

HEDIS[®] Measurement Year¹

2025 HEDIS[®] Toolkit



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

What is HEDIS[®]?¹

Healthcare Effectiveness Data and Information Set

We use HEDIS scores to measure our performance, determine quality initiatives and provide educational programs for you and for our members. You can use HEDIS scores to monitor your patients' health, identify developing issues and prevent further complications.

What is HEDIS[®] used for?

The National Committee for Quality Assurance (NCQA) coordinates HEDIS testing and score keeping. The Centers for Medicare & Medicaid Services uses HEDIS scores to monitor a health plan's performance. HEDIS scores are used by more than 90% of American health plans to compare how well the plan performs in areas like:

- Quality of care
- Access to care
- Member satisfaction with the plan and providers



¹<https://www.ncqa.org/hedis/>

HEDIS[®] Supplemental Data Submission Process

Options for Submitting Supplemental Data

- Secure Provider Web Portal / Availability
- Fax: 855-415-1215
- Mail: Aetna Better Health of Kentucky
9900 Corporate Campus Dr Ste 1000
Louisville, KY 40223
- Email: send securely to Stacie Grannis
granniss@aetna.com

Points of Contact for Supplemental Data

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For best practice and easiest way to close gaps in care, please use NCQA approved claims coding found in your HEDIS toolkit measure sheets.

AAP

Adults' Access to Preventive/ Ambulatory Health Services

The percentage of members 20 years and older who had an ambulatory or preventative 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

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126 CPT: 99377, 99378
- Members who die any time during the measurement year

Important Tips for Closing the Care Gap

- Use the appropriate codes for preventative care visits for gap closure.
- Try different scheduling methods such as online portals and text reminders to prevent long wait times on the phone.

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	99483, 99345, 99342, 99344, 99341, 99350, 99348	Ambulatory Visits
ICD10	Z00.00, Z00.01, Z00.8, Z00.121	Reason for ambulatory Visits

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ADD-E

Follow-Up Care for Children Prescribed ADHD Medication

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 300-day (10 month) period, one of which was 30 days of when the first ADHD medication was dispensed. Two rates reported for initiation phase and continuation and maintenance phase.



Eligible Population

Members **aged 6-12 as of December 31st** of the measurement year.

Two rates reported:

- **Initiation Phase-** percentage of members with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
- **Continuation and Maintenance Phase-** percentage of members with a 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.

Exclusions

- Members who use hospice HPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year
- Members with a diagnosis of narcolepsy any time during the member's history through the end of the measurement period. ICD10: G47.411, G47.419, G47.421, G47.429

Important Tips for Closing the Care Gap

- Schedule the initial visit prior to refilling the medication to ensure the member is seen within the 30-day time frame from initial dispense.
- Remove members with acute inpatient encounter for a mental, behavioral, or neurodevelopmental disorder during the initiation phase.¹

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

ADD-E

The following are a list of ADHD Medications:

Medications				
Dexmethylphenidate	Dextroamphetamine	Lisdexamfetamine	Methylphenidate	Methamphetamine
Clonidine	Guanfacine	Atomoxetine	Viloxazine	Dexmethylphenidate Serdexmethylphenidate

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	90791, 90792, 90832-90834, 90836-90840, 90845	Visit Setting Unspecified
POS	13, 33, 50, 14, 12, 49, 05, 15, 19, 11, 22, 18, 03	Outpatient POS
CPT	99483, 98960-98962, 99341, 99342, 99344, 99345	BH Outpatient
CPT	96156, 96168, 96167, 96171, 96170, 96164, 96165, 96159, 96158	Health and Behavior Assessment or Intervention
POS	10, 02	Telehealth POS
HCPCS	H2012, S9485, S9484, G0410, S9480, G0411, H0035, S0201	Partial Hospitalization or Intensive Outpatient
CPT	98967, 98968, 98966, 99442, 99443, 99441	Telephone Visits
CPT	99421-99423, 98970-98972, 99458, 99457, 98980	Online Assessments

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AMR

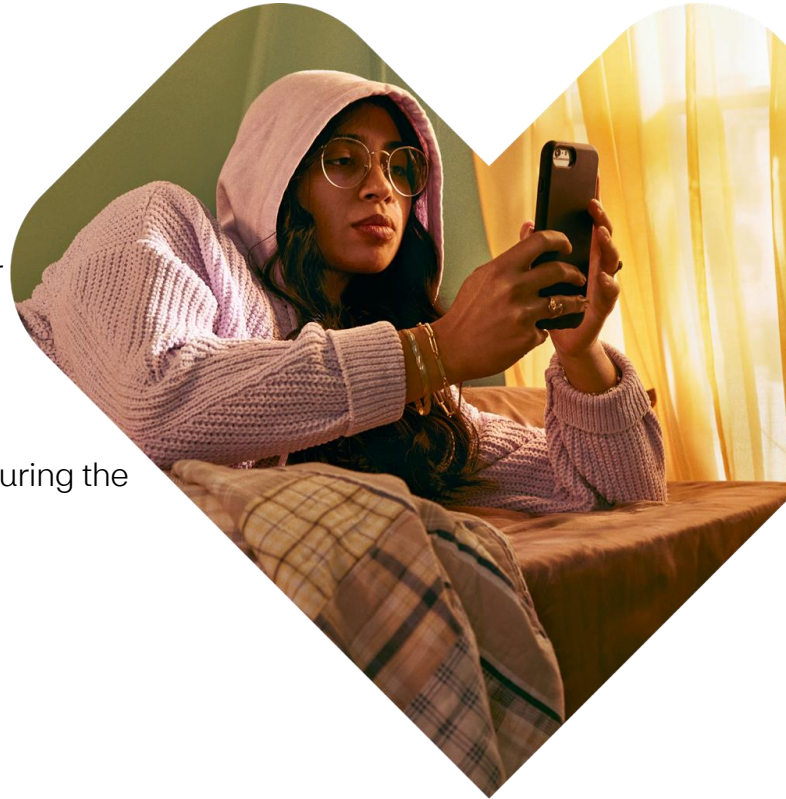
Asthma Medication Ratio

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 aged 5-64 with medical and pharmacy benefits during the measurement year and the year prior. The following age stratifications and a total are reported.

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



Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126 CPT: 99377, 99378
- Respiratory diseases with different treatment approaches than Asthma; ICD10: E84.9, J43.9, J44.9, J96.01, J98.3
- Members who had no asthma controller or reliever medications
- Members who die any time during the measurement year

Important Tips for Closing the Care Gap

- Pharmacy claims data is used to determine if the member has remained on their prescribed asthma medications. The medications listed in the HEDIS specifications by the NCQA are listed below.¹

The following are a list of Asthma Controller Medications:

Antibody Inhibitors	Inhaled Steroid Combinations	Inhaled Corticosteroids	Leukotriene Modifiers
Omalizumab Injection	Budesonide-formoterol	Beclomethasone	Montelukast oral
Dupilumab Injection	Fluticasone-salmeterol	Budesonide	Zafirlukast oral
Benralizumab Injection	Fluticasone-vilanterol	Ciclesonide	Zileuton Oral

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

AMR

Antibody Inhibitors	Inhaled Steroid Combinations	Inhaled Corticosteroids	Leukotriene Modifiers
Mepolizumab Injection	Formoterol-mometasone	Flunisolide	Theophylline Oral
Reslizumab Injection		Fluticasone	
		Mometasone	

The following are a list of Asthma Reliever Medications:

Short-acting, inhaled beta-2 agonists
Albuterol Inhalation
Levalbuterol Inhalation

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APM-E

Metabolic Monitoring for Children and Adolescents on Antipsychotics

The percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Eligible Population

Children and adolescents **aged 1-17 as of December 31st** of the measurement year with at least two antipsychotic medication dispensing events of the same or different medications on different dates of service during the measurement period Three rates reported:

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

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap

- Use NCQA approved claims coding for gap closure.
- Schedule for both glucose and cholesterol testing when medication is prescribed.

The following list is a few of the APM Antipsychotic Medications.¹

Medications				
Fluoxetine	Olanzapine	Ziprasidone	Quetiapine	Clozapine
Haloperidol	Fluphenazine	Prochlorperazine	Thioridazine	Iloperidone
Thiothixene	Trifluoperazine	Risperidone	Loxapine	Ziprasidone



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

APM-E

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	80047, 80048, 80053, 80050, 82950, 82947, 82951	Glucose Lab Test
SNOMED	1179458001, 1259140002, 166922008, 166921001	Glucose Test Result or Finding
CPT	83036, 83037	HbA1c Lab Test
SNOMED	451061000124104, 165679005	HbA1c Test Result or Finding
CPT	82465, 83718, 83722, 84478	Cholesterol Lab Test
SNOMED	1162800007, 439953004, 365793008, 365794002	Cholesterol Test Result or Finding
CPT	80061, 83700, 83701, 83704, 83721	LDL-C Lab Test

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APP

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

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.

Index prescription start date: The earliest prescription dispensing date for an antipsychotic medication where the date is in the intake period and there is no negative medication history.

Negative medication history: Period of 120 days prior to the IPSP when the member had no antipsychotic medications dispensed for either new or refill prescriptions.



Eligible Population

Children and adolescents **aged 1-17 as of December 31st** of the measurement year. Two age stratifications and a total rate:

- 1-11 years
- 12-17 years
- Total

Exclusions

- Members whose first-line antipsychotic medications may be clinically appropriate: members with diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder on at least two different dates of service during the measurement year.
- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap

- Use NCQA approved claims codes when services rendered for gap closure.

APP

The following is a list of the APP antipsychotic medications:

Miscellaneous Antipsychotic Agents			
Aripiprazole	Asenapine	Brexipiprazole	Cariprazine
Clozapine	Haloperidol	Iloperidone	Loxapine
Lurasidone	Molindone	Olanzapine	Paliperidone
Pimozide	Quetiapine	Risperidone	Ziprasidone

Phenothiazine Antipsychotic			
Chlorpromazine	Fluphenazine	Perphenazine	Thioridazine
Trifluoperazine			

Long-acting injections			
Aripiprazole	Olanzapine	Risperidone	Aripiprazole lauroxil
Fluphenazine decanoate	Haloperidol decanoate	Paliperidone palmitate	

The following is a list of the APP antipsychotic combination medications:

Psychotherapeutic combinations	
Fluoxetine-olanzapine	Perphenazine-amitriptyline

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	90847, 90846, 90853, 90880, 90875, 90876, 90849, 90845, 90840, 90839, 90832-90834, 90836, 90837	Psychosocial Care
HCPCS	T2048, H0019, H0017, H0018	Residential Behavioral Health Treatment

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BCS-E

Breast Cancer Screening

The percentage of members 50-74 years of age who had one or more mammograms to screen for breast cancer between October 1st two years prior to the end of the current measurement year.

Eligible Population

Members **aged 52-74 as of December 31st** of the measurement year. All methods of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis quality for numerator compliance).

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die any time during the measurement year
- Bilateral mastectomy ICD10PCS: 0HTV0ZZ
- Unilateral mastectomy CPT: 19303-19307, 19240, 19220, 19200, 19180
- History of bilateral mastectomy ICD10CM: Z90.13
- Absence of left breast ICD10CM: Z90.12
- Absence of right breast ICD10CM: Z90.11
- Gender dysphoria ICD10CM: F64.1, F64.2, F64.8, F64.9, Z87.890
- Frailty and advanced illness
- Members receiving palliative care HCPCS: G9054



Important Tips for Closing the Care Gap¹

- BCS-E is closed through electronic clinical data systems. Be sure to document screenings, dates of service, and results of screening.
- Biopsies, breast ultrasounds and MRIs do not count for BCS-E as they are not appropriate primary breast cancer screening.
- Document medical and surgical history in the medical record with dates of service.

The following are a few approved codes that close the care gap.

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BCS-E

Category	Code	Description
CPT	77061-77063, 77065-77067	Mammography

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BPD

Blood Pressure Control for Patients with Diabetes

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

Eligible Population

Members **aged 18-75 years as of December 31st** of the measurement year with a diagnosis of type 1 or type 2 diabetes.

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die any time during the measurement year
- Members receiving palliative care HCPCS: G9054 ICD10: Z51.5
- Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness



Important Tips for Closing the Care Gap¹

- Remember the most recent reading taken is what is used to close the gap. Ensure we are rechecking blood pressure when appropriate, considering doctor visits can bring anxiety which can impact blood pressure readings.
- The member is numerator compliant if the BP is <140/90 mm Hg, but non compliant if it is ≥140/90 mm Hg

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	3077F	Most recent systolic greater than/equal to 140
CPT	3074F	Most recent systolic less than 130
CPT	3075F	Most recent systolic 130-139
CPT	3079F	Most recent diastolic 80-89

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BPD

Category	Code	Description
CPT	3078F	Most recent diastolic less than 80
CPT	3080F	Most recent diastolic greater than/equal to 90

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CBP

Controlling High Blood Pressure

The percentage of members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140-90 mmHg) during the measurement year.

Eligible Population

Members **aged 18-85 years as of December 31st** of the measurement year with a diagnosis of type 1 or type 2 diabetes.

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die any time during the measurement year
- Members receiving palliative care HCPCS: G9054 ICD10: Z51.5
- ESRD Diagnosis ICD10: N18.5, N18.6, Z99.2
- History of Kidney transplant ICD10: Z94.0
- Total Nephrectomy CPT: 50548, 50546, 50543, 50545, 50234, 50236
- Partial Nephrectomy CPT: 50240
- Kidney transplant CPT: 50365, 50360, 50380
- Dialysis Procedure CPT: 90947, 90945, 90937, 90935, 90997, 99512, 90999
- Pregnancy ICD10: 000.00, 000.01, 009.00-009.13
- Members 66-80 years of age with frailty and advanced illness

Important Tips for Closing the Care Gap¹

- Both the systolic and diastolic must be below the above readings to be considered “controlled.”
- The highest compliant blood pressure is 139-89 mmHg.
- The BP can occur during an outpatient visit, telehealth, e-visit, virtual check-in with regular treating physician, non-acute inpatient encounter, or remote blood pressure monitoring during measurement year.
- If multiple BP measurements occur on the same date, use the lowest systolic and lowest diastolic reading and be sure that is the most recent recorded.

The following are a few approved codes that close the care gap.



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CBP

Identifying Patients with Hypertension

Category	Code	Description
ICD10	I10	Essential primary hypertension

Identifying Representative Blood Pressure

Category	Code	Description
CPT	3077F	Systolic greater than/equal to 140
CPT	3074F-3075F	Systolic less than 140
CPT	3079F	Most recent diastolic 80-89
CPT	3078F	Most recent diastolic less than 80
CPT	3080F	Most recent diastolic greater than/equal to 90

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CCS-E

Cervical Cancer Screening

The percentage of members 21-64 years of age who were recommended for routine cervical cancer screening and screened using one of the following:

- 21-64 years of age who had cervical cytology performed in the last 3 years.
- 30-64 years of age who had cervical high risk human papillomavirus testing performed in the last 5 years.
- 30-64 years of age who had cervical cytology/high risk human papillomavirus co-testing performed in the last 5 years.

Eligible Population

Members aged 24-64 years as of December 31st of the measurement year.

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die any time during the measurement year
- Members receiving palliative care HCPCS: G9054 ICD10: Z51.5
- Hysterectomy with no residual cervix CPT: 58570, 58573, 58953, 58954, 58956, 57540
- Absence of cervix diagnosis ICD10: Q51.5, Z90.710, Z90.712
- Members with Sex Assigned at Birth of Male at any time during the patient's history

Important Tips for Closing the Care Gap¹

- Document approved diagnosis and procedure codes as well as surgical and preventive screenings history along with the results.
- Use screening reminders such as texts and patient portals.

The following are a few approved codes that close the care gap.



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

CCS-E

Category	Code	Description
CPT	88147, 88148, 88142, 88174, 88143, 88175, 88164, 88166, 88150, 88152	Cervical cytology Lab Test
CPT	87624 87625	HPV tests/high risk HPV tests
HCPCS	G0476	HPV tests/high risk HPV tests

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CHL

Chlamydia Screening

The percentage of members 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Eligible Population

Members **aged 16-24 years as of December 31st** of the measurement year and are identified as being sexually active by a pregnancy test or diagnosis, sexual activity, or contraceptive prescriptions captured by pharmacy data.

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Sex assigned at birth as male any time in the members history



Important Tips for Closing the Care Gap¹

- Use appropriate coding and documentation for the chlamydia screening as well as results.
- Use patient portals and text reminders for routine screening reminders.

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	87110, 87270, 87320, 87490-87492, 87810	Chlamydia Tests

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CIS-E

Childhood Immunization Status

The percentage of members who turned 2 years of age during the measurement year and had the required vaccinations, with different dates of service, on or by their second birthday.

Eligible Population

Members **turning 2 as of December 31st** of the measurement year and have had the following vaccinations as required in description:

- **MMR**- One measles, mumps, rubella vaccine on or between the child's first and second birthday, or history of measles, mumps, or rubella
- **HepB**- Three hepatitis B vaccines or history of hepatitis illness
- **VZV**- One varicella zoster 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 vaccines. Vaccines administered prior to 6 months does not count. One of the two vaccinations can be an LAIV vaccine administered on the child's second birthday. LAIV administered before the second birthday will not count
- **DTaP**- Four diphtheria, tetanus and acellular pertussis vaccines on different dates of service not administered prior to 42 days after birth
- **IPV**- Three polio vaccines on different dates of service not administered prior to 42 days after birth
- **HiB**- Three haemophilus influenza type B vaccines on different dates of service not administered prior to 42 days after birth
- **PCV**- Four pneumococcal conjugate vaccines on different dates of service not administered prior to 42 days after birth
- **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 not administered prior to 42 days after birth

Exclusions

- Members who use hospice HCPs: Q5003-Q5008, S9126, 99377, 99378
- Members who die any time during the measurement year
- Contraindication to childhood vaccines- refer to NCQA website at NCQA.org
- Organ and Bone Marrow transplants CPT: 48552, 47143-47147, 32850-32856



CIS-E

Important Tips for Closing the Care Gap

- Document vaccines, dates of service, and use appropriate claims coding for services rendered.
- Use a catch-up schedule when a child gets behind on any routine vaccinations¹
- Report immunizations to the state immunization registry
- Document anaphylaxis to any childhood vaccination in medical record.²

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	90697, 90698, 90700, 90723	DTaP Procedure
CVX	146, 198, 20, 106, 107, 120, 50, 110	DTaP Immunization
CPT	90713, 90697, 90723, 90698	IPV Procedure
CVX	146, 120, 110, 10, 89	IPV Immunization
CPT	90740, 90744, 90747, 90748, 90723	HepB Procedure
CVX	146, 198, 110, 51, 44, 08, 45	HepB Immunization
CPT	90644, 90647, 90648, 90748, 90698	HiB Procedure
CVX	146, 198, 120, 50, 51, 17, 47, 46, 49, 18, 148	HiB Immunization
ICD10	B15.0, B15.9	Hepatitis A
CPT	90633	HepA Procedure
CVX	31, 83, 85	HepA Immunization
CPT	90707, 90710	MMR Procedure
CVX	03, 94	MMR Immunization
ICD10	B05.0-B05.4, B05.9	Measles
ICD10	B26.0-B26.3, B26.9	Mumps
ICD10	B06.00-B06.02, B06.9	Rubella
ICD10	B02.9	Varicella Zoster
CPT	90710, 90716	Varicella Procedure
CVX	94, 21	Varicella Immunization
CPT	90670, 90671, 90677	Pneumococcal Procedure
CVX	215, 216, 133, 152, 109	Pneumococcal Immunization

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

² [Childhood Vaccination Resources for Healthcare Providers | CDC](#)

CIS-E

Category	Code	Description
CPT	90681	Rotavirus 20 dose Procedure
CPT	90680	Rotavirus 3 dose Procedure
CVX	122, 116	Rotavirus 3 dose Immunization
CPT	90655, 90657, 90685-90689	Influenza Procedure
CVX	88, 161, 186, 171, 153, 155, 158, 150, 141, 140	Influenza Immunization
CPT	90660, 90672	Influenza Live Attenuated Vaccine Procedure
CVX	149, 111	Influenza Live Attenuated Vaccine Immunization

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COL-E

Colorectal Screening

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

Eligible Population

Members **aged 45-75 as of December 31st** of the measurement year who had an appropriate screening 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

Exclusions

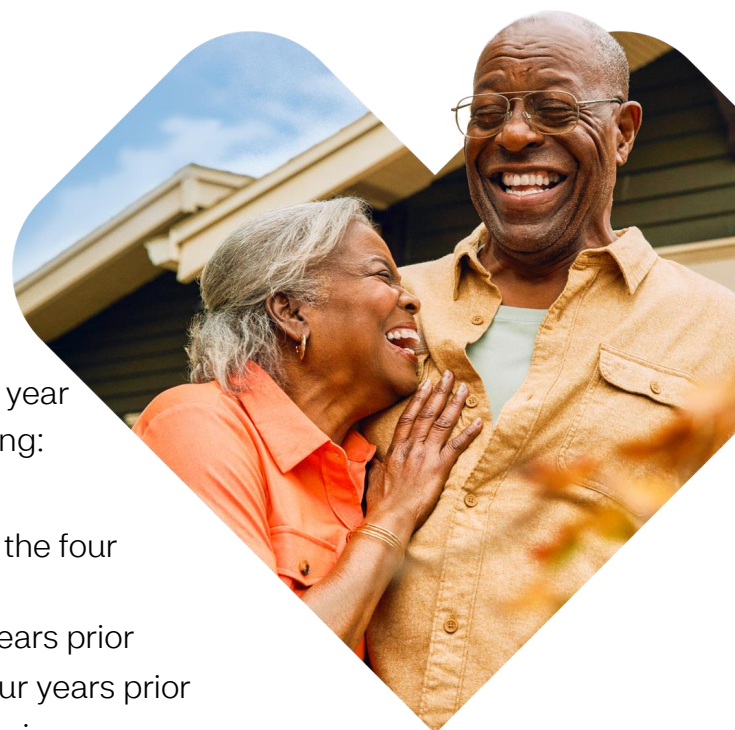
- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Colorectal cancer ICD10: C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
- Total colectomy CPT: 44155, 44158, 44150-44153, 44210 SNOMED: 119771000119101
- Age 66 and older by end of measurement period who are enrolled in an institutional SNP, or living long-term in an institution any time during the measurement period
- Palliative care HCPCS: G9054 ICD10 Z51.5
- Frailty and advanced illness
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap

- Include the date of service in documentation and approved procedure codes.¹

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	44388-44392, 44394, 44401-44408, 45379-45382	Colonoscopy
HCPCS	G0105, G0121	



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications



COL-E

Category	Code	Description
CPT	81528	FIT-DNA
CPT	82270, 82274	FOBT Lab Test
HCPCS	G0328	
SNOWMED	59614000	FOBT Lab Result or Finding
CPT	45330-45335, 45337, 45338, 45340-45342, 45346	Flexible sigmoidoscopy
HCPCS	G0104	
CPT	74261-74263	CT colonography

For further assistance, please reach out to:

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EED

Eye Exam for Patients with Diabetes

The percentage of members 18-75 years of age with diabetes type 1 and type 2 who had a retinal eye exam.

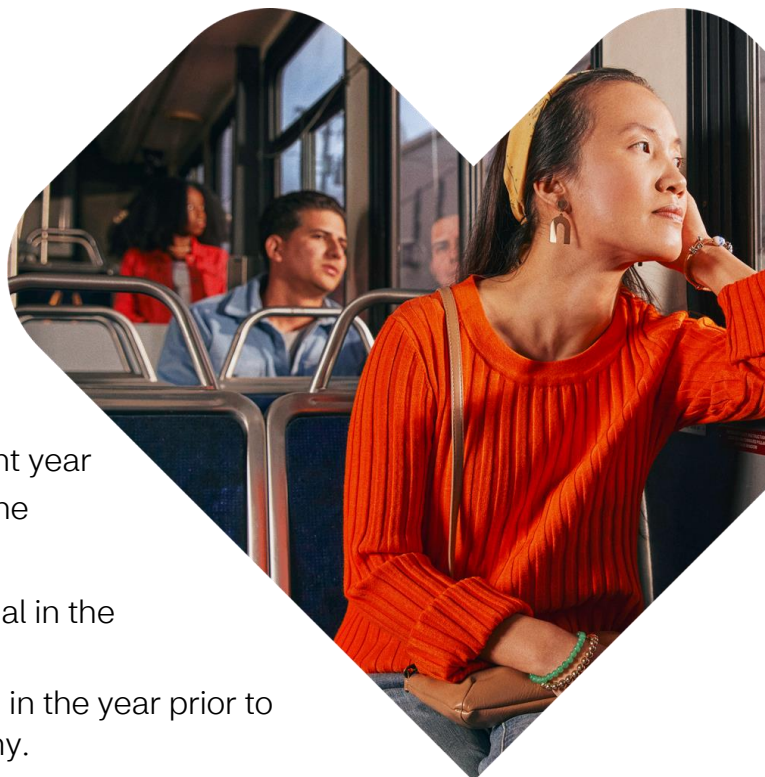
Eligible Population

Members **aged 18-75 as of December 31st** of the measurement year with a diagnosis of type 1 or type 2 diabetes, and had one of the following:

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

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die any time during the measurement year
- Bilateral eye enucleation any time during member's history through December 31st of measurement year
- Unilateral Eye Enucleation with bilateral modifier CPT: 65101, 65103, 65105, 65093, 65091, 65110, 65114, 65112
- Two unilateral eye enucleations
- Left Unilateral eye enucleation ICD10 O8T1XZZ and right unilateral eye enucleation ICD10 O8TOXZZ on the same or different dates of service
- Unilateral eye enucleation and a left unilateral eye enucleation on the same or different dates of service
- Unilateral eye enucleation and a right unilateral eye enucleation with service dates 14 days or more apart
- Members receiving palliative care HCPCS: G9054 ICD10: Z51.5
- Age 66 and older by end of measurement period who are enrolled in an institutional SNP, or living long-term in an institution any time during the measurement period
- Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness



EED

Important Tips for Closing the Care Gap¹

- EED is closed through claims data. Be sure to document results and date of exam by eye care professional as well as approved claims codes.
- Blindness is not an exclusion for a diabetic eye exam because it is difficult to distinguish between individuals who are legally blind but require a retinal exam and those who are completely blind and therefore do not require an exam.

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	99235, 92230, 92250, 99242-99245, 99203-99205, 99213-99215	Retinal Eye Exam
CPT	92227, 92228	Retinal Imaging
CPT	2023F, 2025F, 2033F	Eye Exam without evidence of retinopathy
CPT	2022F, 2024F, 2026F	Eye exam with evidence of retinopathy

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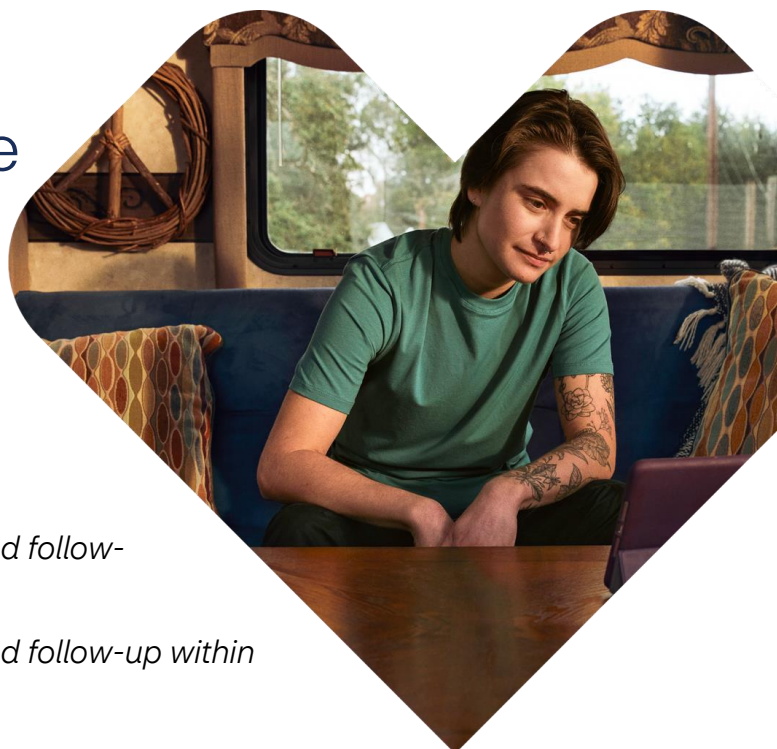
¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

FUA

Follow-Up After Emergency Department Visit for Substance Abuse

The percentage of emergency department (ED) visits among members age 13 years 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 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

Children and adolescents **aged 13 and older** as of the ED visit. Two age stratifications and a total rate:

- 13-17 years
- 18 years and older
- Total

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap¹

- The denominator for this measure is based on ED visits, not on members.
- Coordinate care between behavioral health and primary care providers.

Pharmacotherapy dispensing event Medications:

Alcohol Use Disorder Treatment Medications

Disulfiram (oral)	Naltrexone (oral and injectable)	Acamprosate (oral; delayed-release tablet)
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¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

FUA

Opioid Use Disorder Treatment Medications		
Naltrexone (oral and injectable)	Buprenorphine (sublingual ablet, injection, implant)	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

The following are a few approved codes that close the care gap.

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:

TABLE ONE

Category	Code	Description
ICD10	F10.10, F10.120, F10.121, F10.129, F10.129, F10.130	AOD Abuse and Dependence
ICD10	F10.90, F10.920, F10.921, F10.929, F10.930	Substance Induced Disorders
ICD10	T40.0X1A, T40.0X1D, T40.0X1S, T40.0X4A, T40.0x4D	Unintentional Drug Overdose

TABLE TWO

Category	Code	Description
CPT	90847, 90853, 99238, 99239, 90875, 90876, 99223	Visit Setting Unspecified
POS	13, 33, 50, 14, 12, 49, 05, 15, 19, 11, 22, 18, 09, 71, 72, 03	Outpatient POS
CPT	99483, 98960-98962, 99345, 99342, 99344, 99341	BH Outpatient
HCPCS	H2012, S9485, S9484, G0410, S9480, G0411, H0035	Partial Hospitalization or Intensive Outpatient
POS	58, 57	Nonresidential Substance Abuse Treatment Facility POS
HCPCS	T1012, H0040, H0039, H0025, H0024, T1016, H0046	Peer Support Services
HCPCS	G2080, G2076, G2071, G2075, G2074, G2077	OD Weekly Non-Drug Service
HCPCS	G2087, G2086	OD Monthly Office Based Treatment
POS	10, 02	Telehealth POS
CPT	98967, 98968, 98966, 99442, 99443, 99441	Telephone Visits
CPT	99421-99423, 98970-98972, 99458, 99457, 98980	Online Assessments
CPT	99408, 99409	Substance Use Disorder Services
ICD10	Z71.41, Z71.51	Substance Abuse Counseling and Surveillance
CPT	99408, 99409	Behavioral Health Assessment

FUA

Category	Code	Description
	SEE MEDICATION LIST ABOVE	Alcohol Use Disorder Treatment
	SEE MEDICATION LIST ABOVE	Opioid Use Disorder Treatment
HCPCS	G2072, G2070, G2069, G2068, G2067, G2073	ODU Weekly Drug Treatment Service

For further assistance, please reach out to:

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FUH

Follow-Up After Hospitalization for Mental Illness

The percentage of discharges for members 6 years of age and older who were hospitalized for a principal diagnosis of mental illness, or a diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates reported:

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

Eligible Population

Members **aged 6 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
- Total

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap¹

- Services that occur on the date of discharge do not count toward FUH.
- The denominator for FUH is based on discharges, not on members. If the member has more than one discharge, include all discharges on or between January 1st and December 1st of the measurement year.
- Coordinate care to ensure inpatient and outpatient providers are educated on follow up after hospitalization.

The following are a few approved codes that close the care gap.



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

FUH

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:

TABLE ONE

Category	Code	Description
ICD10	F20.0, F20.1, F22, F23, F25.0, F25.1, F28, F30.10, F30.8, F31.0, F32.0, F33.9, F40.01, F40.11, F40.240	Mental Illness
ICD10	R45.851, T14.91XA, T36.0X2A, T51.0X2D, T71.152A	Intentional Self-Harm
UBREV	0101, 0100, 0207, 0116, 0126, 0136, 0146, 0156, 0110	Inpatient Stay
UBREV	0101, 0100, 0207, 0116, 0126, 0136, 0146, 0156, 0110	Inpatient Stay Except Psychiatric Residential
POS	10, 02	Telehealth POS
POS	13, 33, 50, 14, 12, 49, 05, 15, 19, 11, 22, 18, 09, 71, 72, 03	Outpatient POS*
ICD10	F03.90, F09.911, F03.92, F20.0, F20.1, F29, F30.12	Mental health Diagnosis*

TABLE TWO

Category	Code	Description
CPT	90847, 90853, 99238, 99239, 90875, 90876, 99223	Visit Setting Unspecified
HCPCS	H2012, S9485, S9484, G0410, S9480, G0411, H0035	Partial Hospitalization or Intensive Outpatient
CPT	99483, 98961, 98962, 98960, 99345, 99342, 99344	BH Outpatient
CPT	99495, 99496	Transitional care management Services
CPT	90870	Electroconvulsive Therapy
UBREV	0904, 0917, 0907, 0901, 0916, 0900, 0915, 0914, 0905	Behavioral Healthcare Setting
CPT	98967, 98968, 98966, 99442, 99443, 99441	Telephone Visits
CPT	99494, 99492, 99493	Psychiatric Collaborative Care Management
HCPCS	T1012, H0040, H0039, H0025, H0024, T1016, H0046	Peer Support Services
HCPCS	T2048, H0019, H0017, H0018	Residential Behavioral Health Treatment

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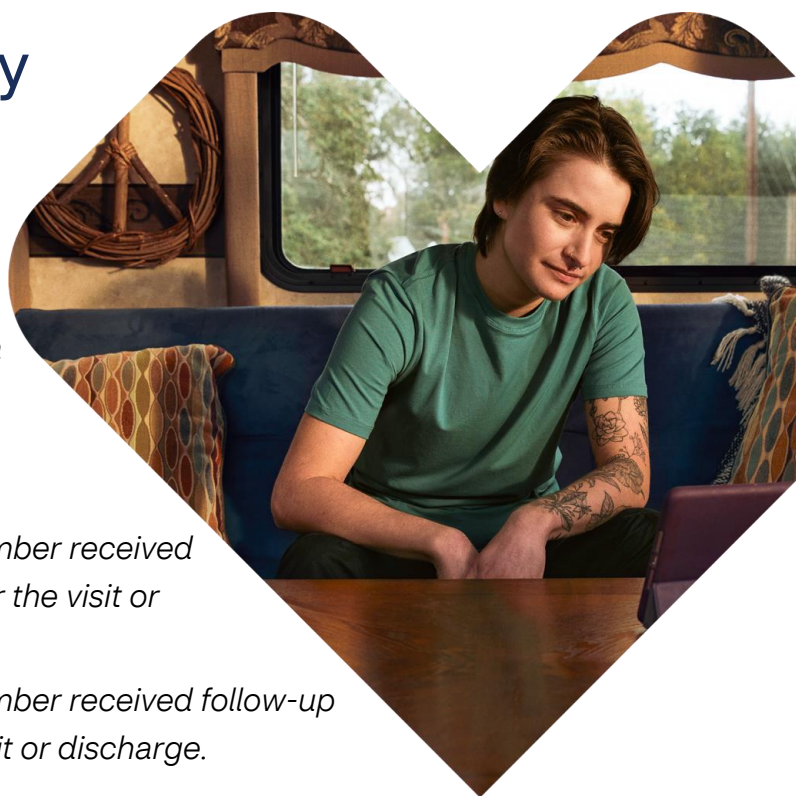
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FUI

Follow-Up After High-Intensity Care for Substance Use Disorder

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 reported:

1. *The percentage of visits or discharges for which the member received follow-up for substance use disorder within 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 **aged 13 years and older** as of the date of discharge, stay or event. Report three age stratifications and a total rate:

- 3-17 years
- 18-64 years
- 65 years and older
- Total

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap¹

- The denominator for FUI is based on episodes, not on members. If members have more than one episode, include all that all on or between January 1 and December 1 of the measurement year.
- Coordinate care between behavioral health and primary care providers.

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

FUI

The following are a list of Opioid Use Disorder Treatment Medications:

Antagonist	
Naltrexone (oral and injectable)	
Partial Antagonist	
Buprenorphine (sublingual tablet, injection, implant)	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

The following are a list of Alcohol Use Disorder Treatment Medications:

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

The following are a few approved codes that close the care gap.

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:

TABLE ONE

Category	Code	Description
ICD10	F10.10, A10.120, F10.20, F10.129, F10.19	AOD Abuse and Dependence
UBREV	0101, 0100, 0207, 0116, 0126, 0136, 0146, 0156	Inpatient Stay
HPCS	H0009, H0011, H0013, H0014, H0008, H0012	Detoxification
POS	10, 02	Telehealth POS
POS	13, 33, 50, 14, 12, 49, 05, 15, 19, 11, 22, 18, 09, 71, 72	Outpatient POS*
POS	58, 57	Nonresidential Substance Abuse Treatment Facility POS

TABLE TWO

Category	Code	Description
CPT	90847, 90853, 99238, 99239, 90875, 90876, 99223	Visit Setting Unspecified

FUI

HCPCS	H2012, S9485, S9484, G0410, S9480, G0411	Partial Hospitalization or Intensive Outpatient
CPT	99483, 98961, 98962, 98960, 99345, 99342, 99344	BH Outpatient
CPT	99408, 99409	Substance Use Disorder services
ICD10	Z71.41, Z71.51	Substance Abuse Counseling and Surveillance
HCPCS	G2080, G2076, G2071, G2075, G2074, G2077	ODD Weekly Non Drug Service
HCPCS	G2087, G2086	ODD Monthly Office Based Treatment
CPT	99422, 99423, 99421, 98971, 98972, 98970, 99458	Online Assessments
CPT	98967, 98968, 98966, 99442, 99443, 99441	Telephone Visits
HCPCS	T2048, H0019, H0017, H0018	Residential Behavioral Health Treatment

For further assistance, please reach out to:

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FUM

Follow-Up After Emergency Department Visit for Mental Illness

The percentage of emergency department visits for members 6 years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service. Two rates 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 **aged 6 years and older** as of the date of ED visit. Report three age stratifications and a total rate:

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

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap¹

- Coordinate care between the ED physicians, behavioral health providers, and primary care providers.

The following are a few approved codes that close the care gap.

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

FUM

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:

TABLE ONE

Category	Code	Description
CPT	99281, 99285, 99283, 99284, 99282	ED Visit
ICD10	F20.0, F20.1, F20.2, F23, F25.9, F30.9	Mental Illness
ICD10	R45.851, T14.91XA, T14.91XS, T14.91XD	Intentional Self Harm
POS	10, 02	Telehealth POS
POS	13, 33, 50, 14, 12, 49, 05, 15, 19, 11, 22, 18, 09, 71, 72	Outpatient POS
ICD10	F03.90, F20.1, F24, F22, F33.42, F34.1	Mental Health Diagnosis

TABLE TWO

Category	Code	Description
CPT	90847, 90853, 99238, 99239, 90875, 90876, 99223	Visit Setting Unspecified
HCPCS	H2012, S9485, S9484, G0410, S9480, G0411	Partial Hospitalization or Intensive Outpatient
CPT	99494, 99492, 99493	Psychiatric Collaborative Care Management
CPT	90870	Electroconvulsive Therapy
HCPCS	T1012, H0040, H0039, H0025, H0024, T1016	Peer Support Services
UBREV	0904, 0917, 0907, 0901, 0916, 0900, 0915, 0914	Behavioral Healthcare Setting
CPT	99422, 99423, 99421, 98971, 98972, 98970, 99458	Online Assessments
CPT	98967, 98968, 98966, 99442, 99443, 99441	Telephone Visits
CPT	99483, 98961, 98962, 98960, 99345, 99342, 99341	BH Outpatient
HCPCS	T2048, H0019, H0017, H0018	Residential Behavioral Health Treatment

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GSD

Glycemic Status Assessment for Patients with Diabetes

The percentage of members 18-75 years of age with diabetes type 1 and type 2 whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the appropriate levels during the measurement year.

Eligible Population

Members **aged 18-75 as of December 31st** of the measurement year with a diagnosis of type 1 or type 2 diabetes, and had one of the following:

- Glycemic status <8.0%
- Glycemic status >9.0%

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die any time during the measurement year
- Members receiving palliative care HCPCS: G9054 ICD10:Z51.5
- Age 66 and older by end of measurement period who are enrolled in an institutional SNP, or living long-term in an institution any time during the measurement period
- Members 66 years of age and older as of December 31 with frailty and advanced illness

Important Tips for Closing the Care Gap¹

- GSD is closed based on result of the A1c or GMI, therefore documentation and coding of the test result is critical to gap closure.
- GSD is closed through claims and chart review.
- Repeat abnormal lab tests later in the year, as the most recent result in the measurement period closes the gap.

The following are a few approved codes that close the care gap.



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

GSD

Category	Code	Description
CPT	83036, 83037	HbA1c Lab Test
CPT	3051F, 3052F, 3044F, 3046F	HbA1c Test Result or Finding
CPT	3051F, 3044F	HbA1c Level Less Than 8.0
CPT	3052F, 3046F	HbA1c Level Greater Than or Equal to 8.0
CPT	3051F, 3052F, 3044F	HbA1c Level Less Than or Equal to 9.0

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IET

Initiation and Engagement of Substance Use Disorder Treatment

The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported.

1. **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.*
2. **Engagement of SUD Treatment:** *The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.*



Eligible Population

Members **ages 13 and older** as of the SUD episode date, that have an encounter during the intake period with a diagnosis of SUD. Intake period is November 15th of the year prior to the measurement year through November 14th of the measurement year. Three age stratifications and a total reported:

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

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap¹

- IET is closed through claims data only. Be sure to use the NCQA approved coding for gap closure.

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

IET

The following are a list of Opioid Use Disorder Treatment Medications:

Antagonist	
Naltrexone (oral and injectable)	
Partial Antagonist	
Buprenorphine (sublingual tablet, injection, implant)	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

The following are a list of Alcohol Use Disorder Treatment Medications:

Aldehyde dehydrogenase inhibitor
Disulfiram (oral)
Antagonist
Naltrexone (oral and injectable)
Other
Acamprosate (oral; delayed-release table)

The following are a few approved codes that close the care gap.

To capture Initiation of SUD Treatment within 14 days, and the engagement of SUD Treatment within 34 days of initiation, a code from table one accompanying a code from table two can be used:

TABLE ONE

Category	Code	Description
ICD10	F10.10, F10.19, F10.20, F10.24, F10.27, F10.221	Alcohol Abuse and Dependence
ICD10	F11.10, F11.13, F11.20, F11.220, F11.29	Opioid Abuse and Dependence
ICD10	F12.10, F12.120, F12.121, F12.122, F12.13, F12.150	Other Drug Abuse and Dependence
POS	58, 57	Nonresidential Abuse Treatment Facility POS
POS	10, 02	Telehealth POS
POS	13, 33, 50, 14, 12, 49, 05, 15, 19, 11, 22, 18, 09, 71, 72	Outpatient POS
UBREV	0101, 0100, 0207, 0116, 0126, 01336, 0146, 0156	Inpatient Stay

TABLE TWO

Category	Code	Description
CPT	90847, 90853, 99238, 99239, 90875, 90876, 99223	Visit Setting Unspecified

IET

Category	Code	Description
HCPCS	H2012, S9485, S9484, G0410, S9480, G0411	Partial Hospitalization or Intensive Outpatient
HCPCS	G2087, G2086	ODD Monthly Office Based Treatment
HCPCS	G2072, G2070, G2069, G2068, G2067, G2073	ODD Weekly Drug Treatment Service
CPT	99408, 99409	Substance Use Disorder Services
ICD10	Z71.41, Z71.51	Substance Abuse Counseling and Surveillance
HCPCS	G2080, G2076, G2071, G2075, G2074	ODD Weekly Non Drug Service
HCPCS	J2315, G2073	Naltrexone Injection
CPT	99422, 99423, 99421, 98971, 98972, 98970, 99458	Online Assessments
CPT	98967, 98968, 98966, 99442, 99443, 99441	Telephone Visits
CPT	99483, 98961, 98962, 98960, 99345, 99342, 99341	BH Outpatient

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IMA-E

Immunizations for Adolescents

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.

Eligible Population

Members **aged 13 as of December 31st** of the measurement year who had the following vaccines as required in description:

- **HPV**
 - At least two HPV vaccines; the minimum interval between the first and second doses is 5 months.
 - At least three HPV vaccines; recommended dosing schedule (0, 1-2, 6 months) to be considered adequately vaccinated.
- **Meningococcal Serogroups A, C, W, Y**
 - At least one meningococcal vaccine.
- **Tdap**
 - At least one tetanus, diphtheria toxoids and acellular pertussis vaccine.

Exclusions

- Members who use hospice HPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die any time during the measurement year

Important Tips for Closing the Care Gap¹

- The Advisory Committee on Immunization Practices (ACIP) recommends routine HPV vaccination for adolescents at age 11 or 12 years; vaccination may be given starting at age 9 years.
- The ACIP recommends Tdap be administered at age 11 or 12 years.
- The ACIP recommends a quadrivalent meningococcal conjugate vaccine for adolescents aged 11 or 12 years, with a booster dose at age 16, or a pentavalent vaccine



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

IMA-E

for adolescents aged 10 years and older when both meningococcal B and meningococcal A, C, W and Y are indicated.

- Use cancer prevention wording when educating about the HPV vaccination.
- Be sure to document any anaphylaxis or encephalitis to any adolescent immunization in the medical record.

The following are a few approved codes that close the care gap.

Category	Code	Description
CVX	137, 118, 62, 165	HPV Immunization
CPT	90651, 90650, 90649	HPV Procedure
CVX	108, 136, 114, 316, 203, 32, 167, 147	Meningococcal Immunization
CPT	90734, 90619, 90623, 90733	Meningococcal Procedure
CPT	90715	Tdap Procedure

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OED

Oral Evaluation, Dental Services

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

Eligible Population

Members **under 21 years of age** as of December 31 of the measurement year. Four age stratifications and a total rate reported:

- 0-2 years
- 3-5 years
- 6-14 years
- 15-20 years
- Total

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap

- Coordinate care between the primary care physician or pediatrician, and the dental provider for the member to ensure the oral evaluations are being completed.

The following are a few approved codes that close the care gap.

Category	Code	Description
CDT	D0150, D0145, D0120	Oral Evaluation
Provider Taxonomy	1223G00001X, 124Q000000X	Dental Provider

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POD

Pharmacotherapy for Opioid Use Disorder

The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event.

Eligible Population

Members **ages 16 and older** as of the treatment period start date.
Report two age stratifications and total rate:

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

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap¹

- Medication adherence is essential for patient's treatment.
- 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 following are a list of Opioid Use Disorder Treatment Medications:

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

The following are a few approved codes that close the care gap.



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POD

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

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PPC

Prenatal and Postpartum Care

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. With two facets of prenatal and postpartum care.

Eligible Population

Members who delivered a live birth on or between October 8 of year prior and October 7 of the measurement year. Remove any non-live births.

- **Timeliness of Prenatal Care (TOPC)**- percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization *First trimester 280-176 days prior to delivery or estimated delivery date
- **Postpartum Care (PPC)**- percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery. *Exclude services provided in an inpatient setting

Exclusions

- Members who use hospice HPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die any time during the measurement year

Important Tips for Closing the Care Gap¹

- A prenatal visit can be scheduled with an OB/GYN, primary care provider (PCP), or other prenatal practitioner. For visit to PCP, a diagnosis of pregnancy must be present.
- A postpartum visit can be scheduled with an OB/GYN, primary care provider (PCP), or other prenatal care practitioner.
- A cesarean incision check or post operative visit six days or less after the birth does not count toward a postpartum visit. It must be between 7 and 84 days after the delivery.
- Refer to Aetna's Maternity Matters Program for great benefits and incentives.

Documentation



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

PPC

- Prenatal
 - Documentation indicating the member is pregnant
 - Documentation in a standardized prenatal flow sheet **OR**
 - Documentation of last menstrual period, EDD, or gestational age **OR**
 - A positive pregnancy test result **OR**
 - Documentation of gravidity and parity **OR**
 - Documentation of complete obstetrical history **OR**
 - Documentation of prenatal risk assessment and counseling/education
 - A basic physical obstetrical examination to include auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height
 - Evidence that a prenatal care procedure was preformed
- Postpartum
 - Pelvic Exam
 - Evaluation of weight, BP, breasts and abdomen
 - Notation of postpartum care
 - Perineal or cesarean incision/wound check
 - Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders
 - Glucose screening for members with gestational diabetes
 - Documentation of any of the following topics:
 - Infant care or breastfeeding
 - Resumption of intercourse, birth spacing or family planning
 - Sleep/fatigue
 - Resumption of physical activity
 - Attainment of healthy weight

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	59620, 59514, 59409, 59410, 59612	Deliveries
CPT	99500, 0500F, 0501F, 0502F	Stand Alone Prenatal Visits

PPC

Category	Code	Description
CPT	57170, 99501, 58300, 59430	Postpartum Care
ICD10	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	Encounter for Postpartum Care
CPT	88147, 88148, 88142, 88174, 88143, 88175, 88164-88167	Cervical Cytology Lab Test
SNOMED	439888000, 441667007, 309081009	Cervical Cytology Lab Result or Finding
CPT POS	99291, 99234-99236, 99238, 99239, 99223 21, 51	Acute Inpatient

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SAA

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

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

Members **aged 18 and older** as of January 1 of the measurement year.

Exclusions

- Diagnosis of dementia ICD10: F01.50, F01.51, F01.511, F01.A11, F01.A3
- Did not have at least two antipsychotic medication dispensing events identified by claim/encounter data and by pharmacy data
- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap¹

- Medication adherence is essential for patient's treatment.
- Adherence for the SAA measure is determined by the member remaining on their prescribed antipsychotic for 80% of their treatment period. This is determined by pharmacy claims data.

The following are a list of Oral Antipsychotic Medications:

Miscellaneous antipsychotic agents (oral)				
Aripiprazole	Asenapine	Brexipiprazole	Cariprazine	Clozapine
Haloperidol	Iloperidone	Loxapine	Lumateperone	Lurasidone
Molindone	Olanzapine	Paliperidone	Quetiapine	Risperdone
Ziprasidone				



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

SAA

Phenothiazine antipsychotics (oral)				
Chlorpromazine	Fluphenazine	Perphenazine	Prochlorperazine	Thioridazine
Trifluoperazine				
Psychotherapeutic combinations (oral)				
Amitriptyline-perphenazine				
Thioxanthenes (oral)				
Thiothixene				

The following are a list of Long-Acting Injections:

Long-acting injections 14 days supply				
Risperidone				
Long-acting injections 28 days supply				
Aripiprazole	Aripiprazole lauroxil	Fluphenazine decanoate	Haloperidol decanoate	Olanzapine
Long-acting injections 30 days supply				
Risperidone				
Long-acting injections 35 days supply				
Paliperidone palmitate (Invega Sustenna)				
Long-acting injections 104 days supply				
Paliperidone palmitate (Invega Trinza)				
Long-acting injections 201 days supply				
Paliperidone palmitate (Invega Hafyera)				

The following are a few approved codes that close the care gap.

Category	Code	Description
HCPCS	J1943, J1944, J0401, J2680, J1631, J2358	Long-acting injections 28 Days' Supply

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SMD

Diabetes Monitoring for People with Diabetes and Schizophrenia

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

Members **aged 18-64** as of December 31 of the measurement year.

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap

- The member must have both tests to be considered numerator compliant. The tests can have the same or different dates of service.¹

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	83036, 83037	HbA1c Lab Test
CPT	80061, 83700, 83701, 83704, 83721	LDL-C Lab Test

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SNS-E

Social Needs Screening

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 screened positive.

Eligible Population

Members who screened at least once during the measurement period. They must have a corresponding intervention, if screened positive, in one of the areas listed:

- **Food Screening-** The percentage of members 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 corresponding intervention within 30 days of screening positive for food insecurity.
- **Housing Screening-** The percentage of members screened for housing instability, homelessness or housing inadequacy.
 - **Housing Instability:** Currently, consistently housed, but experiencing any of the following circumstances in the past 365 days; being behind on rent or mortgage, multiple moves, cost burden or risk of eviction.
 - **Housing Inadequacy:** Housing does not meet habitability standards.
- **Housing Intervention-** The percentage of members who received a corresponding intervention within 30 days of screening positive for housing instability, homelessness, or housing inadequacy.
- **Transportation Screening-** The percentage of members who were screened 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.
- **Transportation Intervention-** The percentage of members who received a corresponding intervention within 30 days of screening positive for transportation insecurity.



SNS-E

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die any time during the measurement period

Important Tips for Closing the Care Gap

- Use the approved screening instruments and document NCQA approved coding corresponding to the instrument used.
- Use the NCQA approved LOINC codes for interventions corresponding to the positive screening.

Eligible Screening Instruments with thresholds for positive findings include:

Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7 88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7 88123-5	LA28397-0, LA6729-3 LA28397-0, LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool-short form	88122-7 88123-5	LA28397-0, LA6729-3 LA28397-0, LA6729-3
Health Leads Screening Panel ^{®1}	95251-5	LA33-6
Hunger Vital Sign ^{™1} (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] ^{®1}	93031-3	LA30125-1
Safe Environment for Every Kid (SEEK) ^{®1}	95400-8 95399-2	LA33-6 LA33-6
U.S. Household Food Security Survey (U.S. FSS)	95264-8	LA30985-8 LA30986-6
U.S. Adult Food Security Survey (U.S. FSS)	95264-8	LA30985-8 LA30986-6
U.S. Child Food Security Survey (U.S. FSS)	95264-8	LA30985-8 LA30986-6
U.S. Household Food Security Survey- Six Item Short Form (U.S. FSS)	95264-8	LA30985-8 LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

SNS-E

Eligible Screening Instruments with thresholds for positive findings include:

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

Eligible Screening Instruments with thresholds for positive findings include:

Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC 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
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9

SNS-E

Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
American Academy of Family Physicians (AAFP) Social Needs Screening Tool-Short form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool (NCHC)	99134-9	LA33-6
Norwalk Community Health Center Screening Tool (NCHC)	99135-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2

Eligible Screening Instruments with thresholds for positive findings include:

Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool-short form	99594-4	LA33093-8 LA30134-3
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
Health Leads Screening Panel ^{®1}	99553-0	LA33-6
Inpatient Rehabilitation Facility- Patient Assessment Instrument (IRF-PAI)- version 4.0 [CMS Assessment]	101351-5	LA30133-5 LA30134-3

SNS-E

Eligible Screening Instruments with thresholds for positive findings include:

Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Outcome and assessment information set (OASIS) form- version E- Discharge from Agency [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form- version E- Resumption of Care [CMS assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form- version E- Start of Care [CMS Assessment]	101351-5	LA30133-5 LA30134-3
Protocol for Responding to and Assessing Patient's Assets, Risks and Experiences [PRAPARE] [®]	93030-5	LA30133-5 LA30134-3
PROMIS [®] 1	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	96161, 96160, 96156, 97804, 97802, 97803	Food Insecurity Procedures
CPT	96161, 96160, 96156	Housing Instability Procedures
CPT	96161, 96160, 96156	Homelessness Procedures
CPT	96161, 96160, 96156	Inadequate Housing Procedures
CPT	96161, 96160, 96156	Transportation Insecurity Procedures

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SSD

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

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.

Eligible Population

Members **aged 18-64** as of December 31 of the measurement year.

Exclusions

- Members with diabetes identified by claim/encounter data, or by pharmacy data.
- Members who had no antipsychotic medications dispensed during the measurement year identified by claim/encounter data, or by pharmacy data.
- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap

- Glucose or HbA1c test will count as a diabetes screening test for this measure.¹
- Use NCQA approved coding for services rendered to close the gaps.
- Coordinate care between the behavioral health providers and the primary care providers.

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	83036, 83037	HbA1c Lab Test



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

SSD

Category	Code	Description
CPT	80047, 80048, 80053, 80050, 82950, 82947	Glucose Lab Test

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TFC

Topical Fluoride for Children

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

Eligible Population

Members **1-4 years of age** as of December 31 of the measurement year. Two age stratifications and a total rate reported:

- 1-2 years
- 3-4 years
- Total

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap

- Coordinate care between the primary care physician or pediatrician, and the dental provider for the member to ensure the fluoride varnish is being applied during dental evaluations.

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	99188	Application of Fluoride Varnish
CDT	D1206	

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UOP

Use of Opioids From Multiple Providers

The percentage of members 18 years and older, receiving prescription opioids for a ≥ 15 days during the measurement year, who received opioids from multiple providers. Three rates are reported:

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



Eligible Population

Members aged 18 and older as of January 1 of the measurement year.

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap¹

- UOP is closed from pharmacy claims data.
- The following opioid medications are excluded from this measure: injectables, opioid cough and cold products, Lonsys[®], Methadone for the treatment of opioid use disorder, single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder.

The following are a list of Opioid Medications:

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

UOP

Opioid Medications				
Benzhydrocodone	Buprenorphine (transdermal patch and buccal film)	Butorphanol	Codeine	Dihydrocodeine
Fentanyl	Hydrocodone	Hydromorphone	Levorphanol	Meperidine

Opioid Medications				
Methadone	Morphine	Opium	Oxycodone	Oxymorphone
Pentazocine	Tapentadol	Tramadol		

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W30

Well-Child Visits in the First 30 Months of Life

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:

1. *Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.*
2. *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.*



Eligible Population

Children **who turn 15 months old** during the measurement year. Calculate the 15-month birthday as the child's first birthday plus 90 days.

Children **who turn 30 months old** during the measurement year. Calculate the 30-month birthday as the second birthday plus 180 days.

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

Important Tips for Closing the Care Gap

- Telehealth visits are NOT included in the gap closure of well-child visits.¹
- Well Child Visit must occur with a PCP, but it does not have to be that child's assigned PCP.²
- Be sure the documentation includes all the components of a well child visit.³
- Use a catch-up schedule for members that miss or get behind on childhood immunizations.⁴

The following are a few approved codes that close the care gap.

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

² NCQA HEDIS MY 2025 Volume II Technical Specifications

³ NCQA HEDIS MY 2025 Volume II Technical Specifications

⁴ [Childhood Vaccination Resources for Healthcare Providers | CDC](#)

W30

Category	Code	Description
CPT	99381-99385, 99461, 99391-99395	Well Care Visit
ICD10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129	Encounter for Well Care Visit

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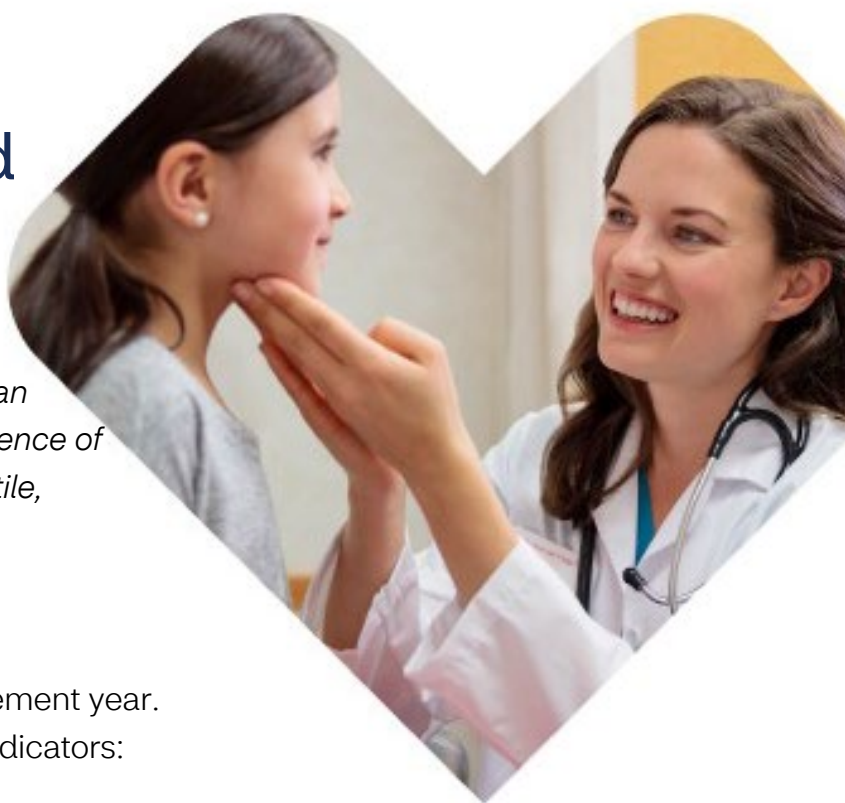
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WCC

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

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, Counseling for Nutrition, Counseling for Physical Activity



Eligible Population

Members **aged 3-17 as of December 31st** of the measurement year.

Two age stratifications reported and a total of the two indicators:

- 3-11 years
- 12-17 years
- Total

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year
- Members who have a diagnosis of pregnancy any time during the measurement year
ICD10: o00.00, o00.01

Important Tips for Closing the Care Gap¹

- WCC is closed with claims. Use the correct NCQA approved claims coding for gap closure.
- WCC is also closed with medical record review, use required documentation for gap closure.
- Use your EMR system to auto calculate and document BMI percentile.
- Services may be rendered during a visit other than a well-child visit if the documentation is present, regardless of the primary intent of the visit, if it does not relate to the acute or chronic condition.

Documentation

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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- BMI
 - Include height, weight and BMI percentile during measurement year. The height and weight and BMI percentile must be from the same data source.
 - Either of the following meets criteria for BMI percentile: BMI percentile documented as a value, or BMI percentile plotted on an age-growth chart.
 - Ranges and thresholds do not meet criteria for this indicator.
- Counseling for Nutrition
 - Documentation must include a note indicating the date and at least one of the following:
 - Discussion of current nutrition behaviors such as eating habits, dieting behaviors
 - Checklist indicating nutrition was addressed
 - Counseling or referral for nutrition education
 - Member received educational materials on nutrition during a face-to-face visit
 - Anticipatory guidance for nutrition
 - Weight or obesity counseling
- Counseling for Physical Activity
 - Documentation must include a note indicating the date and at least one of the following:
 - Discussion of current physical activity behaviors such as exercise routine, participation in sports activities, or exam for sports participation
 - Checklist indicating physical activity was addressed
 - Counseling or referral for physical activity
 - Member received educational materials on physical activity during a face-to-face visit
 - Anticipatory guidance specific to the child's physical activity
 - Weight or obesity counseling

The following are a few examples of what would not meet documentation criteria:

BMI Percentile	Counseling for Nutrition	Counseling for Physical Activity
No BMI percentile documented in medical record or plotted on age-growth chart	No counseling/education on nutrition and diet	No counseling/education on physical activity
Notation of BMI value only	Counseling/education before or after measurement year	Counseling/education before or after measurement year

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The following are a few examples of what would not meet documentation criteria:

BMI Percentile	Counseling for Nutrition	Counseling for Physical Activity
Notation of height and weight only	Notation of “health education” or “anticipatory guidance” without specific mention of nutrition	Notation of “health education” or “anticipatory guidance” without specific mention of physical activity
	A physical exam finding or observation alone (e.g., well-nourished) is not compliant because it does not indicate counseling for nutrition	Notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations
	Documentation related to a member’s “appetite” does not meet criteria	Notation solely related to screen time (computer or television) without specific mention of physical activity

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	99483, 99345, 99342, 99344, 99341, 99350, 99348	Outpatient Visit
ICD10	Z68.51, Z68.52, Z68.53, Z58.54	BMI Percentile
CPT	97802-97804	Nutrition Counseling
HCPCS	G0447, G0271, G0270	
HCPCS	S9451, G0447	Physical Activity Counseling
ICD10	Z02.5, Z71.82	Encounter for Physical Activity Counseling

For further assistance, please reach out to:

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WCV

Child and Adolescent Well-Care Visits

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

Eligible Population

Members **aged 3-21 as of December 31st** of the measurement year.
Three age stratifications reported and a total rate:

- 3-11 years
- 12-17 years
- 18-21 years
- Total

Exclusions

- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year



Important Tips for Closing the Care Gap¹

- Telehealth visits are NOT included in the gap closure of well care visits.
- This visit MUST occur with a PCP or an OB/GYN practitioner, but the practitioner does not have to be the practitioner assigned to the member.
- Use NCQA approved claims coding for services rendered to close the gap in care.
- Use well child visits as opportunities to discuss other vital health screenings such as nutrition counseling, and immunizations.

The following are a few approved codes that close the care gap.

Category	Code	Description
CPT	99381-99385, 99461, 99391-99395	Well Care Visit

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications



Category	Code	Description
ICD10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129	Encounter for Well Care Visit

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