailty Device	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell) (E0466)		x
	Frailty Device	E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (E0470)		x
	Frailty Device	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (E0471)		x
	Frailty Device	E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) (E0472)		x
	Frailty Device	E0561	Humidifier, non-heated, used with positive airway pressure device (E0561)		x
	Frailty Device	E0562	Humidifier, heated, used with positive airway pressure device (E0562)		x
	Frailty Device	E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests (E1130)		x
	Frailty Device	E1140	Wheelchair, detachable arms, desk or full length, swing away detachable footrests (E1140)		x
	Frailty Device	E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests (E1150)		x
	Frailty Device	E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests (E1160)		x
	Frailty Device	E1161	Manual adult size wheelchair, includes tilt in space (E1161)		x
	Frailty Device	E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest (E1240)		x
	Frailty Device	E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest (E1250)		x
	Frailty Device	E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest (E1260)		x
	Frailty Device	E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests (E1270)		x
	Frailty Device	E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests (E1280)		x
	Frailty Device	E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest (E1285)		x
	Frailty Device	E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest (E1290)		x
	Frailty Device	E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest (E1295)		x
	Frailty Device	E1296	Special wheelchair seat height from floor (E1296)		x
	Frailty Device	E1297	Special wheelchair seat depth, by upholstery (E1297)		x
	Frailty Device	E1298	Special wheelchair seat depth and/or width, by construction (E1298)		x
	Frailty Encounter	G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting) (G0162)		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Frailty Encounter	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes (G0299)		x
	Frailty Encounter	G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes (G0300)		x
	Frailty Encounter	G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) (G0493)		x
	Frailty Encounter	G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) (G0494)		x
	Frailty Encounter	S0271	Physician management of patient home care, hospice monthly case rate (per 30 days) (S0271)		x
	Frailty Encounter	S0311	Comprehensive management and care coordination for advanced illness, per calendar month (S0311)		x
	Frailty Encounter	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used) (S9123)		x
	Frailty Encounter	S9124	Nursing care, in the home; by licensed practical nurse, per hour (S9124)		x
	Frailty Encounter	T1000	Private duty / independent nursing service(s) - licensed, up to 15 minutes (T1000)		x
	Frailty Encounter	T1001	Nursing assessment / evaluation (T1001)		x
	Frailty Encounter	T1002	RN services, up to 15 minutes (T1002)		x
	Frailty Encounter	T1003	LPN/LVN services, up to 15 minutes (T1003)		x
	Frailty Encounter	T1004	Services of a qualified nursing aide, up to 15 minutes (T1004)		x
	Frailty Encounter	T1005	Respite care services, up to 15 minutes (T1005)		x
	Frailty Encounter	T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) (T1019)		x
	Frailty Encounter	T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) (T1020)		x
	Frailty Encounter	T1021	Home health aide or certified nurse assistant, per visit (T1021)		x
	Frailty Encounter	T1022	Contracted home health agency services, all services provided under contract, per day (T1022)		x
	Frailty Encounter	T1030	Nursing care, in the home, by registered nurse, per diem (T1030)		x
	Frailty Encounter	T1031	Nursing care, in the home, by licensed practical nurse, per diem (T1031)		x
	Advanced Illness	A81.00	[A81.00] Creutzfeldt-Jakob disease, unspecified		x
	Advanced Illness	A81.01	[A81.01] Variant Creutzfeldt-Jakob disease		x
	Advanced Illness	A81.09	[A81.09] Other Creutzfeldt-Jakob disease		x
	Advanced Illness	C25.0	[C25.0] Malignant neoplasm of head of pancreas		x
	Advanced Illness	C25.1	[C25.1] Malignant neoplasm of body of pancreas		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Advanced Illness	C25.2	[C25.2] Malignant neoplasm of tail of pancreas		x
	Advanced Illness	C25.3	[C25.3] Malignant neoplasm of pancreatic duct		x
	Advanced Illness	C25.4	[C25.4] Malignant neoplasm of endocrine pancreas		x
	Advanced Illness	C25.7	[C25.7] Malignant neoplasm of other parts of pancreas		x
	Advanced Illness	C25.8	[C25.8] Malignant neoplasm of overlapping sites of pancreas		x
	Advanced Illness	C25.9	[C25.9] Malignant neoplasm of pancreas, unspecified		x
	Advanced Illness	C71.0	[C71.0] Malignant neoplasm of cerebrum, except lobes and ventricles		x
	Advanced Illness	C71.1	[C71.1] Malignant neoplasm of frontal lobe		x
	Advanced Illness	C71.2	[C71.2] Malignant neoplasm of temporal lobe		x
	Advanced Illness	C71.3	[C71.3] Malignant neoplasm of parietal lobe		x
	Advanced Illness	C71.4	[C71.4] Malignant neoplasm of occipital lobe		x
	Advanced Illness	C71.5	[C71.5] Malignant neoplasm of cerebral ventricle		x
	Advanced Illness	C71.6	[C71.6] Malignant neoplasm of cerebellum		x
	Advanced Illness	C71.7	[C71.7] Malignant neoplasm of brain stem		x
	Advanced Illness	C71.8	[C71.8] Malignant neoplasm of overlapping sites of brain		x
	Advanced Illness	C71.9	[C71.9] Malignant neoplasm of brain, unspecified		x
	Advanced Illness	C77.0	[C77.0] Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck		x
	Advanced Illness	C77.1	[C77.1] Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes		x
	Advanced Illness	C77.2	[C77.2] Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes		x
	Advanced Illness	C77.3	[C77.3] Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes		x
	Advanced Illness	C77.4	[C77.4] Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes		x
	Advanced Illness	C77.5	[C77.5] Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes		x
	Advanced Illness	C77.8	[C77.8] Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions		x
	Advanced Illness	C77.9	[C77.9] Secondary and unspecified malignant neoplasm of lymph node, unspecified		x
	Advanced Illness	C78.00	[C78.00] Secondary malignant neoplasm of unspecified lung		x
	Advanced Illness	C78.01	[C78.01] Secondary malignant neoplasm of right lung		x
	Advanced Illness	C78.02	[C78.02] Secondary malignant neoplasm of left lung		x
	Advanced Illness	C78.1	[C78.1] Secondary malignant neoplasm of mediastinum		x
	Advanced Illness	C78.2	[C78.2] Secondary malignant neoplasm of pleura		x
	Advanced Illness	C78.30	[C78.30] Secondary malignant neoplasm of unspecified respiratory organ		x
	Advanced Illness	C78.39	[C78.39] Secondary malignant neoplasm of other respiratory organs		x
	Advanced Illness	C78.4	[C78.4] Secondary malignant neoplasm of small intestine		x
	Advanced Illness	C78.5	[C78.5] Secondary malignant neoplasm of large intestine and rectum		x
	Advanced Illness	C78.6	[C78.6] Secondary malignant neoplasm of retroperitoneum and peritoneum		x
	Advanced Illness	C78.7	[C78.7] Secondary malignant neoplasm of liver and intrahepatic bile duct		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Advanced Illness	C78.80	[C78.80] Secondary malignant neoplasm of unspecified digestive organ		x
	Advanced Illness	C78.89	[C78.89] Secondary malignant neoplasm of other digestive organs		x
	Advanced Illness	C79.00	[C79.00] Secondary malignant neoplasm of unspecified kidney and renal pelvis		x
	Advanced Illness	C79.01	[C79.01] Secondary malignant neoplasm of right kidney and renal pelvis		x
	Advanced Illness	C79.02	[C79.02] Secondary malignant neoplasm of left kidney and renal pelvis		x
	Advanced Illness	C79.10	[C79.10] Secondary malignant neoplasm of unspecified urinary organs		x
	Advanced Illness	C79.11	[C79.11] Secondary malignant neoplasm of bladder		x
	Advanced Illness	C79.19	[C79.19] Secondary malignant neoplasm of other urinary organs		x
	Advanced Illness	C79.2	[C79.2] Secondary malignant neoplasm of skin		x
	Advanced Illness	C79.31	[C79.31] Secondary malignant neoplasm of brain		x
	Advanced Illness	C79.32	[C79.32] Secondary malignant neoplasm of cerebral meninges		x
	Advanced Illness	C79.40	[C79.40] Secondary malignant neoplasm of unspecified part of nervous system		x
	Advanced Illness	C79.49	[C79.49] Secondary malignant neoplasm of other parts of nervous system		x
	Advanced Illness	C79.51	[C79.51] Secondary malignant neoplasm of bone		x
	Advanced Illness	C79.52	[C79.52] Secondary malignant neoplasm of bone marrow		x
	Advanced Illness	C79.60	[C79.60] Secondary malignant neoplasm of unspecified ovary		x
	Advanced Illness	C79.61	[C79.61] Secondary malignant neoplasm of right ovary		x
	Advanced Illness	C79.62	[C79.62] Secondary malignant neoplasm of left ovary		x
	Advanced Illness	C79.70	[C79.70] Secondary malignant neoplasm of unspecified adrenal gland		x
	Advanced Illness	C79.71	[C79.71] Secondary malignant neoplasm of right adrenal gland		x
	Advanced Illness	C79.72	[C79.72] Secondary malignant neoplasm of left adrenal gland		x
	Advanced Illness	C79.81	[C79.81] Secondary malignant neoplasm of breast		x
	Advanced Illness	C79.82	[C79.82] Secondary malignant neoplasm of genital organs		x
	Advanced Illness	C79.89	[C79.89] Secondary malignant neoplasm of other specified sites		x
	Advanced Illness	C79.9	[C79.9] Secondary malignant neoplasm of unspecified site		x
	Advanced Illness	C91.00	[C91.00] Acute lymphoblastic leukemia not having achieved remission		x
	Advanced Illness	C91.02	[C91.02] Acute lymphoblastic leukemia, in relapse		x
	Advanced Illness	C92.00	[C92.00] Acute myeloblastic leukemia, not having achieved remission		x
	Advanced Illness	C92.02	[C92.02] Acute myeloblastic leukemia, in relapse		x
	Advanced Illness	C93.00	[C93.00] Acute monoblastic/monocytic leukemia, not having achieved remission		x
	Advanced Illness	C93.02	[C93.02] Acute monoblastic/monocytic leukemia, in relapse		x
	Advanced Illness	C93.90	[C93.90] Monocytic leukemia, unspecified, not having achieved remission		x
	Advanced Illness	C93.92	[C93.92] Monocytic leukemia, unspecified in relapse		x
	Advanced Illness	C93.Z0	[C93.Z0] Other monocytic leukemia, not having achieved remission		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Advanced Illness	C93.Z2	[C93.Z2] Other monocytic leukemia, in relapse		x
	Advanced Illness	C94.30	[C94.30] Mast cell leukemia not having achieved remission		x
	Advanced Illness	C94.32	[C94.32] Mast cell leukemia, in relapse		x
	Advanced Illness	F01.50	[F01.50] Vascular dementia without behavioral disturbance		x
	Advanced Illness	F01.51	[F01.51] Vascular dementia with behavioral disturbance		x
	Advanced Illness	F02.80	[F02.80] Dementia in other diseases classified elsewhere without behavioral disturbance		x
	Advanced Illness	F02.81	[F02.81] Dementia in other diseases classified elsewhere with behavioral disturbance		x
	Advanced Illness	F03.90	[F03.90] Unspecified dementia without behavioral disturbance		x
	Advanced Illness	F03.91	[F03.91] Unspecified dementia with behavioral disturbance		x
	Advanced Illness	F04	[F04] Amnestic disorder due to known physiological condition		x
	Advanced Illness	F10.27	[F10.27] Alcohol dependence with alcohol-induced persisting dementia		x
	Advanced Illness	F10.96	[F10.96] Alcohol use, unspecified with alcohol-induced persisting amnestic disorder		x
	Advanced Illness	F10.97	[F10.97] Alcohol use, unspecified with alcohol-induced persisting dementia		x
	Advanced Illness	G10	[G10] Huntington's disease		x
	Advanced Illness	G12.21	[G12.21] Amyotrophic lateral sclerosis		x
	Advanced Illness	G20	[G20] Parkinson's disease		x
	Advanced Illness	G30.0	[G30.0] Alzheimer's disease with early onset		x
	Advanced Illness	G30.1	[G30.1] Alzheimer's disease with late onset		x
	Advanced Illness	G30.8	[G30.8] Other Alzheimer's disease		x
	Advanced Illness	G30.9	[G30.9] Alzheimer's disease, unspecified		x
	Advanced Illness	G31.01	[G31.01] Pick's disease		x
	Advanced Illness	G31.09	[G31.09] Other frontotemporal dementia		x
	Advanced Illness	G31.83	[G31.83] Dementia with Lewy bodies		x
	Advanced Illness	I09.81	[I09.81] Rheumatic heart failure		x
	Advanced Illness	I11.0	[I11.0] Hypertensive heart disease with heart failure		x
	Advanced Illness	I12.0	[I12.0] Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease		x
	Advanced Illness	I13.0	[I13.0] Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease		x
	Advanced Illness	I13.11	[I13.11] Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease		x
	Advanced Illness	I13.2	[I13.2] Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease		x
	Advanced Illness	I50.1	[I50.1] Left ventricular failure, unspecified		x
	Advanced Illness	I50.20	[I50.20] Unspecified systolic (congestive) heart failure		x
	Advanced Illness	I50.21	[I50.21] Acute systolic (congestive) heart failure		x
	Advanced Illness	I50.22	[I50.22] Chronic systolic (congestive) heart failure		x
	Advanced Illness	I50.23	[I50.23] Acute on chronic systolic (congestive) heart failure		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Advanced Illness	I50.30	[I50.30] Unspecified diastolic (congestive) heart failure		x
	Advanced Illness	I50.31	[I50.31] Acute diastolic (congestive) heart failure		x
	Advanced Illness	I50.32	[I50.32] Chronic diastolic (congestive) heart failure		x
	Advanced Illness	I50.33	[I50.33] Acute on chronic diastolic (congestive) heart failure		x
	Advanced Illness	I50.40	[I50.40] Unspecified combined systolic (congestive) and diastolic (congestive) heart failure		x
	Advanced Illness	I50.41	[I50.41] Acute combined systolic (congestive) and diastolic (congestive) heart failure		x
	Advanced Illness	I50.42	[I50.42] Chronic combined systolic (congestive) and diastolic (congestive) heart failure		x
	Advanced Illness	I50.43	[I50.43] Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure		x
	Advanced Illness	I50.810	[I50.810] Right heart failure, unspecified		x
	Advanced Illness	I50.811	[I50.811] Acute right heart failure		x
	Advanced Illness	I50.812	[I50.812] Chronic right heart failure		x
	Advanced Illness	I50.813	[I50.813] Acute on chronic right heart failure		x
	Advanced Illness	I50.814	[I50.814] Right heart failure due to left heart failure		x
	Advanced Illness	I50.82	[I50.82] Biventricular heart failure		x
	Advanced Illness	I50.83	[I50.83] High output heart failure		x
	Advanced Illness	I50.84	[I50.84] End stage heart failure		x
	Advanced Illness	I50.89	[I50.89] Other heart failure		x
	Advanced Illness	I50.9	[I50.9] Heart failure, unspecified		x
	Advanced Illness	J43.0	[J43.0] Unilateral pulmonary emphysema [MacLeod's syndrome]		x
	Advanced Illness	J43.1	[J43.1] Panlobular emphysema		x
	Advanced Illness	J43.2	[J43.2] Centrilobular emphysema		x
	Advanced Illness	J43.8	[J43.8] Other emphysema		x
	Advanced Illness	J43.9	[J43.9] Emphysema, unspecified		x
	Advanced Illness	J68.4	[J68.4] Chronic respiratory conditions due to chemicals, gases, fumes and vapors		x
	Advanced Illness	J84.10	[J84.10] Pulmonary fibrosis, unspecified		x
	Advanced Illness	J84.112	[J84.112] Idiopathic pulmonary fibrosis		x
	Advanced Illness	J84.17	[J84.17] Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere		x
	Advanced Illness	J84.170	[J84.170] Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere		x
	Advanced Illness	J84.178	[J84.178] Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere		x
	Advanced Illness	J96.10	[J96.10] Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia		x
	Advanced Illness	J96.11	[J96.11] Chronic respiratory failure with hypoxia		x
	Advanced Illness	J96.12	[J96.12] Chronic respiratory failure with hypercapnia		x
	Advanced Illness	J96.20	[J96.20] Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia		x
	Advanced Illness	J96.21	[J96.21] Acute and chronic respiratory failure with hypoxia		x
	Advanced Illness	J96.22	[J96.22] Acute and chronic respiratory failure with hypercapnia		x

Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Advanced Illness	J96.90	[J96.90] Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia		x
	Advanced Illness	J96.91	[J96.91] Respiratory failure, unspecified with hypoxia		x
	Advanced Illness	J96.92	[J96.92] Respiratory failure, unspecified with hypercapnia		x
	Advanced Illness	J98.2	[J98.2] Interstitial emphysema		x
	Advanced Illness	J98.3	[J98.3] Compensatory emphysema		x
	Advanced Illness	K70.10	[K70.10] Alcoholic hepatitis without ascites		x
	Advanced Illness	K70.11	[K70.11] Alcoholic hepatitis with ascites		x
	Advanced Illness	K70.2	[K70.2] Alcoholic fibrosis and sclerosis of liver		x
	Advanced Illness	K70.30	[K70.30] Alcoholic cirrhosis of liver without ascites		x
	Advanced Illness	K70.31	[K70.31] Alcoholic cirrhosis of liver with ascites		x
	Advanced Illness	K70.40	[K70.40] Alcoholic hepatic failure without coma		x
	Advanced Illness	K70.41	[K70.41] Alcoholic hepatic failure with coma		x
	Advanced Illness	K70.9	[K70.9] Alcoholic liver disease, unspecified		x
	Advanced Illness	K74.0	[K74.0] Hepatic fibrosis		x
	Advanced Illness	K74.00	[K74.00] Hepatic fibrosis, unspecified		x
	Advanced Illness	K74.01	[K74.01] Hepatic fibrosis, early fibrosis		x
	Advanced Illness	K74.02	[K74.02] Hepatic fibrosis, advanced fibrosis		x
	Advanced Illness	K74.1	[K74.1] Hepatic sclerosis		x
	Advanced Illness	K74.2	[K74.2] Hepatic fibrosis with hepatic sclerosis		x
	Advanced Illness	K74.4	[K74.4] Secondary biliary cirrhosis		x
	Advanced Illness	K74.5	[K74.5] Biliary cirrhosis, unspecified		x
	Advanced Illness	K74.60	[K74.60] Unspecified cirrhosis of liver		x
	Advanced Illness	K74.69	[K74.69] Other cirrhosis of liver		x
	Advanced Illness	N18.5	[N18.5] Chronic kidney disease, stage 5		x
	Advanced Illness	N18.6	[N18.6] End stage renal disease		x
	Frailty Diagnosis	L89.000	[L89.000] Pressure ulcer of unspecified elbow, unstageable		x
	Frailty Diagnosis	L89.001	[L89.001] Pressure ulcer of unspecified elbow, stage 1		x
	Frailty Diagnosis	L89.002	[L89.002] Pressure ulcer of unspecified elbow, stage 2		x
	Frailty Diagnosis	L89.003	[L89.003] Pressure ulcer of unspecified elbow, stage 3		x
	Frailty Diagnosis	L89.004	[L89.004] Pressure ulcer of unspecified elbow, stage 4		x
	Frailty Diagnosis	L89.006	[L89.006] Pressure-induced deep tissue damage of unspecified elbow		x
	Frailty Diagnosis	L89.009	[L89.009] Pressure ulcer of unspecified elbow, unspecified stage		x
	Frailty Diagnosis	L89.010	[L89.010] Pressure ulcer of right elbow, unstageable		x
	Frailty Diagnosis	L89.011	[L89.011] Pressure ulcer of right elbow, stage 1		x
	Frailty Diagnosis	L89.012	[L89.012] Pressure ulcer of right elbow, stage 2		x
	Frailty Diagnosis	L89.013	[L89.013] Pressure ulcer of right elbow, stage 3		x
	Frailty Diagnosis	L89.014	[L89.014] Pressure ulcer of right elbow, stage 4		x
	Frailty Diagnosis	L89.016	[L89.016] Pressure-induced deep tissue damage of right elbow		x
	Frailty Diagnosis	L89.019	[L89.019] Pressure ulcer of right elbow, unspecified stage		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Frailty Diagnosis	L89.020	[L89.020] Pressure ulcer of left elbow, unstageable		x
	Frailty Diagnosis	L89.021	[L89.021] Pressure ulcer of left elbow, stage 1		x
	Frailty Diagnosis	L89.022	[L89.022] Pressure ulcer of left elbow, stage 2		x
	Frailty Diagnosis	L89.023	[L89.023] Pressure ulcer of left elbow, stage 3		x
	Frailty Diagnosis	L89.024	[L89.024] Pressure ulcer of left elbow, stage 4		x
	Frailty Diagnosis	L89.026	[L89.026] Pressure-induced deep tissue damage of left elbow		x
	Frailty Diagnosis	L89.029	[L89.029] Pressure ulcer of left elbow, unspecified stage		x
	Frailty Diagnosis	L89.100	[L89.100] Pressure ulcer of unspecified part of back, unstageable		x
	Frailty Diagnosis	L89.101	[L89.101] Pressure ulcer of unspecified part of back, stage 1		x
	Frailty Diagnosis	L89.102	[L89.102] Pressure ulcer of unspecified part of back, stage 2		x
	Frailty Diagnosis	L89.103	[L89.103] Pressure ulcer of unspecified part of back, stage 3		x
	Frailty Diagnosis	L89.104	[L89.104] Pressure ulcer of unspecified part of back, stage 4		x
	Frailty Diagnosis	L89.106	[L89.106] Pressure-induced deep tissue damage of unspecified part of back		x
	Frailty Diagnosis	L89.109	[L89.109] Pressure ulcer of unspecified part of back, unspecified stage		x
	Frailty Diagnosis	L89.110	[L89.110] Pressure ulcer of right upper back, unstageable		x
	Frailty Diagnosis	L89.111	[L89.111] Pressure ulcer of right upper back, stage 1		x
	Frailty Diagnosis	L89.112	[L89.112] Pressure ulcer of right upper back, stage 2		x
	Frailty Diagnosis	L89.113	[L89.113] Pressure ulcer of right upper back, stage 3		x
	Frailty Diagnosis	L89.114	[L89.114] Pressure ulcer of right upper back, stage 4		x
	Frailty Diagnosis	L89.116	[L89.116] Pressure-induced deep tissue damage of right upper back		x
	Frailty Diagnosis	L89.119	[L89.119] Pressure ulcer of right upper back, unspecified stage		x
	Frailty Diagnosis	L89.120	[L89.120] Pressure ulcer of left upper back, unstageable		x
	Frailty Diagnosis	L89.121	[L89.121] Pressure ulcer of left upper back, stage 1		x
	Frailty Diagnosis	L89.122	[L89.122] Pressure ulcer of left upper back, stage 2		x
	Frailty Diagnosis	L89.123	[L89.123] Pressure ulcer of left upper back, stage 3		x
	Frailty Diagnosis	L89.124	[L89.124] Pressure ulcer of left upper back, stage 4		x
	Frailty Diagnosis	L89.126	[L89.126] Pressure-induced deep tissue damage of left upper back		x
	Frailty Diagnosis	L89.129	[L89.129] Pressure ulcer of left upper back, unspecified stage		x
	Frailty Diagnosis	L89.130	[L89.130] Pressure ulcer of right lower back, unstageable		x
	Frailty Diagnosis	L89.131	[L89.131] Pressure ulcer of right lower back, stage 1		x
	Frailty Diagnosis	L89.132	[L89.132] Pressure ulcer of right lower back, stage 2		x
	Frailty Diagnosis	L89.133	[L89.133] Pressure ulcer of right lower back, stage 3		x
	Frailty Diagnosis	L89.134	[L89.134] Pressure ulcer of right lower back, stage 4		x
	Frailty Diagnosis	L89.136	[L89.136] Pressure-induced deep tissue damage of right lower back		x
	Frailty Diagnosis	L89.139	[L89.139] Pressure ulcer of right lower back, unspecified stage		x
	Frailty Diagnosis	L89.140	[L89.140] Pressure ulcer of left lower back, unstageable		x
	Frailty Diagnosis	L89.141	[L89.141] Pressure ulcer of left lower back, stage 1		x
	Frailty Diagnosis	L89.142	[L89.142] Pressure ulcer of left lower back, stage 2		x
	Frailty Diagnosis	L89.143	[L89.143] Pressure ulcer of left lower back, stage 3		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Frailty Diagnosis	L89.144	[L89.144] Pressure ulcer of left lower back, stage 4		x
	Frailty Diagnosis	L89.146	[L89.146] Pressure-induced deep tissue damage of left lower back		x
	Frailty Diagnosis	L89.149	[L89.149] Pressure ulcer of left lower back, unspecified stage		x
	Frailty Diagnosis	L89.150	[L89.150] Pressure ulcer of sacral region, unstageable		x
	Frailty Diagnosis	L89.151	[L89.151] Pressure ulcer of sacral region, stage 1		x
	Frailty Diagnosis	L89.152	[L89.152] Pressure ulcer of sacral region, stage 2		x
	Frailty Diagnosis	L89.153	[L89.153] Pressure ulcer of sacral region, stage 3		x
	Frailty Diagnosis	L89.154	[L89.154] Pressure ulcer of sacral region, stage 4		x
	Frailty Diagnosis	L89.156	[L89.156] Pressure-induced deep tissue damage of sacral region		x
	Frailty Diagnosis	L89.159	[L89.159] Pressure ulcer of sacral region, unspecified stage		x
	Frailty Diagnosis	L89.200	[L89.200] Pressure ulcer of unspecified hip, unstageable		x
	Frailty Diagnosis	L89.201	[L89.201] Pressure ulcer of unspecified hip, stage 1		x
	Frailty Diagnosis	L89.202	[L89.202] Pressure ulcer of unspecified hip, stage 2		x
	Frailty Diagnosis	L89.203	[L89.203] Pressure ulcer of unspecified hip, stage 3		x
	Frailty Diagnosis	L89.204	[L89.204] Pressure ulcer of unspecified hip, stage 4		x
	Frailty Diagnosis	L89.206	[L89.206] Pressure-induced deep tissue damage of unspecified hip		x
	Frailty Diagnosis	L89.209	[L89.209] Pressure ulcer of unspecified hip, unspecified stage		x
	Frailty Diagnosis	L89.210	[L89.210] Pressure ulcer of right hip, unstageable		x
	Frailty Diagnosis	L89.211	[L89.211] Pressure ulcer of right hip, stage 1		x
	Frailty Diagnosis	L89.212	[L89.212] Pressure ulcer of right hip, stage 2		x
	Frailty Diagnosis	L89.213	[L89.213] Pressure ulcer of right hip, stage 3		x
	Frailty Diagnosis	L89.214	[L89.214] Pressure ulcer of right hip, stage 4		x
	Frailty Diagnosis	L89.216	[L89.216] Pressure-induced deep tissue damage of right hip		x
	Frailty Diagnosis	L89.219	[L89.219] Pressure ulcer of right hip, unspecified stage		x
	Frailty Diagnosis	L89.220	[L89.220] Pressure ulcer of left hip, unstageable		x
	Frailty Diagnosis	L89.221	[L89.221] Pressure ulcer of left hip, stage 1		x
	Frailty Diagnosis	L89.222	[L89.222] Pressure ulcer of left hip, stage 2		x
	Frailty Diagnosis	L89.223	[L89.223] Pressure ulcer of left hip, stage 3		x
	Frailty Diagnosis	L89.224	[L89.224] Pressure ulcer of left hip, stage 4		x
	Frailty Diagnosis	L89.226	[L89.226] Pressure-induced deep tissue damage of left hip		x
	Frailty Diagnosis	L89.229	[L89.229] Pressure ulcer of left hip, unspecified stage		x
	Frailty Diagnosis	L89.300	[L89.300] Pressure ulcer of unspecified buttock, unstageable		x
	Frailty Diagnosis	L89.301	[L89.301] Pressure ulcer of unspecified buttock, stage 1		x
	Frailty Diagnosis	L89.302	[L89.302] Pressure ulcer of unspecified buttock, stage 2		x
	Frailty Diagnosis	L89.303	[L89.303] Pressure ulcer of unspecified buttock, stage 3		x
	Frailty Diagnosis	L89.304	[L89.304] Pressure ulcer of unspecified buttock, stage 4		x
	Frailty Diagnosis	L89.306	[L89.306] Pressure-induced deep tissue damage of unspecified buttock		x
	Frailty Diagnosis	L89.309	[L89.309] Pressure ulcer of unspecified buttock, unspecified stage		x
	Frailty Diagnosis	L89.310	[L89.310] Pressure ulcer of right buttock, unstageable		x
	Frailty Diagnosis	L89.311	[L89.311] Pressure ulcer of right buttock, stage 1		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Frailty Diagnosis	L89.312	[L89.312] Pressure ulcer of right buttock, stage 2		x
	Frailty Diagnosis	L89.313	[L89.313] Pressure ulcer of right buttock, stage 3		x
	Frailty Diagnosis	L89.314	[L89.314] Pressure ulcer of right buttock, stage 4		x
	Frailty Diagnosis	L89.316	[L89.316] Pressure-induced deep tissue damage of right buttock		x
	Frailty Diagnosis	L89.319	[L89.319] Pressure ulcer of right buttock, unspecified stage		x
	Frailty Diagnosis	L89.320	[L89.320] Pressure ulcer of left buttock, unstageable		x
	Frailty Diagnosis	L89.321	[L89.321] Pressure ulcer of left buttock, stage 1		x
	Frailty Diagnosis	L89.322	[L89.322] Pressure ulcer of left buttock, stage 2		x
	Frailty Diagnosis	L89.323	[L89.323] Pressure ulcer of left buttock, stage 3		x
	Frailty Diagnosis	L89.324	[L89.324] Pressure ulcer of left buttock, stage 4		x
	Frailty Diagnosis	L89.326	[L89.326] Pressure-induced deep tissue damage of left buttock		x
	Frailty Diagnosis	L89.329	[L89.329] Pressure ulcer of left buttock, unspecified stage		x
	Frailty Diagnosis	L89.40	[L89.40] Pressure ulcer of contiguous site of back, buttock and hip, unspecified stage		x
	Frailty Diagnosis	L89.41	[L89.41] Pressure ulcer of contiguous site of back, buttock and hip, stage 1		x
	Frailty Diagnosis	L89.42	[L89.42] Pressure ulcer of contiguous site of back, buttock and hip, stage 2		x
	Frailty Diagnosis	L89.43	[L89.43] Pressure ulcer of contiguous site of back, buttock and hip, stage 3		x
	Frailty Diagnosis	L89.44	[L89.44] Pressure ulcer of contiguous site of back, buttock and hip, stage 4		x
	Frailty Diagnosis	L89.45	[L89.45] Pressure ulcer of contiguous site of back, buttock and hip, unstageable		x
	Frailty Diagnosis	L89.46	[L89.46] Pressure-induced deep tissue damage of contiguous site of back, buttock and hip		x
	Frailty Diagnosis	L89.500	[L89.500] Pressure ulcer of unspecified ankle, unstageable		x
	Frailty Diagnosis	L89.501	[L89.501] Pressure ulcer of unspecified ankle, stage 1		x
	Frailty Diagnosis	L89.502	[L89.502] Pressure ulcer of unspecified ankle, stage 2		x
	Frailty Diagnosis	L89.503	[L89.503] Pressure ulcer of unspecified ankle, stage 3		x
	Frailty Diagnosis	L89.504	[L89.504] Pressure ulcer of unspecified ankle, stage 4		x
	Frailty Diagnosis	L89.506	[L89.506] Pressure-induced deep tissue damage of unspecified ankle		x
	Frailty Diagnosis	L89.509	[L89.509] Pressure ulcer of unspecified ankle, unspecified stage		x
	Frailty Diagnosis	L89.510	[L89.510] Pressure ulcer of right ankle, unstageable		x
	Frailty Diagnosis	L89.511	[L89.511] Pressure ulcer of right ankle, stage 1		x
	Frailty Diagnosis	L89.512	[L89.512] Pressure ulcer of right ankle, stage 2		x
	Frailty Diagnosis	L89.513	[L89.513] Pressure ulcer of right ankle, stage 3		x
	Frailty Diagnosis	L89.514	[L89.514] Pressure ulcer of right ankle, stage 4		x
	Frailty Diagnosis	L89.516	[L89.516] Pressure-induced deep tissue damage of right ankle		x
	Frailty Diagnosis	L89.519	[L89.519] Pressure ulcer of right ankle, unspecified stage		x
	Frailty Diagnosis	L89.520	[L89.520] Pressure ulcer of left ankle, unstageable		x
	Frailty Diagnosis	L89.521	[L89.521] Pressure ulcer of left ankle, stage 1		x
	Frailty Diagnosis	L89.522	[L89.522] Pressure ulcer of left ankle, stage 2		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Frailty Diagnosis	L89.523	[L89.523] Pressure ulcer of left ankle, stage 3		x
	Frailty Diagnosis	L89.524	[L89.524] Pressure ulcer of left ankle, stage 4		x
	Frailty Diagnosis	L89.526	[L89.526] Pressure-induced deep tissue damage of left ankle		x
	Frailty Diagnosis	L89.529	[L89.529] Pressure ulcer of left ankle, unspecified stage		x
	Frailty Diagnosis	L89.600	[L89.600] Pressure ulcer of unspecified heel, unstageable		x
	Frailty Diagnosis	L89.601	[L89.601] Pressure ulcer of unspecified heel, stage 1		x
	Frailty Diagnosis	L89.602	[L89.602] Pressure ulcer of unspecified heel, stage 2		x
	Frailty Diagnosis	L89.603	[L89.603] Pressure ulcer of unspecified heel, stage 3		x
	Frailty Diagnosis	L89.604	[L89.604] Pressure ulcer of unspecified heel, stage 4		x
	Frailty Diagnosis	L89.606	[L89.606] Pressure-induced deep tissue damage of unspecified heel		x
	Frailty Diagnosis	L89.609	[L89.609] Pressure ulcer of unspecified heel, unspecified stage		x
	Frailty Diagnosis	L89.610	[L89.610] Pressure ulcer of right heel, unstageable		x
	Frailty Diagnosis	L89.611	[L89.611] Pressure ulcer of right heel, stage 1		x
	Frailty Diagnosis	L89.612	[L89.612] Pressure ulcer of right heel, stage 2		x
	Frailty Diagnosis	L89.613	[L89.613] Pressure ulcer of right heel, stage 3		x
	Frailty Diagnosis	L89.614	[L89.614] Pressure ulcer of right heel, stage 4		x
	Frailty Diagnosis	L89.616	[L89.616] Pressure-induced deep tissue damage of right heel		x
	Frailty Diagnosis	L89.619	[L89.619] Pressure ulcer of right heel, unspecified stage		x
	Frailty Diagnosis	L89.620	[L89.620] Pressure ulcer of left heel, unstageable		x
	Frailty Diagnosis	L89.621	[L89.621] Pressure ulcer of left heel, stage 1		x
	Frailty Diagnosis	L89.622	[L89.622] Pressure ulcer of left heel, stage 2		x
	Frailty Diagnosis	L89.623	[L89.623] Pressure ulcer of left heel, stage 3		x
	Frailty Diagnosis	L89.624	[L89.624] Pressure ulcer of left heel, stage 4		x
	Frailty Diagnosis	L89.626	[L89.626] Pressure-induced deep tissue damage of left heel		x
	Frailty Diagnosis	L89.629	[L89.629] Pressure ulcer of left heel, unspecified stage		x
	Frailty Diagnosis	L89.810	[L89.810] Pressure ulcer of head, unstageable		x
	Frailty Diagnosis	L89.811	[L89.811] Pressure ulcer of head, stage 1		x
	Frailty Diagnosis	L89.812	[L89.812] Pressure ulcer of head, stage 2		x
	Frailty Diagnosis	L89.813	[L89.813] Pressure ulcer of head, stage 3		x
	Frailty Diagnosis	L89.814	[L89.814] Pressure ulcer of head, stage 4		x
	Frailty Diagnosis	L89.816	[L89.816] Pressure-induced deep tissue damage of head		x
	Frailty Diagnosis	L89.819	[L89.819] Pressure ulcer of head, unspecified stage		x
	Frailty Diagnosis	L89.890	[L89.890] Pressure ulcer of other site, unstageable		x
	Frailty Diagnosis	L89.891	[L89.891] Pressure ulcer of other site, stage 1		x
	Frailty Diagnosis	L89.892	[L89.892] Pressure ulcer of other site, stage 2		x
	Frailty Diagnosis	L89.893	[L89.893] Pressure ulcer of other site, stage 3		x
	Frailty Diagnosis	L89.894	[L89.894] Pressure ulcer of other site, stage 4		x
	Frailty Diagnosis	L89.896	[L89.896] Pressure-induced deep tissue damage of other site		x
	Frailty Diagnosis	L89.899	[L89.899] Pressure ulcer of other site, unspecified stage		x
	Frailty Diagnosis	L89.90	[L89.90] Pressure ulcer of unspecified site, unspecified stage		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Frailty Diagnosis	L89.91	[L89.91] Pressure ulcer of unspecified site, stage 1		x
	Frailty Diagnosis	L89.92	[L89.92] Pressure ulcer of unspecified site, stage 2		x
	Frailty Diagnosis	L89.93	[L89.93] Pressure ulcer of unspecified site, stage 3		x
	Frailty Diagnosis	L89.94	[L89.94] Pressure ulcer of unspecified site, stage 4		x
	Frailty Diagnosis	L89.95	[L89.95] Pressure ulcer of unspecified site, unstageable		x
	Frailty Diagnosis	L89.96	[L89.96] Pressure-induced deep tissue damage of unspecified site		x
	Frailty Diagnosis	M62.50	[M62.50] Muscle wasting and atrophy, not elsewhere classified, unspecified site		x
	Frailty Diagnosis	M62.81	[M62.81] Muscle weakness (generalized)		x
	Frailty Diagnosis	M62.84	[M62.84] Sarcopenia		x
	Frailty Diagnosis	W01.0XXA	[W01.0XXA] Fall on same level from slipping, tripping and stumbling without subsequent striking against object, initial encounter		x
	Frailty Diagnosis	W01.0XXD	[W01.0XXD] Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter		x
	Frailty Diagnosis	W01.0XXS	[W01.0XXS] Fall on same level from slipping, tripping and stumbling without subsequent striking against object, sequela		x
	Frailty Diagnosis	W01.10XA	[W01.10XA] Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, initial encounter		x
	Frailty Diagnosis	W01.10XD	[W01.10XD] Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, subsequent encounter		x
	Frailty Diagnosis	W01.10XS	[W01.10XS] Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object, sequela		x
	Frailty Diagnosis	W01.110A	[W01.110A] Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, initial encounter		x
	Frailty Diagnosis	W01.110D	[W01.110D] Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, subsequent encounter		x
	Frailty Diagnosis	W01.110S	[W01.110S] Fall on same level from slipping, tripping and stumbling with subsequent striking against sharp glass, sequela		x
	Frailty Diagnosis	W01.111A	[W01.111A] Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, initial encounter		x
	Frailty Diagnosis	W01.111D	[W01.111D] Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, subsequent encounter		x
	Frailty Diagnosis	W01.111S	[W01.111S] Fall on same level from slipping, tripping and stumbling with subsequent striking against power tool or machine, sequela		x
	Frailty Diagnosis	W01.118A	[W01.118A] Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, initial encounter		x
	Frailty Diagnosis	W01.118D	[W01.118D] Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, subsequent encounter		x
	Frailty Diagnosis	W01.118S	[W01.118S] Fall on same level from slipping, tripping and stumbling with subsequent striking against other sharp object, sequela		x
	Frailty Diagnosis	W01.119A	[W01.119A] Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, initial encounter		x
	Frailty Diagnosis	W01.119D	[W01.119D] Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, subsequent encounter		x

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Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Frailty Diagnosis	W01.119S	[W01.119S] Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified sharp object, sequela		x
	Frailty Diagnosis	W01.190A	[W01.190A] Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, initial encounter		x
	Frailty Diagnosis	W01.190D	[W01.190D] Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, subsequent encounter		x
	Frailty Diagnosis	W01.190S	[W01.190S] Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, sequela		x
	Frailty Diagnosis	W01.198A	[W01.198A] Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, initial encounter		x
	Frailty Diagnosis	W01.198D	[W01.198D] Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, subsequent encounter		x
	Frailty Diagnosis	W01.198S	[W01.198S] Fall on same level from slipping, tripping and stumbling with subsequent striking against other object, sequela		x
	Frailty Diagnosis	W06.XXXA	[W06.XXXA] Fall from bed, initial encounter		x
	Frailty Diagnosis	W06.XXXD	[W06.XXXD] Fall from bed, subsequent encounter		x
	Frailty Diagnosis	W06.XXXS	[W06.XXXS] Fall from bed, sequela		x
	Frailty Diagnosis	W07.XXXA	[W07.XXXA] Fall from chair, initial encounter		x
	Frailty Diagnosis	W07.XXXD	[W07.XXXD] Fall from chair, subsequent encounter		x
	Frailty Diagnosis	W07.XXXS	[W07.XXXS] Fall from chair, sequela		x
	Frailty Diagnosis	W08.XXXA	[W08.XXXA] Fall from other furniture, initial encounter		x
	Frailty Diagnosis	W08.XXXD	[W08.XXXD] Fall from other furniture, subsequent encounter		x
	Frailty Diagnosis	W08.XXXS	[W08.XXXS] Fall from other furniture, sequela		x
	Frailty Diagnosis	W10.0XXA	[W10.0XXA] Fall (on)(from) escalator, initial encounter		x
	Frailty Diagnosis	W10.0XXD	[W10.0XXD] Fall (on)(from) escalator, subsequent encounter		x
	Frailty Diagnosis	W10.0XXS	[W10.0XXS] Fall (on)(from) escalator, sequela		x
	Frailty Diagnosis	W10.1XXA	[W10.1XXA] Fall (on)(from) sidewalk curb, initial encounter		x
	Frailty Diagnosis	W10.1XXD	[W10.1XXD] Fall (on)(from) sidewalk curb, subsequent encounter		x
	Frailty Diagnosis	W10.1XXS	[W10.1XXS] Fall (on)(from) sidewalk curb, sequela		x
	Frailty Diagnosis	W10.2XXA	[W10.2XXA] Fall (on)(from) incline, initial encounter		x
	Frailty Diagnosis	W10.2XXD	[W10.2XXD] Fall (on)(from) incline, subsequent encounter		x
	Frailty Diagnosis	W10.2XXS	[W10.2XXS] Fall (on)(from) incline, sequela		x
	Frailty Diagnosis	W10.8XXA	[W10.8XXA] Fall (on) (from) other stairs and steps, initial encounter		x
	Frailty Diagnosis	W10.8XXD	[W10.8XXD] Fall (on) (from) other stairs and steps, subsequent encounter		x
	Frailty Diagnosis	W10.8XXS	[W10.8XXS] Fall (on) (from) other stairs and steps, sequela		x
	Frailty Diagnosis	W10.9XXA	[W10.9XXA] Fall (on) (from) unspecified stairs and steps, initial encounter		x
	Frailty Diagnosis	W10.9XXD	[W10.9XXD] Fall (on) (from) unspecified stairs and steps, subsequent encounter		x
	Frailty Diagnosis	W10.9XXS	[W10.9XXS] Fall (on) (from) unspecified stairs and steps, sequela		x
	Frailty Diagnosis	W18.00XA	[W18.00XA] Striking against unspecified object with subsequent fall, initial encounter		x
	Frailty Diagnosis	W18.00XD	[W18.00XD] Striking against unspecified object with subsequent fall, subsequent encounter		x
	Frailty Diagnosis	W18.00XS	[W18.00XS] Striking against unspecified object with subsequent fall, sequela		x

Measure	Service	Code	Description	N*	E**
BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Frailty Diagnosis	W18.02XA	[W18.02XA] Striking against glass with subsequent fall, initial encounter		x
	Frailty Diagnosis	W18.02XD	[W18.02XD] Striking against glass with subsequent fall, subsequent encounter		x
	Frailty Diagnosis	W18.02XS	[W18.02XS] Striking against glass with subsequent fall, sequela		x
	Frailty Diagnosis	W18.09XA	[W18.09XA] Striking against other object with subsequent fall, initial encounter		x
	Frailty Diagnosis	W18.09XD	[W18.09XD] Striking against other object with subsequent fall, subsequent encounter		x
	Frailty Diagnosis	W18.09XS	[W18.09XS] Striking against other object with subsequent fall, sequela		x
	Frailty Diagnosis	W18.11XA	[W18.11XA] Fall from or off toilet without subsequent striking against object, initial encounter		x
	Frailty Diagnosis	W18.11XD	[W18.11XD] Fall from or off toilet without subsequent striking against object, subsequent encounter		x
	Frailty Diagnosis	W18.11XS	[W18.11XS] Fall from or off toilet without subsequent striking against object, sequela		x
	Frailty Diagnosis	W18.12XA	[W18.12XA] Fall from or off toilet with subsequent striking against object, initial encounter		x
	Frailty Diagnosis	W18.12XD	[W18.12XD] Fall from or off toilet with subsequent striking against object, subsequent encounter		x
	Frailty Diagnosis	W18.12XS	[W18.12XS] Fall from or off toilet with subsequent striking against object, sequela		x
	Frailty Diagnosis	W18.2XXA	[W18.2XXA] Fall in (into) shower or empty bathtub, initial encounter		x
	Frailty Diagnosis	W18.2XXD	[W18.2XXD] Fall in (into) shower or empty bathtub, subsequent encounter		x
	Frailty Diagnosis	W18.2XXS	[W18.2XXS] Fall in (into) shower or empty bathtub, sequela		x
	Frailty Diagnosis	W18.30XA	[W18.30XA] Fall on same level, unspecified, initial encounter		x
	Frailty Diagnosis	W18.30XD	[W18.30XD] Fall on same level, unspecified, subsequent encounter		x
	Frailty Diagnosis	W18.30XS	[W18.30XS] Fall on same level, unspecified, sequela		x
	Frailty Diagnosis	W18.31XA	[W18.31XA] Fall on same level due to stepping on an object, initial encounter		x
	Frailty Diagnosis	W18.31XD	[W18.31XD] Fall on same level due to stepping on an object, subsequent encounter		x
	Frailty Diagnosis	W18.31XS	[W18.31XS] Fall on same level due to stepping on an object, sequela		x
	Frailty Diagnosis	W18.39XA	[W18.39XA] Other fall on same level, initial encounter		x
	Frailty Diagnosis	W18.39XD	[W18.39XD] Other fall on same level, subsequent encounter		x
	Frailty Diagnosis	W18.39XS	[W18.39XS] Other fall on same level, sequela		x
	Frailty Diagnosis	W19.XXXA	[W19.XXXA] Unspecified fall, initial encounter		x
	Frailty Diagnosis	W19.XXXD	[W19.XXXD] Unspecified fall, subsequent encounter		x
	Frailty Diagnosis	W19.XXXS	[W19.XXXS] Unspecified fall, sequela		x
	Frailty Diagnosis	Y92.199	[Y92.199] Unspecified place in other specified residential institution as the place of occurrence of the external cause		x
	Frailty Diagnosis	Z59.3	[Z59.3] Problems related to living in residential institution		x
	Frailty Diagnosis	Z73.6	[Z73.6] Limitation of activities due to disability		x
	Frailty Diagnosis	Z74.01	[Z74.01] Bed confinement status		x
	Frailty Diagnosis	Z74.09	[Z74.09] Other reduced mobility		x

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BCS, COL, CBP, SPC, SPD, CDC, OMW, SAA	Frailty Diagnosis	Z74.1	[Z74.1] Need for assistance with personal care		x
	Frailty Diagnosis	Z74.2	[Z74.2] Need for assistance at home and no other household member able to render care		x
	Frailty Diagnosis	Z74.3	[Z74.3] Need for continuous supervision		x
	Frailty Diagnosis	Z74.8	[Z74.8] Other problems related to care provider dependency		x
	Frailty Diagnosis	Z74.9	[Z74.9] Problem related to care provider dependency, unspecified		x
	Frailty Diagnosis	Z91.81	[Z91.81] History of falling		x
	Frailty Diagnosis	Z99.11	[Z99.11] Dependence on respirator [ventilator] status		x
	Frailty Diagnosis	Z99.3	[Z99.3] Dependence on wheelchair		x
	Frailty Diagnosis	Z99.81	[Z99.81] Dependence on supplemental oxygen		x
	Frailty Diagnosis	Z99.89	[Z99.89] Dependence on other enabling machines and devices		x
	Frailty Symptom	R26.0	[R26.0] Ataxic gait		x
	Frailty Symptom	R26.1	[R26.1] Paralytic gait		x
	Frailty Symptom	R26.2	[R26.2] Difficulty in walking, not elsewhere classified		x
	Frailty Symptom	R26.89	[R26.89] Other abnormalities of gait and mobility		x
	Frailty Symptom	R26.9	[R26.9] Unspecified abnormalities of gait and mobility		x
	Frailty Symptom	R41.81	[R41.81] Age-related cognitive decline		x
	Frailty Symptom	R53.1	[R53.1] Weakness		x
	Frailty Symptom	R53.81	[R53.81] Other malaise		x
	Frailty Symptom	R53.83	[R53.83] Other fatigue		x
	Frailty Symptom	R54	[R54] Age-related physical debility		x
	Frailty Symptom	R62.7	[R62.7] Adult failure to thrive		x
	Frailty Symptom	R63.4	[R63.4] Abnormal weight loss		x
	Frailty Symptom	R63.6	[R63.6] Underweight		x
	Frailty Symptom	R64	[R64] Cachexia		x
CBP	Diastolic 80-89	3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)	x	
	Diastolic Blood Pressure	3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)	x	
	Diastolic Blood Pressure	3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)	x	
	Diastolic Blood Pressure	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)	x	
	Diastolic Greater Than or Equal To 90	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)	x	
	Diastolic Less Than 80	3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)	x	
	Systolic Blood Pressure	3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)	x	
	Systolic Blood Pressure	3075F	Most recent systolic blood pressure 130-139 mm Hg (DM), (HTN, CKD, CAD)	x	
	Systolic Blood Pressure	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)	x	
	Systolic Greater Than or Equal To 140	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)	x	

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CBP	Systolic Less Than 140	3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)	x	
	Systolic Less Than 140	3075F	Most recent systolic blood pressure 130-139 mm Hg (DM), (HTN, CKD, CAD)	x	
	Kidney Transplant	S2065	Simultaneous pancreas kidney transplantation (S2065)		x
	History of Kidney Transplant	Z94.0	[Z94.0] Kidney transplant status		x
	Kidney Transplant	0TY00Z0	[0TY00Z0] Transplantation of Right Kidney, Allogeneic, Open Approach		x
	Kidney Transplant	0TY00Z1	[0TY00Z1] Transplantation of Right Kidney, Syngeneic, Open Approach		x
	Kidney Transplant	0TY00Z2	[0TY00Z2] Transplantation of Right Kidney, Zooplastic, Open Approach		x
	Kidney Transplant	0TY10Z0	[0TY10Z0] Transplantation of Left Kidney, Allogeneic, Open Approach		x
	Kidney Transplant	0TY10Z1	[0TY10Z1] Transplantation of Left Kidney, Syngeneic, Open Approach		x
	Kidney Transplant	0TY10Z2	[0TY10Z2] Transplantation of Left Kidney, Zooplastic, Open Approach		x
	Nephrectomy	0TB00ZX	[0TB00ZX] Excision of Right Kidney, Open Approach, Diagnostic		x
	Nephrectomy	0TB00ZZ	[0TB00ZZ] Excision of Right Kidney, Open Approach		x
	Nephrectomy	0TB03ZX	[0TB03ZX] Excision of Right Kidney, Percutaneous Approach, Diagnostic		x
	Nephrectomy	0TB03ZZ	[0TB03ZZ] Excision of Right Kidney, Percutaneous Approach		x
	Nephrectomy	0TB04ZX	[0TB04ZX] Excision of Right Kidney, Percutaneous Endoscopic Approach, Diagnostic		x
	Nephrectomy	0TB04ZZ	[0TB04ZZ] Excision of Right Kidney, Percutaneous Endoscopic Approach		x
	Nephrectomy	0TB07ZX	[0TB07ZX] Excision of Right Kidney, Via Natural or Artificial Opening, Diagnostic		x
	Nephrectomy	0TB07ZZ	[0TB07ZZ] Excision of Right Kidney, Via Natural or Artificial Opening		x
	Nephrectomy	0TB08ZX	[0TB08ZX] Excision of Right Kidney, Via Natural or Artificial Opening Endoscopic, Diagnostic		x
	Nephrectomy	0TB08ZZ	[0TB08ZZ] Excision of Right Kidney, Via Natural or Artificial Opening Endoscopic		x
	Nephrectomy	0TB10ZX	[0TB10ZX] Excision of Left Kidney, Open Approach, Diagnostic		x
	Nephrectomy	0TB10ZZ	[0TB10ZZ] Excision of Left Kidney, Open Approach		x
	Nephrectomy	0TB13ZX	[0TB13ZX] Excision of Left Kidney, Percutaneous Approach, Diagnostic		x
	Nephrectomy	0TB13ZZ	[0TB13ZZ] Excision of Left Kidney, Percutaneous Approach		x
	Nephrectomy	0TB14ZX	[0TB14ZX] Excision of Left Kidney, Percutaneous Endoscopic Approach, Diagnostic		x
	Nephrectomy	0TB14ZZ	[0TB14ZZ] Excision of Left Kidney, Percutaneous Endoscopic Approach		x
	Nephrectomy	0TB17ZX	[0TB17ZX] Excision of Left Kidney, Via Natural or Artificial Opening, Diagnostic		x
	Nephrectomy	0TB17ZZ	[0TB17ZZ] Excision of Left Kidney, Via Natural or Artificial Opening		
	Nephrectomy	0TB18ZX	[0TB18ZX] Excision of Left Kidney, Via Natural or Artificial Opening Endoscopic, Diagnostic		
	Nephrectomy	0TB18ZZ	[0TB18ZZ] Excision of Left Kidney, Via Natural or Artificial Opening Endoscopic		

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Measure	Service	Code	Description	N*	E**
CBP	Diastolic Blood Pressure	8462-4	Diastolic blood pressure	x	
	Systolic Blood Pressure	8480-6	Systolic blood pressure	x	
CCS	High Risk HPV Lab Test	G0476	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test (G0476)	x	x
	Absence of Cervix Diagnosis	Q51.5	[Q51.5] Agenesis and aplasia of cervix		x
	Absence of Cervix Diagnosis	Z90.710	[Z90.710] Acquired absence of both cervix and uterus		x
	Absence of Cervix Diagnosis	Z90.712	[Z90.712] Acquired absence of cervix with remaining uterus		x
	Hysterectomy With No Residual Cervix	0UTC0ZZ	[0UTC0ZZ] Resection of Cervix, Open Approach		x
	Hysterectomy With No Residual Cervix	0UTC4ZZ	[0UTC4ZZ] Resection of Cervix, Percutaneous Endoscopic Approach		x
	Hysterectomy With No Residual Cervix	0UTC7ZZ	[0UTC7ZZ] Resection of Cervix, Via Natural or Artificial Opening		x
	Hysterectomy With No Residual Cervix	0UTC8ZZ	[0UTC8ZZ] Resection of Cervix, Via Natural or Artificial Opening Endoscopic		x
CCS, PPC	Cervical Cytology Lab Test	G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision (G0123)	x	
	Cervical Cytology Lab Test	G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician (G0124)	x	
	Cervical Cytology Lab Test	G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician (G0141)	x	
	Cervical Cytology Lab Test	G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision (G0143)	x	
	Cervical Cytology Lab Test	G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision (G0144)	x	
	Cervical Cytology Lab Test	G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision (G0145)	x	
	Cervical Cytology Lab Test	G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision (G0147)	x	
	Cervical Cytology Lab Test	G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening (G0148)	x	
	Cervical Cytology Lab Test	P3000	Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision (P3000)	x	
	Cervical Cytology Lab Test	P3001	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician (P3001)	x	

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Measure	Service	Code	Description	N*	E**
CCS, PPC	Cervical Cytology Lab Test	Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory (Q0091)	x	
	Cervical Cytology Lab Test	10524-7	Microscopic observation [Identifier] in Cervix by Cyto stain	x	
	Cervical Cytology Lab Test	18500-9	Microscopic observation [Identifier] in Cervix by Cyto stain.thin prep	x	
	Cervical Cytology Lab Test	19762-4	General categories [Interpretation] of Cervical or vaginal smear or scraping by Cyto stain	x	
	Cervical Cytology Lab Test	19764-0	Statement of adequacy [Interpretation] of Cervical or vaginal smear or scraping by Cyto stain	x	
	Cervical Cytology Lab Test	19765-7	Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain	x	
	Cervical Cytology Lab Test	19766-5	Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain Narrative	x	
	Cervical Cytology Lab Test	19774-9	Cytology study comment Cervical or vaginal smear or scraping Cyto stain	x	
	Cervical Cytology Lab Test	33717-0	Cytology Cervical or vaginal smear or scraping study	x	
	Cervical Cytology Lab Test	47527-7	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	x	
	Cervical Cytology Lab Test	47528-5	Cytology report of Cervical or vaginal smear or scraping Cyto stain	x	
CDC	Diabetic Retinal Screening Negative In Prior Year	3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)	x	
	Eye Exam With Evidence of Retinopathy	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	x	
	Eye Exam With Evidence of Retinopathy	2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM)	x	
	Eye Exam With Evidence of Retinopathy	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM)	x	
	Eye Exam Without Evidence of Retinopathy	2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	x	
	Eye Exam Without Evidence of Retinopathy	2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	x	
	Eye Exam Without Evidence of Retinopathy	2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)	x	
	Urine Protein Tests	3060F	Positive microalbuminuria test result documented and reviewed (DM)	x	
	Urine Protein Tests	3061F	Negative microalbuminuria test result documented and reviewed (DM)	x	
	Urine Protein Tests	3062F	Positive macroalbuminuria test result documented and reviewed (DM)	x	
	Diabetic Retinal Screening	S0620	Routine ophthalmological examination including refraction; new patient (S0620)	x	
	Diabetic Retinal Screening	S0621	Routine ophthalmological examination including refraction; established patient (S0621)	x	
	Diabetic Retinal Screening	S3000	Diabetic indicator; retinal eye exam, dilated, bilateral (S3000)	x	

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Measure	Service	Code	Description	N*	E**
CDC	Dialysis Procedure	G0257	Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an esrd facility (G0257)	x	
	Dialysis Procedure	S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (S9339)	x	
	CKD Stage 4	N18.4	[N18.4] Chronic kidney disease, stage 4 (severe)	x	
	ESRD Diagnosis	N18.5	[N18.5] Chronic kidney disease, stage 5	x	
	ESRD Diagnosis	N18.6	[N18.6] End stage renal disease	x	
	ESRD Diagnosis	Z99.2	[Z99.2] Dependence on renal dialysis	x	
	Dialysis Procedure	3E1M39Z	[3E1M39Z] Irrigation of Peritoneal Cavity using Dialysate, Percutaneous Approach	x	
	Dialysis Procedure	5A1D00Z	[5A1D00Z] Performance of Urinary Filtration, Single	x	
	Dialysis Procedure	5A1D60Z	[5A1D60Z] Performance of Urinary Filtration, Multiple	x	
	Dialysis Procedure	5A1D70Z	[5A1D70Z] Performance of Urinary Filtration, Intermittent, Less than 6 Hours Per Day	x	
	Dialysis Procedure	5A1D80Z	[5A1D80Z] Performance of Urinary Filtration, Prolonged Intermittent, 6-18 hours Per Day	x	
	Dialysis Procedure	5A1D90Z	[5A1D90Z] Performance of Urinary Filtration, Continuous, Greater than 18 hours Per Day	x	
	Urine Protein Tests	11218-5	Microalbumin [Mass/volume] in Urine by Test strip	x	
	Urine Protein Tests	12842-1	Protein [Mass/volume] in 12 hour Urine	x	
	Urine Protein Tests	13705-9	Albumin/Creatinine [Mass Ratio] in 24 hour Urine	x	
	Urine Protein Tests	13801-6	Protein/Creatinine [Mass Ratio] in 24 hour Urine	x	
	Urine Protein Tests	13986-5	Albumin/Protein.total in 24 hour Urine by Electrophoresis	x	
	Urine Protein Tests	13992-3	Albumin/Protein.total in Urine by Electrophoresis	x	
	Urine Protein Tests	14956-7	Microalbumin [Mass/time] in 24 hour Urine	x	
	Urine Protein Tests	14957-5	Microalbumin [Mass/volume] in Urine	x	
	Urine Protein Tests	14958-3	Microalbumin/Creatinine [Mass Ratio] in 24 hour Urine	x	
	Urine Protein Tests	14959-1	Microalbumin/Creatinine [Mass Ratio] in Urine	x	
	Urine Protein Tests	1753-3	Albumin [Presence] in Urine	x	
	Urine Protein Tests	1754-1	Albumin [Mass/volume] in Urine	x	
	Urine Protein Tests	1755-8	Albumin [Mass/time] in 24 hour Urine	x	
	Urine Protein Tests	1757-4	Albumin renal clearance in 24 hour Urine and Serum or Plasma	x	
	Urine Protein Tests	17819-4	Albumin/Protein.total by Electrophoresis in Urine collected for unspecified duration	x	
	Urine Protein Tests	18373-1	Protein [Mass/time] in 6 hour Urine	x	
	Urine Protein Tests	20454-5	Protein [Presence] in Urine by Test strip	x	
	Urine Protein Tests	20621-9	Albumin/Creatinine [Presence] in Urine by Test strip	x	
	Urine Protein Tests	21059-1	Albumin [Mass/volume] in 24 hour Urine	x	
	Urine Protein Tests	21482-5	Protein [Mass/volume] in 24 hour Urine	x	

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CDC	Urine Protein Tests	26801-1	Protein [Mass/time] in 12 hour Urine	x	
	Urine Protein Tests	27298-9	Protein [Units/volume] in Urine	x	
	Urine Protein Tests	2887-8	Protein [Presence] in Urine	x	
	Urine Protein Tests	2888-6	Protein [Mass/volume] in Urine	x	
	Urine Protein Tests	2889-4	Protein [Mass/time] in 24 hour Urine	x	
	Urine Protein Tests	2890-2	Protein/Creatinine [Mass Ratio] in Urine	x	
	Urine Protein Tests	29946-1	Albumin [Presence] in 24 hour Urine by Electrophoresis	x	
	Urine Protein Tests	30000-4	Microalbumin/Creatinine [Ratio] in Urine	x	
	Urine Protein Tests	30001-2	Microalbumin/Creatinine [Ratio] in Urine by Test strip	x	
	Urine Protein Tests	30003-8	Microalbumin [Mass/volume] in 24 hour Urine	x	
	Urine Protein Tests	32209-9	Protein [Presence] in 24 hour Urine by Test strip	x	
	Urine Protein Tests	32294-1	Albumin/Creatinine [Ratio] in Urine	x	
	Urine Protein Tests	32551-4	Protein [Mass] in Urine collected for unspecified duration	x	
	Urine Protein Tests	34366-5	Protein/Creatinine [Ratio] in Urine	x	
	Urine Protein Tests	35663-4	Protein [Mass/volume] in Urine collected for unspecified duration	x	
	Urine Protein Tests	40486-3	Protein/Creatinine [Ratio] in 24 hour Urine	x	
	Urine Protein Tests	40662-9	Protein [Mass/time] in 12 hour Urine –resting	x	
	Urine Protein Tests	40663-7	Protein [Mass/time] in 12 hour Urine –upright	x	
	Urine Protein Tests	43605-5	Microalbumin [Mass/volume] in 4 hour Urine	x	
	Urine Protein Tests	43606-3	Microalbumin [Mass/time] in 4 hour Urine	x	
	Urine Protein Tests	43607-1	Microalbumin [Mass/time] in 12 hour Urine	x	
	Urine Protein Tests	44292-1	Microalbumin/Creatinine [Mass Ratio] in 12 hour Urine	x	
	Urine Protein Tests	47558-2	Microalbumin/Protein.total in 24 hour Urine	x	
	Urine Protein Tests	49002-9	Albumin [Mass/time] in Urine collected for unspecified duration	x	
	Urine Protein Tests	49023-5	Microalbumin [Mass/time] in Urine collected for unspecified duration	x	
	Urine Protein Tests	50209-6	Albumin [Mass/time] in Urine collected for unspecified duration –supine	x	
	Urine Protein Tests	50561-0	Protein [Mass/volume] in Urine by Automated test strip	x	
	Urine Protein Tests	50949-7	Albumin [Presence] in Urine by Test strip	x	
	Urine Protein Tests	51190-7	Albumin [Mass/volume] in 24 hour Urine by Electrophoresis	x	
	Urine Protein Tests	53121-0	Protein [Mass/time] in 1 hour Urine	x	
	Urine Protein Tests	53525-2	Protein [Presence] in Urine by SSA method	x	
	Urine Protein Tests	53530-2	Microalbumin [Mass/volume] in 24 hour Urine by Detection limit <= 1.0 mg/L	x	
	Urine Protein Tests	53531-0	Microalbumin [Mass/volume] in Urine by Detection limit <= 1.0 mg/L	x	
	Urine Protein Tests	53532-8	Microalbumin [Mass/time] in 24 hour Urine by Detection limit <= 1.0 mg/L	x	

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Measure	Service	Code	Description	N*	E**
CDC	Urine Protein Tests	56553-1	Microalbumin [Mass/time] in 8 hour Urine	x	
	Urine Protein Tests	57369-1	Microalbumin [Mass/volume] in 12 hour Urine	x	
	Urine Protein Tests	57735-3	Protein [Presence] in Urine by Automated test strip	x	
	Urine Protein Tests	5804-0	Protein [Mass/volume] in Urine by Test strip	x	
	Urine Protein Tests	58448-2	Microalbumin ug/min [Mass/time] in 24 hour Urine	x	
	Urine Protein Tests	58992-9	Protein [Mass/time] in 18 hour Urine	x	
	Urine Protein Tests	59159-4	Microalbumin/Creatinine [Ratio] in 24 hour Urine	x	
	Urine Protein Tests	60678-0	Protein/Creatinine [Mass Ratio] in 12 hour Urine	x	
	Urine Protein Tests	63474-1	Microalbumin [Mass/time] in 18 hour Urine	x	
	Urine Protein Tests	6941-9	Albumin [Mass/time] in 24 hour Urine by Electrophoresis	x	
	Urine Protein Tests	6942-7	Albumin [Mass/volume] in Urine by Electrophoresis	x	
	Urine Protein Tests	76401-9	Albumin/Creatinine [Ratio] in 24 hour Urine	x	
	Urine Protein Tests	77253-3	Microalbumin/Creatinine [Ratio] in Urine by Detection limit <= 1.0 mg/L	x	
	Urine Protein Tests	77254-1	Microalbumin/Creatinine [Ratio] in 24 hour Urine by Detection limit <= 1.0 mg/L	x	
	Urine Protein Tests	77940-5	Albumin [Mass/volume] by Electrophoresis in Urine collected for unspecified duration	x	
	Urine Protein Tests	89998-9	Albumin/Creatinine [Ratio] in Urine by Detection limit <= 3.0 mg/L	x	
	Urine Protein Tests	89999-7	Albumin [Mass/volume] in Urine by Detection limit <= 3.0 mg/L	x	
	Urine Protein Tests	90000-1	Albumin [Mass/time] in 24 hour Urine by Detection limit <= 3.0 mg/L	x	
	Urine Protein Tests	9318-7	Albumin/Creatinine [Mass Ratio] in Urine	x	
	Urine Protein Tests	93746-6	Protein catabolic rate based on 24 hour Urine [Calculated]	x	
	Urine Protein Tests	95232-5	Microalbumin [Presence] in Urine by Test strip	x	
	Urine Protein Tests	95233-3	Microalbumin/Creatinine [Presence] in Urine by Test strip	x	
	Nephropathy Treatment	3066F	Documentation of treatment for nephropathy (e.g., patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM)	x	
	Nephropathy Treatment	4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM)	x	
	Nephropathy Treatment	E08.21	[E08.21] Diabetes mellitus due to underlying condition with diabetic nephropathy	x	
	Nephropathy Treatment	E08.22	[E08.22] Diabetes mellitus due to underlying condition with diabetic chronic kidney disease	x	
	Nephropathy Treatment	E08.29	[E08.29] Diabetes mellitus due to underlying condition with other diabetic kidney complication	x	
	Nephropathy Treatment	E09.21	[E09.21] Drug or chemical induced diabetes mellitus with diabetic nephropathy	x	
	Nephropathy Treatment	E09.22	[E09.22] Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease	x	
	Nephropathy Treatment	E09.29	[E09.29] Drug or chemical induced diabetes mellitus with other diabetic kidney complication	x	

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Measure	Service	Code	Description	N*	E**
CDC	Nephropathy Treatment	E10.21	[E10.21] Type 1 diabetes mellitus with diabetic nephropathy	x	
	Nephropathy Treatment	E10.22	[E10.22] Type 1 diabetes mellitus with diabetic chronic kidney disease	x	
	Nephropathy Treatment	E10.29	[E10.29] Type 1 diabetes mellitus with other diabetic kidney complication	x	
	Nephropathy Treatment	E11.21	[E11.21] Type 2 diabetes mellitus with diabetic nephropathy	x	
	Nephropathy Treatment	E11.22	[E11.22] Type 2 diabetes mellitus with diabetic chronic kidney disease	x	
	Nephropathy Treatment	E11.29	[E11.29] Type 2 diabetes mellitus with other diabetic kidney complication	x	
	Nephropathy Treatment	E13.21	[E13.21] Other specified diabetes mellitus with diabetic nephropathy	x	
	Nephropathy Treatment	E13.22	[E13.22] Other specified diabetes mellitus with diabetic chronic kidney disease	x	
	Nephropathy Treatment	E13.29	[E13.29] Other specified diabetes mellitus with other diabetic kidney complication	x	
	Nephropathy Treatment	I12.0	[I12.0] Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	x	
	Nephropathy Treatment	I12.9	[I12.9] Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	x	
	Nephropathy Treatment	I13.0	[I13.0] Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	x	
	Nephropathy Treatment	I13.10	[I13.10] Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	x	
	Nephropathy Treatment	I13.11	[I13.11] Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease	x	
	Nephropathy Treatment	I13.2	[I13.2] Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease	x	
	Nephropathy Treatment	I15.0	[I15.0] Renovascular hypertension	x	
	Nephropathy Treatment	I15.1	[I15.1] Hypertension secondary to other renal disorders	x	
	Nephropathy Treatment	N00.0	[N00.0] Acute nephritic syndrome with minor glomerular abnormality	x	
	Nephropathy Treatment	N00.1	[N00.1] Acute nephritic syndrome with focal and segmental glomerular lesions	x	
	Nephropathy Treatment	N00.2	[N00.2] Acute nephritic syndrome with diffuse membranous glomerulonephritis	x	
	Nephropathy Treatment	N00.3	[N00.3] Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	x	
	Nephropathy Treatment	N00.4	[N00.4] Acute nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	x	
	Nephropathy Treatment	N00.5	[N00.5] Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	x	
	Nephropathy Treatment	N00.6	[N00.6] Acute nephritic syndrome with dense deposit disease	x	
	Nephropathy Treatment	N00.7	[N00.7] Acute nephritic syndrome with diffuse crescentic glomerulonephritis	x	

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Measure	Service	Code	Description	N*	E**
CDC	Nephropathy Treatment	N00.8	[N00.8] Acute nephritic syndrome with other morphologic changes	x	
	Nephropathy Treatment	N00.9	[N00.9] Acute nephritic syndrome with unspecified morphologic changes	x	
	Nephropathy Treatment	N00.A	[N00.A] Acute nephritic syndrome with C3 glomerulonephritis	x	
	Nephropathy Treatment	N01.0	[N01.0] Rapidly progressive nephritic syndrome with minor glomerular abnormality	x	
	Nephropathy Treatment	N01.1	[N01.1] Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions	x	
	Nephropathy Treatment	N01.2	[N01.2] Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis	x	
	Nephropathy Treatment	N01.3	[N01.3] Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	x	
	Nephropathy Treatment	N01.4	[N01.4] Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	x	
	Nephropathy Treatment	N01.5	[N01.5] Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	x	
	Nephropathy Treatment	N01.6	[N01.6] Rapidly progressive nephritic syndrome with dense deposit disease	x	
	Nephropathy Treatment	N01.7	[N01.7] Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis	x	
	Nephropathy Treatment	N01.8	[N01.8] Rapidly progressive nephritic syndrome with other morphologic changes	x	
	Nephropathy Treatment	N01.9	[N01.9] Rapidly progressive nephritic syndrome with unspecified morphologic changes	x	
	Nephropathy Treatment	N01.A	[N01.A] Rapidly progressive nephritic syndrome with C3 glomerulonephritis	x	
	Nephropathy Treatment	N02.0	[N02.0] Recurrent and persistent hematuria with minor glomerular abnormality	x	
	Nephropathy Treatment	N02.1	[N02.1] Recurrent and persistent hematuria with focal and segmental glomerular lesions	x	
	Nephropathy Treatment	N02.2	[N02.2] Recurrent and persistent hematuria with diffuse membranous glomerulonephritis	x	
	Nephropathy Treatment	N02.3	[N02.3] Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis	x	
	Nephropathy Treatment	N02.4	[N02.4] Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis	x	
	Nephropathy Treatment	N02.5	[N02.5] Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis	x	
	Nephropathy Treatment	N02.6	[N02.6] Recurrent and persistent hematuria with dense deposit disease	x	
	Nephropathy Treatment	N02.7	[N02.7] Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis	x	
	Nephropathy Treatment	N02.8	[N02.8] Recurrent and persistent hematuria with other morphologic changes	x	
	Nephropathy Treatment	N02.9	[N02.9] Recurrent and persistent hematuria with unspecified morphologic changes	x	
	Nephropathy Treatment	N02.A	[N02.A] Recurrent and persistent hematuria with C3 glomerulonephritis	x	
	Nephropathy Treatment	N03.0	[N03.0] Chronic nephritic syndrome with minor glomerular abnormality	x	
	Nephropathy Treatment	N03.1	[N03.1] Chronic nephritic syndrome with focal and segmental glomerular lesions	x	

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Measure	Service	Code	Description	N*	E**
CDC	Nephropathy Treatment	N03.2	[N03.2] Chronic nephritic syndrome with diffuse membranous glomerulonephritis	x	
	Nephropathy Treatment	N03.3	[N03.3] Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	x	
	Nephropathy Treatment	N03.4	[N03.4] Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	x	
	Nephropathy Treatment	N03.5	[N03.5] Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	x	
	Nephropathy Treatment	N03.6	[N03.6] Chronic nephritic syndrome with dense deposit disease	x	
	Nephropathy Treatment	N03.7	[N03.7] Chronic nephritic syndrome with diffuse crescentic glomerulonephritis	x	
	Nephropathy Treatment	N03.8	[N03.8] Chronic nephritic syndrome with other morphologic changes	x	
	Nephropathy Treatment	N03.9	[N03.9] Chronic nephritic syndrome with unspecified morphologic changes	x	
	Nephropathy Treatment	N03.A	[N03.A] Chronic nephritic syndrome with C3 glomerulonephritis	x	
	Nephropathy Treatment	N04.0	[N04.0] Nephrotic syndrome with minor glomerular abnormality	x	
	Nephropathy Treatment	N04.1	[N04.1] Nephrotic syndrome with focal and segmental glomerular lesions	x	
	Nephropathy Treatment	N04.2	[N04.2] Nephrotic syndrome with diffuse membranous glomerulonephritis	x	
	Nephropathy Treatment	N04.3	[N04.3] Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis	x	
	Nephropathy Treatment	N04.4	[N04.4] Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis	x	
	Nephropathy Treatment	N04.5	[N04.5] Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis	x	
	Nephropathy Treatment	N04.6	[N04.6] Nephrotic syndrome with dense deposit disease	x	
	Nephropathy Treatment	N04.7	[N04.7] Nephrotic syndrome with diffuse crescentic glomerulonephritis	x	
	Nephropathy Treatment	N04.8	[N04.8] Nephrotic syndrome with other morphologic changes	x	
	Nephropathy Treatment	N04.9	[N04.9] Nephrotic syndrome with unspecified morphologic changes	x	
	Nephropathy Treatment	N04.A	[N04.A] Nephrotic syndrome with C3 glomerulonephritis	x	
	Nephropathy Treatment	N05.0	[N05.0] Unspecified nephritic syndrome with minor glomerular abnormality	x	
	Nephropathy Treatment	N05.1	[N05.1] Unspecified nephritic syndrome with focal and segmental glomerular lesions	x	
	Nephropathy Treatment	N05.2	[N05.2] Unspecified nephritic syndrome with diffuse membranous glomerulonephritis	x	
	Nephropathy Treatment	N05.3	[N05.3] Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	x	
	Nephropathy Treatment	N05.4	[N05.4] Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis	x	
	Nephropathy Treatment	N05.5	[N05.5] Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis	x	
	Nephropathy Treatment	N05.6	[N05.6] Unspecified nephritic syndrome with dense deposit disease	x	

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Measure	Service	Code	Description	N*	E**
CDC	Nephropathy Treatment	N05.7	[N05.7] Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis	x	
	Nephropathy Treatment	N05.8	[N05.8] Unspecified nephritic syndrome with other morphologic changes	x	
	Nephropathy Treatment	N05.9	[N05.9] Unspecified nephritic syndrome with unspecified morphologic changes	x	
	Nephropathy Treatment	N05.A	[N05.A] Unspecified nephritic syndrome with C3 glomerulonephritis	x	
	Nephropathy Treatment	N06.0	[N06.0] Isolated proteinuria with minor glomerular abnormality	x	
	Nephropathy Treatment	N06.1	[N06.1] Isolated proteinuria with focal and segmental glomerular lesions	x	
	Nephropathy Treatment	N06.2	[N06.2] Isolated proteinuria with diffuse membranous glomerulonephritis	x	
	Nephropathy Treatment	N06.3	[N06.3] Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis	x	
	Nephropathy Treatment	N06.4	[N06.4] Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis	x	
	Nephropathy Treatment	N06.5	[N06.5] Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis	x	
	Nephropathy Treatment	N06.6	[N06.6] Isolated proteinuria with dense deposit disease	x	
	Nephropathy Treatment	N06.7	[N06.7] Isolated proteinuria with diffuse crescentic glomerulonephritis	x	
	Nephropathy Treatment	N06.8	[N06.8] Isolated proteinuria with other morphologic lesion	x	
	Nephropathy Treatment	N06.9	[N06.9] Isolated proteinuria with unspecified morphologic lesion	x	
	Nephropathy Treatment	N06.A	[N06.A] Isolated proteinuria with C3 glomerulonephritis	x	
	Nephropathy Treatment	N07.0	[N07.0] Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality	x	
	Nephropathy Treatment	N07.1	[N07.1] Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions	x	
	Nephropathy Treatment	N07.2	[N07.2] Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis	x	
	Nephropathy Treatment	N07.3	[N07.3] Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis	x	
	Nephropathy Treatment	N07.4	[N07.4] Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis	x	
	Nephropathy Treatment	N07.5	[N07.5] Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis	x	
	Nephropathy Treatment	N07.6	[N07.6] Hereditary nephropathy, not elsewhere classified with dense deposit disease	x	
	Nephropathy Treatment	N07.7	[N07.7] Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis	x	
	Nephropathy Treatment	N07.8	[N07.8] Hereditary nephropathy, not elsewhere classified with other morphologic lesions	x	
	Nephropathy Treatment	N07.9	[N07.9] Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions	x	
	Nephropathy Treatment	N07.A	[N07.A] Hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis	x	
	Nephropathy Treatment	N08	[N08] Glomerular disorders in diseases classified elsewhere	x	

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Measure	Service	Code	Description	N*	E**
CDC	Nephropathy Treatment	N14.0	[N14.0] Analgesic nephropathy	x	
	Nephropathy Treatment	N14.1	[N14.1] Nephropathy induced by other drugs, medicaments and biological substances	x	
	Nephropathy Treatment	N14.2	[N14.2] Nephropathy induced by unspecified drug, medicament or biological substance	x	
	Nephropathy Treatment	N14.3	[N14.3] Nephropathy induced by heavy metals	x	
	Nephropathy Treatment	N14.4	[N14.4] Toxic nephropathy, not elsewhere classified	x	
	Nephropathy Treatment	N17.0	[N17.0] Acute kidney failure with tubular necrosis	x	
	Nephropathy Treatment	N17.1	[N17.1] Acute kidney failure with acute cortical necrosis	x	
	Nephropathy Treatment	N17.2	[N17.2] Acute kidney failure with medullary necrosis	x	
	Nephropathy Treatment	N17.8	[N17.8] Other acute kidney failure	x	
	Nephropathy Treatment	N17.9	[N17.9] Acute kidney failure, unspecified	x	
	Nephropathy Treatment	N18.1	[N18.1] Chronic kidney disease, stage 1	x	
	Nephropathy Treatment	N18.2	[N18.2] Chronic kidney disease, stage 2 (mild)	x	
	Nephropathy Treatment	N18.3	[N18.3] Chronic kidney disease, stage 3 (moderate)	x	
	Nephropathy Treatment	N18.30	[N18.30] Chronic kidney disease, stage 3 unspecified	x	
	Nephropathy Treatment	N18.31	[N18.31] Chronic kidney disease, stage 3a	x	
	Nephropathy Treatment	N18.32	[N18.32] Chronic kidney disease, stage 3b	x	
	Nephropathy Treatment	N18.4	[N18.4] Chronic kidney disease, stage 4 (severe)	x	
	Nephropathy Treatment	N18.5	[N18.5] Chronic kidney disease, stage 5	x	
	Nephropathy Treatment	N18.6	[N18.6] End stage renal disease	x	
	Nephropathy Treatment	N18.9	[N18.9] Chronic kidney disease, unspecified	x	
	Nephropathy Treatment	N19	[N19] Unspecified kidney failure	x	
	Nephropathy Treatment	N25.0	[N25.0] Renal osteodystrophy	x	
	Nephropathy Treatment	N25.1	[N25.1] Nephrogenic diabetes insipidus	x	
	Nephropathy Treatment	N25.81	[N25.81] Secondary hyperparathyroidism of renal origin	x	
	Nephropathy Treatment	N25.89	[N25.89] Other disorders resulting from impaired renal tubular function	x	
	Nephropathy Treatment	N25.9	[N25.9] Disorder resulting from impaired renal tubular function, unspecified	x	
	Nephropathy Treatment	N26.1	[N26.1] Atrophy of kidney (terminal)	x	

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Measure	Service	Code	Description	N*	E**
CDC	Nephropathy Treatment	N26.2	[N26.2] Page kidney	x	
	Nephropathy Treatment	N26.9	[N26.9] Renal sclerosis, unspecified	x	
	Nephropathy Treatment	Q60.0	[Q60.0] Renal agenesis, unilateral	x	
	Nephropathy Treatment	Q60.1	[Q60.1] Renal agenesis, bilateral	x	
	Nephropathy Treatment	Q60.2	[Q60.2] Renal agenesis, unspecified	x	
	Nephropathy Treatment	Q60.3	[Q60.3] Renal hypoplasia, unilateral	x	
	Nephropathy Treatment	Q60.4	[Q60.4] Renal hypoplasia, bilateral	x	
	Nephropathy Treatment	Q60.5	[Q60.5] Renal hypoplasia, unspecified	x	
	Nephropathy Treatment	Q60.6	[Q60.6] Potter's syndrome	x	
	Nephropathy Treatment	Q61.00	[Q61.00] Congenital renal cyst, unspecified	x	
	Nephropathy Treatment	Q61.01	[Q61.01] Congenital single renal cyst	x	
	Nephropathy Treatment	Q61.02	[Q61.02] Congenital multiple renal cysts	x	
	Nephropathy Treatment	Q61.11	[Q61.11] Cystic dilatation of collecting ducts	x	
	Nephropathy Treatment	Q61.19	[Q61.19] Other polycystic kidney, infantile type	x	
	Nephropathy Treatment	Q61.2	[Q61.2] Polycystic kidney, adult type	x	
	Nephropathy Treatment	Q61.3	[Q61.3] Polycystic kidney, unspecified	x	
	Nephropathy Treatment	Q61.4	[Q61.4] Renal dysplasia	x	
	Nephropathy Treatment	Q61.5	[Q61.5] Medullary cystic kidney	x	
	Nephropathy Treatment	Q61.8	[Q61.8] Other cystic kidney diseases	x	
	Nephropathy Treatment	Q61.9	[Q61.9] Cystic kidney disease, unspecified	x	
	Nephropathy Treatment	R80.0	[R80.0] Isolated proteinuria	x	
	Nephropathy Treatment	R80.1	[R80.1] Persistent proteinuria, unspecified	x	
	Nephropathy Treatment	R80.2	[R80.2] Orthostatic proteinuria, unspecified	x	
	Nephropathy Treatment	R80.3	[R80.3] Bence Jones proteinuria	x	
	Nephropathy Treatment	R80.8	[R80.8] Other proteinuria	x	
	Nephropathy Treatment	R80.9	[R80.9] Proteinuria, unspecified	x	

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Measure	Service	Code	Description	N*	E**
CDC EYE	Unilateral Eye Enucleation Left	08T1XZZ	[08T1XZZ] Resection of Left Eye, External Approach	x	
	Unilateral Eye Enucleation Right	08T0XZZ	[08T0XZZ] Resection of Right Eye, External Approach	x	
CDC, SSD, APM, SMD	HbA1c Level Greater Than 9.0	3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)	x	
	HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	x	
	HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	x	
	HbA1c Level Less Than 7.0	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	x	
	HbA1c Test Result or Finding	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	x	
	HbA1c Test Result or Finding	3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)	x	
	HbA1c Test Result or Finding	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	x	
	HbA1c Test Result or Finding	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	x	
	HbA1c Lab Test	17856-6	Hemoglobin A1c/Hemoglobin.total in Blood by HPLC	x	
	HbA1c Lab Test	4548-4	Hemoglobin A1c/Hemoglobin.total in Blood	x	
	HbA1c Lab Test	4549-2	Hemoglobin A1c/Hemoglobin.total in Blood by Electrophoresis	x	
CIS	DTaP Immunization	20	Diphtheria, tetanus toxoids and acellular pertussis vaccine	x	
	DTaP Immunization	50	DTaP-Haemophilus influenzae type b conjugate vaccine	x	
	DTaP Immunization	106	Diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens	x	
	DTaP Immunization	107	Diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified formulation	x	
	DTaP Immunization	110	DTaP-hepatitis B and poliovirus vaccine	x	
	DTaP Immunization	120	Diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV)	x	
	Haemophilus Influenzae Type B (HiB) Immunization	17	Haemophilus influenzae type b vaccine, conjugate unspecified formulation	x	
	Haemophilus Influenzae Type B (HiB) Immunization	46	Haemophilus influenzae type b vaccine, PRP-D conjugate	x	
	Haemophilus Influenzae Type B (HiB) Immunization	47	Haemophilus influenzae type b vaccine, HbOC conjugate	x	

Measure	Service	Code	Description	N*	E**
CIS	Haemophilus Influenzae Type B (HiB) Immunization	48	Haemophilus influenzae type b vaccine, PRP-T conjugate	x	
	Haemophilus Influenzae Type B (HiB) Immunization	49	Haemophilus influenzae type b vaccine, PRP-OMP conjugate	x	
	Haemophilus Influenzae Type B (HiB) Immunization	50	DTaP-Haemophilus influenzae type b conjugate vaccine	x	
	Haemophilus Influenzae Type B (HiB) Immunization	51	Haemophilus influenzae type b conjugate and Hepatitis B vaccine	x	
	Haemophilus Influenzae Type B (HiB) Immunization	120	Diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV)	x	
	Haemophilus Influenzae Type B (HiB) Immunization	148	Meningococcal Groups C and Y and Haemophilus b Tetanus Toxoid Conjugate Vaccine	x	
	Hepatitis B Immunization	08	Hepatitis B vaccine, pediatric or pediatric/adolescent dosage	x	
	Hepatitis B Immunization	44	Hepatitis B vaccine, dialysis patient dosage	x	
	Hepatitis B Immunization	45	Hepatitis B vaccine, unspecified formulation	x	
	Hepatitis B Immunization	51	Haemophilus influenzae type b conjugate and Hepatitis B vaccine	x	
	Hepatitis B Immunization	110	DTaP-hepatitis B and poliovirus vaccine	x	
	HPV Immunization	62	Human papilloma virus vaccine, quadrivalent	x	
	HPV Immunization	118	Human papilloma virus vaccine, bivalent	x	
	HPV Immunization	137	HPV, unspecified formulation	x	
	HPV Immunization	165	Human Papillomavirus 9-valent vaccine	x	
	Inactivated Polio Vaccine (IPV) Immunization	10	Poliovirus vaccine, inactivated	x	
	Inactivated Polio Vaccine (IPV) Immunization	89	Poliovirus vaccine, unspecified formulation	x	
	Inactivated Polio Vaccine (IPV) Immunization	110	DTaP-hepatitis B and poliovirus vaccine	x	
	Inactivated Polio Vaccine (IPV) Immunization	120	Diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV)	x	
	Influenza Immunization	88	Influenza virus vaccine, unspecified formulation	x	
	Influenza Immunization	140	Influenza, seasonal, injectable, preservative free	x	

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Measure	Service	Code	Description	N*	E**
CIS	Influenza Immunization	141	Influenza, seasonal, injectable	x	
	Influenza Immunization	150	Influenza, injectable, quadrivalent, preservative free	x	
	Influenza Immunization	153	Influenza, injectable, Madin Darby Canine Kidney, preservative free	x	
	Influenza Immunization	155	Seasonal, trivalent, recombinant, injectable influenza vaccine, preservative free	x	
	Influenza Immunization	158	Influenza, injectable, quadrivalent, contains preservative	x	
	Influenza Immunization	161	Influenza, injectable, quadrivalent, preservative free, pediatric	x	
	Influenza Virus LAIV Immunization	111	Influenza virus vaccine, live, attenuated, for intranasal use	x	
	Influenza Virus LAIV Immunization	149	Influenza, live, intranasal, quadrivalent	x	
	Measles Immunization	05	Measles virus vaccine	x	
	Measles Rubella Immunization	04	Measles and rubella virus vaccine	x	
	Measles, Mumps and Rubella (MMR) Immunization	03	Measles, mumps and rubella virus vaccine	x	
	Measles, Mumps and Rubella (MMR) Immunization	94	Measles, mumps, rubella, and varicella virus vaccine	x	
	Meningococcal Immunization	108	Meningococcal ACWY vaccine, unspecified formulation	x	
	Meningococcal Immunization	114	Meningococcal polysaccharide (groups A, C, Y and W-135) diphtheria toxoid conjugate vaccine (MCV4P)	x	
	Meningococcal Immunization	136	Meningococcal oligosaccharide (groups A, C, Y and W-135) diphtheria toxoid conjugate vaccine (MCV4O)	x	
	Meningococcal Immunization	147	Meningococcal, MCV4, unspecified conjugate formulation (groups A, C, Y and W-135)	x	
	Meningococcal Immunization	167	Meningococcal vaccine of unknown formulation and unknown serogroups	x	
	Mumps Immunization	07	Mumps virus vaccine	x	
	Pneumococcal Conjugate Immunization	133	Pneumococcal conjugate vaccine, 13-valent	x	
	Pneumococcal Conjugate Immunization	152	Pneumococcal Conjugate, unspecified formulation	x	
	Rotavirus (2 Dose Schedule) Immunization	119	Rotavirus, live, monovalent vaccine		
	Rotavirus (3 Dose Schedule) Immunization	116	Rotavirus, live, pentavalent vaccine		
	Rotavirus (3 Dose Schedule) Immunization	122	Rotavirus vaccine, unspecified formulation	x	

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Measure	Service	Code	Description	N*	E**
CIS	Tdap Immunization	115	Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine, adsorbed	x	
	Varicella Zoster (VZV) Immunization	21	Varicella virus vaccine	x	
	Varicella Zoster (VZV) Immunization	94	Measles, mumps, rubella, and varicella virus vaccine	x	
	Hepatitis B Vaccine Procedure	G0010	Administration of hepatitis b vaccine (G0010)	x	
	Influenza Vaccine Procedure	G0008	Administration of influenza virus vaccine (G0008)	x	
	Pneumococcal Conjugate Vaccine Procedure	G0009	Administration of pneumococcal vaccine (G0009)	x	
	Disorders of the Immune System	D80.0	[D80.0] Hereditary hypogammaglobulinemia		x
	Disorders of the Immune System	D80.1	[D80.1] Nonfamilial hypogammaglobulinemia		x
	Disorders of the Immune System	D80.2	[D80.2] Selective deficiency of immunoglobulin A [IgA]		x
	Disorders of the Immune System	D80.3	[D80.3] Selective deficiency of immunoglobulin G [IgG] subclasses		x
	Disorders of the Immune System	D80.4	[D80.4] Selective deficiency of immunoglobulin M [IgM]		x
	Disorders of the Immune System	D80.5	[D80.5] Immunodeficiency with increased immunoglobulin M [IgM]		x
	Disorders of the Immune System	D80.6	[D80.6] Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia		x
	Disorders of the Immune System	D80.7	[D80.7] Transient hypogammaglobulinemia of infancy		x
	Disorders of the Immune System	D80.8	[D80.8] Other immunodeficiencies with predominantly antibody defects		x
	Disorders of the Immune System	D80.9	[D80.9] Immunodeficiency with predominantly antibody defects, unspecified		x
	Disorders of the Immune System	D81.0	[D81.0] Severe combined immunodeficiency [SCID] with reticular dysgenesis		x
	Disorders of the Immune System	D81.1	[D81.1] Severe combined immunodeficiency [SCID] with low T- and B-cell numbers		x
	Disorders of the Immune System	D81.2	[D81.2] Severe combined immunodeficiency [SCID] with low or normal B-cell numbers		x
	Disorders of the Immune System	D81.4	[D81.4] Nezelof's syndrome		x
	Disorders of the Immune System	D81.6	[D81.6] Major histocompatibility complex class I deficiency		x
	Disorders of the Immune System	D81.7	[D81.7] Major histocompatibility complex class II deficiency		x
	Disorders of the Immune System	D81.89	[D81.89] Other combined immunodeficiencies		x
	Disorders of the Immune System	D81.9	[D81.9] Combined immunodeficiency, unspecified		x
	Disorders of the Immune System	D82.0	[D82.0] Wiskott-Aldrich syndrome		x
	Disorders of the Immune System	D82.1	[D82.1] Di George's syndrome		x

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Measure	Service	Code	Description	N*	E**
CIS	Disorders of the Immune System	D82.2	[D82.2] Immunodeficiency with short-limbed stature		x
	Disorders of the Immune System	D82.3	[D82.3] Immunodeficiency following hereditary defective response to Epstein-Barr virus		x
	Disorders of the Immune System	D82.4	[D82.4] Hyperimmunoglobulin E [IgE] syndrome		x
	Disorders of the Immune System	D82.8	[D82.8] Immunodeficiency associated with other specified major defects		x
	Disorders of the Immune System	D82.9	[D82.9] Immunodeficiency associated with major defect, unspecified		x
	Disorders of the Immune System	D83.0	[D83.0] Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function		x
	Disorders of the Immune System	D83.1	[D83.1] Common variable immunodeficiency with predominant immunoregulatory T-cell disorders		x
	Disorders of the Immune System	D83.2	[D83.2] Common variable immunodeficiency with autoantibodies to B- or T-cells		x
	Disorders of the Immune System	D83.8	[D83.8] Other common variable immunodeficiencies		x
	Disorders of the Immune System	D83.9	[D83.9] Common variable immunodeficiency, unspecified		x
	Disorders of the Immune System	D84.0	[D84.0] Lymphocyte function antigen-1 [LFA-1] defect		x
	Disorders of the Immune System	D84.1	[D84.1] Defects in the complement system		x
	Disorders of the Immune System	D84.8	[D84.8] Other specified immunodeficiencies		x
	Disorders of the Immune System	D84.81	[D84.81] Immunodeficiency due to conditions classified elsewhere		x
	Disorders of the Immune System	D84.821	[D84.821] Immunodeficiency due to drugs		x
	Disorders of the Immune System	D84.822	[D84.822] Immunodeficiency due to external causes		x
	Disorders of the Immune System	D84.89	[D84.89] Other immunodeficiencies		x
	Disorders of the Immune System	D84.9	[D84.9] Immunodeficiency, unspecified		x
	Disorders of the Immune System	D89.3	[D89.3] Immune reconstitution syndrome		x
	Disorders of the Immune System	D89.810	[D89.810] Acute graft-versus-host disease		x
	Disorders of the Immune System	D89.811	[D89.811] Chronic graft-versus-host disease		x
	Disorders of the Immune System	D89.812	[D89.812] Acute on chronic graft-versus-host disease		x
	Disorders of the Immune System	D89.813	[D89.813] Graft-versus-host disease, unspecified		x
	Disorders of the Immune System	D89.82	[D89.82] Autoimmune lymphoproliferative syndrome [ALPS]		x
	Disorders of the Immune System	D89.831	[D89.831] Cytokine release syndrome, grade 1		x
	Disorders of the Immune System	D89.832	[D89.832] Cytokine release syndrome, grade 2		x
	Disorders of the Immune System	D89.833	[D89.833] Cytokine release syndrome, grade 3		x

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Measure	Service	Code	Description	N*	E**
CIS	Disorders of the Immune System	D89.834	[D89.834] Cytokine release syndrome, grade 4		x
	Disorders of the Immune System	D89.835	[D89.835] Cytokine release syndrome, grade 5		x
	Disorders of the Immune System	D89.839	[D89.839] Cytokine release syndrome, grade unspecified		x
	Disorders of the Immune System	D89.89	[D89.89] Other specified disorders involving the immune mechanism, not elsewhere classified		x
	Disorders of the Immune System	D89.9	[D89.9] Disorder involving the immune mechanism, unspecified		x
	Hepatitis A	B15.0	[B15.0] Hepatitis A with hepatic coma		x
	Hepatitis A	B15.9	[B15.9] Hepatitis A without hepatic coma		x
	HIV	B20	[B20] Human immunodeficiency virus [HIV] disease		x
	HIV	Z21	[Z21] Asymptomatic human immunodeficiency virus [HIV] infection status		x
	HIV Type 2	B97.35	[B97.35] Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere		x
	Intussusception	K56.1	[K56.1] Intussusception		x
	Severe Combined Immunodeficiency	D81.0	[D81.0] Severe combined immunodeficiency [SCID] with reticular dysgenesis		x
	Severe Combined Immunodeficiency	D81.1	[D81.1] Severe combined immunodeficiency [SCID] with low T- and B-cell numbers		x
	Severe Combined Immunodeficiency	D81.2	[D81.2] Severe combined immunodeficiency [SCID] with low or normal B-cell numbers		x
	Severe Combined Immunodeficiency	D81.9	[D81.9] Combined immunodeficiency, unspecified		x
	Varicella Zoster	B01.0	[B01.0] Varicella meningitis		x
	Varicella Zoster	B01.11	[B01.11] Varicella encephalitis and encephalomyelitis		x
	Varicella Zoster	B01.12	[B01.12] Varicella myelitis		x
	Varicella Zoster	B01.2	[B01.2] Varicella pneumonia		x
	Varicella Zoster	B01.81	[B01.81] Varicella keratitis		x
	Varicella Zoster	B01.89	[B01.89] Other varicella complications		x
	Varicella Zoster	B01.9	[B01.9] Varicella without complication		x
	Varicella Zoster	B02.0	[B02.0] Zoster encephalitis		x
	Varicella Zoster	B02.1	[B02.1] Zoster meningitis		x
	Varicella Zoster	B02.21	[B02.21] Postherpetic geniculate ganglionitis		x
	Varicella Zoster	B02.22	[B02.22] Postherpetic trigeminal neuralgia		x
	Varicella Zoster	B02.23	[B02.23] Postherpetic polyneuropathy		x
	Varicella Zoster	B02.24	[B02.24] Postherpetic myelitis		x
	Varicella Zoster	B02.29	[B02.29] Other postherpetic nervous system involvement		x
	Varicella Zoster	B02.30	[B02.30] Zoster ocular disease, unspecified		x
	Varicella Zoster	B02.31	[B02.31] Zoster conjunctivitis		x
	Varicella Zoster	B02.32	[B02.32] Zoster iridocyclitis		x

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Measure	Service	Code	Description	N*	E**
CIS	Varicella Zoster	B02.33	[B02.33] Zoster keratitis		x
	Varicella Zoster	B02.34	[B02.34] Zoster scleritis		x
	Varicella Zoster	B02.39	[B02.39] Other herpes zoster eye disease		x
	Varicella Zoster	B02.7	[B02.7] Disseminated zoster		x
	Varicella Zoster	B02.8	[B02.8] Zoster with other complications		x
	Varicella Zoster	B02.9	[B02.9] Zoster without complications		x
	Newborn Hepatitis B Vaccine Administered	3E0234Z	[3E0234Z] Introduction of Serum, Toxoid and Vaccine into Muscle, Percutaneous Approach	x	
CIS, IMA	Anaphylactic Reaction Due To Vaccination	T80.52XA	[T80.52XA] Anaphylactic reaction due to vaccination, initial encounter		x
	Anaphylactic Reaction Due To Vaccination	T80.52XD	[T80.52XD] Anaphylactic reaction due to vaccination, subsequent encounter		x
	Anaphylactic Reaction Due To Vaccination	T80.52XS	[T80.52XS] Anaphylactic reaction due to vaccination, sequela		x
	Encephalopathy Due To Vaccination	G04.32	[G04.32] Postimmunization acute necrotizing hemorrhagic encephalopathy		x
	Vaccine Causing Adverse Effect	T50.A15A	[T50.A15A] Adverse effect of pertussis vaccine, including combinations with a pertussis component, initial encounter		x
	Vaccine Causing Adverse Effect	T50.A15D	[T50.A15D] Adverse effect of pertussis vaccine, including combinations with a pertussis component, subsequent encounter		x
	Vaccine Causing Adverse Effect	T50.A15S	[T50.A15S] Adverse effect of pertussis vaccine, including combinations with a pertussis component, sequela		x
COA	Medication List	1159F	Medication list documented in medical record (COA)	x	
	Medication Review	1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record (COA)	x	
	Advance Care Planning	S0257	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service) (S0257)	x	
	Functional Status Assessment	G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit (G0438)	x	
	Functional Status Assessment	G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit (G0439)	x	
	Medication List	G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications (G8427)	x	
	Advance Care Planning	Z66	[Z66] Do not resuscitate	x	
COL	Colonoscopy	G0105	Colorectal cancer screening; colonoscopy on individual at high risk (G0105)	x	
	Colonoscopy	G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk (G0121)	x	
	Colorectal Cancer	G0213	PET imaging whole body; diagnosis; colorectal [G0213]		x
	Colorectal Cancer	G0214	PET imaging whole body; initial staging; colorectal [G0214]		x

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Measure	Service	Code	Description	N*	E**
COL	Colorectal Cancer	G0215	PET imaging whole body; restaging; colorectal cancer [G0215]		x
	Colorectal Cancer	G0231	PET, whole body, for recurrence of colorectal or colorectal metastatic cancer; gamma cameras only [G0231]		x
	FIT DNA Lab Test	G0464	Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3) (G0464)	x	
	Flexible Sigmoidoscopy	G0104	Colorectal cancer screening; flexible sigmoidoscopy (G0104)	x	
	FOBT Lab Test	G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous (G0328)	x	
	Colorectal Cancer	C18.0	[C18.0] Malignant neoplasm of cecum		x
	Colorectal Cancer	C18.1	[C18.1] Malignant neoplasm of appendix		x
	Colorectal Cancer	C18.2	[C18.2] Malignant neoplasm of ascending colon		x
	Colorectal Cancer	C18.3	[C18.3] Malignant neoplasm of hepatic flexure		x
	Colorectal Cancer	C18.4	[C18.4] Malignant neoplasm of transverse colon		x
	Colorectal Cancer	C18.5	[C18.5] Malignant neoplasm of splenic flexure		x
	Colorectal Cancer	C18.6	[C18.6] Malignant neoplasm of descending colon		x
	Colorectal Cancer	C18.7	[C18.7] Malignant neoplasm of sigmoid colon		x
	Colorectal Cancer	C18.8	[C18.8] Malignant neoplasm of overlapping sites of colon		x
	Colorectal Cancer	C18.9	[C18.9] Malignant neoplasm of colon, unspecified		x
	Colorectal Cancer	C19	[C19] Malignant neoplasm of rectosigmoid junction		x
	Colorectal Cancer	C20	[C20] Malignant neoplasm of rectum		x
	Colorectal Cancer	C21.2	[C21.2] Malignant neoplasm of cloacogenic zone		x
	Colorectal Cancer	C21.8	[C21.8] Malignant neoplasm of overlapping sites of rectum, anus and anal canal		x
	Colorectal Cancer	C78.5	[C78.5] Secondary malignant neoplasm of large intestine and rectum		x
	Colorectal Cancer	Z85.038	[Z85.038] Personal history of other malignant neoplasm of large intestine		x
	Colorectal Cancer	Z85.048	[Z85.048] Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus		x
	Total Colectomy	0DTE0ZZ	[0DTE0ZZ] Resection of Large Intestine, Open Approach		x
	Total Colectomy	0DTE4ZZ	[0DTE4ZZ] Resection of Large Intestine, Percutaneous Endoscopic Approach		x
	Total Colectomy	0DTE7ZZ	[0DTE7ZZ] Resection of Large Intestine, Via Natural or Artificial Opening		x
	Total Colectomy	0DTE8ZZ	[0DTE8ZZ] Resection of Large Intestine, Via Natural or Artificial Opening Endoscopic		x
	CT Colonography	60515-4	CT Colon and Rectum W air contrast PR	x	
	CT Colonography	72531-7	CT Colon and Rectum W contrast IV and W air contrast PR	x	
	CT Colonography	79069-1	CT Colon and Rectum for screening WO contrast IV and W air contrast PR	x	
	CT Colonography	79071-7	CT Colon and Rectum WO contrast IV and W air contrast PR	x	
	CT Colonography	79101-2	CT Colon and Rectum for screening W air contrast PR	x	
	CT Colonography	82688-3	CT Colon and Rectum WO and W contrast IV and W air contrast PR	x	

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COL	FOBT Lab Test	12503-9	Hemoglobin.gastrointestinal [Presence] in Stool –4th specimen	x	
	FOBT Lab Test	12504-7	Hemoglobin.gastrointestinal [Presence] in Stool –5th specimen	x	
	FOBT Lab Test	14563-1	Hemoglobin.gastrointestinal [Presence] in Stool –1st specimen	x	
	FOBT Lab Test	14564-9	Hemoglobin.gastrointestinal [Presence] in Stool –2nd specimen	x	
	FOBT Lab Test	14565-6	Hemoglobin.gastrointestinal [Presence] in Stool –3rd specimen	x	
	FOBT Lab Test	2335-8	Hemoglobin.gastrointestinal [Presence] in Stool	x	
	FOBT Lab Test	27396-1	Hemoglobin.gastrointestinal [Mass/mass] in Stool	x	
	FOBT Lab Test	27401-9	Hemoglobin.gastrointestinal [Presence] in Stool –6th specimen	x	
	FOBT Lab Test	27925-7	Hemoglobin.gastrointestinal [Presence] in Stool –7th specimen	x	
	FOBT Lab Test	27926-5	Hemoglobin.gastrointestinal [Presence] in Stool –8th specimen	x	
	FOBT Lab Test	29771-3	Hemoglobin.gastrointestinal.lower [Presence] in Stool by Immunoassay	x	
	FOBT Lab Test	56490-6	Hemoglobin.gastrointestinal.lower [Presence] in Stool by Immunoassay – 2nd specimen	x	
	FOBT Lab Test	56491-4	Hemoglobin.gastrointestinal.lower [Presence] in Stool by Immunoassay – 3rd specimen	x	
	FOBT Lab Test	57905-2	Hemoglobin.gastrointestinal.lower [Presence] in Stool by Immunoassay – 1st specimen	x	
	FOBT Lab Test	58453-2	Hemoglobin.gastrointestinal.lower [Mass/volume] in Stool by Immunoassay	x	
	FOBT Lab Test	80372-6	Hemoglobin.gastrointestinal [Presence] in Stool by Rapid immunoassay	x	
FUA, FUI	AOD Medication Treatment	H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) (H0020)	x	
	AOD Medication Treatment	H0033	Oral medication administration, direct observation (H0033)	x	
	AOD Medication Treatment	J0570	Buprenorphine implant, 74.2 mg (J0570)	x	
	AOD Medication Treatment	J0571	Buprenorphine, oral, 1 mg (J0571)	x	
	AOD Medication Treatment	J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine (J0572)	x	
	AOD Medication Treatment	J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine (J0573)	x	
	AOD Medication Treatment	J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine (J0574)	x	
	AOD Medication Treatment	J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine (J0575)	x	
	AOD Medication Treatment	J2315	Injection, naltrexone, depot form, 1 mg (J2315)	x	
	AOD Medication Treatment	Q9991	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg (Q9991)	x	
	AOD Medication Treatment	Q9992	Injection, buprenorphine extended-release (sublocade), greater than 100 mg (Q9992)	x	
	AOD Medication Treatment	S0109	Methadone, oral, 5 mg (S0109)	x	
	IET Stand Alone Visits	G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes (G0155)	x	

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Measure	Service	Code	Description	N*	E**
FUA, FUI	IET Stand Alone Visits	G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more) (G0176)	x	
	IET Stand Alone Visits	G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more) (G0177)	x	
	IET Stand Alone Visits	G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes (G0396)	x	
	IET Stand Alone Visits	G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes (G0397)	x	
	IET Stand Alone Visits	G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF) (G0409)	x	
	IET Stand Alone Visits	G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes (G0410)	x	
	IET Stand Alone Visits	G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes (G0411)	x	
	IET Stand Alone Visits	G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes (G0443)	x	
	IET Stand Alone Visits	G0463	Hospital outpatient clinic visit for assessment and management of a patient (G0463)	x	
	IET Stand Alone Visits	H0001	Alcohol and/or drug assessment (H0001)	x	
	IET Stand Alone Visits	H0002	Behavioral health screening to determine eligibility for admission to treatment program (H0002)	x	
	IET Stand Alone Visits	H0004	Behavioral health counseling and therapy, per 15 minutes (H0004)	x	
	IET Stand Alone Visits	H0005	Alcohol and/or drug services; group counseling by a clinician (H0005)	x	
	IET Stand Alone Visits	H0007	Alcohol and/or drug services; crisis intervention (outpatient) (H0007)	x	
	IET Stand Alone Visits	H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (H0015)	x	
	IET Stand Alone Visits	H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting) (H0016)	x	
	IET Stand Alone Visits	H0022	Alcohol and/or drug intervention service (planned facilitation) (H0022)	x	
	IET Stand Alone Visits	H0031	Mental health assessment, by non-physician (H0031)	x	
	IET Stand Alone Visits	H0034	Medication training and support, per 15 minutes (H0034)	x	
	IET Stand Alone Visits	H0035	Mental health partial hospitalization, treatment, less than 24 hours (H0035)	x	
	IET Stand Alone Visits	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes (H0036)	x	
	IET Stand Alone Visits	H0037	Community psychiatric supportive treatment program, per diem (H0037)	x	
	IET Stand Alone Visits	H0039	Assertive community treatment, face-to-face, per 15 minutes (H0039)	x	

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FUA, FUI	IET Stand Alone Visits	H0040	Assertive community treatment program, per diem (H0040)	x	
	IET Stand Alone Visits	H0047	Alcohol and/or other drug abuse services, not otherwise specified (H0047)	x	
	IET Stand Alone Visits	H2000	Comprehensive multidisciplinary evaluation (H2000)	x	
	IET Stand Alone Visits	H2001	Rehabilitation program, per 1/2 day (H2001)	x	
	IET Stand Alone Visits	H2010	Comprehensive medication services, per 15 minutes (H2010)	x	
	IET Stand Alone Visits	H2011	Crisis intervention service, per 15 minutes (H2011)	x	
	IET Stand Alone Visits	H2012	Behavioral health day treatment, per hour (H2012)	x	
	IET Stand Alone Visits	H2013	Psychiatric health facility service, per diem (H2013)	x	
	IET Stand Alone Visits	H2014	Skills training and development, per 15 minutes (H2014)	x	
	IET Stand Alone Visits	H2015	Comprehensive community support services, per 15 minutes (H2015)	x	
	IET Stand Alone Visits	H2016	Comprehensive community support services, per diem (H2016)	x	
	IET Stand Alone Visits	H2017	Psychosocial rehabilitation services, per 15 minutes (H2017)	x	
	IET Stand Alone Visits	H2018	Psychosocial rehabilitation services, per diem (H2018)	x	
	IET Stand Alone Visits	H2019	Therapeutic behavioral services, per 15 minutes (H2019)	x	
	IET Stand Alone Visits	H2020	Therapeutic behavioral services, per diem (H2020)	x	
	IET Stand Alone Visits	H2035	Alcohol and/or other drug treatment program, per hour (H2035)	x	
	IET Stand Alone Visits	H2036	Alcohol and/or other drug treatment program, per diem (H2036)	x	
	IET Stand Alone Visits	S0201	Partial hospitalization services, less than 24 hours, per diem (S0201)	x	
	IET Stand Alone Visits	S9480	Intensive outpatient psychiatric services, per diem (S9480)	x	
	IET Stand Alone Visits	S9484	Crisis intervention mental health services, per hour (S9484)	x	
	IET Stand Alone Visits	S9485	Crisis intervention mental health services, per diem (S9485)	x	
	IET Stand Alone Visits	T1006	Alcohol and/or substance abuse services, family/couple counseling (T1006)	x	
	IET Stand Alone Visits	T1012	Alcohol and/or substance abuse services, skills development (T1012)	x	
	IET Stand Alone Visits	T1015	Clinic visit/encounter, all-inclusive (T1015)	x	
	OUD Monthly Office Based Treatment	G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month (G2086)	x	
	OUD Monthly Office Based Treatment	G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month (G2087)	x	

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FUA, FUI	OUD Weekly Drug Treatment Service	G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) (G2067)	X	
	OUD Weekly Drug Treatment Service	G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) (G2068)	X	
	OUD Weekly Drug Treatment Service	G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) (G2069)	X	
	OUD Weekly Drug Treatment Service	G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) (G2070)	X	
	OUD Weekly Drug Treatment Service	G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) (G2072)	X	
	OUD Weekly Drug Treatment Service	G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) (G2073)	X	
	OUD Weekly Non Drug Service	G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) (G2071)	X	
	OUD Weekly Non Drug Service	G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) (G2074)	X	
	OUD Weekly Non Drug Service	G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program) (G2075)	X	
	OUD Weekly Non Drug Service	G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure (G2076)	X	
	OUD Weekly Non Drug Service	G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure (G2077)	X	

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FUA, FUI	OUD Weekly Non Drug Service	G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure (G2080)	x	
FUH, FUM	Electroconvulsive Therapy	GZB0ZZZ	[GZB0ZZZ] Electroconvulsive Therapy, Unilateral-Single Seizure	x	
	Electroconvulsive Therapy	GZB1ZZZ	[GZB1ZZZ] Electroconvulsive Therapy, Unilateral-Multiple Seizure	x	
	Electroconvulsive Therapy	GZB2ZZZ	[GZB2ZZZ] Electroconvulsive Therapy, Bilateral-Single Seizure	x	
	Electroconvulsive Therapy	GZB3ZZZ	[GZB3ZZZ] Electroconvulsive Therapy, Bilateral-Multiple Seizure	x	
	Electroconvulsive Therapy	GZB4ZZZ	[GZB4ZZZ] Other Electroconvulsive Therapy	x	
LBP	Uncomplicated Low Back Pain	M47.26	[M47.26] Other spondylosis with radiculopathy, lumbar region		
	Uncomplicated Low Back Pain	M47.27	[M47.27] Other spondylosis with radiculopathy, lumbosacral region		
	Uncomplicated Low Back Pain	M47.28	[M47.28] Other spondylosis with radiculopathy, sacral and sacrococcygeal region		
	Uncomplicated Low Back Pain	M47.816	[M47.816] Spondylosis without myelopathy or radiculopathy, lumbar region		
	Uncomplicated Low Back Pain	M47.817	[M47.817] Spondylosis without myelopathy or radiculopathy, lumbosacral region		
	Uncomplicated Low Back Pain	M47.818	[M47.818] Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region		
	Uncomplicated Low Back Pain	M47.896	[M47.896] Other spondylosis, lumbar region		
	Uncomplicated Low Back Pain	M47.897	[M47.897] Other spondylosis, lumbosacral region		
	Uncomplicated Low Back Pain	M47.898	[M47.898] Other spondylosis, sacral and sacrococcygeal region		
	Uncomplicated Low Back Pain	M48.06	[M48.06] Spinal stenosis, lumbar region		
	Uncomplicated Low Back Pain	M48.061	[M48.061] Spinal stenosis, lumbar region without neurogenic claudication		
	Uncomplicated Low Back Pain	M48.062	[M48.062] Spinal stenosis, lumbar region with neurogenic claudication		
	Uncomplicated Low Back Pain	M48.07	[M48.07] Spinal stenosis, lumbosacral region		
	Uncomplicated Low Back Pain	M48.08	[M48.08] Spinal stenosis, sacral and sacrococcygeal region		
	Uncomplicated Low Back Pain	M51.16	[M51.16] Intervertebral disc disorders with radiculopathy, lumbar region		
	Uncomplicated Low Back Pain	M51.17	[M51.17] Intervertebral disc disorders with radiculopathy, lumbosacral region		
	Uncomplicated Low Back Pain	M51.26	[M51.26] Other intervertebral disc displacement, lumbar region		
	Uncomplicated Low Back Pain	M51.27	[M51.27] Other intervertebral disc displacement, lumbosacral region		
	Uncomplicated Low Back Pain	M51.36	[M51.36] Other intervertebral disc degeneration, lumbar region		
	Uncomplicated Low Back Pain	M51.37	[M51.37] Other intervertebral disc degeneration, lumbosacral region		

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Measure	Service	Code	Description	N*	E**
LBP	Uncomplicated Low Back Pain	M51.86	[M51.86] Other intervertebral disc disorders, lumbar region		
	Uncomplicated Low Back Pain	M51.87	[M51.87] Other intervertebral disc disorders, lumbosacral region		
	Uncomplicated Low Back Pain	M53.2X6	[M53.2X6] Spinal instabilities, lumbar region		
	Uncomplicated Low Back Pain	M53.2X7	[M53.2X7] Spinal instabilities, lumbosacral region		
	Uncomplicated Low Back Pain	M53.2X8	[M53.2X8] Spinal instabilities, sacral and sacrococcygeal region		
	Uncomplicated Low Back Pain	M53.3	[M53.3] Sacrococcygeal disorders, not elsewhere classified		
	Uncomplicated Low Back Pain	M53.86	[M53.86] Other specified dorsopathies, lumbar region		
	Uncomplicated Low Back Pain	M53.87	[M53.87] Other specified dorsopathies, lumbosacral region		
	Uncomplicated Low Back Pain	M53.88	[M53.88] Other specified dorsopathies, sacral and sacrococcygeal region		
	Uncomplicated Low Back Pain	M54.16	[M54.16] Radiculopathy, lumbar region		
	Uncomplicated Low Back Pain	M54.17	[M54.17] Radiculopathy, lumbosacral region		
	Uncomplicated Low Back Pain	M54.18	[M54.18] Radiculopathy, sacral and sacrococcygeal region		
	Uncomplicated Low Back Pain	M54.30	[M54.30] Sciatica, unspecified side		
	Uncomplicated Low Back Pain	M54.31	[M54.31] Sciatica, right side		
	Uncomplicated Low Back Pain	M54.32	[M54.32] Sciatica, left side		
	Uncomplicated Low Back Pain	M54.40	[M54.40] Lumbago with sciatica, unspecified side		
	Uncomplicated Low Back Pain	M54.41	[M54.41] Lumbago with sciatica, right side		
	Uncomplicated Low Back Pain	M54.42	[M54.42] Lumbago with sciatica, left side		
	Uncomplicated Low Back Pain	M54.5	[M54.5] Low back pain		
	Uncomplicated Low Back Pain	M54.89	[M54.89] Other dorsalgia		
	Uncomplicated Low Back Pain	M54.9	[M54.9] Dorsalgia, unspecified		
	Uncomplicated Low Back Pain	M99.03	[M99.03] Segmental and somatic dysfunction of lumbar region		
	Uncomplicated Low Back Pain	M99.04	[M99.04] Segmental and somatic dysfunction of sacral region		
	Uncomplicated Low Back Pain	M99.23	[M99.23] Subluxation stenosis of neural canal of lumbar region		
	Uncomplicated Low Back Pain	M99.33	[M99.33] Osseous stenosis of neural canal of lumbar region		
	Uncomplicated Low Back Pain	M99.43	[M99.43] Connective tissue stenosis of neural canal of lumbar region		
	Uncomplicated Low Back Pain	M99.53	[M99.53] Intervertebral disc stenosis of neural canal of lumbar region		

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Measure	Service	Code	Description	N*	E**
LBP	Uncomplicated Low Back Pain	M99.63	[M99.63] Osseous and subluxation stenosis of intervertebral foramina of lumbar region		
	Uncomplicated Low Back Pain	M99.73	[M99.73] Connective tissue and disc stenosis of intervertebral foramina of lumbar region		
	Uncomplicated Low Back Pain	M99.83	[M99.83] Other biomechanical lesions of lumbar region		
	Uncomplicated Low Back Pain	M99.84	[M99.84] Other biomechanical lesions of sacral region		
	Uncomplicated Low Back Pain	S33.100A	[S33.100A] Subluxation of unspecified lumbar vertebra, initial encounter		
	Uncomplicated Low Back Pain	S33.100D	[S33.100D] Subluxation of unspecified lumbar vertebra, subsequent encounter		
	Uncomplicated Low Back Pain	S33.100S	[S33.100S] Subluxation of unspecified lumbar vertebra, sequela		
	Uncomplicated Low Back Pain	S33.110A	[S33.110A] Subluxation of L1/L2 lumbar vertebra, initial encounter		
	Uncomplicated Low Back Pain	S33.110D	[S33.110D] Subluxation of L1/L2 lumbar vertebra, subsequent encounter		
	Uncomplicated Low Back Pain	S33.110S	[S33.110S] Subluxation of L1/L2 lumbar vertebra, sequela		
	Uncomplicated Low Back Pain	S33.120A	[S33.120A] Subluxation of L2/L3 lumbar vertebra, initial encounter		
	Uncomplicated Low Back Pain	S33.120D	[S33.120D] Subluxation of L2/L3 lumbar vertebra, subsequent encounter		
	Uncomplicated Low Back Pain	S33.120S	[S33.120S] Subluxation of L2/L3 lumbar vertebra, sequela		
	Uncomplicated Low Back Pain	S33.130A	[S33.130A] Subluxation of L3/L4 lumbar vertebra, initial encounter		
	Uncomplicated Low Back Pain	S33.130D	[S33.130D] Subluxation of L3/L4 lumbar vertebra, subsequent encounter		
	Uncomplicated Low Back Pain	S33.130S	[S33.130S] Subluxation of L3/L4 lumbar vertebra, sequela		
	Uncomplicated Low Back Pain	S33.140A	[S33.140A] Subluxation of L4/L5 lumbar vertebra, initial encounter		
	Uncomplicated Low Back Pain	S33.140D	[S33.140D] Subluxation of L4/L5 lumbar vertebra, subsequent encounter		
	Uncomplicated Low Back Pain	S33.140S	[S33.140S] Subluxation of L4/L5 lumbar vertebra, sequela		
	Uncomplicated Low Back Pain	S33.5XXA	[S33.5XXA] Sprain of ligaments of lumbar spine, initial encounter		
	Uncomplicated Low Back Pain	S33.6XXA	[S33.6XXA] Sprain of sacroiliac joint, initial encounter		
	Uncomplicated Low Back Pain	S33.8XXA	[S33.8XXA] Sprain of other parts of lumbar spine and pelvis, initial encounter		
	Uncomplicated Low Back Pain	S33.9XXA	[S33.9XXA] Sprain of unspecified parts of lumbar spine and pelvis, initial encounter		
	Uncomplicated Low Back Pain	S39.002A	[S39.002A] Unspecified injury of muscle, fascia and tendon of lower back, initial encounter		
	Uncomplicated Low Back Pain	S39.002D	[S39.002D] Unspecified injury of muscle, fascia and tendon of lower back, subsequent encounter		
	Uncomplicated Low Back Pain	S39.002S	[S39.002S] Unspecified injury of muscle, fascia and tendon of lower back, sequela		
	Uncomplicated Low Back Pain	S39.012A	[S39.012A] Strain of muscle, fascia and tendon of lower back, initial encounter		

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Measure	Service	Code	Description	N*	E**
LBP	Uncomplicated Low Back Pain	S39.012D	[S39.012D] Strain of muscle, fascia and tendon of lower back, subsequent encounter		
	Uncomplicated Low Back Pain	S39.012S	[S39.012S] Strain of muscle, fascia and tendon of lower back, sequela		
	Uncomplicated Low Back Pain	S39.092A	[S39.092A] Other injury of muscle, fascia and tendon of lower back, initial encounter		
	Uncomplicated Low Back Pain	S39.092D	[S39.092D] Other injury of muscle, fascia and tendon of lower back, subsequent encounter		
	Uncomplicated Low Back Pain	S39.092S	[S39.092S] Other injury of muscle, fascia and tendon of lower back, sequela		
	Uncomplicated Low Back Pain	S39.82XA	[S39.82XA] Other specified injuries of lower back, initial encounter		
	Uncomplicated Low Back Pain	S39.82XD	[S39.82XD] Other specified injuries of lower back, subsequent encounter		
	Uncomplicated Low Back Pain	S39.82XS	[S39.82XS] Other specified injuries of lower back, sequela		
	Uncomplicated Low Back Pain	S39.92XA	[S39.92XA] Unspecified injury of lower back, initial encounter		
	Uncomplicated Low Back Pain	S39.92XD	[S39.92XD] Unspecified injury of lower back, subsequent encounter		
	Uncomplicated Low Back Pain	S39.92XS	[S39.92XS] Unspecified injury of lower back, sequela		
OMW	Long-Acting Osteoporosis Medications	J0897	Injection, denosumab, 1 mg (J0897)	x	
	Long-Acting Osteoporosis Medications	J1740	Injection, ibandronate sodium, 1 mg (J1740)	x	
	Long-Acting Osteoporosis Medications	J3489	Injection, zoledronic acid, 1 mg (J3489)	x	
	Osteoporosis Medication Therapy	J0897	Injection, denosumab, 1 mg (J0897)	x	
	Osteoporosis Medication Therapy	J1740	Injection, ibandronate sodium, 1 mg (J1740)	x	
	Osteoporosis Medication Therapy	J3110	Injection, teriparatide, 10 mcg (J3110)	x	
	Osteoporosis Medication Therapy	J3111	Injection, romosozumab-aqqg, 1 mg (J3111)	x	
	Osteoporosis Medication Therapy	J3489	Injection, zoledronic acid, 1 mg (J3489)	x	
	Bone Mineral Density Tests	BP48ZZ1	[BP48ZZ1] Ultrasonography of Right Shoulder, Densitometry	x	
	Bone Mineral Density Tests	BP49ZZ1	[BP49ZZ1] Ultrasonography of Left Shoulder, Densitometry	x	
	Bone Mineral Density Tests	BP4GZZ1	[BP4GZZ1] Ultrasonography of Right Elbow, Densitometry	x	
	Bone Mineral Density Tests	BP4HZZ1	[BP4HZZ1] Ultrasonography of Left Elbow, Densitometry	x	

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Measure	Service	Code	Description	N*	E**
OMW	Bone Mineral Density Tests	BP4LZZ1	[BP4LZZ1] Ultrasonography of Right Wrist, Densitometry	x	
	Bone Mineral Density Tests	BP4MZZ1	[BP4MZZ1] Ultrasonography of Left Wrist, Densitometry	x	
	Bone Mineral Density Tests	BP4NZZ1	[BP4NZZ1] Ultrasonography of Right Hand, Densitometry	x	
	Bone Mineral Density Tests	BP4PZZ1	[BP4PZZ1] Ultrasonography of Left Hand, Densitometry	x	
	Bone Mineral Density Tests	BQ00ZZ1	[BQ00ZZ1] Plain Radiography of Right Hip, Densitometry	x	
	Bone Mineral Density Tests	BQ01ZZ1	[BQ01ZZ1] Plain Radiography of Left Hip, Densitometry	x	
	Bone Mineral Density Tests	BQ03ZZ1	[BQ03ZZ1] Plain Radiography of Right Femur, Densitometry	x	
	Bone Mineral Density Tests	BQ04ZZ1	[BQ04ZZ1] Plain Radiography of Left Femur, Densitometry	x	
	Bone Mineral Density Tests	BR00ZZ1	[BR00ZZ1] Plain Radiography of Cervical Spine, Densitometry	x	
	Bone Mineral Density Tests	BR07ZZ1	[BR07ZZ1] Plain Radiography of Thoracic Spine, Densitometry	x	
	Bone Mineral Density Tests	BR09ZZ1	[BR09ZZ1] Plain Radiography of Lumbar Spine, Densitometry	x	
	Bone Mineral Density Tests	BR0GZZ1	[BR0GZZ1] Plain Radiography of Whole Spine, Densitometry	x	
PPC	Postpartum Visits	0503F	Postpartum care visit (Prenatal)	x	
	Stand Alone Prenatal Visits	0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)	x	
	Stand Alone Prenatal Visits	0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal)	x	
	Stand Alone Prenatal Visits	0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (e.g., an upper respiratory infection; patients seen for consultation only, not for continuing care)]	x	
	Postpartum Visits	G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination (G0101)	x	
	Prenatal Bundled Services	H1005	Prenatal care, at-risk enhanced service package (includes h1001-h1004) (H1005)	x	
	Prenatal Visits	G0463	Hospital outpatient clinic visit for assessment and management of a patient (G0463)	x	
	Prenatal Visits	T1015	Clinic visit/encounter, all-inclusive (T1015)	x	
	Stand Alone Prenatal Visits	H1000	Prenatal care, at-risk assessment (H1000)	x	
	Stand Alone Prenatal Visits	H1001	Prenatal care, at-risk enhanced service; antepartum management (H1001)	x	
	Stand Alone Prenatal Visits	H1002	Prenatal care, at risk enhanced service; care coordination (H1002)	x	

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Measure	Service	Code	Description	N*	E**
PPC	Stand Alone Prenatal Visits	H1003	Prenatal care, at-risk enhanced service; education (H1003)	x	
	Stand Alone Prenatal Visits	H1004	Prenatal care, at-risk enhanced service; follow-up home visit (H1004)	x	
	Postpartum Visits	Z01.411	[Z01.411] Encounter for gynecological examination (general) (routine) with abnormal findings	x	
	Postpartum Visits	Z01.419	[Z01.419] Encounter for gynecological examination (general) (routine) without abnormal findings	x	
	Postpartum Visits	Z01.42	[Z01.42] Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear	x	
	Postpartum Visits	Z30.430	[Z30.430] Encounter for insertion of intrauterine contraceptive device	x	
	Postpartum Visits	Z39.1	[Z39.1] Encounter for care and examination of lactating mother	x	
	Postpartum Visits	Z39.2	[Z39.2] Encounter for routine postpartum follow-up	x	
SAA	Long Acting Injections 14 Days Supply	J2794	Injection, risperidone (Risperdal Consta), 0.5 mg (J2794)	x	
	Long Acting Injections 28 Days Supply	C9035	Injection, aripiprazole lauroxil (Aristada Initio), 1 mg (C9035)	x	
	Long Acting Injections 28 Days Supply	J0401	Injection, aripiprazole, extended release, 1 mg (J0401)	x	
	Long Acting Injections 28 Days Supply	J1631	Injection, haloperidol decanoate, per 50 mg (J1631)	x	
	Long Acting Injections 28 Days Supply	J1943	Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg (J1943)	x	
	Long Acting Injections 28 Days Supply	J1944	Injection, aripiprazole lauroxil, (Aristada), 1 mg (J1944)	x	
	Long Acting Injections 28 Days Supply	J2358	Injection, olanzapine, long-acting, 1 mg (J2358)	x	
	Long Acting Injections 28 Days Supply	J2426	Injection, paliperidone palmitate extended release, 1 mg (J2426)	x	
	Long Acting Injections 28 Days Supply	J2680	Injection, fluphenazine decanoate, up to 25 mg (J2680)	x	
	Long Acting Injections 30 Days Supply	C9037	Injection, risperidone (Perseris), 0.5 mg (C9037)	x	
	Long Acting Injections 30 Days Supply	J2798	Injection, risperidone, (Perseris), 0.5 mg (J2798)	x	
	Dementia	F01.50	[F01.50] Vascular dementia without behavioral disturbance		x
	Dementia	F01.51	[F01.51] Vascular dementia with behavioral disturbance		x
	Dementia	F02.80	[F02.80] Dementia in other diseases classified elsewhere without behavioral disturbance		x
	Dementia	F02.81	[F02.81] Dementia in other diseases classified elsewhere with behavioral disturbance		x

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Measure	Service	Code	Description	N*	E**
SAA	Dementia	F03.90	[F03.90] Unspecified dementia without behavioral disturbance		x
	Dementia	F03.91	[F03.91] Unspecified dementia with behavioral disturbance		x
	Dementia	F04	[F04] Amnestic disorder due to known physiological condition		x
	Dementia	F10.27	[F10.27] Alcohol dependence with alcohol-induced persisting dementia		x
	Dementia	F10.97	[F10.97] Alcohol use, unspecified with alcohol-induced persisting dementia		x
	Dementia	F13.27	[F13.27] Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia		x
	Dementia	F13.97	[F13.97] Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia		x
	Dementia	F18.17	[F18.17] Inhalant abuse with inhalant-induced dementia		x
	Dementia	F18.27	[F18.27] Inhalant dependence with inhalant-induced dementia		x
	Dementia	F18.97	[F18.97] Inhalant use, unspecified with inhalant-induced persisting dementia		x
	Dementia	F19.17	[F19.17] Other psychoactive substance abuse with psychoactive substance-induced persisting dementia		x
	Dementia	F19.27	[F19.27] Other psychoactive substance dependence with psychoactive substance-induced persisting dementia		x
	Dementia	F19.97	[F19.97] Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia		x
	Dementia	G30.0	[G30.0] Alzheimer's disease with early onset		x
	Dementia	G30.1	[G30.1] Alzheimer's disease with late onset		x
	Dementia	G30.8	[G30.8] Other Alzheimer's disease		x
	Dementia	G30.9	[G30.9] Alzheimer's disease, unspecified		x
	Dementia	G31.83	[G31.83] Dementia with Lewy bodies		x
SMD, SMC, APM	LDL-C Test Result or Finding	3048F	Most recent LDL-C less than 100 mg/dL (CAD) (DM)		x
	LDL-C Test Result or Finding	3049F	Most recent LDL-C 100-129 mg/dL (CAD) (DM)		x
	LDL-C Test Result or Finding	3050F	Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)		x
	LDL-C Lab Test	12773-8	Cholesterol in LDL [Units/volume] in Serum or Plasma by Electrophoresis		x
	LDL-C Lab Test	13457-7	Cholesterol in LDL [Mass/volume] in Serum or Plasma by calculation		x
	LDL-C Lab Test	18261-8	Cholesterol in LDL [Mass/volume] in Serum or Plasma ultracentrifugate		x
	LDL-C Lab Test	18262-6	Cholesterol in LDL [Mass/volume] in Serum or Plasma by Direct assay		x
	LDL-C Lab Test	2089-1	Cholesterol in LDL [Mass/volume] in Serum or Plasma		x
	LDL-C Lab Test	49132-4	Cholesterol in LDL [Mass/volume] in Serum or Plasma by Electrophoresis		x
	LDL-C Lab Test	55440-2	Cholesterol.in LDL (real) [Mass/volume] in Serum or Plasma by VAP		x
SSD, APM	Glucose Lab Test	10450-5	Glucose [Mass/volume] in Serum or Plasma –10 hours fasting		x
	Glucose Lab Test	1492-8	Glucose [Mass/volume] in Serum or Plasma –1.5 hours post 0.5 g/kg glucose IV		x

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Measure	Service	Code	Description	N*	E**
SSD, APM	Glucose Lab Test	1494-4	Glucose [Mass/volume] in Serum or Plasma –1.5 hours post 100 g glucose PO		x
	Glucose Lab Test	1496-9	Glucose [Mass/volume] in Serum or Plasma –1.5 hours post 75 g glucose PO		x
	Glucose Lab Test	1499-3	Glucose [Mass/volume] in Serum or Plasma –1 hour post 0.5 g/kg glucose IV		x
	Glucose Lab Test	1501-6	Glucose [Mass/volume] in Serum or Plasma –1 hour post 100 g glucose PO		x
	Glucose Lab Test	1504-0	Glucose [Mass/volume] in Serum or Plasma –1 hour post 50 g glucose PO		x
	Glucose Lab Test	1507-3	Glucose [Mass/volume] in Serum or Plasma –1 hour post 75 g glucose PO		x
	Glucose Lab Test	1514-9	Glucose [Mass/volume] in Serum or Plasma –2 hours post 100 g glucose PO		x
	Glucose Lab Test	1518-0	Glucose [Mass/volume] in Serum or Plasma –2 hours post 75 g glucose PO		x
	Glucose Lab Test	1530-5	Glucose [Mass/volume] in Serum or Plasma –3 hours post 100 g glucose PO		x
	Glucose Lab Test	1533-9	Glucose [Mass/volume] in Serum or Plasma –3 hours post 75 g glucose PO		x
	Glucose Lab Test	1554-5	Glucose [Mass/volume] in Serum or Plasma –12 hours fasting		x
	Glucose Lab Test	1557-8	Fasting glucose [Mass/volume] in Venous blood		x
	Glucose Lab Test	1558-6	Fasting glucose [Mass/volume] in Serum or Plasma		x
	Glucose Lab Test	17865-7	Glucose [Mass/volume] in Serum or Plasma –8 hours fasting		x
	Glucose Lab Test	20436-2	Glucose [Mass/volume] in Serum or Plasma –2 hours post dose glucose		x
	Glucose Lab Test	20437-0	Glucose [Mass/volume] in Serum or Plasma –3 hours post dose glucose		x
	Glucose Lab Test	20438-8	Glucose [Mass/volume] in Serum or Plasma –1 hour post dose glucose		x
	Glucose Lab Test	20440-4	Glucose [Mass/volume] in Serum or Plasma –1.5 hours post dose glucose		x
	Glucose Lab Test	26554-6	Glucose [Mass/volume] in Serum or Plasma –2.5 hours post dose glucose		x
	Glucose Lab Test	41024-1	Glucose [Mass/volume] in Serum or Plasma –2 hours post 50 g glucose PO		x
	Glucose Lab Test	49134-0	Glucose [Mass/volume] in Blood –2 hours post dose glucose		x
	Glucose Lab Test	6749-6	Glucose [Mass/volume] in Serum or Plasma –2.5 hours post 75 g glucose PO		x
	Glucose Lab Test	9375-7	Glucose [Mass/volume] in Serum or Plasma –2.5 hours post 100 g glucose PO		x
TRC	Medication Reconciliation Intervention	1111F	Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER)		x
W30, WCV	Well-Care	G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit (G0438)		x
	Well-Care	G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit (G0439)		x
	Well-Care	S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service) (S0302)		x

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Measure	Service	Code	Description	N*	E**
W30, WCV	Well-Care	Z00.00	[Z00.00] Encounter for general adult medical examination without abnormal findings		x
	Well-Care	Z00.01	[Z00.01] Encounter for general adult medical examination with abnormal findings		x
	Well-Care	Z00.110	[Z00.110] Health examination for newborn under 8 days old		x
	Well-Care	Z00.111	[Z00.111] Health examination for newborn 8 to 28 days old		x
	Well-Care	Z00.121	[Z00.121] Encounter for routine child health examination with abnormal findings		x
	Well-Care	Z00.129	[Z00.129] Encounter for routine child health examination without abnormal findings		x
	Well-Care	Z00.2	[Z00.2] Encounter for examination for period of rapid growth in childhood		x
	Well-Care	Z00.3	[Z00.3] Encounter for examination for adolescent development state		x
	Well-Care	Z02.5	[Z02.5] Encounter for examination for participation in sport		x
	Well-Care	Z76.1	[Z76.1] Encounter for health supervision and care of foundling		x
	Well-Care	Z76.2	[Z76.2] Encounter for health supervision and care of other healthy infant and child		x
WCC - Nut	Nutrition Counseling	G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes (G0270)		x
	Nutrition Counseling	G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes (G0271)		x
	Nutrition Counseling	G0447	Face-to-face behavioral counseling for obesity, 15 minutes (G0447)		x
	Nutrition Counseling	S9449	Weight management classes, non-physician provider, per session (S9449)		x
	Nutrition Counseling	S9452	Nutrition classes, non-physician provider, per session (S9452)		x
	Nutrition Counseling	S9470	Nutritional counseling, dietitian visit (S9470)		x
	Nutrition Counseling	Z71.3	[Z71.3] Dietary counseling and surveillance		x
WCC - PA	Physical Activity Counseling	G0447	Face-to-face behavioral counseling for obesity, 15 minutes (G0447)		x
	Physical Activity Counseling	S9451	Exercise classes, non-physician provider, per session (S9451)		x
	Physical Activity Counseling	Z02.5	[Z02.5] Encounter for examination for participation in sport		x
	Physical Activity Counseling	Z71.82	[Z71.82] Exercise counseling		x
WCC BMI	BMI Percentile	Z68.51	[Z68.51] Body mass index [BMI] pediatric, less than 5th percentile for age		x
	BMI Percentile	Z68.52	[Z68.52] Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age		x
	BMI Percentile	Z68.53	[Z68.53] Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age		x

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Measure	Service	Code	Description	N*	E**
WCC BMI	BMI Percentile	Z68.54	[Z68.54] Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age		x
	BMI Percentile	59574-4	Body mass index (BMI) [Percentile]		x
	BMI Percentile	59575-1	Body mass index (BMI) [Percentile] Per age		x
	BMI Percentile	59576-9	Body mass index (BMI) [Percentile] Per age and sex		x

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