Quick Reference Guide HEDIS® MY 2025

FOR MORE INFORMATION, VISIT **WWW.NCQA.ORG**

Meridian, Wellcare, and Ambetter from Meridian are affiliated products serving Medicaid, Medicare, and Health Insurance Marketplace members respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.

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This guide has been updated with information from the release of the HEDIS® MY 2025 Volume 2 Technical Specifications by NCQA and is subject to change.

HEDIS® MY 2025 Quick Reference Guide

Updated to reflect NCQA HEDIS® MY 2025 Technical Specifications

Meridian, WellCare, and Ambetter from Meridian strive to provide quality healthcare to our membership as measured through HEDIS® quality metrics. We created the HEDIS® MY 2025 Quick Reference Guide to help you increase your practice's HEDIS® rates and to use to address care opportunities for your patients. Please always follow the State and/or CMS billing guidance and ensure the HEDIS® codes are covered prior to submission.

What is HEDIS®?

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

What are the scores used for?

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

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

To learn more about the Provider Incentive Programs offered by Meridian, Wellcare, and Ambetter from Meridian, please refer to the *2025 Provider Incentive Guidebook*.

How can I submit data to improve my HEDIS® scores?

✓ Administrative claims

- Submit claim/encounter data for each service rendered with appropriate billing codes
- Submit applicable codes when members should be excluded from HEDIS measures
- Accurate and timely submission of claims data is the most appropriate way to ensure all services are captured and accounted for

✓ Supplemental Data

- **EDI Feeds**
  - Partner with our Supplemental Data team to get an Electronic Data Interchange (EDI) feed set up. This electronic method of data submission moves information directly from one computer application to another in a standard electronic format
  - For information regarding set up and applicable HEDIS measures, please reach out to katherine.oughton@centene.com
- **EMR Access**
  - Partner with our HEDIS Abstraction team to set up remote access to your EMR system for HEDIS gap closure. This access is utilized year-round to abstract and enter data for health plan prioritized HEDIS measures
  - For information regarding set up and applicable HEDIS measures, please reach out to mihedis@mhplan.com.
- **Medical Record Submission**
  - Fax medical record documentation to 833-667-1532
  - Email medical record documentation to mihedis@mhplan.com

Questions?

mimeridian.com or **mmp.mimeridian.com**

833-667-1532

mihedis@mhplan.com

Providers and other healthcare staff should document to the highest specificity to aid with the most correct coding choice.

Ancillary staff: Please check the tabular list for the most specific ICD-10 code choice.

For more information, visit **www.ncqa.org**

Key Changes to HEDIS Measures

Child and Adolescent Well-Care Visits (WCV)

Telehealth visits are no longer allowed, these were temporary in response to the COVID-19 pandemic

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

Telehealth visits are no longer allowed, these were temporary in response to the COVID-19 pandemic

Adult Immunization Status (AIS-E)

Hepatitis B vaccine requirement added for adults 19-59 years of age, for members who did not receive three doses of the childhood vaccine by 19th birthday

Chlamydia Screening (CHL)

To ensure HEDIS measure appropriately acknowledges and affirms a member's gender identity, the measure has been updated to include and recommend routine chlamydia screening for transgender members

Childhood Immunization Status (CIS)

Measure to be reported via Electronic Clinical Data Systems

Immunizations for Adolescents (IMA)

Measure to be reported via Electronic Clinical Data Systems

Cervical Cancer Screening (CCS)

Measure to be reported via Electronic Clinical Data Systems

Eye Exams for Patients with Diabetes (EED)

Retired hybrid reporting method, measure is now administrative only

Care for Older Adults (COA)

Pain Assessment indicator retired

Antidepressant Medication Management (AMM)

Measure retired

Contents

Adult Health

Women's Health

Pediatric Health

General Health

Medication Adherence

Adult Health

(AAP) Adults' Access to Preventive/ Ambulatory Health Services

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)

Description

Measure evaluates the percentage of members 20 years and older who had an ambulatory or preventive care visit during the measurement year.

Description	Codes*
Ambulatory Visits	**CPT:** 92002, 92004, 92012, 92014, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99304-99310, 99315, 99316, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99457, 99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, S0620, S0621, T1015
Reason for Ambulatory Visit	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, Z02.84, Z02.89, Z02.9, Z76.1, Z76.2
Hospice Care	**HCPCS:** G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

(continued)

(AAP) Adults' Access to Preventive/ Ambulatory Health Services *(continued)*

Action

- ✓ Complete an appointment with all assigned patients annually

Tips and Best Practices

- ✓ Address all preventive health screenings and tests at appropriate intervals
- ✓ Schedule next appointment at close of visit and offer flexible appointment availability, including evening, weekends, telehealth, and family appointments
- ✓ Provide appointment reminders

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(ACP) Advance Care Planning

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)

Description

Measure evaluates percentage of adults 66-80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older who had advance care planning during the measurement year.

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(ACP) Advance Care Planning *(continued)*

Description	Codes*
Advance Care Planning	**CPT:** 99483, 99497 **CPT-CAT-II:** 1123F, 1124F, 1157F, 1158F **HCPCS:** S0257
Hospice Care	**HCPCS:** G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Talk with patients about their decisions for resuscitation, life sustaining treatment, and end-of life-care
- ✓ Even if advance directive is already on file, it must be reviewed, addressed and updated every year

Tips and Best Practices

- ✓ Regularly encourage all patients to think about what goals they would have for care if they faced a life-threatening illness or injury; identify someone they would want to have decisions on their behalf if they did not have decision-making capacity; make their views known to their designated surrogate and to other family members
- ✓ Incorporate notes from the advance care planning discussion into the medical record
- ✓ Periodically review with the patient his or her goals, preferences, and chosen decision maker, which often change over time or with changes in health status
- ✓ Telephone visits, e-visits, or virtual check-ins are acceptable

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(ACP) Advance Care Planning *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(AIS-E) Adult Immunization Status

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

Description

Measure evaluates the percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal and hepatitis B.

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(AIS-E) Adult Immunization Status *(continued)*

Description	Codes*
Adult Influenza Immunization	**CVX:** 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205, 111, 149 **CPT:** 90630, 90653-90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756, 90660, 90672
Anaphylaxis Due To Influenza Vaccine	**SNOMED:** 471361000124100
Td Immunization	**CVX:** 09, 113, 115, 138, 139 **CPT:** 90714
Tdap Vaccine	**CPT: 90715**
Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine	**SNOMED:** 428281000124107, 428291000124105
Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine	**SNOMED:** 192710009, 192711008, 192712001
Herpes Zoster Vaccine	**CVX:** 187 CPT: 90750
Anaphylaxis Due to Herpes Zoster Vaccine	**SNOMED:** 471371000124107, 471381000124105
Adult Pneumococcal Immunization	**CVX:** 33, 109, 133, 152, 215, 216 **CPT:** 90670, 90671, 90677, 90732 **HCPCS:** G0009
Anaphylaxis Due to Pneumococcal Immunization	**SNOMED:** 471141000124102
Childhood Hepatitis B Immunization	**CVX:** 08, 44, 45, 51, 110, 146, 198 **CPT:** 90697, 90724, 90740, 90744, 90747, 90748 **HCPCS:** G0010
Adult Hepatitis B Vaccine (2 dose)	**CVX:** 189 **CPT:** 90739, 90743

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Adult Hepatitis B Vaccine (3 dose)	**CPT:** 90740, 90744, 90746, 90747, 90759
History of Hepatitis B Illness:	**ICD10CM:** B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

Perform the following immunizations in the listed timeframe:

- ✓ Hepatitis B

  Any of the following are acceptable:

  - 3 doses of childhood Hep B vaccine on or before 19th birthday
  - 2 doses of recommended two-dose adult Hep B vaccine after 19th birthday
  - 3 doses of any other recommended adult Hep B vaccine after 19th birthday
  - Positive result on Hep B testing

- ✓ Influenza
  - Annually
- ✓ Td/Tdap
  - Every ten years
- ✓ Pneumococcal
  - One dose, on or after patient's 19th birthday
- ✓ Zoster
  - Two doses, both completed on or after October 1, 2017

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(AIS-E) Adult Immunization Status

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Tips and Best Practices

- ✓ If a member had anaphylaxis due to any of the required vaccines, encephalitis due to Td/Tdap, or history of hepatitis B illness, submit codes in the table above to count towards the measure
- ✓ Enter administered immunizations in the Michigan Care Improvement Registry (MCIR). Information regarding MCIR can be found here: **https://mcir.org/training-resources/healthcare-provider-mcir-resources/**
- ✓ Try to complete immunizations at scheduled annual exams to reduce the number of appointments
- ✓ Offer immunizations on-site or support scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Educate patients on the diseases that are prevented with immunizations

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(BPD) Blood Pressure Control for Patients With Diabetes

Product Lines:

(continued)

(BPD) Blood Pressure Control for Patients With Diabetes *(continued)*

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)

Description

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

Description	Codes*
Diastolic Less Than 80	**CPT-CAT-II:** 3078F
Diastolic 80-89	**CPT-CAT-II:** 3079F
Diastolic Greater Than/Equal To 90	**CPT-CAT-II:** 3080F
Systolic Less Than 130	**CPT-CAT-II:** 3074F
Systolic 130-139	**CPT-CAT-II:** 3075F
Systolic Greater Than/Equal To 140	**CPT-CAT-II:** 3077F
Palliative Care	**HCPCS:** G9054
Hospice Care	**HCPCS:** G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Take member's blood pressure at each outpatient visit
- ✓ Indicate in the medical record all recorded blood pressure measurements, blood pressure results taken by the patient at home and reviewed via telehealth, or member-reported blood pressure readings

Tips and Best Practices

(continued)

(BPD) Blood Pressure Control for Patients With Diabetes *(continued)*

- ✓ If BP result is >140/90 mmHg, recheck the BP at end of the visit and document
- ✓ Ensure you are coding from the chart above for both the systolic and diastolic values
- ✓ Member-reported blood pressure readings and blood pressure readings collected via telehealth are acceptable if documented in chart with date and value. Ensure your EMR has appropriate fields to house this data for all visit types.
- ✓ Follow the American Medical Association's seven simple tips to get an accurate blood pressure reading at: **www.ama-assn.org/delivering-care/hypertension/one-graphic-you-need-accurate-blood-pressure-reading**
- ✓ Your patient may be eligible for automatic home blood pressure monitor through their standard Over-the-Counter benefits when supplied through in-network durable medical equipment provider

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who receive palliative care any time during the measurement year

(CBP) Controlling High Blood Pressure

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

Description

Measure evaluates the percentage of members 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Description	Codes*
Diastolic Less Than 80	**CPT-CAT-II:** 3078F
Diastolic 80-89	**CPT-CAT-II:** 3079F
Diastolic Greater Than/ Equal To 90	**CPT-CAT-II:** 3080F
Systolic Less Than 130	**CPT-CAT-II:** 3074F
Systolic 130-139	**CPT-CAT-II:** 3075F
Systolic Greater Than/ Equal To 140	**CPT-CAT-II:** 3077F
Palliative Care	**HCPCS:** G9054
Hospice Care	**HCPCS:** G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 **CPT:** 99377, 99378
Members With a Diagnosis or Procedure That Indicates ESRD	**CPT:** 50220, 50225, 50230, 50234, 50236, 50340, 50370, 50543, 50545, 50546, 50548, 90935, 90937, 90945, 90947, 90997, 90999, 99512, 50240, 50360, 50365, 50380 **HCPCS:** G0257, S9339 **ICD-10:** N18.5, N18.6, Z99.2, Z94.0 **ICD-9:** 585.5, 585.6, V45.11, V42.0
Pregnancy Diagnosis	**ICD-10:** Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.91, Z34.92, Z34.93

*Codes subject to change. List does not include all codes for pregnancy, due to amount.

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(CBP) Controlling High Blood Pressure

(continued)

Action

- ✓ Take member's blood pressure at each outpatient visit
- ✓ Indicate in the medical record all recorded blood pressure measurements, blood pressure results taken by the patient at home and reviewed via telehealth, or member-reported blood pressure readings

Tips and Best Practices

- ✓ If BP result is >140/90 mmHg, recheck the BP at end of the visit and document
- ✓ Ensure you are coding from the chart above for both the systolic and diastolic values
- ✓ Member-reported blood pressure readings and blood pressure readings collected via telehealth are acceptable if documented in chart with date and value. Ensure your EMR has appropriate fields to house this data for all visit types.
- ✓ Follow the American Medical Association's seven simple tips to get an accurate blood pressure reading at: **www.ama-assn.org/delivering-care/hypertension/one-graphic-you-need-accurate-blood-pressure-reading**
- ✓ Your patient may be eligible for automatic home blood pressure monitor through their standard Over-the-Counter benefits when supplied through in-network durable medical equipment provider

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

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(CBP) Controlling High Blood Pressure

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- ✓ Members who receive palliative care any time during the measurement year
- ✓ Members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy or kidney transplant any time during member's history
- ✓ Members with a diagnosis of pregnancy any time during the measurement year

(COA) Care for Older Adults

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)

Description

Measure evaluates percentage of adults 66 years and older who had both of the following during the measurement year:

- ✓ Medication review
- ✓ Functional status assessment

Description	Codes*
Medication Review (codes must be submitted for both Medication List AND Medication Review for credit)	**Medication List -** **CPT-CAT-II:** 1159F **HCPCS:** G8427 **Medication Review -** **CPT-CAT-II:** 1160F **CPT:** 90863, 99605, 99606, 99483

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(COA) Care for Older Adults

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Description	Codes*
Transitional Care Management Services (can be used instead of medication list/medication review codes)	**CPT:** 99495, 99496
Functional Status Assessment	**CPT:** 99483 **CPT-CAT-II:** 1170F **HCPCS:** G0438, G0439
Hospice Care	**HCPCS:** G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

✓ **Medication review**

- Perform an annual review of the patient's medications, including prescription medications, over-the-counter medications and herbal or supplemental therapies. This must be completed by a prescribing provider or a clinical pharmacist

✓ **Functional status assessment**

- Assess the patient's ability to perform daily tasks and identify any functional decline
- This can be documented through assessing ADLS, IADLS, or using a standardized functional status assessment tool

Tips and Best Practices

✓ If member is not taking any medication, document this in the record to count for medication review

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(COA) Care for Older Adults

(continued)

- ✓ No specific setting or provider specialty is required for functional status assessment. Telephone visit, e-visit or virtual check-in meet criteria
- ✓ Complete medication review and functional status assessment in the same visit when able. Annual wellness visits are a great opportunity for this

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(COL-E) Colorectal Cancer Screening

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

Description

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

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(COL-E) Colorectal Cancer Screening

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Description	Codes*
Colonoscopy	**CPT:** 44388–44394, 44401–44408, 45378–45393, 45398 **HCPCS:** G0105, G0121
CT Colonography	**CPT:** 74261–74263
sDNA Fit Lab Test (Cologuard)	**CPT:** 81528 **LOINC:** 77353-1, 77354-9
Flexible Sigmoidoscopy	**CPT:** 45330–45335, 45337–45342, 45346, 45347, 45349, 45350 **HCPCS:** G0104
FOBT Lab Test	**CPT:** 82270, 82274 **HCPCS:** G0328
Palliative Care	**HCPCS:** G9054
Hospice Care	**HCPCS:** G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 **CPT:** 99377, 99378
Colorectal Cancer	**ICD-10:** C18.0, C18.1, C18.2 , C18.3, C18.4, C18.5 C18.6, C18.7, C18.8, C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
Total Colectomy	**CPT:** 44150-44153, 44155-44158, 44210-44212

*Codes subject to change

Action

Inform your patient that while a colonoscopy needs to be done the least frequently, there are multiple options for colorectal cancer screenings:

- ✓ Colonoscopy: during the measurement year or nine years prior
- ✓ Stool DNA (sDNA) with FIT Test or Cologuard®: during the measurement year or two years prior
- ✓ Fecal occult blood test (FOBT): during the measurement year
- ✓ Flexible sigmoidoscopy: during the measurement year or four years prior
- ✓ CT colonography: during the measurement year or four years prior

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(COL-E) Colorectal Cancer Screening

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Tips and Best Practices

- ✓ Member-reported screenings are acceptable if documented in chart as part of member's history. It must be clear the screening happened in timeframe, but an exact date and result is not needed (for example: "colonoscopy done about 5 years ago" or "colonoscopy within last 3 years" are both acceptable)
- ✓ Support colonoscopy scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Reach out to your Quality Improvement or Provider Network Management Representative to find out if your patient received a FIT home test kit from the health plan

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who receive palliative care any time during the measurement year
- ✓ Members who had colorectal cancer any time during the member's history
- ✓ Members who had a total colectomy any time during the member's history

(EED) Eye Exam for Patients With Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ Wellcare (Medicare)

Description

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had a dilated or retinal eye exam.

Description	Codes*
Eye Exam with Evidence of Retinopathy	**CPT:** 2022F, 2025F, 2026F
Eve Exam Without Evidence of Retinopathy	**CPT:** 2023F, 2025F, 2033F
Automated Eye Exam	**CPT:** 92229
Retinal Eye Exams **(must be billed by eye care professional and only counts for measurement year; add a code from Diabetes Mellitus Without Complications set below to last for two years)**	**CPT:** 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92230, 92235, 92250, 99203–99205, 99213–99215, 99242–99245 **HCPCS:** S0620, S0621, S3000
Diabetes Mellitus Without Complications	**ICD-10:** E10.9, E11.9, E13.9
Retinal Imaging With Interpretation and Reporting by Qualified Reading Center	**CPT:** 92227, 92228
Diabetic Retinal Screening Negative in Prior Year	**CPT:** 3072F

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(EED) Eye Exam for Patients With Diabetes

(continued)

Description	Codes*
Unilateral Eye Enucleation With a Bilateral Modifier (must add CPT Modifier: 50)	**CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
Palliative Care	**HCPCS:** G9054
Hospice Care	**HCPCS:** G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Refer your diabetic members to an eye care professional annually to complete a retinal or dilated eye exam or complete in office and send exam to ophthalmologist or optometrist for review and sign off
- ✓ If patient tests negative for retinopathy, eye exam can be performed every other year

Tips and Best Practices

- ✓ Conduct outreach to diabetic population about yearly Dilated Retinal Exams
- ✓ Remind patients concerned with costs of Dilated Retinal Exams that it's a covered medical benefit
- ✓ Support exam scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Reach out to your Quality or Provider Network Management Representative to find out about retinal camera rental or if your patient is eligible for in-home retinal screening

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(EED) Eye Exam for Patients With Diabetes

(continued)

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who had a bilateral eye enucleation any time during the member's history
- ✓ Members who die any time during the measurement year
- ✓ Members who receive palliative care any time during the measurement year
- ✓ Members who use hospice services any time during the measurement year

(GSD) Glycemic Status Assessment for Patients With Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

Description

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent glycemic status was at the following levels during the measurement year:

- ✓ HbA1c or glucose management indicator control (<8.0%)
- ✓ HbA1c or glucose management indicator poor control (>9.0%)

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(GSD) Glycemic Status Assessment for Patients With Diabetes *(continued)*

Description	Codes*
HbA1c Level Less Than 7	**CPT-CAT-II:** 3044 F
HbA1c Level Greater Than/ Equal to 7 and Less Than 8	**CPT-CAT-II:** 3051F
HbA1c Level Greater Than/ Equal to 8 and Less Than/ Equal to 9	**CPT-CAT-II:** 3052F
HbA1C Greater Than 9	**CPT-CAT-II:** 3046F
Palliative Care	**HCPCS:** G9054
Hospice Care	**HCPCS:** G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Perform at least one HbA1c test annually or monitor your patient with a Continuous Glucose Monitoring system
- ✓ For results >8%, repeat the test later in the measurement year

Tips and Best Practices

- ✓ Member-reported HbA1c results are acceptable if documented in chart with test date and value. Ensure your EMR has appropriate fields to house this data for all visit types
- ✓ Discuss the importance of HbA1c/blood glucose control in patients with diabetes and long-term effects of elevated blood glucose
- ✓ Offer referrals to Diabetes Education, Endocrinologist, and/or Dietician
- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders

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(GSD) Glycemic Status Assessment for Patients With Diabetes *(continued)*

- ✓ Reach out to your Quality or Provider Network Management Representative to find out if your patient received a HbA1c home test kit from the health plan
- ✓ For patients taking diabetes medication, encourage adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts
- ✓ Your patient may be eligible for diabetes education services through an approved in network provider

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who receive palliative care any time during the measurement year

(KED) Kidney Health Evaluation for Patients With Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

(continued)

(KED) Kidney Health Evaluation for Patients With Diabetes *(continued)*

Description

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

Description	Codes*
Estimated Glomerular Filtration Rate (eGFR)	**CPT:** 80047, 80048, 80050, 80053, 80069, 82565
Urine Creatinine Lab Test	**CPT:** 82570
Quantitative Urine Albumin Lab Test	**CPT:** 82043
Urine Albumin Creatinine Ratio Lab Test	**LOINC:** 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7
ESRD Diagnosis	**ICD:** N18.5, N18.6, Z99.2
Dialysis Procedure	**CPT:** 90935, 90937, 90945, 90947, 90997, 90999, 99512 **HCPCS:** G0257, S9339
Palliative Care	**HCPCS:** G9054
Hospice Care	**HCPCS:** G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

✓ Perform both eGFR and uACR testing annually for patients with diabetes. UACR testing can be either of the following:

- Urine Albumin Creatinine Ratio Lab Test
- Both a quantitative urine albumin lab test and a urine creatinine test with service dates four days or less apart

(continued)

(KED) Kidney Health Evaluation for Patients With Diabetes *(continued)*

Tips and Best Practices

- ✓ Member-reported results are acceptable if documented in chart with test date and value. Ensure your EMR has appropriate fields to house this data for all visit types.
- ✓ This is not a measure where the results of the tests will affect compliance. The intent is that the services were completed
- ✓ Encourage members to have annual testing for appropriate identification, staging, monitoring and treatment of kidney disease
- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Your patient may be eligible for diabetes education services through an approved in network provider
- ✓ Reach out to your Quality or Provider Network Management Representative to find out if your patient received an eGFR and uACR home test kit from the health plan

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who receive palliative care any time during the measurement year
- ✓ Members who have evidence of ESRD or dialysis any time during the member's history

(PCE) Pharmacotherapy Management of COPD Exacerbation

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)

Description

Measure evaluates the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency department visit on or between January 1-November 30 of the measurement year and who were dispensed one of the following appropriate medications or had evidence of an active prescription:

1. A systemic corticosteroid within 14 days of inpatient discharge or ED visit
2. A bronchodilator within 30 days of inpatient discharge or ED visit

Description	Codes*
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

Systemic Corticosteroid Medications		
Description	**Prescriptions**	
Glucocorticoids	• Cortisone • Dexamethasone • Hydrocortisone	• Methylprednisolone • Prednisolone • Prednisone

(continued)

(PCE) Pharmacotherapy Management of COPD Exacerbation *(continued)*

Bronchodilator Medications		
Description	**Prescriptions**	
Anticholinergic agents	• Aclidinium bromide • Ipratropium	• Tiotropium • Umeclidinium
Beta 2-agonists	• Albuterol • Arformoterol • Formoterol • Indacaterol	• Levalbuterol • Metaproterenol • Olodaterol • Salmeterol
Bronchodilator combinations	• Albuterol-ipratropium • Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol • Fluticasone furoate-umeclidinium-vilanterol • Formoterol-aclidinium • Formoterol-glycopyrrolate	• Formoterol-mometasone • Glycopyrrolate-indacaterol • Olodaterol-tiotropium • Umeclidinium-vilanterol

Action

- ✓ Schedule a follow-up appointment after discharge and confirm that the patient has been prescribed the appropriate medication and had it filled

Tips and Best Practices

- ✓ Reconcile patients' medications with those prescribed at discharge when you receive the discharge summary
- ✓ Ask the patient if they have any barriers that prevent them from filling their prescriptions
- ✓ Provide a COPD action plan for the patient, including daily medications, trigger avoidance, and what to do when flare-ups occur. This resource from the American Lung Association can be referenced: **https://www.lung.org/lung-health-diseases/lung-disease-lookup/copd/living-with-copd/copd-management-tools**

(continued)

(PCE) Pharmacotherapy Management of COPD Exacerbation *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(PCR) Plan All-Cause Readmissions

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

Description

For members 18 years of age 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 with 30 days and the predicted probability of an acute readmission.

Description	Codes*
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

(continued)

(PCR) Plan All-Cause Readmissions *(continued)*

Action

- ✓ Coordinate care from the hospital to home and ensure a follow-up visit with the primary care physician to help your patients avoid a readmission

Tips and Best Practices

- ✓ Implement a post-discharge process to track, monitor and follow up with patients
- ✓ Provide transitional care management for patients who are at high-risk for readmissions
- ✓ Keep a few open appointments available so patients who are discharged from the hospital can be seen within 7 days of discharge
- ✓ Discuss the discharge summary with your patients and ask if they understand the instructions and filled new prescriptions

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication

Product Lines:

✓ Meridian (Medicaid)

Description

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

DESCRIPTION	CODES*
HbA1c Lab Tests	**CPT:** 83036, 83037 **CPT-CAT-II:** 3046F, 3051F, 3052F, 3044F
Glucose Lab Tests	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82951, 82950
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378
Diabetes	**ICD-10:** E10.8, E10.9, E11.8, E11.9 **list does not include all codes for diabetes, due to amount

*Codes subject to change

Action

✓ Ensure patients who have one or more antipsychotic prescriptions have HbA1c testing or glucose testing completed in the measurement year

Tips and Best Practices

✓ Educate patients on risks of hyperglycemia associated with antipsychotic medication treatment

✓ Address concerns regarding side effects and how to manage them

(continued)

(SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication *(continued)*

- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members with diabetes, identifed by one of the following:
  - At least two diagnoses of diabetes during the measurement year or the year prior
  - Dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior
- ✓ Members who had no antipsychotic medications dispensed during the measurement year

(TRC) Transitions of Care

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)

Description

Measure evaluates percentage of discharges for members 18 years of age and older who had each of the following:

- ✓ Notification of Inpatient Admission: Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission
- ✓ Receipt of Discharge Information: Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge
- ✓ Patient Engagement After Inpatient Discharge: Documentation of patient engagement provided within 30 days after discharge
- ✓ Medication Reconciliation Post-Discharge: Documentation of medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant or registered nurse on the date of discharge through 30 days after discharge

DESCRIPTION	CODES*
Medication Reconciliation	**CPT:** 99483, 99495, 99496 **CPT-CAT-II:** 1111F
Outpatient and Telehealth **(for Patient Engagement)**	**CPT:** 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, T1015

(continued)

(TRC) Transitions of Care *(continued)*

DESCRIPTION	CODES*
Transitional Care Management Services **(for Patient Engagement)**	**CPT:** 99495, 99496
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Document in the member's medical record the date the PCP was notified of the member's in-patient hospital admission
- ✓ Obtain discharge summaries from inpatient facilities within 3 days of discharge
- ✓ Reach out to member immediately after you receive notification that they have been discharged to set up a follow-up visit within 30 days. This can be an office visit, home visit, phone call or telehealth visit
- ✓ During follow-up visit, review all of member's current medications compared to medications prior to admission

Tips and Best Practices

- ✓ Investigate and implement a process to receive auto alerts when a member is admitted to or discharged from an inpatient facility
- ✓ Date and time stamp the receipt of notification admission in the member's medical record
- ✓ Date and time stamp the receipt of the discharge summary in the member's medical record
- ✓ Schedule follow-up appointment with primary care provider within the first seven days of discharge, to allow time for rescheduling if needed
- ✓ Reconcile the patient discharge medications to his or her outpatient medications at follow-up visit

(continued)

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

Women's Health

(BCS-E) Breast Cancer Screening

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

Description

Measure evaluates the percentage of members 50-74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Description	Codes*
Mammography	**CPT**: 77061–77063, 77065–77067
History of Bilateral Mastectomy	**ICD-10:** Z90.13
Bilateral Mastectomy	**ICD10PCS:** 0HTV0ZZ
Unilateral Mastectomy with Bilateral Modifier **(add CPT Modifier code 50 if bilateral done in same procedure)**	**CPT:** 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307
Absence of Left Breast	**ICD-10:** Z90.12
Absense of Right Breast	**ICD-10:** Z90.11
Gender-Affirming Chest Surgery	**CPT:** 19318
Gender Dysphoria	**ICD-10:** F64.1, F64.2, F64.8, F64.9, Z87.890
Palliative Care	**HCPCS:** G9054, M1017
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 CPT: 99377, 99378

*Codes subject to change

(continued)

(BCS-E) Breast Cancer Screening *(continued)*

Action

- ✓ Make sure your patient completes a mammogram at least every two years

Tips and Best Practices

- ✓ Member-reported screenings are acceptable if documented in chart with date. It must be clear the screening happened in timeframe, but an exact date and result is not needed (for example: "mammogram done about 4 months ago" or "mammogram within last year" are both acceptable). Ensure your EMR has appropriate fields to house this data for all visit types.
- ✓ Support mammogram scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ All types and methods of mammograms are acceptable, including screening, diagnostic, film, digital or digital tomosynthesis

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who received palliative care during the measurement year
- ✓ Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history
- ✓ Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history

(CCS-E) Cervical Cancer Screening

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

This measure demonstrates the percentage of members 21-64 years of age who were recommended for routine cervical cancer screening and were screened using any of the following criteria:

- ✓ Members 21-64 years of age who had cervical cytology performed within the last 3 years.
- ✓ Members 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- ✓ Members 30-64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years.

Description	Codes*
Cervical Cytology Lab Test (21-64)	**CPT:** 88141–88143, 88147, 88148, 88150, 88152, 88153, 88164–88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests (30-64)	**CPT:** 87624, 87625 **HCPCS:** G0476
Hysterectomy with No Residual Cervix	**CPT:** 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290–58294, 58548, 58550, 58552–58554, 58570–58573, 58575, 58951, 58953, 58954, 59856, 59135 **ICD-10:** Q51.5, Z90.710, Z90.712
Absence of Cervix Diagnosis	**ICD-10:** Q51.5, Z90.710, Z90.712

(continued)

(CCS-E) Cervical Cancer Screening *(continued)*

Members with Sex Assigned at Birth of Male	**LOINC:** 76689-9 and LA2-8
Palliative Care	**HCPCS:** G9054
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Make sure your patient completes a cervical cytology every 3 years, or HPV screening every 5 years if over 30 years of age

Tips and Best Practices

- ✓ Member-reported screenings are acceptable if documented in chart with date and results. It must be clear the screening happened in timeframe, but an exact date is not needed (for example: "pap smear done about 4 months ago, WNL" or "HPV negative 2023" are both acceptable). Ensure your EMR has appropriate fields to house this data for all visit types.
- ✓ Provide cervical cancer screening reminder at the time of appointment scheduling so the patient is aware and prepared for the exam during the visit
- ✓ Offer cervical cancer screening in office or support scheduling with accessible in-network provider during visits
- ✓ Offer support to patients that are fearful of the exam and be mindful of barriers related to trauma history

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

(continued)

(CCS-E) Cervical Cancer Screening *(continued)*

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who received palliative care during the measurement year
- ✓ Members who had a hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the member's history
- ✓ Members with Sex Assigned at Birth (LOINC code 76689-9) of Male (LOINC code LA2-8) at any time in the member's history

(CHL) Chlamydia Screening

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members 16-24 years of age who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement year.

Description	Codes*
Chlamydia Tests	**CPT:** 87110, 87270, 87320, 87490–87492, 87810
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

(continued)

(CHL) Chlamydia Screening *(continued)*

Action

- ✓ Perform chlamydia screening each year on every 16 to 24-year-old female identifed as being sexually active

Tips and Best Practices

- ✓ Chlamydia screening can be completed via urine specimen, clinician-collected vaginal swab or self-collected vaginal swab. Providing options to patient may ease fear
- ✓ Include chlamydia screening as a part of routine clinical preventive care, walk-in visits, pregnancy testing, and emergency contraception counseling visits
- ✓ Member-reported screenings are acceptable if documented in chart with date. It must be clear the screening happened in timeframe, but an exact date and result is not needed (for example: “chlamydia screening done about 2 months ago” is acceptable). Ensure your EMR has appropriate fields to house this data for all visit types
- ✓ Meet with teens and young adults separately from their parents to allow open conversation
- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Reach out to your Quality or Provider Network Management Representative to find out if your patient received a chlamydia home test kit from the health plan

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

(continued)

(CHL) Chlamydia Screening *(continued)*

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members with Sex Assigned at Birth (LOINC CODE 76689-9) of Male (LOINC code LA2-8) at any time in the member's history

(OMW) Osteoporosis Management in Women Who Had a Fracture

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)

Description

Measure evaluates the percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Description	Codes*
Bone Mineral Density Tests	**CPT:** 76977, 77078, 77080, 77081, 77085, 77086
Osteoporosis Medication Therapy	**HCPCS:** J0897, J1740, J3110, J3111, J3489
Long-Acting Osteoporosis Medications during Inpatient Stay	**HCPCS:** J0897, J1740, J3489
Palliative Care	**HCPCS:** G9054
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

(continued)

(OMW) Osteoporosis Management in Women Who Had a Fracture *(continued)*

Osteoporosis Medications	
Description	**Prescription**
Bisphosphonates	· Alendronate · Alendronate-cholecalciferol · Ibandronate · Risedronate · Zoledronic acid
Other agents	· Abaloparatide · Romosozumab · Denosumab · Teriparatide · Raloxifene

Action

- ✓ Make sure that all women ages 65-75 receive a routine osteoporosis screening with a BMD test. For women who have suffered a fracture, complete a BMD test or fill a medication for osteoporosis treatment within six months.

Tips and Best Practices

- ✓ Appropriate testing or treatment for osteoporosis after the fracture is defined by any of the following criteria:
  - A BMD test on the date of fracture or in the 6-month period after fracture
  - Osteoporosis therapy on the date of fracture or in the 6-month period after the fracture
  - A dispensed prescription to treat osteoporosis on the date of fracture or in the 6-month period after the fracture
- ✓ Support BMD scheduling with accessible in-network provider during patient visit
- ✓ Reach out to your Quality or Provider Network Management Representative to find out if your patient is eligible for an in-home BMD

(continued)

(OMW) Osteoporosis Management in Women Who Had a Fracture *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who received palliative care during the measurement year

(OSW) Osteoporosis Screening in Older Women

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)

Description

The percentage of women 65-75 years of age who received osteoporosis screening.

Description	Codes*
Osteoporosis Screening Tests	**CPT:** 76977, 77078, 77080, 77081, 77085
Palliative Care	**HCPCS:** G9054
Hospice Care	**HCPCS:** G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, 99377, 99378
Osteoporosis Medication Therapy	**HCPCS:** J0897, J1740, J3110, J3111, J3489

*Codes subject to change

(continued)

(OSW) Osteoporosis Screening in Older Women *(continued)*

Osteoporosis Medications	
Description	**Prescription**
Bisphosphonates	· Alendronate · Alendronate-cholecalciferol · Ibandronate · Risedronate · Zoledronic acid
Other agents	· Abaloparatide · Romosozumab · Denosumab · Teriparatide · Raloxifene

Action

- ✓ Make sure that all women ages 65-75 receive a routine osteoporosis screening with a BMD test

Tips and Best Practices

- ✓ Support BMD scheduling with accessible in-network provider during patient visit and have referrals easily accessible or standing orders
- ✓ BMD tests are the most effective method for determining bone health, identifying osteoporosis, determining risk for fractures, and assessing response to osteoporosis treatment
- ✓ Review osteoporosis risk factors and long-term effects to reinforce importance of routine screening
- ✓ Provider tool kit and additional resource trainings are available through the Bone Health & Osteoporosis Foundation (BHOF) website at **www.bonehealthandosteoporosis.org/**

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

(continued)

(OSW) Osteoporosis Screening in Older Women *(continued)*

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who received palliative care during the measurement year
- ✓ Members who had a dispensed prescription to treat osteoporosis any time between three years prior to the measurement year through December 31 of the year prior to the measurement year
- ✓ Members who had a claim/encounter for osteoporosis therapy any time in the member's history

(PPC) Prenatal and Postpartum Care

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

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

- ✓ **Timeliness of Prenatal Care:** percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization
- ✓ **Postpartum Care:** percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

(continued)

(PPC) Prenatal and Postpartum Care

(continued)

Description	Codes*
Prenatal Visits **(must also include pregnancy related diagnosis code)**	**CPT:** 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99421-99423, 99457, 99458, 99483, 99441-99443 **HCPCS:** G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015 **AND** **Pregnancy Diagnosis Code:** ICD-10: Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.91, Z34.92, Z34.93 *list does not include all codes for pregnancy, due to amount
Prenatal Bundled Services	**CPT:** 59400, 59425, 52426, 59510, 59610, 59618 **HCPCS:** H1005
Stand Alone Prenatal Visit (no dx codes needed)	**CPT-CAT-II:** 0500F, 0501F, 0502F
Postpartum Visits	**CPT:** 57170, 58300, 59430, 99501 **CPT-CAT-II:** 0503F **HCPCS:** G0101 **ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Cervical Cytology	**CPT:** 88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Bundled Services	**CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378
Non-Live Births	**ICD-10:** O00.00, O00.01, O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209

*Codes subject to change

(continued)

Action

- ✓ Ensure patients that have recently given birth are seen for postpartum care within 1-12 weeks of delivery with a qualified provider. Postpartum care should include one of the following, at a minimum:
  - Notation of "postpartum" care
  - Evaluation of weight, blood pressure, breasts, and abdomen
  - Perineal or cesarean incision/wound check
  - Screening for depression, anxiety, tobacco use, substance use, or preexisting mental health disorders
  - Glucose screening for women with gestational diabetes
  - Documentation of topics such as infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, or resumption of physical activity and healthy weight
- ✓ Ensure pregnant patients are seen for prenatal care in their first trimester with a qualified provider (OB/GYN, Midwife, PCP, Family Medicine, Family Practice, Nurse Practitioner or Physician Assistant). Prenatal care should include one of the following, at a minimum:
  - Diagnosis of pregnancy or reference to pregnancy
  - Documentation of LMP, EDD, or Gestational Age
  - Documentation of gravidity and parity
  - Positive pregnancy test
  - Basic OB exam that includes one of the following: auscultation for fetal heart tones, pelvic exam with OB observations or measurement of fundal height

(continued)

(PPC) Prenatal and Postpartum Care

(continued)

Tips and Best Practices

- ✓ Educate our mutual Medicaid members that six visits with a Doula are covered through our partner Mae Health. These can be anytime during their pregnancy through 1 year postpartum. Doulas are trained birth workers that give emotional and physical support to pregnant and postpartum individuals and their families. Having a doula during pregnancy has been shown to improve the health of birthing parents and their babies. Visit **https://meetmae.com/** to learn more!
- ✓ Visits do not need to be with an OB if a pregnancy diagnosis is included
- ✓ If member enrolls on our plan after first trimester, a prenatal visit should be completed within 42 days
- ✓ Telehealth visits, telephone visits, e-visits and virtual check-ins are acceptable for both prenatal and postpartum care
- ✓ Schedule postpartum visits prior to discharge after delivery
- ✓ Prenatal visits may occur inpatient as long as they are not the same admission as the delivery
- ✓ Make the most of the visit by providing other services that may be necessary during OB visit, such as chlamydia screening or cervical cancer screening

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Fetal demise/no live birth in the allowable time frame

(PRS-E) Prenatal Immunization Status

Product Lines:

✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of deliveries in the measurement year in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

Description	Codes*
Adult Influenza Immunization	**CVX:** 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205 **CPT:** 90630, 90653, 90654, 90656,90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756
Anaphylaxis Due To Influenza Vaccine	**SNOMED:** 471361000124100
Tdap Vaccine	**CVX:** 115 **CPT:** 90715
Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine	**SNOMED:** 428281000124107, 428291000124105
Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine	**SNOMED:** 192710009, 192711008, 192712001
Gestational Age Assessment <37 Weeks	**SNOMED:** 412726003 **ICD10CM:** Z3A.01, Z3A.08-Z3A.36
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

(continued)

Action

Perform the following immunizations in the listed timeframe:

- ✓ Influenza
  - Between July 1st of the year prior to the measurement year and the delivery date
- ✓ Tdap
  - During the pregnancy, including on the delivery date

Tips and Best Practices

- ✓ If a member had anaphylaxis due to either of the required vaccines or encephalitis due to Tdap, submit codes in the table above to count towards the measure
- ✓ Enter administered immunizations in the Michigan Care Improvement Registry (MCIR). Information regarding MCIR can be found here: **https://mcir.org/training-resources/healthcare-provider-mcir-resources/**
- ✓ Offer to administer immunizations at each prenatal visit until completed
- ✓ Offer immunizations on-site or support scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Refer to the following website for CDC vaccine recommendations and clinical guidelines: **https://www.cdc.gov/vaccines-pregnancy/recommended-vaccines/index.html**

(continued)

(PRS-E) Prenatal Immunization Status

(continued)

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Deliveries that occurred at less than 37 weeks gestation
- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(PND-E) Prenatal Depression Screening and Follow-Up

Product Lines:

- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of deliveries in the measurement year in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

Two rates are reported:

1. Depression Screening: percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument
2. Follow-Up on Positive Screen: percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding

(continued)

(PND-E) Prenatal Depression Screening and Follow-Up *(continued)*

Description	Codes*
Follow-Up Visit (**must** have diagnosis of depression or other behavioral health condition)	**Follow-Up Visit** **CPT:** 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99349, 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015 **AND** **Depression or other BH Condition** **ICD10CM:** F01.51, F06.4, F11.188, F12.180, F12.980, F13.180, F14.180, F16.180, F20.0, F25.9, F31.3 *list does not include all codes for BH conditions, due to amount

(continued)

(PND-E) Prenatal Depression Screening and Follow-Up *(continued)*

Depression Case Management Encounter (**must** document assessment for symptoms of depression or dx of depression or other BH condition)	**Depression Case Management Encounter** **CPT:** 99366, 99492, 99493, 99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023 **AND** **Symptoms of Depression** **SNOMED:** 394924000, 788976000 **OR** **Depression or other BH Condition** **ICD10CM:** F01.51, F06.4, F11.188, F12.180, F12.980, F13.180, F14.180, F16.180, F20.0, F25.9, F31.3 *list does not include all codes for BH conditions, due to amount
Behavioral Health Encounter	**CPT:** 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **HCPCS:** G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H002, H004 *list does not include all codes for BH encounters, due to amount
Exercise Counseling	**ICD10CM:** Z71.82
Gestational Age Assessment <37 Weeks	**SNOMED:** 412726003 **ICD10CM:** Z3A.01, Z3A.08-Z3A.36
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

(PND-E) Prenatal Depression Screening and Follow-Up *(continued)*

Depression Screening Instruments		
Instruments for Adolescents (≤17 years)	**Total Score LOINC Codes**	**Positive Finding**
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥ 10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total score ≥ 3
Beck Depression Inventory - Fast Screen (BDI-FS)®	89208-3	Total score ≥ 8
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score ≥ 17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥ 10
PROMIS Depression	71965-8	Total score (T Score) ≥ 60

Depression Screening Instruments		
Instruments for Adolescents (18+years)	**Total Score LOINC Codes**	**Positive Finding**
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total score ≥ 3
Beck Depression Inventory - Fast Screen (BDI-FS)®	89208-3	Total score ≥ 8
Beck Depression Inventory (BDI-II)®	89209-1	Total score ≥ 20

(continued)

(PND-E) Prenatal Depression Screening and Follow-Up *(continued)*

Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score ≥ 17
Duke Anxiety-Depression Scale (DUKE-AD)®	90853-3	Total score ≥ 30
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥ 10
My Mood Monitor (M-3)®	71777-7	Total score ≥ 5
PROMIS Depression	71965-8	Total score (T Score) ≥ 60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥ 31

*Codes subject to change

Action

- ✓ Screen all pregnant members for clinical depression using one of the standardized depression screening assessments in the table above
- ✓ For any positive screenings, follow-up within 30 days with one of the following:
  - Outpatient, telehealth, telephone, e-visit, or virtual-check in with a diagnosis of depression or other behavioral health condition
  - Depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition
  - A behavioral health encounter, including assessment, therapy, collaborative care or medication management
  - Prescribe antidepressant medication
  - Exercise counseling
  - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up on the same day as a positive screen on a brief screening instrument

(continued)

(PND-E) Prenatal Depression Screening and Follow-Up *(continued)*

Tips and Best Practices

- ✓ If using a brief screening instrument (such as PHQ-2) results in a positive screen, immediately follow up with a full-length instrument (such as PHQ-9). If there are negative findings, this will be considered the follow-up
- ✓ Perform any of the specified prenatal depression screening tools at the first prenatal visit as part of your standard initial prenatal exam

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Deliveries that occurred at less than 37 weeks gestation
- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(PDS-E) Postpartum Depression Screening and Follow-Up

Product Lines:

- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of deliveries in the measurement year in which members were screened for clinical depression during the postpartum period, and, if screened positive, received follow-up care.

(continued)

(PDS-E) Postpartum Depression Screening and Follow-Up *(continued)*

Two rates are reported:

1. Depression Screening: percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period
2. Follow-Up on Positive Screen: percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding

DESCRIPTION	CODES*
Follow-Up Visit (**must have diagnosis of depression or other behavioral health condition**)	**Follow-Up Visit** **CPT:** 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99349, 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483 **HCPCS:** G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015 **AND** **Depression or other BH Condition** **ICD10CM:** F01.51, F06.4, F11.188, F12.180, F12.980, F13.180, F14.180, F16.180, F20.0, F25.9, F31.3 *list does not include all codes for BH conditions, due to amount

(continued)

(PDS-E) Postpartum Depression Screening and Follow-Up *(continued)*

DESCRIPTION	CODES*
Depression Case Management Encounter (**must** document assessment for symptoms of depression or dx of depression or other BH condition)	**Depression Case Management Encounter** **CPT:** 99366, 99492, 99493, 99494 **HCPCS:** G0512, T1016, T1017, T2022, T2023 **AND** **Symptoms of Depression** **SNOMED:** 394924000, 788976000 **OR** **Depression or other BH Condition** **ICD10CM:** F01.51, F06.4, F11.188, F12.180, F12.980, F13.180, F14.180, F16.180, F20.0, F25.9, F31.3 *list does not include all codes for BH conditions, due to amount
Behavioral Health Encounter	**CPT:** 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493 **HCPCS:** G0155, G0176, G0177, G0409, G0410, G0411, G0511, G0512, H002, H004 *list does not include all codes for BH encounters, due to amount
Exercise Counseling	**ICD10CM:** Z71.82
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

(PDS-E) Postpartum Depression Screening and Follow-Up *(continued)*

Depression Screening Instruments		
Instruments for Adolescents (≤17 years)	**Total Score LOINC Codes**	**Positive Finding**
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥ 10
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	89204-2	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total score ≥ 3
Beck Depression Inventory - Fast Screen (BDI-FS)®	89208-3	Total score ≥ 8
Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score ≥ 17
Edinburgh Postnatal Depression Scale (EPDS)	99046-5	Total score ≥ 10
PROMIS Depression	71965-8	Total score (T Score) ≥ 60

Depression Screening Instruments		
Instruments for Adolescents (18+years)	**Total Score LOINC Codes**	**Positive Finding**
Patient Health Questionnaire (PHQ-9)®	44261-6	Total score ≥ 10
Patient Health Questionnaire-2 (PHQ-2)®	55758-7	Total score ≥ 3
Beck Depression Inventory - Fast Screen (BDI-FS)®	89208-3	Total score ≥ 8
Beck Depression Inventory (BDI-II)®	89209-1	Total score ≥ 20

(continued)

(PDS-E) Postpartum Depression Screening and Follow-Up *(continued)*

Center for Epidemiologic Studies Depression Scale - Revised (CESD-R)	89205-9	Total score ≥ 17
Duke Anxiety-Depression Scale (DUKE-AD)®	90853-3	Total score ≥ 30
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥ 10
My Mood Monitor (M-3)®	71777-7	Total score ≥ 5
PROMIS Depression	71965-8	Total score (T Score) ≥ 60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥ 31

Action

- ✓ Screen all members within 7-84 days after delivery for clinical depression using one of the standardized depression screening assessments in the table above
- ✓ For any positive screenings, follow-up within 30 days with one of the following:
  - Outpatient, telehealth, telephone, e-visit, or virtual-check in with a diagnosis of depression or other behavioral health condition
  - Depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition
  - A behavioral health encounter, including assessment, therapy, collaborative care or medication management
  - Prescribe antidepressant medication
  - Exercise counseling
  - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up on the same day as a positive screen on a brief screening instrument

(continued)

(PDS-E) Postpartum Depression Screening and Follow-Up *(continued)*

Tips and Best Practices

- ✓ If using a brief screening instrument (such as PHQ-2) results in a positive screen, immediately follow up with a full-length instrument (such as PHQ-9). If there are negative findings, this will be considered the follow-up
- ✓ Perform any of the specified postpartum depression screening tools as part of your standard postpartum exam

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(continued)

Pediatric Health

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

Product Lines:

- ✓ Meridian (Medicaid)

Description

Measure evaluates percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow up care visits with a practitioner with prescribing authority:

- ✓ At least one follow-up visit within 30 days of prescription dispense date
- ✓ At least two follow-up visits 1-9 months after prescription dispense date

Description	Codes*
BH Outpatient Visit	**CPT:** 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0468, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014-H2020, T1015

(continued)

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

Description	Codes*
Visit with unspecified setting **(must also include POS code)**	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 **AND** **POS:** 02, 03, 05, 07, 09, 10, 11, 12, 13,14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 71, 72
Health and Behavior Assessment or Intervention	**CPT:** 96156, 96158, 96159, 96164, 96168, 96170, 96171
Intensive Outpatient Encounter or Partial Hospitalization	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Telephone Visits	**CPT:** 98966, 98967, 98968, 99441, 99442, 99443
E-visit or virtual check-in	**CPT:** 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458 **HCPCS:** G0071, G2010, G2012, G2250, G2251, G2252
Narcolepsy	**ICD10CM:** G47.411, G47.419, G47.421, G47.429
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Schedule a follow-up appointment within one month for patients newly prescribed ADHD medication. Schedule a follow-up visit while your patient is still in the office
- ✓ Schedule two or more visits in the nine months after the initial follow-up visit to continue to monitor your patient's progress

(continued)

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

Tips and Best Practices

- ✓ Offer flexible appointment availability including evening, weekends, and telehealth options

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members with a diagnosis of narcolepsy any time during the member's history

(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics

Product Lines:

- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates reported:

1. Percentage of children and adolescents on antipsychotics who received blood glucose testing
2. Percentage of children and adolescents on antipsychotics who received cholesterol testing
3. Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

(continued)

(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics *(continued)*

Description (Need either A1c or Glucose and LCL-C or Cholesterol)	Codes*
HbA1c Lab Tests	**CPT:** 83036, 83037 **CPT-CAT-II:** 3044F, 3046F, 3051F, 3052F
Glucose Lab Tests	**CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
LDL-C Lab Tests	**CPT:** 80061, 83700, 83701, 83704, 83721 **CPT-CAT-II:** 3048F, 3049F, 3050F
Cholesterol Lab Tests	**CPT:** 82465, 83718, 83722, 84478
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Ensure patients who had two or more antipsychotic prescriptions have the following testing completed in the measurement year have:
  - A blood glucose test **or** HbA1C
  - A cholesterol **or** LDL-C test
- ✓ These tests can be on the same or different dates of service

Tips and Best Practices

- ✓ Provide members/caregivers with lab orders for HbA1c or glucose and cholestorol or LDL-C to be completed yearly
- ✓ Educate the member and caregiver about the risks associated with taking antipsychotic medications and the importance of regular follow up care

(continued)

(APM-E) Metabolic Monitoring for Children and Adolescents on Antipsychotics *(continued)*

- ✓ Offer lab testing on-site or support lab scheduling at accessible in-network facility during patient visits and have referrals easily accessible or standing orders

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(CIS-E) Childhood Immunization Status

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of children who turned two during the measurement year and completed the following immunizations on or before their second birthday:

- ✓ 4 DTAP (diptheria, tetanus, and acelluar pertussis) **or** anaphylaxis **or** encephalitis due to DTAP
- ✓ 3 IPV (polio) **or** anaphylaxis due to IPV
- ✓ 1 MMR (measles, mumps and rubella) **or** history of measles illness, mumps illness, and rubella illness **or** anaphylaxis due to MMR
- ✓ 3 HIB (haemophilus influenza type B) **or** anaphylaxis due to HiB
- ✓ 3 HepB (hepatitis B) **or** anaphylaxis due to HepB **or** history of HepB illness

(continued)

(CIS-E) Childhood Immunization Status
(continued)

- ✓ 1 VZV (chicken pox) **or** history of chicken pox illness **or** anaphylaxis due to VZV
- ✓ 4 PCV (pneumococcal conjugate) **or** anaphylaxis due to PCV
- ✓ 1 HepA (hepatitis A) **or** history of HepA illness **or** anaphylaxis due to HepA
- ✓ 2 or 3 RV (rotavirus) **or** anaphylaxis due to RV
- ✓ 2 FLU (influenza) **or** anaphylaxis due to FLU vaccine

Description	Codes*
DTAP Immunization	**CPT:** 90697, 90698, 90700, 90723 **CVX:** 20, 50, 106, 107, 110, 120, 146
Anaphylaxis Due to DTAP	**SNOMED:** 428281000124107, 428291000124105
Encephalitis Due to DTAP	**SNOMED:** 192710009, 192711008, 192712001
HIB Immunization	**CPT:** 90644, 90647, 90648, 90697, 90698, 90748 **CVX:** 17, 46-51, 120, 146, 148
Anaphylaxis due to HIB	**SNOMED:** 433621000124101
Hep B Immunization	**CPT:** 90697, 90723, 90740, 90744, 90747, 90748 **CVX:** 08, 44, 45, 51, 110, 146 **HCPCS:** G0010
Newborn Hep B Vaccine Administered	**ICD10PCS:** 3E0234Z **ICD9PCS:** 99.55
Hep B Illness	**ICD-10:** B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
Anaphylaxis due to HepB	**SNOMED:** 428321000124101
IPV Immunization	**CPT:** 90697, 90698, 90713, 90723 **CVX:** 10, 89, 110, 120, 146
Anaphylaxis due to IPV	**SNOMED:** 471321000124106
MMR Immunization	**CPT:** 90707, 90710 **CVX:** 03, 94

(continued)

(CIS-E) Childhood Immunization Status

(continued)

Description	Codes*
Anaphylaxis due to MMR	**SNOMED:** 471331000124109
Measles, Mumps, and Rubella Illness	**Measles, ICD-10:** B05.0-B05.4, B05.81, B05.89, B05.9 **Mumps, ICD-10:** B26.0, B26.1, B26.2, B26.3, B26.81, B26.82. B26.83, B26.84, B26.85, B26.89, B26.9 **Rubella, ICD-10:** B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
PCV Immunization	**CPT:** 90670, 90671 **CVX:** 109, 133, 152, 215 **HCPCS:** G0009
Anaphylaxis due to PCV	**SNOMED:** 471141000124102
VZV Immunization	**CPT:** 90710, 90716 **CVX:** 21, 94
VZV (Chicken Pox) Illness	**ICD-10:** B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
Anaphylaxis due to VZV	**SNOMED:** 471341000124104
Hep A Immunization	**CPT:** 90633 **CVX:** 31, 83, 85
HepA Illness	**ICD-10:** B15.0, B15.9
Anaphylaxis due to HepA	**SNOMED:** 471311000124103
Influenza Immunization	**CPT:** 90655, 90657, 90661, 90673, 90685-90689, 90674, 90756 **CVX:** 88, 140, 141, 150, 153, 155, 158, 161, 171, 186 **HCPCS:** G0008
Anaphylaxis due to Influenza	**SNOMED:** 471361000124100

(continued)

(CIS-E) Childhood Immunization Status
(continued)

Description	Codes*
Rotavirus 2-Dose Immunization	**CPT:** 90681 **CVX:** 119
Rotavirus 3-Dose Immunization	**CPT:** 90680 **CVX:** 116, 122
Anaphylaxis due to Rotavirus	**SNOMED:** 428331000124103
Organ and Bone Marrow Transplants	**CPT:** 32850-32856, 33927-33930, 33933, 33935, 33940, 33944, 33945, 44132, 44133, 44135-44137, 44716, 44720, 44721, 47133, 47135, 47136, 47140-47147, 48160, 48550-48554, 48556, 50360, 50365, 50380
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

Perform the following immunizations in listed timeframe:

- ✓ **From birth through second birthday**
  - Hepatitis B
- ✓ **From 42 days after birth through second birthday**
  - DTAP, IPV, HIB, PCV, Rotavirus
- ✓ **From 6 months through second birthday**
  - Influenza
- ✓ **From first birthday through second birthday**
  - MMR, VZV, Hepatitis A

(continued)

(CIS-E) Childhood Immunization Status

(continued)

Tips and Best Practices

- ✓ Enter administered immunizations in the Michigan Care Improvement Registry (MCIR). Information regarding MCIR can be found here: **https://mcir.org/training-resources/healthcare-provider-mcir-resources/**
- ✓ If newborn Hep B vaccination is administered, ensure it is coded in the child's record
- ✓ Rotavirus can be administered in a 2 dose (RotaTeq or RV5) or 3 dose (Rotarix or RV1) series. 1 dose of RV5 and 2 doses of RV1 can combine to count towards compliance for the 3 dose series
- ✓ Parent/caregiver reported vaccines are acceptable if documented in chart with vaccine name and administration date
- ✓ Try to complete immunizations at scheduled well-exams to reduce the number of appointments
- ✓ If you are not currently offering immunizations at your office, check out the Vaccines for Children Program and how to get vaccines at no cost to your office! Contact your local health department or visit the Michigan VFC resource guide for details at **www.Michigan.gov/VFC**
- ✓ Educate patients and parents/guardians on the diseases that are prevented with immunizations
- ✓ Address concerns and fears that parents may have regarding vaccination
- ✓ Recommend the following reputable health resources for parent-friendly information and answers to common questions
  - Centers for Disease Control & Prevention (CDC) website at **https://www.cdc.gov/vaccines-children/?CDC_AAref_Val=https://www.cdc.gov/vaccines/parents/index.html**
  - Michigan Department of Health and Human Services (MDHHS) website at **ivaccinate.org/answering-your-questions**

(CIS-E) Childhood Immunization Status
(continued)

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who had a contraindication to a childhood vaccine on or before their second birthday
- ✓ Members who had an organ or bone marrow transplant
- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(IMA-E) Immunizations for Adolescents

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of adolescents who turned 13 during the measurement year and completed the following immunizations on or before their 13th birthday:

- ✓ 1 Meningococcal **or** anaphylaxis due to Meningococcal
- ✓ 1 Tdap (tetanus, diptheria toxoidsa and acellular pertussis) **or** anaphylaxis **or** encephalitis due to Tdap
- ✓ 2 or 3 HPV (human papillomavirus) **or** anaphylaxis due to HPV

(continued)

(IMA-E) Immunizations for Adolescents

(continued)

Description	Codes*
Meningococcal Immunization	**CPT:** 90619, 90623, 90733, 90734 **CVX:** 32, 108, 114, 136, 147, 167, 203, 316
Anaphylaxis due to Meningococcal Vaccine	**SNOMED:** 428301000124106
Tdap Immunization	**CPT:** 90715 **CVX:** 115
Anaphylaxis due to Tdap Vaccine	**SNOMED:** 428281000124107, 428291000124105
Encephalitis due to Tdap Vaccine	**SNOMED:** 192710009, 192711008, 192712001
HPV Immunization	**CPT:** 90649-90651 **CVX:** 62, 118, 137, 165
Anaphylaxis due to HPV Vaccine	**SNOMED:** 428241000124101
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

Perform the following immunizations in listed timeframe:

- ✓ **From 9th through 13th birthday**
  - HPV
- ✓ **From 10th through 13th birthday**
  - Tdap
  - Meningococcal

(continued)

(IMA-E) Immunizations for Adolescents

(continued)

Tips and Best Practices

- ✓ Enter administered immunizations in the Michigan Care Improvement Registry (MCIR). Information regarding MCIR can be found here: **https://mcir.org/training-resources/healthcare-provider-mcir-resources/**
- ✓ If HPV vaccines are administered less than 146 days apart, 3 doses will be needed rather than 2
- ✓ Parent/caregiver reported vaccines are acceptable if documented in chart with vaccine name and administration date. Ensure your EMR has appropriate fields to house this data for all visit types.
- ✓ Try to complete immunizations at scheduled well-exams to reduce the number of appointments
- ✓ If you are not currently offering immunizations at your office, check out the Vaccines for Children Program and how to get vaccines at no cost to your office! Contact your local health department or visit the Michigan VFC resource guide for details at **www.Michigan.gov/VFC**
- ✓ Advise that the HPV vaccination is preventive. Although their child may not currently be sexually active, it is important to receive the HPV vaccination now to prevent their child from getting HPV in the future
- ✓ Recommend the following reputable health resources for parent-friendly information and answers to common questions:
  - Centers for Disease Control & Prevention (CDC) website at **https://www.cdc.gov/vaccines-children/?CDC_AAref_Val=https://www.cdc.gov/vaccines/parents/index.html**
  - Michigan Department of Health and Human Services (MDHHS) website at **ivaccinate.org/answering-your-questions**

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

(continued)

(IMA-E) Immunizations for Adolescents

(continued)

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(LSC) Lead Screening in Children

Product Lines

- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of children who turned 2 during the measurement year who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Description	Codes*
Lead Tests	**CPT:** 83655 **LOINC:** 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5674-7, 77307-7
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Perform capillary or venous blood lead screening for all children on or before their second birthday

(continued)

(LSC) Lead Screening in Children *(continued)*

Tips and Best Practices

- ✓ While HEDIS only requires one test prior to 24 months of age, providers should test at 12 and 24 months to be adherent to Michigan regulatory requirements and guidance
- ✓ Member-reported lead screenings are acceptable when documented in chart with test date and result. Ensure your EMR has appropriate fields to house this data for all visit types.
- ✓ Offer testing on-site or support scheduling at accessible in-network facility during patient visit and have referrals easily accessible or standing orders
- ✓ Enter lead screening results in the Michigan Care Improvement Registry (MCIR)
- ✓ Reach out to your Quality or Provider Network Management Representative to find out about Point of Care Lead Analyzers for your office
- ✓ For more information about blood lead testing, state guidance, and how to support patients with high blood lead levels, please visit **www.michigan.gov/mileadsafe/professionals/healthcare-providers**

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(OED) Oral Evaluation, Dental Services

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

Description	Codes*
Oral Evaluation	**CDT:** D0120, D0145, D0150
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Dental practitioner should perform dental visit at least once per year to prevent disease, reverse disease processes, prevent progression of caries, and reduce incidence of future lesions
- ✓ Dental practitioner is defined as:
  - Doctor of Dental Surgery (DDS)
  - Doctor of Dental Medicine (DMD)
  - Certified and Licensed Dental Hygienist

(continued)

(OED) Oral Evaluation, Dental Services
(continued)

Tips and Best Practices

- ✓ Encourage new patients to establish a dental home with your practice to ensure good routine oral healthcare and follow ups
- ✓ Send parents reminders every six months to schedule for periodic exams, prophylaxis (cleanings), and fluoride treatments
- ✓ Provide local primary care practitioners with your practice's contact information for easy member referral
- ✓ Remind expectant mothers to make dental appointments for the baby either at the eruption of the first tooth or by the age of one

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(TFC) Topical Fluoride for Children

Product Lines:

- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of members 1-4 years of age who received at least two fluoride varnish applications during the measurement year.

(continued)

(TFC) Topical Fluoride for Children *(continued)*

Description	Codes*
Application of Fluoride Varnish	**CPT:** 99188 **CDT:** D1206
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Dental practitioner should provide at least two fluoride varnish applications each year to prevent tooth decay

Tips and Best Practices

- ✓ Encourage new patients to establish a dental home with your practice to ensure good routine oral healthcare and follow ups
- ✓ Send parents reminders every six months to schedule for periodic exams, prophylaxis (cleanings), and fluoride treatments
- ✓ Provide local primary care practitioners with your practice's contact information for easy member referral

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(WCV) Child and Adolescent Well-Care Visits

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Description	Codes*
Well-Care Visits	**CPT:** 99381–99385, 99391–99395, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612, S0613 **ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2, Z02.84
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Perform annual checkups to evaluate physical, developmental, behavioral, and emotional well-being.
- ✓ Conduct periodic Health Care Transition readiness/self-care skills assessments and provider anticipatory guidance and health education to assist members gain needed self-care skills

(continued)

(WCV) Child and Adolescent Well-Care Visits *(continued)*

Tips and Best Practices

- ✓ When a child is in your office for a sick visit or back-to-school/sports physical, also conduct a well-child visit if appropriate.
- ✓ Screening and counseling for obesity should occur at these visits by calculating a child's Body Mass Index (BMI) percentile for gender and age or plotting the value on a growth curve. Discuss physical activity and nutrition at every visit
- ✓ While a patient is in your office for a well-child visit, administer required vaccinations and testing

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

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

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members who turned 15 or 30 months old during the measurement year and who had:

(continued)

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

- ✓ **15 months:** 6 or more well-child visits between the ages of 0-15 months
- ✓ **30 months:** two or more well-child visits between the ages of 15-30 months

Description	Codes*
Well-Care Visits	**CPT:** 99381–99385, 99391–99395, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612, S0613 **ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Complete appointments with all assigned patients according to the Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care Periodicity Schedule

Tips and Best Practices

- ✓ When a child is in your office for a sick visit, also conduct a well-child visit if appropriate.
- ✓ While a patient is in your office for a well-child visit, administer required vaccinations and testing
- ✓ Schedule next appointment at close of visit and offer flexible appointment availability including evening, weekends, telehealth, and family appointments

(continued)

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

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

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

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:

- ✓ BMI Percentile documentation
- ✓ Counseling for Nutrition
- ✓ Counseling for Physical Activity

(continued)

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

Description	Codes*
BMI Percentile	**ICD-10:** Z68.51, Z68.52, Z68.53, Z68.54
Nutrition Counseling	**CPT:** 97802, 97803, 97804 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity Counseling	**HCPCS:** G0447, S9451 **ICD-10:** Z02.5, Z71.82
Pregnancy Diagnosis	**ICD-10:** Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.91, Z34.92, Z34.93 *list does not include all codes for pregnancy, due to amount
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Complete a BMI percentile assessment at any visit for patients between 3 and 17 years of age. BMI percentile should be calculated or plotted on an appropriate age-growth chart
- ✓ Complete a nutrition and physical activity assessment followed by counseling or anticipatory guidance at any visit for patients 3 to 17 years of age

(continued)

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

Tips and Best Practices

- ✓ This measure couples well with well-child visits. Both measures will benefit from one visit. Please ensure correct coding when billing for both measures
- ✓ Utilize sick visits and sports physicals to also complete this measure. Include and document all three measure components during a sick visit for a compliant WCC record
- ✓ When counseling for nutrition, discuss appropriate food intake, healthy eating habits, issues including body image and eating disorders, etc.
- ✓ When counseling for physical activity, discuss organized sports, activities, and document age-appropriate activity such as "rides bike for 30 minutes a day"
- ✓ Member-reported values for height, weight, and BMI percentile are acceptable when documented in chart

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who have a diagnosis of pregnancy during the measurement year

General Health

(AMR) Asthma Medication Ratio

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)

Description

Measure evaluates the percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater.

Description	Codes*
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Asthma Reliever Medications		
Description	**Prescriptions**	**Route**
Short-acting, inhaled beta-2 agonists	Albuterol	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Inhalation
Beta2 adrenergic agonist-corticosteroid combination	Albuterol-budesonide	Inhalation

Asthma Controller Medications		
Description	**Prescriptions**	**Route**
Antibody inhibitors	Omalizumab	Injection

(continued)

Asthma Controller Medications		
Description	**Prescriptions**	**Route**
Anti-interleukin-4	Dupilumab	Injection
Anti-interleukin-5	Benralizumab	Injection
Anti-interleukin-5	Mepolizumab	Injection
Anti-interleukin-5	Reslizumab	Injection
Inhaled steroid combinations	Budesonide-formoterol	Inhalation
Inhaled steroid combinations	Fluticasone-salmeterol	Inhalation
Inhaled steroid combinations	Fluticasone-vilanterol	Inhalation
Inhaled steroid combinations	Formoterol-mometasone	Inhalation
Inhaled corticosteroids	Beclomethasone	Inhalation
Inhaled corticosteroids	Budesonide	Inhalation
Inhaled corticosteroids	Ciclesonide	Inhalation
Inhaled corticosteroids	Flunisolide	Inhalation
Inhaled corticosteroids	Fluticasone	Inhalation
Inhaled corticosteroids	Mometasone	Inhalation
Leukotriene modifiers	Montelukast	Oral
Leukotriene modifiers	Zafirlukast	Oral
Leukotriene modifiers	Zileuton	Oral
Methylxanthines	Theophylline	Oral

*Codes subject to change

Action

- ✓ Prescribe controller medications and evaluate treatment plan regularly to assess effectiveness and rescue inhaler overutilization

(continued)

(AMR) Asthma Medication Ratio *(continued)*

Tips and Best Practices

- ✓ Educate your patients with asthma on the importance of adherence to controller medications to avoid asthma attacks
- ✓ Explain the differences between controller and rescue inhalers and their therapeutic importance
- ✓ Monitor and follow up with your patients regarding their prescription refills
- ✓ Address any barriers to medication adherence, such as access to prescription refills
- ✓ Talk to your patients about common side effects, how long they may last, and how to manage them
- ✓ Encourage adherence by providing 90-day prescriptions
- ✓ Your patient may be eligible for prescription delivery by mail through Express Scripts

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who had no asthma controller or reliever medications dispensed during the measurement year
- ✓ Members who had a diagnosis that requires a different treatment approach than members with asthma any time during the member's history

(CWP) Appropriate Testing for Pharyngitis

Product Lines

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

Description

This measure demonstrates the percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

Description	Codes*
Group A Strep Tests	**CPT:** 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Perform a rapid strep test or throat culture to confirm diagnosis before prescribing antibiotics.

Tips and Best Practices

- ✓ Educate patients that an antibiotic is not necessary for viral infections, if rapid strep test and/or throat culture is negative
- ✓ Offer non-antibiotic symptom relief options that can provide comfort for viral infections
- ✓ The Center for Disease Control and Prevention's Be Antibiotics Aware campaign offers many resources and trainings to help educate patients on appropriateness of antibiotic use on their website at **www.cdc.gov/antibiotic-use/index.html**

(continued)

(CWP) Appropriate Testing for Pharyngitis

(continued)

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Member who use hospice services any time during the measurement year
- ✓ Member who die any time during the measurement year

(FUH) Follow-Up After Hospitalization for Mental Illness

Product Lines

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

Description

Measure evaluates percentage of discharges for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service.

Two rates are reported:

1. **Discharges for which the member received follow-up within 30 days of discharge**
2. **Discharges for which the member received follow-up within 7 days of discharge**

(continued)

(FUH) Follow-Up After Hospitalization for Mental Illness *(continued)*

Description	Codes*
BH Outpatient Visit (must be with a mental health provider or include a diagnosis of mental health disorder)	**CPT:** 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492-99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015
Outpatient Visit with Unspecified Setting (must also include outpatient POS code **and** be with a mental health provider or include a diagnosis of mental health disorder)	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 **AND** **Outpatient POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72
Telephone Visits	**CPT:** 98966-98968, 99441-99443
Partial Hospitalization or Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Psychiatric Collaborative Care Management	**CPT:** 99492-99494 **HCPS:** H0017, H0018, H0019, T2048
Transitional Care Management	**CPT:** 99495, 99496
Peer Support Services	**HCPCS:** G0140, G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016
Psychiatric Residential Treatment	**HCPS:** H0017, H0018, H0019, T2048
Electroconvulsive Therapy	**CPT:** 90870
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

(continued)

(FUH) Follow-Up After Hospitalization for Mental Illness *(continued)*

Action

- ✓ Complete one of the following within seven days post-discharge:
  - Outpatient visit with a mental health provider
  - Outpatient visit with any diagnosis of mental health disorder
  - Telehealth or telephone visit with a mental health provider or diagnosis of mental health disorder
  - Transitional care management services with a mental health provider or diagnosis of mental health disorder
  - Intensive outpatient encounter or partial hospitalization
  - Community mental health center visit
  - Psychiatric collaborative care management
  - Peer support services with a diagnosis of mental health disorder
  - Psychiatric residential treatment
  - Electroconvulsive therapy
- ✓ If the follow-up does not occur within the first seven days post-discharge, please schedule the appointment to occur within 30 days

Tips and Best Practices

- ✓ Schedule the seven-day follow up visit within five days to allow flexibility in rescheduling. Involve the patient's caregiver regarding the follow-up plan after inpatient discharge
- ✓ Follow-up does not need to be with a mental health provider, if there is a diagnosis of mental health disorder included
- ✓ Schedule follow-up appointments prior to discharge and include the date and time on discharge instructions

(continued)

(FUH) Follow-Up After Hospitalization for Mental Illness *(continued)*

- ✓ Follow-up visit should not be completed on the date of discharge
- ✓ Contact Meridian for assistance locating a mental health provider
- ✓ Identify barriers for the patient and address their concerns
- ✓ Review when to schedule office appointments versus seek urgent care and emergency department care

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

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

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

Description

Measure evaluates percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service.

(continued)

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

Two rates are reported:

✓ ED visits for which the member received follow-up within 30 days of discharge

✓ ED visits for which the member received follow-up within 7 days of discharge

Description	Codes*
BH Outpatient Visit	**CPT:** 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492-99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015
Outpatient Visit with Unspecified Setting	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 **AND** **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72
Telephone Visits	**CPT:** 98966-98968, 99441-99443
Partial Hospitalization or Intensive Outpatient	**HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Psychiatric Collaborative Care Management	**CPT:** 99492-99494 **HCPCS:** G0512
Transitional Care Management	**CPT:** 99495, 99496

(continued)

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

Description	Codes*
Peer Support Services	**HCPCS:** G0140, G0177, H0024, H0025, H0038, H0039, H0040, H0046, H2014, H2023, S9445, T1012, T1016
Psychiatric Residential Treatment	**HCPCS:** H0017, H0018, H0019, T2048
Electroconvulsive Therapy	**CPT:** 90870
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

✓ Complete one of the following with seven days of ED visit:

- Outpatient visit with any diagnosis of mental health disorder
- Telehealth or telephone visit with a diagnosis of mental health disorder
- Transitional care management services with a diagnosis of mental health disorder
- Intensive outpatient encounter or partial hospitalization
- Community mental health center visit
- Psychiatric collaborative care management
- Peer support services with a diagnosis of mental health disorder
- Psychiatric residential treatment
- Electroconvulsive therapy

✓ If the follow up does not occur within the first seven days of ED visit, please schedule the appointment to occur within 30 days

(continued)

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

Tips and Best Practices

- Schedule the seven-day follow up visit within five days to allow flexibility in rescheduling. Involve the patient's caregiver regarding the follow-up plan
- Follow-up visit does not need to be with a mental health provider
- Follow-up visit can occur on same day of ED visit
- Identity barriers for the patient and address their concerns
- Review when to schedule office appointments versus seek urgent care and emergency department care

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- Members who use hospice services any time during the measurement year
- Members who die anytime during the measurement year

(continued)

(IET) Initiation and Engagement of Substance Use Disorder Treatment

Product Lines

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

Description

Measure evaluates percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement.

Two rates are reported:

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

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

Description	Prescription
Outpatient Visit with Unspecified Setting	**CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 **AND** **POS:** 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 56, 57, 58 71, 72

(IET) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

BH Outpatient Visit	**CPT:** 98960–98962, 99078, 99202–99205, 99211–99215, 99242–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492-99494, 99510 **HCPCS:** G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013–H2020, T1015
Intensive Outpatient Encounter or Partial Hospitalization	**HCPCS**: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485
Substance Use Disorder Counseling and Surveillance	**ICD10CM**: Z71.41, Z71.51
Weekly or Monthly Opioid Treatment Service	**HCPCS**: G2071, G2074-G2077, G2080, G2067-G2070, G2072, G2073, G2086, G2087
Telehealth Visit	**POS**: 02, 10
Telephone Visit	**CPT**: 98966-98968, 99441-99443
E-Visit or Virtual Check-In	**CPT:** 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2252
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

(continued)

(IET) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

Action

- ✓ Complete one of the following within 14 days (must include SUD diagnosis):
  - Outpatient visit, telehealth, telephone visit or virtual check-in
  - Intensive outpatient encounter or partial hospitalization
  - Non-residential substance abuse treatment facility visit
  - Community mental health center visit
  - Substance use disorder counseling and surveillance
  - Weekly or monthly opioid treatment service
  - Dispense medication to treat alcohol use disorder or opioid use disorder
- ✓ Complete one of the above options again within 34 days of first treatment

Tips and Best Practices

- ✓ Schedule the initial 14-day treatment visit within 10 days of new SUD episode to allow flexibility in rescheduling
- ✓ At the end of the initial appointment, schedule two more appointments to occur within 34 days of the initial appointment
- ✓ Offer SUD treatment option on-site or support treatment scheduling with accessible in-network treatment facility during patient visit and have referrals easily accessible
- ✓ When treating a patient for issues related to SUD, code that diagnosis on every claim
- ✓ Contact Meridian for assistance locating SUD treatment provider, if needed
- ✓ Not all medications may be covered. For a list of covered medications, refer to the drug formulary at **mimeridian.com** or **www.wellcare.com**

(continued)

(IET) Initiation and Engagement of Substance Use Disorder Treatment *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members who were treated for SUD within the previous 194 days

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

(MI2.6) Timely Transmission of Care Transition Record to Health Care Professional

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)

Description

Measure evaluates the percentage of members for whom a transition record was transmitted to the facility, primary physician, or other health professional designated for follow-up care on the day of discharge through two days after discharge

(continued)

(MI2.6) Timely Transmission of Care Transition Record to Health Care Professional *(continued)*

Action

✓ Discharging facility should send primary care or ongoing care provider a copy of the patient's discharge summary within two days of discharge

Tips and Best Practices

✓ Investigate and implement a process to receive auto alerts when a patient is discharged from an inpatient facility

✓ Discharging facility should date and time stamp when the discharge summary was sent to outpatient care provider

✓ Outpatient provider should date and time stamp when the discharge summary was received in the member's medical record

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table below or medical record documentation:

✓ Members who died during the inpatient stay or during hospice care

✓ Members who left against medical advice or discontinued care

Description	Codes*
Left against Medical Advice or Discontinued Care	Discharge Status: 07
Member Expired	Discharge Status: 20, 40, 41, 42

*Codes subject to change

(MI5.6) Medication Review

Product Lines:

✓ MeridianComplete (Medicare-Medicaid Plan)

Description

Measure evaluates the percentage of members who had at least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record.

Description	Codes*
Medication Review (codes must be submitted for both Medication List and Medication Review for credit)	**Medication List-** **CPT-CAT-II:** 1159F **HCPCS:** G8427 **Medication Review-** **CPT-CAT-II:** 1160F **CPT:** 90863, 99605, 99606, 99483
Transitional Care Management Services	**CPT:** 99495, 99496
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

✓ Perform an annual review of the patient's medications, including prescription medications, over-the-counter medications and herbal or supplemental therapies. This must be completed by a prescribing provider or a clinical pharmacist.

(continued)

(MI5.6) Medication Review *(continued)*

Tips and Best Practices

- ✓ If member is not taking any medication, document this in the record to count towards this measure
- ✓ Medication review cannot come from an acute inpatient setting, but is acceptable from an emergency department visit
- ✓ Medication review must be comprehensive, not limited to side effects for a single medication at the time of prescription

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(MI7.3) Annual Dental Visit/Adults: Any Dental Visit

Product Lines:

- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Meridian (Medicaid)

Description

Measure evaluates the percentage of members 19 and older who had one or more dental visits with a dental provider during the measurement year.

(continued)

(MI7.3) Annual Dental Visit/Adults: Any Dental Visit *(continued)*

DESCRIPTION	CODES*
Diagnostic Care	**CDT**: D0120, D0140,D0145 ,D150, D5160, D0170,D0171, D0171, D0180, D0190, D0191, D0210, D0220, D0230, D0240, D0240, D0250, D0260, D0270, D0272-D0274, D0277, D0290, D0310, D0320-D0322, D0330, D0340, D0350-D0351, D0364-D0369, D0370-D0371, D0380-D0386, D0391, D0393-D0395, D0415-D0418, D0421, D0425, D0431, D0460, D0470, D0472-D0479, D0480-D0486, D0502, D0601-D0603, D0999 **CPT**: 70300,70310,70320,70350,70355
Preventive Care	**CDT**: D1110, D1206, D1208, D1310, D1320, D1351-D1353. D1510, D1515, D1520, D1525, D1550, D1555, D1999
Restorative Care	**CDT**: D2140, D2150, D2160-D2161, D2330-D2332, D2335, D2390-D2394, D2410, D2420D, 2430D, 25110, D2520, DD2530, D2542-D2544, D2620, D2630,D2642-D2644, D2650-D2652, D2662-D2664, D2710, D2720-D2722, D2740, D2750-D2752, D2780-D2783, D2790-D2794, D2799, D2910, D2915, D2920-D2921, D2929, D2930-D2934, D2940-D2941, D2949, D2950-2955, D2957, D2960-D2962, D2970-D2971, D2975, D2980-D2983, D2990, D2999

(continued)

(MI7.3) Annual Dental Visit/Adults: Any Dental Visit *(continued)*

Endodontics	**CDT**: D3110, D3120-D3222, D3230, D3240, D3310, D3320, D3330-D3333, D3346-D3348, D3351-D3353, D3355-D3357, D3410, D3421, D3425-D3429, D3430-D3432, D3450, D3460, D3470, D3910, D3920, D3950, D3999
Periodontics	**CDT**: D4210-D4212, D4230-D4231, D4240-D4241, D4245, D4249, D4260-D4268, D4270, D4273-D4278, D4320-D4321, D4341, D4342, D4355, D4381, D4910, D4920-D4921, D4999
Prosthodontics	**CDT**: D5110, D5120, D5130, D5140, D5211-D5214, D5225-D5226, D5281, D5410-D5411, D5421-D5422, D5510, D5520, D5610, D5620, D5630, D5640, D5650, D5660, D5670-D5671, D5710-D5711, D5720-D5721, D5730-D5731, D5740-D5741, D5750-D5751, D5760-D5761, D5810-D5811, D5820-D5821, D5850-D5851, D5862-D5867, D5875, D5899, D5994
Implant Services	**CDT**: D6000-D6199
Prosthodontics, Fixed	**CDT**: D6200-D5999
Oral & maxillofacial Surgery	**CDT**: D7000-D7999
Orthodontics	**CDT**: D8000-D8999
Adjunctive General Services	**CDT**: D9000-D9999
Hospice Care	**HCPCS**: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182, **CPT**: 99377, 99378

*Codes subject to change

(continued)

(MI7.3) Annual Dental Visit/Adults: Any Dental Visit *(continued)*

Action

✓ Primary care providers should encourage patients to schedule annual dental visits for oral health care and routine checkups

✓ Dental practitioner should perform dental visit at least one per year to prevent disease, reverse disease processes, prevent progression of caries, and reduce incidence of future lesions

✓ Dental practitioner is defined as:

- Doctor of Dental Surgery (DDS)
- Doctor of Dental Medicine (DMD)
- Certified and Licensed Dental Hygienist

Tips and Best Practices

✓ Any visit with a dental practitioner during the measurement year is acceptable, whether preventive or not

✓ Encourage new patients to establish a dental home to ensure good routine oral healthcare and follow ups

✓ Send reminders every six months to schedule for periodic exams and prophylaxis (cleanings)

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

✓ Members who use hospice services any time during the measurement year

(URI) Appropriate Treatment for Upper Respiratory Infection

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

Description

Measure evaluates the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

Description	Codes*
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

Action

- ✓ Evaluate each patient with upper respiratory infection to determine if antibiotics are needed. Avoid inappropriately prescribing, which can lead to antibiotic resistance

Tips and Best Practices

- ✓ Provide handouts explaining that viruses, not bacteria, cause colds and flu. CDC resource found here: **www.cdc.gov/antibiotic-use/week/toolkit.html#anchor_1538595518**

(continued)

- ✓ If patients have comorbid or competing diagnoses, submit claims for these diagnoses to remove patient from the HEDIS measure. Most common competing and comorbid diagnoses are:
  - COPD
  - Emphysema
  - Sickle cell disease
  - Cystic fibrosis
  - Acute pharyngitis
  - Acute tonsillitis
  - Acute or chronic sinusitis
  - Pneumonia
  - UTI

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year

(SNS-E) Social Need Screening and Intervention

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ Ambetter from Meridian (Marketplace)
- ✓ WellCare (Medicare)

(continued)

(SNS-E) Social Need Screening and Intervention *(continued)*

Description

Measure evaluates percentage of members who were screened, using prespecified instruments, at least once during the measurement year for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.

- **Food Screening:** The percentage of members who were screened for food insecurity between 1/1/MY-12/1/MY
- **Food Intervention:** Of those that screened positive for food insecurity, the percentage who received a corresponding intervention within 1 month (31 days total) of screening positive for food insecurity
- **Housing Screening:** The percentage of members who were screened for housing instability, homelessness or housing inadequacy between 1/1/MY-12/1/MY
- **Housing Intervention:** Of those that screened positive for housing instability, homelessness or housing inadequacy, the percentage who received a corresponding intervention within 1 month (31 days total
- **Transportation Screening:** The percentage of members who were screened for transportation insecurity between 1/1/MY-12/1/MY
- **Transportation Intervention:** Of those that screened positive for transportation insecurity, the percentage who received a corresponding intervention within 1 month (31 days total) of screening positive for transportation insecurity

(continued)

(SNS-E) Social Need Screening and Intervention *(continued)*

Action

- ✓ During each visit, use an approved screening instrument (listed in table below) to ask your patients about their social needs related to:
  - **Food insecurity:** Uncertain, limited, or unstable access to food that is: adequate in quantity and in nutritional quality; culturally acceptable; safe and acquired in socially acceptable ways
  - **Housing instability:** Currently consistently housed but experiencing any of the following circumstances in the past 12 months: being behind on rent or mortgage, multiple moves, cost burden or risk of eviction
  - **Homelessness:** Currently living in an environment that is not meant for permanent human habitation (such as cars, parks, abandoned buildings), not having a consistent place to sleep at night, or because of economic difficulties, currently living in a shelter, motel temporary or transitional living situation
  - **Housing Inadequacy:** Housing does not meet standard habitability standards
  - **Transportation insecurity:** Uncertain, limited or no access to safe, reliable, accessible, affordable, and socially acceptable transportation infrastructure and modalities necessary for maintaining one's health, well-being or livelihood
- ✓ If your patient screens positive for any social needs, complete one of the following interventions: assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision or referral. Complete this in the same visit that the need is identified, if possible. Applicable codes are listed in the table below:

(continued)

(SNS-E) Social Need Screening and Intervention *(continued)*

Description	Codes* Instrument	Screening Item LOINC Codes	Positive Finding LOINC Codes
Food Insecurity Instruments	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 LA6729-3
		88123-5	LA28397-0 LA6729-3
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 LA6729-3
		88123-5	LA28397-0 LA6729-3
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	88122-7	LA28397-0 LA6729-3
		88123-5	LA28397-0 LA6729-3
	Health Leads Screening Panel®1	95251-5	LA33-6
	Hunger Vital Sign™1 (HVS)	88124-3	LA19952-3
	Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93031-3	LA30125-1
	Safe Environment for Every Kid (SEEK)®1	95400-8	LA33-6
		95399-2	LA33-6
	U.S. Household Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
	U.S. Adult Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
	U.S. Child Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
	U.S. Household Food Security Survey-Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 LA30986-6
	We Care Survey	96434-6	LA32-8

(continued)

(SNS-E) Social Need Screening and Intervention *(continued)*

Food Insecurity Interventions	**CPT:** 96156, 96160, 96161, 97802-97804 **HCPCS:** **S5170:** Home delivered meals, including preparation; per meal **S9470:** Nutritional counseling, dietitian visit **SNOMED CT:** **1759002**: Assessment of nutritional status **61310001**: Nutrition education **103699006**: Referral to dietitian **30844001**: Referral to social worker **385767005**: Meals on wheels provision education **710925007**: Provision of food **464691000124107**: Counseling for barriers to achieving food security **713109004**: Referral to community meals service **1002223009**: Assessment of progress towards goals to achieve food security **1230338004**: Referral to charitable organization **441041000124100**: Counseling about nutrition **1268662008**: Coordination of resources to address social needs **711069006**: Coordination of care plan **710824005**: Assessment of health and social care needs **663211000124100**: Referral to peer support specialist **663081000124100**: Referral to State Funded Food Assistance Program **662151000124104**: Assistance with application for State Funded Food Assistance Program **662651000124105**: Evaluation of eligibility for State Funded Food Assistance Program

(continued)

(SNS-E) Social Need Screening and Intervention *(continued)*

	Instrument	Screening Item LOINC Codes	Positive Finding LOINC Codes
Housing Instability, Homelessness, and Housing Inadequacy Instruments	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	71802-3	LA31994-9 LA31995-6
	Children's Health Watch Housing Stability Vital Signs™1	98976-4	LA33-6
		98977-2	≥3
		98978-0	LA33-6
	Health Leads Screening Panel®1	99550-6	LA33-6
	Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93033-9	LA33-6
		71802-3	LA30190-5
	We Care Survey	96441-1	LA33-6
	WellRx Questionnaire	93669-0	LA33-6
	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0

(continued)

Instrument	Screening Item LOINC Codes	Positive Finding LOINC Codes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool [NCHC]	99134-9	LA33-6
	99135-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2

(continued)

(SNS-E) Social Need Screening and Intervention *(continued)*

Housing instability, Homelessness, and Inadequate Housing Interventions	**CPT:** 96156, 96160, 96161 **SNOMED CT:** **1148447008:** Assessment for housing insecurity **1148812007:** Assessment of progress toward goals to achieve housing **1148814008:** Assessment of goals to achieve housing security **710824005:** Assessment of health and social care needs **711069006:** Coordination of care plan **30844001:** Referral to social worker **1230338004:** Referral to charitable organization **470231000124107:** Counseling for social determinant of health risk **1148813002:** Assessment of barriers in inadequate housing care plan **1148815009**: Assessment of goals to achieve adequate housing **1162436000**: Referral to legal aid *list does not include all SNOMED codes, due to high volume

(continued)

(SNS-E) Social Need Screening and Intervention *(continued)*

	Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Transportation Insecurity Instruments	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	LA33093-8 LA30134-3
	Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
	Health Leads Screening Panel®1	99553-0	LA33-6
	Inpatient Rehabilitation Facility—Patient Assessment Instrument (IRF-PAI)—version 4.0 [CMS Assessment]	101351-5	LA30133-5 LA30134-3
	Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]	101351-5	LA30133-5 LA30134-3
	Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
	Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
	Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93030-5	LA30133-5 LA30134-3
	PROMIS®1	92358-1	LA30024-6 LA30026-1 LA30027-9
	WellRx Questionnaire	93671-6	LA33-6

(continued)

(SNS-E) Social Need Screening and Intervention *(continued)*

Transportation Interventions	**CPT:** 96156, 96160, 96161 **SNOMED CT:** **710824005:** Assessment of health and social care needs **711069006**: Coordination of care plan **30844001**: Referral to social worker **1230338004**: Referral to charitable organization **470231000124107**: Counseling for social determinant of health risk **611281000124107**: Counseling for readiness to achieve transportation security **611291000124105**: Counseling for barriers to achieve transportation security **228615008**: Provision of transport **611031000124101**: Education about rideshare program **61106100124105**: Education about public transportation voucher program *list does not include all SNOMED codes, due to high volume

Tips and Best Practices

✓ Bring up social needs at each visit. Patients may need to be prompted to discuss non-medical issues with their provider

✓ Explain the purpose of the screening with the patient and offer support and resources as appropriate

✓ Allow for adequate time, space and privacy for the patient to discuss their social needs

✓ Educate your staff on the importance of screening, documenting, and coding patient's social needs

(continued)

(SNS-E) Social Need Screening and Intervention *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die anytime during the measurement year

Medication Adherence

(PDC-DIA) Medication Adherence for Diabetes Medications

Product Lines:

✓ WellCare (Medicare)

Description

Measure evaluates percentage of Medicare Part D members 18 years and older with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

Diabetes Medications	
Biguanide Drugs	GLP-1 Receptor Agonists
Sulfonylurea Drugs	Meglitinide Drugs
Thiazolidinedione Drugs	Sodium Glucose Cotransporter 2 (SGLT2) Inhibitors
DiPeptidyl Peptidase (DPP)-4 Inhibitors	

Action

✓ Urge patients to fill their prescriptions regularly to encourage medication adherence

✓ Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts

Tips and Best Practices

✓ Talk with patients about why they're on diabetes medications and why it's important to take their medication as prescribed and get refills promptly

(continued)

(PDC-RAS) Medication Adherence for Hypertension - RAS antagonists *(continued)*

- ✓ Encourage patients to use a pillbox to organize their medications and to set an alarm on their smartphone or clock to remind them to take their medications
- ✓ Encourage patients to sign up for refill reminders at their pharmacy
- ✓ Monitor with scheduled follow-up appointments

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members with a diagnosis of ESRD or dialysis coverage dates
- ✓ Members with one or more prescriptions for insulin

(PDC-RAS) Medication Adherence for Hypertension - RAS antagonists

Product Lines:

- ✓ WellCare (Medicare)

Description

Measure evaluates percentage of Medicare Part D members 18 years and older with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

(continued)

(PDC-RAS) Medication Adherence for Hypertension - RAS antagonists *(continued)*

Hypertension Medications	
Angiotensin Converting Enzyme Inhibitors (ACEI)	Angiotensin Receptor Blockers (ARB)
Direct Renin Inhibitor Medications	

Action

- ✓ Urge patients to fill their prescriptions regularly to encourage medication adherence
- ✓ Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts

Tips and Best Practices

- ✓ Talk with patients about why they're on hypertension medication and why it's important to take their medication as prescribed and get refills promptly
- ✓ Encourage patients to use a pillbox to organize their medications and to set an alarm on their smartphone or clock to remind them to take their medications
- ✓ Encourage patients to sign up for refill reminders at their pharmacy
- ✓ Monitor with scheduled follow-up appointments

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members with a diagnosis of ESRD or dialysis coverage dates
- ✓ Members with one or more prescriptions for sacubitril/valsartan

(PDC-STA) Medication Adherence for Cholesterol (Statins)

Product Lines:

- ✓ WellCare (Medicare)

Description

Measure evaluates percentage of Medicare Part D members 18 years and older with a prescription for a cholestorol medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

Action

- ✓ Urge patients to fill their prescriptions regularly to encourage medication adherence
- ✓ Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts

Tips and Best Practices

- ✓ Talk with patients about why they're on cholesterol medication and why it's important to take their medication as prescribed and get refills promptly
- ✓ Encourage patients to use a pillbox to organize their medications and to set an alarm on their smartphone or clock to remind them to take their medications
- ✓ Encourage patients to sign up for refill reminders at their pharmacy
- ✓ Monitor with scheduled follow-up appointments

(PDC-STA) Medication Adherence for Cholesterol (Statins) *(continued)*

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members with a diagnosis of ESRD or dialysis coverage dates

(SPC) Statin Therapy for Patients with Cardiovascular Disease

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)

Description

Measure evaluates percentage of males 21-75 years of age and females 40-75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria.

(continued)

(SPC) Statin Therapy for Patients with Cardiovascular Disease *(continued)*

Two rates are reported:

- ✓ **Received Statin Therapy:** Percentage of members who were dispensed at least one high-intensity or moderate intensity statin medication during the measurement year.
- ✓ **Statin Adherence 80%:** Percentage of members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Description	Prescription
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 Ezetimbe-simvastatin 20-40 mg Pravastatin 40-80 mg Lovastatin 40 mg Fluvastatin 40-80 mg Pitavastatin 1-4 mg

Action

- ✓ Urge patients to fill their prescriptions regularly to encourage medication adherence

(continued)

(SPC) Statin Therapy for Patients with Cardiovascular Disease *(continued)*

Tips and Best Practices

- ✓ Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts
- ✓ Talk about common side effects, how long they may last, and how to manage them
- ✓ Monitor with scheduled follow-up appointments

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members with a diagnosis of pregnancy during the measurement year or the year prior to the measurement year
- ✓ Members who had in vitro fertilization in the measurement year or the year prior
- ✓ Members with a diagnosis of ESRD or who had dialysis during the measurement year or the year prior
- ✓ Members with cirrhosis during the measurement year or the year prior
- ✓ Members with myalgia, myopathy or rhabdomyolysis during the measurement year
- ✓ Members with myalgia or rhabdomyoysis caused by a statin any time during the member's history

(continued)

(SPD) Statin Therapy for Patients with Diabetes

Product Lines:

- ✓ Meridian (Medicaid)
- ✓ MeridianComplete (Medicare-Medicaid Plan)
- ✓ WellCare (Medicare)

Description

Measure evaluates percentage of members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.

Two rates are reported:

- ✓ **Received Statin Therapy:** Percentage of members who were dispensed at least one statin medication of any intensity during the measurement year.
- ✓ **Statin Adherence 80%:** Percentage of members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Description	Codes*
Pregnancy Diagnosis Code	**ICD-10:** Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.91, Z34.92, Z34.93 *list does not include all codes for pregnancy, due to amount
IVF	**HCPCS:** S4015, S4016, S4018, S4020, S4021
ESRD Diagnosis	**ICD10CM:** N18.5, N18.6, Z99.2
Cirrhosis	**ICD10CM:** K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81
IVD	**ICD10CM:** I20.0, I20.2, I20.8, I20.81, I20.89, I20.9, I24.0, I24.8, I24.81, I24.89, I24.9
Palliative Care	**CPCS:** G9054
Hospice Care	**HCPCS:** G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182 **CPT:** 99377, 99378

*Codes subject to change

(continued)

(SPD) Statin Therapy for Patients with Diabetes *(continued)*

Description	Prescription
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 1-4 mg
Low-intensity statin therapy	Ezetimibe-simvastatin 10 mg Fluvastatin 20 mg Lovastatin 10-20 mg Pravastatin 10-20 mg Simvastatin 5-10 mg

Action

✓ Urge patients to fill their prescriptions regularly to encourage medication adherence

Tips and Best Practices

✓ Encourage medication adherence by providing 90-day prescriptions. Your patient may be eligible for prescription delivery by mail through Express Scripts

(continued)

(SPD) Statin Therapy for Patients with Diabetes *(continued)*

- ✓ Talk about common side effects, how long they may last, and how to manage them
- ✓ Monitor with scheduled follow-up appointments

Required Exclusions

Members who meet any of the following criteria should be excluded from this measure by submitting the codes in the table above or medical record documentation:

- ✓ Members who use hospice services any time during the measurement year
- ✓ Members who die any time during the measurement year
- ✓ Members receiving palliative care during any time during the measurement year
- ✓ Members discharged from an inpatient setting with a myocardial infarction on the discharge claim
- ✓ Members with a diagnosis of pregnancy during the measurement year or the year prior to the measurement year
- ✓ Members who had in vitro fertilization in the measurement year or the year prior
- ✓ Members with a diagnosis of ESRD or who had dialysis during the measurement year or the year prior
- ✓ Members with cirrhosis during the measurement year or the year prior
- ✓ Members with myalgia, myopathy or rhabdomyolysis during the measurement year
- ✓ Members with myalgia or rhabdomyoysis caused by a statin any time during the member's history
- ✓ Members who had at least one encounter with a diagnosis of IVD during both the measurement year and the year prior to the measurement year


meridian