



2024 HEDIS Toolkit

HEDIS Measurement Year



Aetna Better Health[®]
of Kentucky

HEDIS® Measures - Table of Contents

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HEDIS® Supplemental Data Submission Process

Methods of Submitting Supplemental Data:

- Secure Provider Web Portal/Availity
- Fax: 855-415-1215
- Email: Granniss@Aetna.com (be sure to **SEND SECURE** to protect PHI)
- Mail: Aetna Better Health of Kentucky
9900 Corporate Campus Dr Ste 1000,
Louisville, KY 40223

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

HEDIS® Measurement Year 2024 Measures

Measure Description: This measure captures the percentage of members 20 years and older who had an ambulatory or preventive care visit with any provider type on an outpatient basis during the measurement year.

Eligible Population

Members 20 years and older as of December 31 of the measurement year. Three age stratifications and a total rate are reported.

- 20-44 years
- 45-64 years
- 65 years and older
- Total

Strategies for Increasing Access to Care

- Request AAP gaps in care lists for your group. Provider rosters can change throughout the year and newly assigned members need to have care initiated.
- Try other appointment scheduling methods (i.e. email or online portals). Long wait times on the phone may cause patients to seek care elsewhere.
- Keep a few open appointment slots each day to see patients the day they call.
- Offer evening and weekend hours to accommodate all patient schedules.
- SDOH assessment/identification & referral

Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the AAP measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Description
CPT	92002,92004; 92012,92014; 99202-99205	Ambulatory Visits
HCPCS	G0438	Annual Wellness Visit; includes a personalized prevention plan of service - initial visit
HCPCS	G0439	Annual Wellness Visit; includes a personalized prevention plan of service - subsequent visit
ICD-10	Z00.00	Encounter for general adult medical examination without abnormal findings
ICD-10	Z00.01	Encounter for general adult medical examination with abnormal findings



Asthma Medication Ratio (AMR)

HEDIS® Measurement Year 2024 Measures

Measure Description: This measure captures 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 during the measurement year.

Eligible Population

Members ages 5-64 with medical and pharmacy benefits during the measurement year and the year prior. The following age stratifications are reported:

- 5-11 years
- 12-18 years
- 19-50 years
- 51-64 years
- Total

The Ratio

The ratio for the AMR measure is calculated by totaling the units of Controller Medications and dividing by the total of all units of Asthma Medications for the year. The formula is as follows:

Units of Controller Medications/Units of Total Asthma Medications

Units of medications: count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, one infusion, or a 30-day or less supply of an oral medication.

Strategies for Managing Asthma and Medication Adherence

- Develop asthma action plans with patients and education on reduction of asthma triggers
- Ask the patient about their health goals and preferences.
 - Collaborate with the patient and customize the treatment to meet these goals.
 - Providing simple and clear instructions as how health literacy can impact a patient's health
 - Simplify treatment regimen
- Involve family in treatment planning if patient needs additional support
- Advise patients to incorporate inhalers in to daily routine – i.e. keep inhalers in the bathroom and utilize medication during morning routine.
- Offer assistance with utilizing inhalers when first prescribed
- Educate on potential side effects of controller medications and how to manage side effects
- SDOH assessment/identification & referral

Asthma Medication Ratio (AMR)

Measure Adherence

Adherence for the AMR measure is determined by the member remaining on their prescribed asthma medications and maintaining a controller ratio of at least 0.50 during the measurement year. This is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription). The medications the NCQA lists in the HEDIS specifications are below. This is a general list and should not replace the advice or care you provide your patients regarding what is optimal to meet their healthcare needs.

Asthma Controller Medications

Description	Prescriptions	Route
Antibody inhibitors	Omalizumab	Injection
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

Asthma Reliever Medications

Description	Prescriptions	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Inhalation



Breast Cancer Screening (BCS-E)

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of members 52–74 years of age who had a mammogram to screen for breast cancer between January 1st two years prior to the measurement year through December 31st of the measurement year.

Eligible Population

Ages: Members 52–74 years old as of December 31 of the measurement year.

Note: This measure evaluates primary screening. Do not count biopsies, breast ultrasounds or MRIs because they are not appropriate methods for primary breast cancer screening. All types and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis qualify for numerator compliance.

Use reminder systems for check-ups and screening reminders.

Numerator Codes

There is a large list of approved NCQA codes used to identify the service or condition included in the BCS measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Educate women about the importance of early detection and treatment starting at age 50.
- Refer women to local mammography imaging centers. Follow up to verify completion.
- SDOH assessment/identification & referral

Mammography	CPT	77061-77063 77065-77067
Mammography	LOINC	24604-1 24605-8 24606-6 24610-8



Blood Pressure Control for Patients with Diabetes (BPD)

HEDIS Measurement Year 2024 Measures

Measure Description: The percentage of members 18–75 years of age with diabetes type 1 and type 2 who had the following:

- **BP Control <140/90 mm Hg:** The most recent BP reading taken during an outpatient visit, telephone visit, e-visit, virtual check-ins, remote monitoring event, or a non-acute inpatient encounter during the measurement year.

Eligible population

- **Ages:** 18–75 years as of December 31 of the measurement year with a diagnosis of type 1 or type 2 diabetes.

Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach patients to schedule follow-up appointments and lab tests.
- Talk to patient regarding the importance of annual retinal eye exams as diabetes can cause impaired vision.
- Educate on importance for blood pressure monitoring related to heart and kidney health complications.
- Coordinate care with specialists such as endocrinologists, nephrologists, cardiologists and ophthalmologists.
- Stress the importance of medication and insulin adherence and their effect on blood glucose management.
- SDOH assessment/identification & referral

- There is a large list of approved NCQA codes used to identify the services included in the CDC measure.
- Refer patients to community resources that provide diabetes education and support.

Numerator codes

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Blood Pressure		
CPT	Most recent Systolic Greater Than/Equal to 140	3077F
CPT	Most recent Systolic Less Than 130 Most recent Systolic 130-139	3074F 3075F
CPT	Most recent Diastolic 80-89	3079F
CPT	Most recent Diastolic Less Than 80	3078F
CPT	Most recent Diastolic Greater Than/Equal to 90	3080F



Controlling High Blood Pressure (CBP)

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90mm Hg) during the measurement year.

Definitions

Adequate control: Adequate control is defined as meeting any of the following criteria:

- 18–85 years of age whose BP was <140/90 mm Hg.
*Both the systolic and diastolic must be below the above readings to be considered “controlled.”
- Highest compliant blood pressure 139/89 mm Hg.

Representative BP: The most recent BP reading during the measurement year on or after the second diagnosis of hypertension. If multiple BP measurements occur on the same date or noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If there’s no recorded BP during the measurement year, we’ll identify the member as “not controlled.”

**The Representative BP can occur during outpatient visits, telehealth, e-visit or virtual check-in with the regular treating physician, nonacute inpatient encounter or remote blood pressure monitoring in the measurement year.

***Please note:** The following BP readings cannot be used as the representative BP

- Taken during an acute inpatient stay or ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
 - Examples: Colonoscopy, dialysis, nebulizer treatments
 - A patient forgetting to take regular medications on the day of the procedure is not considered a required change in medication, and therefore the BP is eligible
 - BPs taken on the same day as injections, vaccinations, TB test, IUD insertion, eye exam with dilating agents, wart or mole removals, or fasting blood tests are eligible BPs
- Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.

Controlling High Blood Pressure (CBP)

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Eligible population

Ages: 18–85 years as of December 31 of the measurement year.

Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach patients to schedule follow-up appointments and diagnostic tests.
- Coordinate care with specialists such as endocrinologists, nephrologists and cardiologists.
- Stress the importance of medication adherence and their effect on blood pressure readings.
- Counsel on healthy lifestyle changes such as improved diet and increased exercise and their effect on blood pressure control. Examples might include low sodium diet and decreased carbs, 150 minutes of physical activity a week.
- SDOH assessment/identification & referral

Numerator codes

There is a large list of approved NCQA codes used to identify the services included in the CBP measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Identifying Patients with Hypertension		
ICD-10	I10	Essential primary hypertension

Identifying Representative Blood Pressure		
CPT	3077F	Systolic Greater Than/Equal To 140
CPT	3074F,3075F	Systolic Less Than 140
CPT	3079F	Diastolic 80-89
CPT	3080F	Diastolic Greater Than/Equal To 90
CPT	3078F	Diastolic Less Than 80

**Please note: The CBP measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.



Cervical Cancer Screening (CCS)

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of members 21–64 years of age who were recommended for routine cervical cancer screening and were screened using one 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 HPV (hrHPV) co - testing performed every 5 years.

Eligible Population

Ages: Members 24–64 years of age as of December 31 of the measurement year.

Required Exclusion

Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member’s history through December 31 of the measurement year, and members with Sex Assigned at Birth of Male at any time in the patient's history.

Strategies for Improvement

- Educate the member to explain the purpose and procedure of screening.
- Call or send personalized letters to patients and alert them of the need for screening-especially for patients that do not come in for care often.
- Provide easy to read instructions and patient education tools with pictures concerning cancer screening procedures and follow-up.

- Record all preventive care with results in medical records to ensure compliance with guidelines.
- Perform quality assurance checks to ensure that data is being captured and entered appropriately.
- SDOH assessment/identification & referral

Refer to this table as a guide to determine appropriate test and date of service for both age stratifications:

Measure	Age Range	DOB Range	Valid DOS
CCS	21-64	1999-1956	Measurement year and two years prior
CCS w/hrHPV co-testing	30-64	1990-1956	Measurement year and four years prior
Cervical high-risk human papillomavirus (hrHPV) testing	30-64	1990-1956	Measurement year and four years prior

Cervical Cancer Screening (CCS)

Numerator Codes

The measure Cervical Cancer Screening CCS contains a large list of approved NCQA codes used to identify the service or condition included in the measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Cervical Cytology	
CPT	88141-88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175
HCPCS	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests High-risk HPV	
CPT	87624, 87625
HCPCS	G0476
Absence of Cervix	
ICD - 10	Q51.5, Z90.710, Z90.712

*Please note: The CCS measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.



Chlamydia Screening in Women (CHL)

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Members are identified as being sexually active by a pregnancy test or diagnosis, sexual activity, or contraceptive prescriptions being captured via claims.

Eligible Population

Ages: Women 16–24 years old as of December 31 of the measurement year who are identified as sexually active and had at least one test for chlamydia during the measurement year.

Strategies for Improvement

- Incorporate a sexual history into the History and Physical.
- Screen all sexually active women for chlamydia through age 24.
- Educate members about sexually transmitted diseases, include signs, symptoms and treatment.
- Educate members about safe sex and abstinence.
- Document all screenings in the medical record, including follow-ups, results and abnormal findings.
- SDOH assessment/identification & referral

Numerator Codes

The measure Chlamydia Screening in Women CHL contains a large list of approved NCQA codes used to identify the service or condition included in the measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Chlamydia Tests	
CPT	87110, 87270, 87320, 87490-87492, 87810



Childhood Immunization Status (CIS)

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of children who turned 2 years of age during the measurement year and had the following vaccinations, with different dates of service, on or by their second birthday.

- **MMR** - One measles, mumps and rubella vaccine on or between the child's first and second birthday or history of measles, mumps or rubella
- **HepB** - Three hepatitis B or history of hepatitis illness
- **VZV** - One varicella zoster e.g., chicken pox vaccine on or between the child's first and second birthday or history of varicella zoster illness
- **HepA** - One hepatitis A vaccine on or between the child's first and second birthday or history of Hepatitis A illness
- **Influenza** - At least two influenza vaccinations. Vaccines administered prior to 6 months do not count.
 - One of the two vaccinations can be an LAIV vaccination administered on the child's second birthday. LAIV vaccination administered before the child's second birthday will not count towards the measure.
- The following vaccines if administered prior to 42 days after birth do not count:
- **DTaP** - Four diphtheria, tetanus and acellular pertussis vaccines on different dates of service
- **IPV** - Three polio vaccines on different dates of service
- **HiB** - Three haemophilus influenza type B vaccines on different dates of service
- **PCV** - Four pneumococcal conjugate vaccines on different dates of service
- **RV** - Two or three dose rotavirus or at least one dose of the two-dose rotavirus vaccine and at least two doses of the three-dose rotavirus vaccine on different dates of service.

Eligible Population

Ages: Members turning 2 years as of December 31 of the measurement year.

Documentation Required

For immunization evidence obtained from the medical record, count members where there is evidence that the antigen was rendered from one of the following:

- A note indicating the name of the specific antigen and the date of the immunization.
- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.

For documented history of illness or a seropositive test result, there must be a note indicating the date of the event, which must have occurred by the member's second birthday.

Childhood Immunization Status (CIS)

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach parents to schedule their child's vaccination appointments.
- Educate staff to schedule visits within the guideline time frames.
- Administer vaccinations during already scheduled visits.
- At each appointment, review immunization records and encourage the opportunity to catch up on missing immunizations.
- Educate parents on vaccinations, their side effects and perceived links to autism.
- Advise parents on the importance of completing each vaccine series.
- Provide handouts on the diseases that the vaccines prevent
- SDOH assessment/identification & referral

ICD-10	B15.0, B15.9	Hepatitis A
CPT	90707, 90710	MMR
ICD-10	B05.0-B05.4	Measles
ICD-10	B26.0-B26.3	Mumps
ICD-10	B06.00-B06.02	Rubella
CPT	90710; 90716	VZV
ICD-10	B02.9	Varicella Zoster
CPT	90670, 90671	PCV
CPT	90681	Rotavirus 2 dose
CPT	90680	Rotavirus 3 dose
CPT	90655, 90657, 90685-90689,	Influenza
CPT	90660	Live Attenuated Influenza Vaccine

Numerator Codes

There is a large list of approved NCQA codes used to identify the service or condition included in the CIS measure.

Code Category	Code	Vaccine
CPT	90697, 90698, 90700, 90723	DTAP
CPT	90713	IPV
CPT HCPCS	90740, 90744, 90747, 90748, G0010	HepB
CPT	90644, 90647, 90648, 90748	HIB
CPT	90633	HepA

For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

**Please note: The CIS measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.



Colorectal Screening (COL-E)

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of members 45-75 years of age who had appropriate screening for colorectal cancer. Appropriate screenings are defined by one of the following:

- FOBT during the measurement year
- Flexible sigmoidoscopy during the measurement year or the four years prior
- Colonoscopy during the measurement year or the nine years prior
- CT colonography during the measurement year or the four years prior
- FIT-DNA during the measurement year or the two years prior

Eligible Population

Ages: Members 46-75 years of age as of December 31 of the measurement year.

Optional Exclusion

1. Colorectal cancer
2. Total colectomy

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Educate the member to explain the purpose and procedure of screening.
- Call or send personalized letters to patients and alert them of the need for screening-especially for patients that do not come in for care often.
- Provide easy to read instructions and patient education tools with pictures concerning cancer screening procedures and follow-up.
- Record all preventative care with results in medical records to ensure compliance with guidelines.
- SDOH assessment/identification & referral
- Perform quality assurance checks to ensure that data is being captured and entered appropriately.

Numerator Codes

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

FOBT	
CPT	82270, 82274
HCPCS	G0328
Flexible Sigmoidoscopy	
CPT	45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350
HCPCS	G0104
CT Colonography	
CPT	74261-74263

Colorectal Screening (COL-E)

Colonoscopy	
CPT	44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386
HCPCS	G0105, G0121
FIT-DNA	
CPT	81528

For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).



Eye Exam for Patients with Diabetes (EED)

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.

Retinal Eye Exam: An eye screening for diabetic retinal disease:

- A retinal or dilated eye exam by an eye care professional in the measurement year (regardless of results) or
- A retinal or dilated eye exam by an eye care professional in the year prior to the measurement year that was negative for retinopathy.

Eligible population

- **Ages:** 18–75 years as of December 31 of the measurement year with a diagnosis of type 1 or type 2 diabetes.

Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach patients to schedule follow-up appointments and lab tests.
- Talk to patient regarding the importance of annual retinal eye exams as diabetes can cause impaired vision.
- Coordinate care with specialists such as endocrinologists, nephrologists, cardiologists and ophthalmologists.

- Stress the importance of medication and insulin adherence and their effect on blood glucose management.
- There is a large list of approved NCQA codes used to identify the services included in the CDC measure.
- Refer patients to community resources that provide diabetes education and support.
- SDOH assessment/identification & referral

Numerator codes

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Eye Exam for Patients with Diabetes (EED)

Retinal Eye Exam		
CPT	Diabetic Retinal Screening	67028 67030 67031 67036 67039 67040
CPT	Eye Exam With Evidence of Retinopathy	2022F 2024F 2026F
CPT	Eye Exam Without Evidence of Retinopathy	2023F 2025F 2033F
CPT	Unilateral Eye Enucleation	65091 65093 65101 65103

**Please note: The CDC measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.



Glycemic Status Assessment for Patients with Diabetes (GSD)

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose most recent glycemic status (HbA1c) or glucose management indicator (GMI) was at the following levels during the measurement year.

- Glycemic Status <8.0%
- Glycemic Status >9.0%

Eligible population

- Ages: 18–75 years as of December 31 of the measurement year with a diagnosis of type 1 or type 2 diabetes.

Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach patients to schedule follow-up appointments and lab tests.
- Talk to patient regarding the importance of annual retinal eye exams as diabetes can cause impaired vision.
- Coordinate care with specialists such as endocrinologists, nephrologists, cardiologists and ophthalmologists.
- Stress the importance of medication and insulin adherence and their effect on blood glucose management.
- There is a large list of approved NCQA codes used to identify the services included in the CDC measure.
- Refer patients to community resources that provide diabetes education and support.
- SDOH assessment/identification & referral

Numerator codes

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

HbA1c Tests		
CPT	HbA1c Tests	83036 83037
HbA1c Levels – The most recent result		
CPT	HbA1c Level Less than 8.0	3044F 3051F
CPT	HbA1c Level Greater Than/Equal to 8.0	3046F 3052F
	HbA1c Less Than or Equal to 9.0	3044F 3051F 3052F

**Please note: The CDC measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.



Immunizations for Adolescents (IMA)

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of children who turned 13 years of age during the measurement year and had the following vaccinations on or by their 13th birthday:

- One dose of meningococcal vaccine
- One tetanus, diphtheria toxoids and one acellular pertussis vaccine (Tdap) and
- Completed the human papillomavirus (HPV) series.

Eligible Population

Ages: Adolescents who turn 13 years of age during the measurement year.

Documentation Required

The medical record must have evidence that the immunization antigen was rendered from either of the following:

- A note indicating the name of the specific antigen and the date of the immunization.
- A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.

Meningococcal

At least one meningococcal serogroups A, C, W, Y vaccine, with a date of service on or between the member's 11th and 13th birthdays.

*Please note: Meningococcal recombinant (serogroup B) (MenB) vaccines will not count towards adherence for measure.

Tdap

At least one tetanus, diphtheria toxoids and acellular pertussis Tdap vaccine, with a date of service on or between the member's 10th and 13th birthdays.

HPV

At least two HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.

- There must be at least 146 days between the first and second dose of the HPV vaccine
- OR at least three HPV vaccines, with different dates of service on or between the member's 9th and 13th birthdays.

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach parents to schedule their child's vaccination appointments.
- Administer vaccinations during already scheduled appointments.
- At each appointment, review immunization records and encourage the opportunity to catch up on missing vaccines.
- SDOH assessment/identification & referral

Immunizations for Adolescents (IMA)

- Educate parents on vaccinations and their side effects.
- Provide handouts on the diseases that the vaccines prevent.
- Educate parents on the importance of completing the HPV series and that the HPV vaccine will not cause promiscuity.

Numerator Codes

The measure Immunizations for Adolescents IMA contains a large list of approved NCQA codes used to identify the service or condition included in the measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Category	Code	Vaccine
CPT	90715	Tdap
CPT	90733-90734	Meningococcal
CPT	90649-90651	HPV
SNOMED		Anaphylaxis Due to Diphtheria, Tetanus, or Pertussis Vaccine
SNOMED	192710009 192711008 192712001	Encephalitis post Tetanus Vaccine Encephalitis post Diphtheria Vaccine Encephalitis post Pertussis Vaccine
SNOMED	428241000124101	Anaphylaxis Due to HPV vaccine

****Please note:** The IMA measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.



Maternity: Prenatal and Postpartum Care (PPC)

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of deliveries of live births 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:

- **Prenatal Care in the First Trimester:** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Care occurring on date of enrollment will be considered adherent.
- **Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Eligible population

Ages: There is no specified age.

Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Educate staff to schedule visits within the guideline time frames.
- Educate members on how important prenatal care is to healthy development and maternal health screening.
- Include anticipatory guidance and teaching in every visit.
- Encourage postpartum visit between 21 and 56 days after delivery for follow-up care.
- SDOH assessment/identification & referral

Oral healthcare during pregnancy

Advise expectant mothers that oral health is important for them as well as their baby during pregnancy and after giving birth.

- **It is very important to refer expectant mothers to a dental provider.** Have a list of area dentists available for referral.
- Hormonal changes during pregnancy can increase chances of developing gum disease. - Gums will be tender and can bleed easily.
- Stomach acids from vomiting can damage tooth enamel and increase risk of tooth decay. Take the following steps when combatting vomiting while pregnant.
 - Rinse your mouth thoroughly with plain tap water.
 - Follow up with a fluoridated mouthwash OR use a dab of fluoridated toothpaste on your finger and smear it over your teeth.

Maternity: Prenatal and Postpartum Care (PPC)

- Rinse thoroughly with water.
- Brush teeth last to be sure stomach acids are rinsed from teeth first (stomach acids can scratch enamel when brushing).
- Routine oral healthcare decreases the risk of preterm delivery and low birth weight babies, as well as improves overall oral and physical health for expectant mothers.
- Inform the expectant mothers that dental radiographs, check-ups and cleanings are safe for an expecting mother.
- And don't forget to give basic information about the oral health of the baby-to-be:
 - "Baby" teeth are important for many reasons. They contribute to proper speech and function in mastication. They have the same risk of developing caries and abscesses, which needs to be avoided to allow for proper development.
 - And that per the American Academy of Pediatric Dentistry that every child needs to see a dental. provider by the eruption of first tooth or latest by the age of 1.

Additionally, prenatal care may be captured by the combination of one of the following prenatal visits, telephone visit, or online assessment codes **ACCOMPANIED BY** a pregnancy related diagnosis:

Code Class	Codes	Description
CPT	98966-98968, 98970-98972, 98980,98981, 99202-99205	Prenatal Visit
ICD-10	O09.00–O09.03, O09.10–O09.13, O09.211–O09.213	Pregnancy Diagnosis
CPT	99500	Stand Alone Prenatal Visits
CPT	59400, 59425, 59426, 59510, 59610, 59618	Prenatal Bundled Services

***Note:** If using a code from the prenatal visit set, it must be combined with a pregnancy related diagnosis code.

For post-partum visit PPV capture either a post-partum visit OR a cervical cytology CC code satisfies the HEDIS requirements.

Code Class	Codes	Description
CPT	57170, 58300, 59430, 99501, 0503F	Postpartum Care
CPT	59400,59410,59510,59515,59610,59614,59618,59622	Postpartum Bundled Services
ICD-10	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	Encounter for Postpartum Care
CPT	88141-88143, 88147, 88148, 88150, 88152, 88153, 88164-88167	Cervical Cytology Lab Test

Numerator codes

The simplest method of capturing prenatal visits is through standalone prenatal visit codes.

Code Class	Codes	
CPT	59400, 59409, 59410, 59510	Deliveries
CPT	000.00, 000.01, 000101	Non Live Births



Social Needs Screening (SNS-E)

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of members who were screened using prespecified instruments, at least once during the measurement period 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. (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.)

Food Intervention: The percentage of members who received a corresponding intervention within one month of screening positive for food insecurity.

Housing Screening: The percentage of members who were screened for housing instability, homelessness or housing inadequacy.

Housing Intervention: The percentage of members who received a corresponding intervention within one month of screening positive for housing instability, homelessness or house inadequacy. (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; cars, parks, sidewalks, abandoned buildings, or on the street. Not having a consistent place to sleep, or because of economic difficulties; currently living in a shelter, motel, temporary or transitional living situation. Housing does not meet habitability standards.)

Transportation Screening: The percentage of members who were screened for transportation insecurity.

Transportation Intervention: The percentage of members who received a corresponding intervention within one month of screening positive for transportation insecurity. (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.)

Measurement Period

January 1- December 31

Intervention Requirement

- An intervention requiring corresponding to the type of need identified on or up to 30 days after the date of the first positive screening during the measurement period.
- Intervention may include any of the following intervention categories: assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision or referral.

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Surveillance for risk factors related to social determinants of health during all patient encounters.
- Assess food insecurity, housing insecurity/homelessness, financial barriers and social capital/social community support to inform treatment decisions, with referral to appropriate local community resources.
- SDOH assessment/identification & referral

Social Needs Screening (SNS-E) Numerator codes

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes	Intervention CPT Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-DA6729-3	96156; 96160; 96161
	88123-5	LA28397-DA6729-3	96156; 96160; 96161
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-DA6729-3	96156; 96160; 96161
	88123-5	LA28397-DA6729-3	96156; 96160; 96161
Health Leads Screening Panel ^{®1}	95251-5	LA33-6	96156; 96160; 96161
Hunger Vital Sign ^{™1} (HVS)	88124-3	LA19952-	96156; 96160; 96161
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] ^{®1}	93031-3	3 LA30125-1	96156; 96160; 96161
Safe Environment for Every Kid (SEEK) ^{®1}	95400-8	LA33-6	96156; 96160; 96161
	95399-2	LA33-6	96156; 96160; 96161
Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes	Intervention CPT Codes
U.S. Household Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6	96156; 96160; 96161
U.S. Adult Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6	96156; 96160; 96161
U.S. Child Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6	96156; 96160; 96161
U.S. Household Food Security Survey—Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 LA30986-6	96156; 96160; 96161
We Care Survey	96434-6	LA32-8	96156; 96160; 96161
WellRX Questionnaire	93668-2	LA33-6	96156; 96160; 96161

Housing Instability and Homelessness Instruments	Screening Item	Positive Finding LOINC Codes	Intervention CPT Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6	96156; 96160; 96161
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6	96156; 96160; 96161
Children's Health Watch Housing Stability Vital Signs™ 1	98976-4	LA33-6	96156; 96160; 96161
	98977-2	≥3	96156; 96160; 96161
	98978-0	LA33-6	96156; 96160; 96161
Health Leads Screening Panel®1	99550-6	LA33-6	96156; 96160; 96161
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93033-9	LA33-6	96156; 96160; 96161
	71802-3	LA30190-5	96156; 96160; 96161
We Care Survey	96441-1	LA33-6	96156; 96160; 96161
WellRx Questionnaire	93669-0	LA33-6	96156; 96160; 96161
Housing Inadequacy Instruments	Screening Item	Positive Finding LOINC Codes	Intervention CPT Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2	96156 96160 96161
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	96156 96160 96161

Transportation Insecurity Instruments	Screening Item	Positive Finding LOINC Codes	Intervention CPT Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6	96156; 96160; 96161
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6	96156; 96160; 96161
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4	96156; 96160; 96161
Health Leads Screening Panel®1	99553-0	LA33-6	96156; 96160; 96161
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93030-5	LA30133-5 LA30134-3	96156; 96160; 96161
PROMIS®1	92358-1	LA30024-6 LA30026-1 LA30027-9	96156; 96160; 96161
WellRx Questionnaire	93671-6	LA33-6	96156; 96160; 96161



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

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

- **Well-Child Visits in the First 15 Months.** Children who turned 15 months old during the measurement year: Six or more well-child visits.
- **Well-Child Visits for Age 15 Months–30 Months.** Children who turned 30 months old during the measurement year: Two or more well-child visits.

****Telehealth visits now meet criteria as long as the appropriate CPT code is submitted with the GT modifier.**

Eligible Population

Two age stratifications

Children who turn 15 months old during the measurement year and children who turn 30 months old during the measurement year.

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Educate staff to schedule visits within the time frames.
- Exam requirements can be performed during sick visits or a well-child exam.
- Never miss an opportunity to perform a well-child exam, even during a sick visit.
- Educate staff to schedule visits within the guideline time frames.
- SDOH assessment/identification & referral

Components of a Well-Child Visit

The well-child visit must occur with a PCP type practitioner, but the PCP does not have to be the practitioner assigned to the child. Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure. Do not include services rendered during an inpatient or ED visit.

The following are some examples of acceptable criteria for all the components in a well-child visit:

- **Health History**
 - Past illness (or lack of illness)
 - Past surgeries/hospitalizations (or lack of surgery or hospitalization)
 - Social history
 - Family health history
 - Allergies/medications/immunizations documented together

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

- **Physical Developmental History** (Physical skills seen in children as they grow and develop)

- Tanner Stage/Scale
- Sitting up/ standing up/ crawling/ walking
- Sucking on objects
- Teething
- Rolls on tummy
- Number of wet diapers
- Holds objects or is developing hand/eye coordination
- Follows parents with eyes
- Kicks ball
- Walking up stairs
- Running without falling

- **Mental Developmental History** (Behaviors seen in children as they grow and develop)

- Responds to sound/makes eye contact
- Cries for assistance/calms or quiets down when picked up
- Laughs when tickled
- Plays interactive games (peek-a-boo)
- Uses 50 words; combines 2 words into short phrase or sentence
- Name at least 5 body parts

- **Physical Exam**

- Comprehensive head to toe exam with vital signs and assessment of at least 3 body systems

- **Anticipatory Guidance** (Regarding anticipation of emerging issues that a child and family may face)

- Nutrition
- Exercise
- Substance abuse counseling
- Safety

- Notation that age appropriate anticipatory guidance was provided

Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the W30 measure. **The following are just a few of the approved codes. For a complete list please refer to the NCQA website at NCQA.org.**

Code Class	Codes	Description
CPT	99381- 99385, 99391- 99395, 99461	Well-care Visit
ICD-10	Z00.121, Z00.129	Encounter for Well-Care Visit

*The ages for well-child visits as recommended by the American Academy of Pediatrics’ Bright Futures Periodicity Schedule are:

- Newborn
- First Week (3 to 5 days)
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months (2 year)
- 30 months (2 1/2 year)



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

HEDIS® Measurement Year 2024 Measures

Measure Description: 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 during the measurement year.

- BMI percentile documentation*
- Counseling for nutrition
- Counseling for physical activity

*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Definitions

BMI percentile: The percentile ranking based on the CDC’s BMI-for-age growth charts, which indicates the relative position of the patient’s BMI number among others of the same gender and age.

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Document BMI percentile, discussion of nutrition and physical activity during at least one office visit annually e.g. sick visit or well-child exam.
- Document all screenings in the medical record, including follow-ups, results and anticipatory guidance given.
- SDOH assessment/identification & referral

Documentation Requirements

For documentation in the medical record refer to the following table to identify what meets criteria:

Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the WCC measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

BMI Percentile ICD-10 Codes	
Z68.51	Less than 5th percentile for age
Z68.52	5th percentile to less than 85th percentile for age
Z68.53	85th percentile to less than 95th percentile for age
Z68.54	Greater than or equal to 95th percentile for age

Nutrition Counseling		
CPT	97802-97804	Nutrition Counseling
HCPCS	G0270, G0271	

Physical Activity Counseling		
HCPCS	G0447, 59451	Physical Activity Counseling
ICD-10	Z02.5, Z71.82	Encounter for Physical Activity Counseling

**Please note: The WCC measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.

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

Meets Criteria	Does Not Meet Criteria
BMI Percentile Documentation	
<p>Height, Weight, & BMI Percentile from the same data source</p> <p>BMI percentile plotted on an age-growth chart</p> <p>BMI percentile documented as a value (e.g., 85th percentile)</p> <p>Member-reported height, weight, BMI percentile are acceptable only if the information is collected by a primary care practitioner or specialist, if the specialist is providing a primary care service related to the condition being assessed, while taking a patient’s history. The information must be recorded, dated and maintained in the member’s legal health record.</p>	<p>No BMI percentile documented in medical record or plotted on age-growth chart</p> <p>Notation of BMI value only</p> <p>Notation of height and weight only</p> <p>Ranges and thresholds for BMI percentile (e.g.70-75 percentile)</p>
Counseling for Nutrition	
<p>Current nutrition behaviors</p> <p>Checklist indicating nutrition was addressed</p> <p>Counseling or referral for nutrition education</p> <p>Educational materials on nutrition during a face-to-face visit</p> <p>Anticipatory guidance for nutrition</p> <p>Weight or obesity counseling</p> <p>** Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the Counseling for Nutrition submeasure as long as the appropriate code is submitted with the GT modifier.</p>	<p>No counseling/education on nutrition and diet</p> <p>Counseling/education before or after the measurement year</p> <p>Notation of “health education” or “anticipatory guidance” without specific mention of nutrition</p> <p>A physical exam finding or observation alone (e.g., well-nourished) is not compliant because it does not indicate counseling for nutrition</p> <p>Documentation related to a member’s “appetite” does not meet criteria</p> <p>Services specific to the assessment or treatment of an acute or chronic condition:</p> <p>**Notation that a member with diarrhea is following the BRAT diet</p> <p>**Notation that a member has decreased appetite as a result of an acute or chronic condition</p>

Counseling for Physical Activity

Current physical activity behaviors e.g., exercise routine, participation in sports activities, and exam for sports participation

Checklist indication physical activity was addressed

Counseling or referral for physical activity

Educational materials on physical activity

Anticipatory guidance for physical activity

Weight or obesity counseling

** Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the Counseling for Physical Activity submeasure as long as the appropriate code is submitted with the GT modifier.

No counseling/education on physical activity

Notation of “cleared for gym class” alone without documentation of a discussion

Counseling/education before or after the measurement year

Notation of “health education” or “anticipatory guidance” without specific mention of physical activity

Notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations

Notation solely related to screen time (computer or television) without specific mention of physical activity

Services specific to the assessment or treatment of an acute or chronic condition:

**Notation that a member has exercise-induced asthma

**Notation that a member with chronic knee pain is able to run without limping



Child and Adolescent Well Care Visits (WCV)

HEDIS® Measurement Year 2024 Measures

Measure Description: 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.

*Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit eg: Gyn type visit, but services that are specific to an acute or chronic condition do not count toward the measure.

Visits to school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation that a well-care exam occurred is available in the administrative system in the time frame specified by the measure. The PCP does not have to be assigned to the member.*

****Telehealth visits now meet criteria as long as the appropriate CPT code is submitted with the GT modifier.**

Eligible Population

Members 3–21 years as of December 31 of the measurement year.

Components of a Well-Child Visit

The well-child visit must occur with a PCP type practitioner, but the PCP does not have to be the practitioner assigned to the child. Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure. Do not include services rendered during an inpatient or ED visit.

The following are some examples of acceptable criteria for all the components in a well-child visit:

- **Health History** (Applies to all children and adolescents from ages 3-21)
 - Past illness (or lack of illness)
 - Past surgeries/hospitalizations (or lack of surgery or hospitalization)
 - Social history
 - Family health history
 - Allergies/medications/immunizations documented together
- **Physical Developmental History, Ages 3-6** (Physical skills seen in children as they grow and develop)
 - Can skip
 - Hops on one foot
 - Runs and climbs well
 - Can ride a tricycle
 - Has good articulation/language skills
 - Can count to 10
 - Names 4 or more colors

Child and Adolescent Well Care Visits (WCV)

- **Physical Developmental History, Ages 7-11**
(Physical skills seen in children as they grow and develop)
 - Puberty onset
 - Initiation of growth spurts
 - Menstruation/ejaculation
 - Loss of baby fat
 - Accretion of muscle
- **Physical Developmental History, Ages 12-21**
(Assessment of whether the adolescent is developing skills to become a healthy adult)
 - Tanner Stage/Scale
 - Growth spurts/acne/puberty onset
 - Breast development/menstruation
 - Participation in sports/school activities
 - Facial or pubic hair
- **Mental Developmental History, Ages 3-6**
 - Education/learning (alphabet and numbers)
 - Understands and responds to commands
 - Competent with fork and spoon
 - Imaginative play
- **Mental Developmental History, Ages 7-11**
 - Gaining independence
 - Temper problems
 - Conflict resolution
 - Understanding of rule and consequences
- **Mental Developmental History, Ages 12-21**
 - Education/learning/readiness for school or current grade
 - Depression or suicide awareness
 - Relationships
 - Smoking/ETOH/drug use
 - Sexual activity/puberty
- **Physical Exam** (Applies to all children and adolescents from ages 3-21)
 - Comprehensive head to toe exam with vital signs and assessment of at least 3 body systems
- **Anticipatory Guidance, Ages 3-6** (Regarding anticipation of emerging issues that a child and family may face)
 - Nutrition
 - Exercise
 - Substance abuse counseling
 - Safety
 - Notation that age appropriate anticipatory guidance was provided
- **Anticipatory Guidance, Ages 7-11** (Regarding anticipation of emerging issues that a child and family may face)
 - Nutrition
 - Exercise
 - Oral health care & wear mouth guard during sports - Safety
 - Use of booster seat
 - Social determinants of health
 - Notation that age appropriate anticipatory guidance was provided
- **Anticipatory Guidance, Ages 12-21** (Regarding anticipation of emerging issues that a child and family may face)
 - Nutrition
 - Exercise
 - Substance abuse counseling
 - Safety
 - Notation that age appropriate anticipatory guidance was provided

Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the WCV measure. **The following are just a few of the**

Child and Adolescent Well Care Visits (WCV)

approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Code Class	Codes	Description
CPT	99381-99385, 99391-99395, 99461	Well-care Visit

ICD-10	Z00.121	Encounter for routine child health check with abnormal findings
ICD-10	Z00.129	Encounter for routine child health check without abnormal findings
ICD-10	Z00.2	Encounter for examination for period of rapid growth in childhood



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

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of children newly prescribed attention-deficit/hyperactivity disorder ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

Initiation Phase

The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30 days following the prescription start date.

Continuation and Maintenance C&M Phase

The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Eligible Population

Ages: Six years as of March 1 of the year prior to the measurement year to 12 years as of the last calendar day of February of the measurement year.

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- If you prescribe a medication used for ADHD, consider limiting the first prescription to a 30-day supply.

- Educate the parent or guardian that the child must be seen within 30 days of starting the medication to evaluate if the medication is working as expected and assess any adverse effects.
- Verify the parent or guardian understands the requirement above and keeps the appointment for re-fill prescriptions.
- Discuss the importance of follow-up appointments with the parent/guardian and ensure that the child has at least two additional follow-up appointments with a medical provider or a behavioral health provider in the 9 months after the initial 30 days.
- SDOH assessment/identification & referral

ADHD Medications

Description	Prescription
CNS stimulants	Dexmethylphenidate Dextroamphetamine Lisdexamfetamine Methamphetamine Methylphenidate
Alpha-2 receptor agonists	Clonidine Guanfacine
Miscellaneous ADHD medications	Atomoxetine

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

Numerator codes

The ADD measure relies exclusively on administrative data. Correct claim coding is of utmost importance.

Follow-Up Care for Children Prescribed ADHD Medication ADD contains a large list of approved NCQA codes used to identify the service or condition included in the measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Any of the following codes billed by a practitioner with prescribing authority may be used.

CPT	Recommended Codes
Visit Setting Unspecified	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849
BH Outpatient	98960-98962, 99078, 99202-99205
Telephone Visits	98966-98968, 99441-99443
Health and Behavior Assessment or Intervention	96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171
Partial Hospitalization or Intensive Outpatient	G0410, G0411, H0335, H2001, H2012, 50201, 59480, 59484, 59485



Antidepressant Medication Management (AMM)

HEDIS® Measurement Year 2024 Measures

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

Effective Acute Phase Treatment

The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

Effective Continuation Phase Treatment

The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Talk to the patient about the importance of continuing medication and scheduling follow-up visits, even if they feel better.
- Discuss possible side effects that are more bothersome than life threatening.
- Advise patient about the risks of discontinuing the medication prior to six months and that is associated with a higher rate of recurrence of depression.
- Follow-up contact within 3 months of diagnosis or initiating treatment to increase likeliness of response to treatment.
- Inform member that most people treated for initial depression need to be on medication at least 6-12 months after adequate response to symptoms.

- Educate patient that medication may take time to become effective and discuss importance of medication adherence.
- Coordinate care with the patient’s treating behavioral health specialists.
- Effective care may require collaboration between primary care provider, psychiatrist, and psychologist.
- SDOH assessment/identification & referral

Measure Adherence

Adherence for the AMM measure is determined by the member remaining on their prescribed antidepressant medications 12 weeks up through 6 months. This is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription). The medications the NCQA lists in the HEDIS specifications are below. This is a general list and should not replace the advice or care you provide your patients regarding what is optimal to meet their healthcare needs.

Antidepressant Medication Management (AMM)

Antidepressant Medications

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



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

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

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

Eligible Population

Ages: 1–17 years of age as of December 31 of the measurement year. Report age stratifications and a total rate:

- 1-11 years
- 12-17 years
- Total
- The total is the sum of the age stratification

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered. Routinely refer members on an antipsychotic medication to have their blood glucose or HBA1c, LDL-C, or cholesterol drawn at least annually.
- Follow up with patient’s parents to discuss and educate on lab results.
- Coordinate care with the patient’s treating behavioral health specialists.
- SDOH assessment/identification & referral

Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the APM measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at NCQA.org

HbA1c Test	
CPT	83036, 83037
LDL-C Test	
CPT	80061, 83700, 83701, 83704, 83721
Cholesterol Test	
CPT	82465, 83718, 84478
Blood Glucose	
CPT	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

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

Antipsychotic Medications

Description	Prescription
Miscellaneous antipsychotic agent	Aripiprazole Asenapine Brexpiprazole Cariprazine Clozapine Haloperidol Iloperidone Loxapine Lurasidone Molindone Olanzapine Paliperidone Pipozide Quetiapine Risperdone Ziprasidone
Phenothiazine antipsychotics	Chlorpromazine Perphenazine Trifluoperazine Fluphenazine Thioridazine
Thioxanthenes	Thiothixene
Long-acting injections	Aripiprazole Aripiprazole Lauroxile Fluphenazine Haloperidol Deconate Deconate Paliperidone Palmitate Olanzapine Risperdone



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

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. Intake period January 1 through December 1 of the measurement year.

- Index Prescription Start Date (IPSD): The earliest prescription dispensing date for an antipsychotic medication where the date is in the intake period and there is a negative medication history (a period of 120 days prior to the IPSD when the member had no antipsychotic medications dispensed for either new or refill prescriptions).
- Psychosocial care must occur in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD (by December 31 of the measurement year) to count towards compliance.

Eligible Population

Members 1–17 years as of December 31 of the measurement year. Report two age stratifications and a total rate:

- 1–11 years
- 12–17 years

The Following Members Will Not Be Counted in the Measure Population

Members for whom first-line antipsychotic medications may be clinically appropriate. Any of the following during the measurement year meet criteria:

- Members in hospice
- Members who have antipsychotic medications dispensed for new or refill prescriptions in the 4 months prior to the IPSD
- Members with at least one acute inpatient encounter with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder during the measurement year
- A telehealth visit
- A telephone visit

- Members with at least two visits in an outpatient, intensive outpatient or partial hospitalization setting, on different dates of service, with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder during the measurement year.
- An e-visit or virtual check-in

Strategies for Encouraging Engagement in Psychosocial Treatment

- Offer a safe, supportive, and culturally competent environment. Understanding the patient's culture and belief system can help distinguish what type of treatment that they are seeking.
- Medication regimen adherence is essential for the patient's treatment.
- Coordinate treatment with all parties involved.
- Build a partnership on trust and understanding with the patient and their family. Trust can be established by including the patient and their family in all decision making.
- Provide credible sources in order to address any fears and stigma surrounding treatment.

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

- Recognize that the patient might want to participate at varying levels, so meet them where they are.
 - SDOH assessment/identification & referral
 - Refer patients with alcohol and drug abuse dependence to Case Management.
- Call **Member Services at 855-300-5528**

Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the APP measure. **The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

Code Class	Codes	Description
CPT	90832-90834; 90836-90840; 90845-90847; 90849; 90853; 90875-90876; 90880	Psychosocial Care
HCPCS	H0017, H0018, H0019, T2048	Residential Behavioral Health Treatment



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

HEDIS® Measurement Year 2024 Measures

Measure Description: This measure looks at the percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was a follow-up. Two rates are reported:

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

Eligible Population

Members 13 years of age and older as of the ED visit. Report two age stratifications and a total rate:

- 13–17 years
- 18 and older
- Total

Strategies for Improving Conditions and Increasing Rate of Follow Up Care

- Referring the member with a provider or service right away is essential in treating the alcohol or drug abuse dependence.
- Coordinate care with all who is involved in the treatment process.
- Provide credible sources in order to address any fears and stigma surrounding treatment.
- SDOH assessment/identification & referral
- Utilize a trauma-informed approach, addressing all 6 principals in the approach, which are:
 - Safety
 - Peer support
 - Collaboration and family

- Trustworthiness and transparency
- Empowerment, voice, and choice
- Cultural, historical, and gender issue
- Refer patients with alcohol and drug abuse dependence to Aetna Better Health's Special Needs Unit for additional support.
 - Call the Special Needs Unit at **1-855-346-9828**.

Numerator Codes

There is a large list of approved NCQA codes used to identify the diagnosis and services included in the FUA measure. **The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

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

To capture follow-up care treatment within 7 and 30 days of the ED visit, a code from table one accompanying a code from table two can be used:

Code Class	Codes	Description
ICD-10	F10.10; F10.120; F10.121; F10.14; F10.150	Alcohol Abuse and Dependence
ICD-10	F10.90, F10.920, F10.921, F10.929-F10.932	Substance Induced Disorders
ICD-10	T40.0X1A, T40.0X1D, T40.0X15	Unintentional Drug Overdose

Code Class	Codes	Description
CPT	98966-98968; 99441-99443	Telephone Visit
CPT	98970-98972; 99421-99423; 99457-99458	Online Assessments
CPT	90791, 90792, 90832-90834, 90836-90840, 90845, 90847	Visit Setting Unspecified
CPT	98960-98962, 99078, 99202	BH Outpatient
HPCPS	G0410, G0411, H0035, H2001, H2012, 50201	Partial Hospitalization or Intensive Outpatient
HCPCS	G0177, H0024, H0025, H0039, H0040	Peer Support Services
CPT	99408, 99409	Behavioral Health Assessment
HPCPS	G2071, G2074-G2077	OD Weekly Non Drug Services
HCPCS	G2086, G2087	OD Monthly Office Based Treatment
HCPCS	H0006, H0028	Substance Use Services



Follow-Up After Hospitalization for Mental Illness (FUH)

HEDIS® Measurement Year 2024 Measures

Measure Description: This measure captures the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses or intentional self-harm and who had a follow-up visit with a mental health provider. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
2. The percentage of discharges for which the member received follow-up within 7 days after discharge.

Eligible Population

6 years and older as of the date of discharge.
Report three age stratifications and a total rate:

- 6-17 years
- 18-64 years
- 65 years and older
- The total is the sum of the age stratification

Strategies for Improving Conditions and Increasing Rate of Follow Up Care

- Outpatient treatment received prior to inpatient care can be a predictor of follow up care and how patients recover post discharge – encourage medication and treatment regimen adherence.
- Provide culturally competent care – be aware that a patient’s culture and belief system can influence if they will seek help, what type of help they want, what coping styles and supports they have and what treatments might prove to be successful.
- Provide credible resources to patients in order to address any fears and stigma related to mental illness.
- Improvement in care coordination during the patient’s transition out of the hospital.
- Prepare patient for discharge.
 - Appropriate discharge planning and scheduled follow up with their PCP prior to discharge.

- Refer patient to behavioral health supports such as a community health worker.
- SDOH assessment/identification & referral
- Refer members with behavioral health diagnoses to Case Management.
 - Call Member Services at 855-300-5528

Numerator Codes

There is a large list of approved NCQA codes used to identify the diagnosis and services included in the FUH measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Code Class	Codes	Description
CPT	98960-98962; 99201-99205	Behavioral Health Outpatient Visit
CPT	98966-98968, 99441	Telephone
CPT	90870	Electroconvulsive Therpay
CPT	90791, 90792, 90832	Visit Setting Unspec.
HCPCS	98960-98962; 99201-99205	Partial Hospitalization or Intensive Outpatient
CPT	99495, 99496	Transitional Care Management Services
CPT	99492, 99493, 99494	Psychiatric Collaborative Care Management



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

HEDIS® Measurement Year 2024 Measures

Measure Description: This measure looks at the percentage of acute inpatient hospitalizations, residential treatment or withdrawal management visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder. Two rates are reported:

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

Eligible Population

Members 13 years of age and older as of the ED visit. Report three age stratifications and a total rate:

- 13–17 years
- 18 – 64 years
- 65 years and older
- Total

Strategies for Improving Conditions and Increasing Rate of Follow Up Care for Substance Use Disorder

- Referring the member with a provider or service right away is essential in treating the substance use disorder.
- Coordinate care with all who is involved in the treatment process.
- SDOH assessment/identification & referral
- Provide credible sources in order to address any fears and stigma surrounding treatment.

- Utilize a trauma-informed approach, addressing all 6 principles in the approach, which are:
 - Safety
 - Peer support
 - Collaboration
 - Trustworthiness and transparency
 - Empowerment, voice, and choice
 - Cultural, historical, and gender issue
- Refer patients with a substance use diagnosis to Aetna Better Health’s Special Needs Unit for additional support.
 - Call the Special Needs Unit at **1-855-346-9828**

Numerator Codes

There is a large list of approved NCQA codes used to identify the diagnosis and services included in the FUI measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at: [NCQA.org](https://www.ncqa.org)

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

To capture follow up care treatment within 7 and 30 days of the ED visit, a code from table one

Code Class	Codes	Description
ICD-10	F10.10; F10.120; F10.121; F10.14; F10.150	Alcohol Abuse and Dependence
ICD-10	Z71.41; Z71.51	Substance Abuse Counseling and Surveillance
Code Class	Codes	Description
CPT	98966-98968; 99441-99443	Telephone Visit
CPT	98970-98972; 99421-99423; 99457-99458	Online Assessments
CPT	90791, 90792, 90832-90834, 90836-90840, 90845, 90847	Visit Setting Unspecified
CPT	98960-98962, 99078, 99202	BH Outpatient
HPCPS	G0410, G0411, H0035, H2001, H2012, 50201	Partial Hospitalization or Intensive Outpatient
HCPCS	H0017, H0018, H0019, T2048	Residential Behavioral Health Treatment
HPCPS	G2071, G2074-G2077	OD Weekly Non Drug Services
HCPCS	H0006, H0028	Substance Use

Event/Diagnosis

For both indicators, any of the following meet criteria for a follow-up visit, all with a principal diagnosis of substance use disorder (AOD Abuse and Dependence Value Set):

- An acute or non acute inpatient admission or residential behavioral health stay
- An outpatient visit (Visit Setting Unspecified Value Set) with (Outpatient POS Value Set)
- An outpatient visit (BH Outpatient Value Set)
- An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set) with (Partial Hospitalization POS Value Set)
- An observation visit (Observation Value Set)
- A telephone visit (Telephone Visits Value Set)
- A non-residential substance abuse treatment facility visit (Visit

Setting Unspecified Value Set) with (Non- residential Substance Abuse Treatment Facility POS Value Set)

- A community mental health center visit (Visit Setting Unspecified Value Set) with (Community Mental Health Center POS Value Set)
- A telehealth visit (Visit Setting Unspecified Value Set) with (Telehealth POS Value Set)
- A substance use disorder service (Substance Use Disorder Services Value Set)
- An opioid treatment service that bills monthly or weekly (OD Weekly Non Drug Service Value Set; OD Monthly Office Based Treatment Value Set)
- Residential behavioral health treatment (Residential Behavioral Health Treatment Value Set)
- An e-visit or virtual check-in (Online Assessments Value Set)
- A pharmacotherapy dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) or medication treatment event (AOD Medication Treatment Value Set; OD Weekly Drug Treatment Service Value Set).

Note: Follow-up does not include withdrawal management. Exclude all withdrawal management events (Detoxification Value Set) when identifying follow-up care for numerator compliance. Detoxification does not need to be excluded from pharmacotherapy dispensing events identified using pharmacy claims (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List), because detoxification codes are not used on pharmacy claims.



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

HEDIS® Measurement Year 2024 Measures

Measure Description: This measure looks at the percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

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

Eligible Population

6 years and older as of the date of the ED visit. Report three age stratifications and a total rate:

- 6–17 years
- 18–64 years
- 65 years and older

Strategies for Improving Conditions and Increasing Rate of Follow-Up Care

- Outpatient treatment received prior to ED visits to the hospital can be a predictor of follow-up care and how patients recover post discharge – encourage medication and treatment regimen adherence.
- Provide culturally competent care – be aware that a patient’s culture and belief system can influence if they will seek help, what type of help they want, what coping styles and supports they have and what treatments might prove to be successful.
- Provide credible resources to patients in order to address any fears and stigma related to mental illness.
- Improvement in care coordination during the patient’s transition out of the ED.
- Prepare patient for discharge.
 - Appropriate discharge planning and scheduled follow up with their PCP prior to discharge.
 - Refer patient to behavioral health supports such as a community health worker.

- SDOH assessment/identification & referral
- Refer members with behavioral health diagnoses to Case Management.
 - Call Member Services at 855-300-5528

Numerator Codes

There is a large list of approved NCQA codes used to identify the diagnosis and services included in the FUM measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

A mental health diagnosis must be combined with one of the following codes to count towards compliance.

Code Class	Codes	Description
CPT	98970-98972	Online Assessment
CPT	98960-98962; 99201-99205	Behavioral Health Outpatient Visit
CPT	98966-98968; 99441-99443	Telephone Visits
CPT	90791, 90792, 90832-90834,	Visit Setting Unspecified
HPCPS	G0410, G0411, H0035, H2001	Partial Hospitalization or Intensive Outpatient



Initiation and Engagement of Substance Use Disorder (IET)

HEDIS® Measurement Year 2024 Measures

Measure Description: This measure captures the percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:

- Initiation of SUD Treatment. The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.
- Engagement of SUD Treatment. The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

*The intake period is November 15 of the year prior to the measurement year-November 14 of the measurement year. The intake period is used to capture new SUD episodes.

Eligible Population

Members 13 years and older as of the SUD episode date. Report three age stratifications and a total:

- 13-17 years
- 18-64 years
- 65+ years
- Total

The Following Members Will Not Be Counted in the Measure Population

Exclude members who meet either of the following criteria:

- Members in hospice or using hospice services any time during the measurement year.
- Members who died any time during the measurement year.

Strategies for Encouraging Engagement in SUD Treatment

- Determine the patient's risk level and refer them to SUD treatment service that will address all their needs.
- Utilize the trauma-informed approach and address all six principles, which are:
 - Safety
 - Peer support
 - Collaboration
 - Trustworthiness and transparency
 - Empowerment, voice, and choice
 - Cultural, historical, and gender issues
- Medications are an effective part of treatment, particularly when combined with behavioral therapies.
- SDOH assessment/identification & referral

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

- Treatment plans should be monitored and adapted to fit the patient’s changing needs.
- Refer members with substance use or behavioral health diagnoses to Case Management
 - Call Member Services at 855-300-5528

Numerator Codes

There is a large list of approved NCQA codes used to identify the diagnosis and services included in the IET measure. **The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

To capture Initiation of SUD treatment within 14 days of the IESD, a code from table one accompanying a code from table two can be used:

Code Class	Codes	Description
ICD-10	F11.10; F11.120; F11.121; F11.122; F11.129	Opioid Abuse and Dependence
ICD-10	F12.10; F12.120; F12.121; F12.122; F12.129	Other Drug Abuse and Dependence
ICD-10	F10.10; F10.120; F10.121; F10.14; F10.150	Alcohol Abuse and Dependence

Code Class	Codes	Description
CPT	98960-98962, 99078, 99202	Behavioral Health Outpatient
CPT	99217-99220	Observation
CPT	G0410, G0411, H0035, H2001	Partial Hospitalization or Intensive Outpatient



Pharmacotherapy for Opioid Use Disorder (POD)

HEDIS® Measurement Year 2024 Measures

Measure Description: This measure captures the percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members age 16 and older with a diagnosis of OUD.

- The OUD dispensing event will be captured between a 12-month period that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year (Intake Period). This ensures capture of pharmacotherapy compliance by December 31 of the measurement year.
- Members must have a Negative Medication History (no OUD pharmacotherapy medications captured on pharmacy claims) as of 31 days prior to the new OUD pharmacotherapy to be included in the measure population.

Eligible Population

16 years and older as of December 31 of the measurement year. Report two age stratifications and total rate:

- 16–64 years
- 65 years and older
- Total

The Following Members Will Not Be Counted in the Measure Population

- Members in hospice

Strategies for Encouraging Engagement in AOD Treatment

- Refer members to treatment programs and services that offer a safe, supportive, and culturally competent environment.
- The patient needs quick access to treatment, this should be taken into consideration when choosing a treatment option.

- Build a partnership on trust and understanding with the patient.
- Medication regimen adherence is essential for the patient's treatment.
- Provide credible sources in order to address any fears and stigma surrounding treatment.
- Recognize that the patient might want to participate at varying levels, so meet them where they are.
- Decision making should include the patient and their family.
- SDOH assessment/identification & referral
- Refer patients with alcohol and drug abuse dependence to Case Management.
 - Call **Member Services at 855-300-5528**

Pharmacotherapy for Opioid Use Disorder (POD)

Measure Adherence

Adherence for the POD measure is determined by the member remaining on their prescribed opioid use disorder treatment medication for at least 180 days after their medication was prescribed. This is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription). The medications the NCQA lists in the HEDIS specifications are below. This is a general list and should not replace the advice or care you provide your patients regarding what is optimal to meet their healthcare needs.

Opioid Use Disorder Treatment Medications

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

Methadone is not included on the medication lists for this measure.

Methadone for OUD administered or dispensed by federally certified opioid treatment programs (OTP) is billed on a medical claim. A pharmacy claim for methadone would be indicative of treatment for pain rather than OUD.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

HCPCS	Description
G2068, G2079	Buprenorphine Oral Weekly
G2067, G2078	Methadone Oral Weekly



Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

HEDIS® Measurement Year 2024 Measures

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

Eligible Population

18 years of age and older as of January 1 of the measurement year.

Required exclusions

- A diagnosis of dementia (Dementia Value Set)
- Did not have at least two antipsychotic medication dispensing events.
- Members in hospice or using hospice services at any time during the measurement year
- Members who died at any time during the measurement year

Measure Adherence

Adherence for the SAA measure is determined by the member remaining on their prescribed antipsychotic medications for 80% of their treatment period. This is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription). The NCQA medication lists in the HEDIS specifications are below. This is a general list and should not replace the advice or care you provide your patients regarding what is optimal to meet their healthcare needs.

Oral Antipsychotic Medications

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

Long-Acting Injections

Description	Prescription
Long-acting injections - 14 day supply	Risperidone
Long-acting injections - 28 day supply	Aripiprazole Fluphenazie decanoate Haloperidol decanoate Olanzapine Paliperidone-palmitate
Long-acting injections - 30 day supply	Risperidone (Perseris)

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

Strategies for Improving Medication Adherence

- Listen to patients when in the office to better understand what stressors or barriers they are experiencing to determine best course of treatment.
- Utilize Motivational Interviewing to resolve any hesitancy on the member's part about taking their medication.
- Refer members to therapeutic support services that provide counseling and help identify barriers to adherence (examples: substance abuse, stigma related to taking medications, adverse drug reactions, lack of support, and forgetfulness).
- Refer out to specialist that can use Cognitive-Behavioral Therapy (CBT) techniques to address inaccurate beliefs and negative perceptions about medications and the need for treatment.
- SDOH assessment/identification & referral



Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

HEDIS® Measurement Year 2024 Measures

Measure Description: The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.

Eligible Population

Ages: Members 18–64 years of age as of December 31 of the measurement year.

Test	CPT Codes
HbA1c	83036; 83037
LDL-C	80061; 83700; 83701; 83704; 83721

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Routinely refer members with diabetes to have HbA1c and cholesterol labs drawn at least annually.
- Follow up with patients to discuss and educate on lab results.
- Coordinate care with the patient’s treating behavioral health specialists.
- SDOH assessment/identification & referral

Numerator Codes

The measure Diabetes Monitoring for People with Diabetes and Schizophrenia SMD contains a large list of approved NCQA codes used to identify the service or condition included in the measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).



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

HEDIS® Measurement Year 2024 Measures

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

- **Glucose Test**
- **HbA1c Test**

Eligible Population

Ages: Members 18–64 years of age with schizophrenia, schizo-affective disorder, or bipolar disorder.

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Routinely refer members on an antipsychotic medication out to have their blood glucose or HbA1c drawn at least annually.
- Follow up with patients to discuss and educate on lab results.
- Coordinate care with the patient’s treating behavioral health specialists.
- SDOH assessment/identification & referral

Numerator Codes

The measure Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications SSD to identify the service or condition included in the measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).

Test	CPT Codes
Glucose	80047; 80048; 80050; 80053; 80069; 82947; 82950; 82951
HbA1c	83036; 83037