

2025 HEDIS® toolkit¹

Volume 1 - July 2025



¹NCQA HEDIS MY 2025 Volume II Technical Specifications

5600902-01-01

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Aetna Better Health[®]
of Oklahoma

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 members' 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

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¹ [NCQA.org/hedis](https://www.ncqa.org/hedis)

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

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Avoidance of antibiotic treatment for acute bronchitis/bronchiolitis

The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

Eligible population

Members who were 3 months or older as of the episode date with an outpatient, telehealth, Emergency Department (ED) visit or virtual check in with a diagnosis of acute bronchitis.

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

- Educate members: explain that acute bronchitis is typically viral, and antibiotics are not effective. Recommend symptomatic relief.
- If symptoms suggest a viral upper respiratory infection (URI), code accordingly instead of acute bronchitis.

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

CPT:

- 99202-99205 New member visits
- 99211-99215 Established member visits
- 99441-99443 Telephone visits

ICD-10 Codes

- J20.0-J20.9 Acute bronchitis due to various causes

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

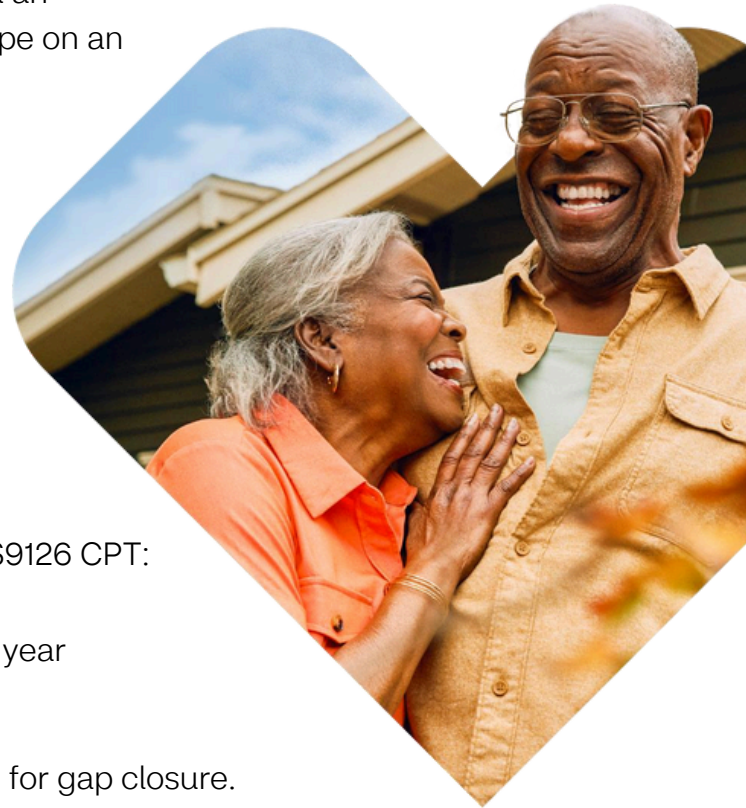
- Members who use hospice HCPCS: Q5003-Q5008, S9126 CPT: 99377, 99378
- Members who die any time during the measurement year

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, 99202-99205 and 99211-99215	Ambulatory visits
ICD10	Z00.00, Z00.01, Z00.8, Z00.121	Reason for ambulatory visits



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 31 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 HCPCS: 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

The following are a list of ADHD medications:

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

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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

AIS-E

Adult immunization status-expanded

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

Eligible population

Members 19 years and older as of January 1 of the measurement year.

Exclusions

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

Required vaccinations for compliance:

Influenza

- Members 19 years and older
- Members who received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period, OR
- Members with anaphylaxis due to the influenza vaccine any time before or during the measurement period

Td/TDAP

- Members 19 years and older
- Members who received at least one Td vaccine or one Tdap vaccine between 9 years prior to the start of the measurement period and the end of the measurement period, OR
- Members with a history of at least one of the following contraindications any time before or during the measurement period:
 - Anaphylaxis due to the diphtheria, tetanus, or pertussis vaccine
 - Encephalitis due to the diphtheria, tetanus, or pertussis vaccine

Zoster

- Members 50 years and older
- Members who received two doses of the herpes zoster recombinant vaccine at least 28 days apart, on October 1, 2017, through the end of the measurement period, OR
- Members with anaphylaxis due to the herpes zoster vaccine any time before or during the measurement period

Pneumococcal

- Members 65 years and older
- Members who received at least one dose of an adult pneumococcal vaccine on or after their 19th birthday, before or during the measurement period, OR
- Members with anaphylaxis due to the pneumococcal vaccine any time before or during the measurement period

Hepatitis B

- Members 19-59 years of age
- Members who received at least three doses of the childhood hepatitis B vaccine with different dates of service on or before their 19th birthday.
 - One of the three vaccinations can be a newborn hepatitis B vaccination during the 8-day period that begins on the date of birth and ends 7 days after the date of birth
- Members who received a hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period including either of the following:
 - At least two doses of the recommended two-dose adult hepatitis B vaccine administered at least 28 days apart; or
 - At least three doses of any other recommended adult hepatitis B vaccine administered on different days of service
- Members who had a hepatitis B surface antigen, hepatitis B surface antibody or total antibody to hepatitis B core antigen test, with a positive result any time before or during the measurement period
- Members with a history of hepatitis B illness any time before or during the measurement period
- Members with anaphylaxis due to the hepatitis B vaccine any time before or during the measurement period

Important tips for closing the care gap

- Collaborate with pharmacies: Members may receive vaccines at retail pharmacies—ensure records are updated.
- Offer vaccines at every visit: Even during non-preventive visits, review vaccine status.

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

CPT:

- Influenza: 90686, 90688
- Tdap/Td: 90715 (Tdap), 90714 (Td)
- Shingles (RZV): 90750
- Pneumococcal: 90671 (PCV20), 90677 (PCV15), 90732 (PPSV23)
- ICD10: Z71.85 – Encounter for immunization counseling

AMM

Antidepressant medication management

The percentage of members aged 18 years and older who were diagnosed with major depression and treated with antidepressant medication, remaining adherent during two key phases:

1. Effective acute phase (first 84 days/12 weeks): members who remained on antidepressant medication for at least 84 days (12 weeks).
2. Effective continuation phase (first 180 days/6 months): members who continued taking antidepressant medication for at least 180 days (6 months).

Eligible population

Members 18 years and older with a new diagnosis of major depression

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

- Schedule follow-up appointments: monitor adherence through telehealth or in-person visits.
- Start treatment early: ensure timely initiation of medication after diagnosis.
- Address side effects: discuss potential side effects upfront and provide solutions to improve adherence.

Commonly used antidepressant medications

- SSRIs: Fluoxetine, Sertraline, Escitalopram, Paroxetine, Citalopram
- SNRIs: Venlafaxine, Duloxetine, Desvenlafaxine
- TCAs: Amitriptyline, Nortriptyline, Desipramine
- other: Bupropion, Mirtazapine, Trazodone

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

CPT:

- 90832-90838 – Psychotherapy sessions
- 99202-99205, 99212-99215 – Office visits for evaluation and management
- 99492-99494 – Collaborative care management (CCM)

ICD-10 codes for contraceptive counseling

- F32.0-F32.9 – Major depressive disorder, single episode
- F33.0-F33.9 – Major depressive disorder, recurrent

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

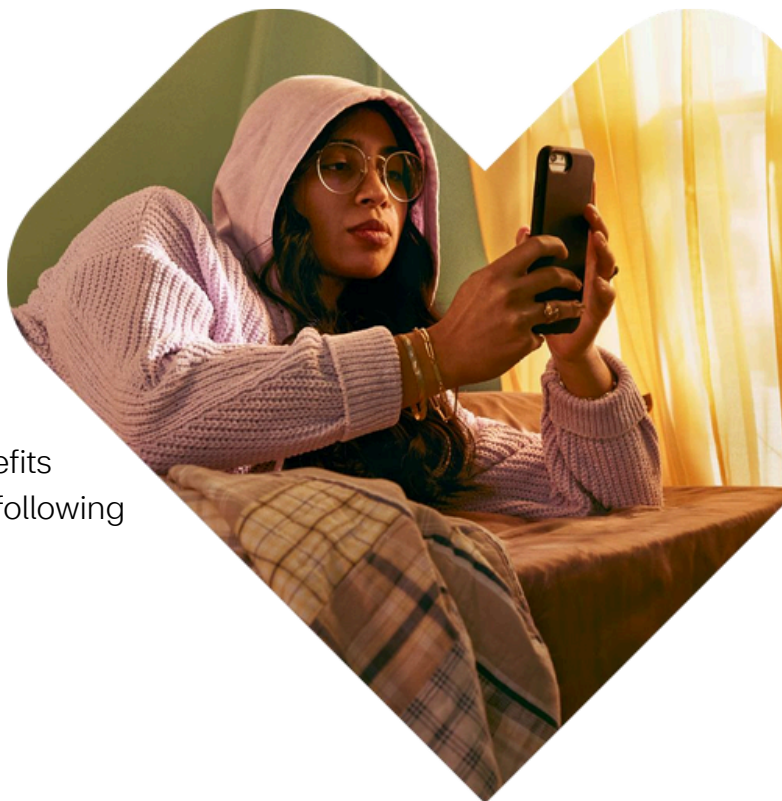
- Members who use hospice HCPS: Q5003-Q5008, S9126 CPT: 99377, 99378
- Respiratory diseases with different treatment approaches than asthma; ICD10: E84.9, J43.9, J44.9, J96.01, J98.3
- Members who had no asthma controller or reliever medications
- Members who die any time during the measurement year

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

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

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 31 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	lloperidone
Thiothixene	Trifluoperazine	Risperidone	Loxapine	Ziprasidone

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

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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 31 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.

The following is a list of the APP antipsychotic medications:

Miscellaneous antipsychotic agents

Aripiprazole	Asenapine	Brexpiprazole	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

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 1 two years prior to the end of the current measurement year.

Eligible population

Members aged 52-74 as of December 31 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: OHTV0ZZ inmember
- Unilateral mastectomy CPT: 19303-19307, 19240, 19220, 19200, 19180. ICS10PCS, members who had both right and left unilateral mastectomies 14 days or more apart.
- History of bilateral mastectomy ICD10CM: Z90.13
- Absence of left breast ICD10CM: Z90.12 (in order to be excluded the member must have had both breasts removed)
- Absence of right breast ICD10CM: Z90.11 (in order to be excluded the member must have had both breasts removed)
- 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.



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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

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

BPD

Blood pressure control for members 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 31 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 $\geq 140/90$ mm Hg

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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

Category	Code	Description
CPT II	3077F	Most recent systolic greater than/equal to 140
CPT II	3074F	Most recent systolic less than 130
CPT II	3075F	Most recent systolic 130-139
CPT II	3079F	Most recent diastolic 80-89
CPT II	3078F	Most recent diastolic less than 80
CPT II	3080F	Most recent diastolic greater than/equal to 90

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 31 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: O00.00, O00.01, O09.00-O09.13
- Members 66-80 years of age with frailty and advanced illness

Important tips for closing the care gap¹

- 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 blood pressure (BP) measurements occur on the same date, use the lowest systolic and lowest diastolic reading and be sure that is the most recent recorded.



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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

Identifying members 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



Contraceptive care

The percentage of women aged 21–44 years who had a live birth and were provided:

1. A most effective or moderately effective method of contraception within 3 days of delivery and within 90 days of delivery
2. A long-acting reversible method of contraception (LARC) within 3 days of delivery and within 90 days of delivery

Eligible population

Women ages 21–44 as of December 31 of the measurement year who had a live birth.

Exclusions

- Women who had deliveries that did not end in a live birth
- Women who had a live birth in the last 3 month of the measurement year

Important tips for closing the care gap

- Ensure contraception is provided within 3 and 60 days postpartum.
- Educate members on options before and after delivery.

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

CPT:

- 58300 (IUD insertion)
- 58301 (IUD removal)

ICD-10 Codes for contraceptive counseling

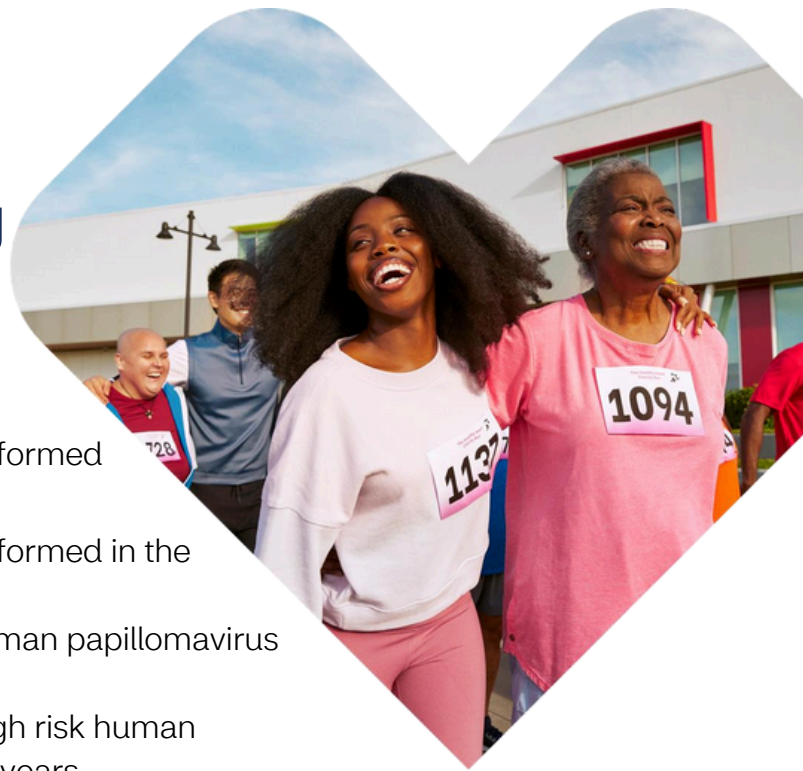
- Z30.430 – Encounter for IUD insertion
- Z30.9 – General contraceptive management

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.
- 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 31 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 member'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 member portals.

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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

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



Contraceptive care – all women ages 15-44

This measure assesses the percentage of women aged 15-44 who were provided contraceptive care, including either a most or moderately effective contraceptive method or a long-acting reversible contraceptive (LARC).

Measure components:

1. Most or moderately effective contraception:
 - Most effective: sterilization, intrauterine devices (IUDs), or implants.
 - Moderately effective: injectable contraceptives, oral pills, patches, rings, or diaphragms.
2. Long-acting reversible contraception (LARC):
 - Includes intrauterine devices (IUDs) and contraceptive implants.

Eligible population:

Women ages 15-44 as of December 31 of the measurement year. Age stratifications are as follows:

Women ages 15 to 20

- A rate will be reported for those who had most effective LARC prescribed
- A rate will be reported for those who had moderately effective LARC prescribed

Women ages 21 to 44

- A rate will be reported for those who had most effective LARC prescribed
- A rate will be reported for those who had moderately effective LARC prescribed

Exclusions:

- Women who were infecund or infertile due to non-contraceptive reasons such as natural menopause or oophorectomy
- Women who had a live birth in the last 2 months of the measurement year, i.e. after October 31
- Women who were still pregnant at the end of the year and did not have a pregnancy outcome indicator (live birth or non-live birth)

Best practices to improve performance:

Education and counseling:

- Ensure comprehensive contraceptive counseling is provided during visits.
- Offer education materials and handouts to members
 - Offer English and Spanish versions

Documentation: clearly document contraception prescriptions and procedures.

Coding accuracy: use accurate procedure and diagnosis codes to capture contraceptive care services.

Follow-up appointments: Encourage and schedule follow-up visits for contraception continuation and management.

Resources: Utilize credible resources when researching LARC

- The American College of Obstetricians and Gynecologists (ACOG) has the most current information on LARC methods and how to access LARC

[ACOG.org/programs/long-acting-reversible-contraception-larc](https://www.acog.org/programs/long-acting-reversible-contraception-larc)

Commonly used codes:

- **LARC codes:** IUD insertion (58300), IUD removal (58301), Implant insertion (11981), Implant removal (11982)
- **ICD-10 codes:** Z30.014, Z30.430-Z30.433

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 31 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 chlymadia screening as well as results.
- Use member 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

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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 31 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 HCPCS: 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](https://www.ncqa.org)
- Organ and bone marrow transplants CPT: 48552, 47143-47147, 32850-32856



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 CVX	90697, 90698, 90700, 90723 146, 198, 20, 106, 107, 120, 50, 110	DTaP procedure DTaP Immunization
CPT CVX	90713, 90697, 90723, 90698 146, 120, 110, 10, 89	IPV procedure IPV Immunization
CPT CVX	90740, 90744, 90747, 90748, 90723 146, 198, 110, 51, 44, 08, 45	HepB procedure HepB Immunization
CPT CVX	90644, 90647, 90648, 90748, 90698 146, 198, 120, 50, 51, 17, 47, 46, 49, 48, 148	HiB procedure HiB Immunization
ICD10 CPT CVX	B15.0, B15.9 90633 31, 83, 85	Hepatitis A HepA procedure HepA Immunization
CPT CVX	90707, 90710 03, 94	MMR Procedure 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 CPT CVX	B02.9 90710, 90716 94, 21	Varicella Zoster Varicella procedure Varicella Immunization

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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

Category	Code	Description
CPT CVX	90670, 90671, 90677 215, 216, 133, 152, 109	Pneumococcal procedure Pneumococcal Immunization
CPT CPT CVX	90681 90680 122, 116	Rotavirus 2 dose procedure Rotavirus 3 dose Procedure Rotavirus 3 dose immunization
CPT CVX	90655, 90657, 90685-90689 88, 161, 186, 171, 153, 155, 158, 150, 141, 140	Influenza procedure Influenza immunization
CPT CVX	90660, 90672 149, 111	Influenza live attenuated vaccine procedure Influenza live attenuated vaccine immunization



Concurrent use of opioids and benzodiazepines

The percentage of members with concurrent use of prescription opioids and benzodiazepines. The COB measure is an inverse measure therefore a lower rate is desirable.

Measure population

members 18 years and older who meet BOTH of the following criteria during the measurement year:

- Two or more opioid prescriptions filled on different dates of service
- Received cumulative supply of opioids for 15 days or more

What is considered concurrent use?

Overlapping supply for an opioid and a benzodiazepine for 30 or more cumulative days.

Exclusions:

- Members in hospice or palliative care.
- Members with a cancer diagnosis coded during the measurement year.
- Members with sickle cell disease coded during the measurement year.

Best practices for improving performance:

1. **Provider education:** Ensure prescribers are aware of the risks associated with concurrent use and provide guidelines for safer prescribing.
2. **Member counseling:** Educate members on the dangers of concurrent use and encourage adherence to safer pain management strategies.
3. **Prescription Monitoring:** Utilize Prescription Drug Monitoring Programs (PDMPs) to track member prescriptions and identify concurrent use.
4. **Care coordination:** Implement medication reviews and collaborate with primary care providers, pain specialists, and behavioral health professionals to optimize treatment.
5. **Alternative treatments:** Promote the use of non-opioid and non-benzodiazepine treatments, such as physical therapy, cognitive behavioral therapy, or non-controlled medications.
6. **Clinical alerts:** Implement electronic health record (EHR) alerts to notify prescribers of potential concurrent use.
7. **Pharmacy interventions:** Engage pharmacists to conduct medication therapy management and identify at-risk members.

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 31 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 HCPCS	44388-44392, 44394, 44401-44408, 45379-45382 G0105, G0121	Colonoscopy

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

Category	Code	Description
CPT	81528	FIT-DNA
CPT HCPCS	82270, 82274 G0328	FOBT lab test
SNOMED	59614000	FOBT lab result or finding
CPT HCPCS	45330-45335, 45337, 45338, 45340-45342, 45346 G0104	Flexible sigmoidoscopy
CPT	74261-74263	CT colonography

CPA and CPC

Consumer assessment of health care providers and systems health plan survey (CAHPS)

What is CAHPS?

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an Agency for Healthcare Research and Quality (AHRQ) program. The program consists of various research and survey tools, one of which health plans use to ask a randomly selected number of health plan members to rate their health care services. The survey captures enrollee feedback for both adults and children and expands the scope of information gathered relative to quality-of-care issues.

The survey begins annually in February, with data collection ending in May. Results are released in mid-July. The composite questions include members' ratings for the following:

- Rating of all health care
- Rating of health plan
- Rating of personal doctor
- Rating of specialist seen most often
- Getting needed care
- Getting care quickly
- Coordination of care
- Customer service
- How well doctors communicate

Providers' services to our members are critical to the outcome of the CAHPS survey. Questions ask members about their experience with getting needed care, tests, or treatment, getting appointments with a specialist, getting urgent and routine appointments, and coordinating care. It also addresses how the member felt about providers explaining things in an easy-to-understand manner, listening, demonstrating respect, and spending enough time with the member.

Member satisfaction versus member experience

Health care professionals often use the terms member satisfaction and member experience interchangeably. However, they are not the same thing. Evaluating member satisfaction requires health plans to determine whether the member was happy or unhappy with the care or services they received. Evaluating member experience requires health plans to find out whether care or service that should happen did happen and how frequently it happened.



Appropriate testing for pharyngitis

The percentage of episodes for members 3 years and older who were diagnosed with pharyngitis, dispensed an antibiotic, and received a Group A Streptococcus (strep) test for the episode.

Eligible population

- Age: 3 years and older as of December 31 of the measurement year.
- Event/diagnosis: Outpatient, telephone, e-visit, or virtual visit encounter with a diagnosis of pharyngitis.
- Antibiotic dispensed: Must have received a prescription for an antibiotic on or within three days after the diagnosis.

Exclusions

- Members in hospice care in the measurement year.
- Members who die any time during the measurement year.

Best practices for compliance:

1. **Confirm diagnosis** – Ensure that a pharyngitis diagnosis is appropriate before prescribing antibiotics.
2. **Perform a strep test** – Always order a rapid strep test or throat culture to confirm Group A Streptococcus before prescribing antibiotics.
3. **Educate providers and staff** – Reinforce the importance of strep testing before antibiotic prescriptions to avoid unnecessary antibiotic use.
4. **Document properly** – Ensure documentation includes the strep test result and aligns with the antibiotic prescription timeframe.
5. **Member education** – Inform members and parents about the necessity of testing before prescribing antibiotics to prevent antibiotic resistance.

Common documentation errors to avoid:

- Prescribing antibiotics without performing a strep test.
- Missing documentation of the strep test in the medical record.

CPT codes for strep testing:

87880 – Rapid strep test

87070, 87081 – Throat culture

CPT codes for pharyngitis diagnosis:

J02.0, J02.8, J02.9 – Acute pharyngitis

DEV

Developmental screening in the first three years of life

Percentage of children screened for risk development, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second or third birthday.

Eligible population

Children aged 1, 2, or 3 between January 1 and December 31 of the measurement year.

Acceptable standardized screening tools:

Examples of standardized screening tools cited in Bright Futures/American Academy of Pediatrics for developmental, behavioral, and social delays that meet the measure criteria include:

- Ages and stages questionnaire (ASQ) – 2 months to 5 years
- Ages and stages questionnaire – 3rd edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST) – birth to 95 months
- Bayley Infant Neuro-developmental Screen (BINS) – 3 months to 2 years
- Brigance screens-II – birth to 90 months
- Child Development Inventory (CDI) – 18 months to 6 years
- Infant development inventory – birth to 18 months
- Parents Evaluation of Developmental Status (PEDS) – birth to 8 years
- Parents Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)

Tips for closing the gap in care

- Make screening routine at well-child visits
- Provide immediate follow up care for positive screenings
- Address barriers to care to improve access to mental health.

CPT: 96110 (developmental testing, with interpretation and report)



Emergency department utilization

For members 18 years of age and older, the risk-adjusted ratio of observed-to-expected emergency department visits during the measurement year.

Eligible population

Members 18 years and older as of December 31 of the measurement year with no more than one gap in enrollment of up to 45 days during year of continuous enrollment.

Exclusions

- Members who use hospice any time during measurement year
- ED visits that result in an inpatient or observation stay.
- ED visits with any of the following:
 - A principal diagnosis of mental health or chemical dependency
 - Psychiatry
 - Electroconvulsive therapy
- Outliers:
 - 6 or more ED visits during the measurement year.

Tips for closing gap in care:

- Offer extended hours or same day appointments to address acute issues
- Educating members on when to seek care from PCP rather than ED
- Outreach to high-risk members to provide support and resources to reduce unnecessary ED utilization
- Encourage members to engage with their PCP for annual wellness visits, screenings and care coordination.

EED

Eye exam for members 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 31 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 31 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



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.

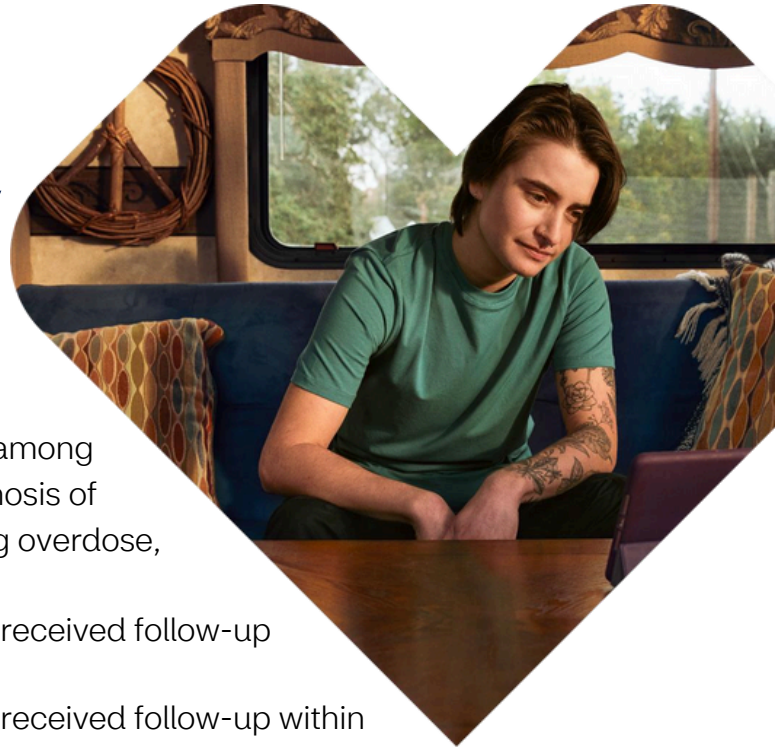
The following are a few approved codes that close the care gap.

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

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)
1. 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)

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

Opioid use disorder treatment medications

Naltrexone (oral and injectable)	Buprenorphine (sublingual tablet, injection, implant)	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)
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The following are a few approved codes that close the care gap.

To capture follow-up care treatment within seven (7) and thirty (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, F10.130	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	OUD weekly non-drug service
HCPCS	G2087, G2086	OUD 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
	See medications list above	Alcohol use disorder treatment
	See medications list above	Opioid Use Disorder Treatment
HCPCS	G2072, G2070, G2069, G2068, G2067, G2073	OUD Weekly Drug Treatment Service



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 1 and December 1 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.

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

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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.OX2A, T51.OX2D, 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

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.

The following are a list of opioid use disorder treatment medications:

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

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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 seven (7) and thirty (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
HCPCS	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
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	OUD weekly non drug service
HCPCS	G2087, G2086	OUD 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

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.

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

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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



Glycemic status assessment for members 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 31 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

Category	Code	Description
CPT	83036, 83037	HbA1c lab test
CPT II	3044F	HbA1c less than 7.0
CPT II	3051F	HbA1c level greater than or equal to 7.0% and less than 8.0
CPT II	3052F	HbA1c level greater than or equal to 8.0 and less than or equal to 9.0
CPT II	3046F	HbA1c level greater than 9.0

HPCMI

Comprehensive diabetes care for people with serious mental illness (SMI): Glycemic status poor control (>9.0%)

The percentage of members ages 18-75 with both a serious mental illness and diabetes (Type 1 or Type 2) who had a glycemic status result of >9.0%.

Note: A lower rate indicates better performance.

Eligible population:

Age: 18–75 years

Diagnosis: Both serious mental illness and type 1 or type 2 diabetes

1. Members are identified as having serious mental illness if they met at least one of the following criteria during the measurement year:
 - At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder.
 - At least two of the following, on different dates of service where both encounters have any diagnosis of schizophrenia or schizoaffective disorder or both encounters have any diagnosis of bipolar disorder.
 - An outpatient visit
 - An intensive outpatient encounter or partial hospitalization
 - A community mental health center visit
 - Electroconvulsive therapy
 - An ED visit
 - A telehealth visit
 - A telephone visit
 - An e-visit or virtual check-in

Continuous enrollment: The entire measurement year.

Exclusions:

- Members who use hospice services any time during the measurement year.
- Members who die any time during the measurement year.
- Members receiving palliative care any time during the measurement year.
- Members age 66 and older as of December 31 of the measurement year with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded.

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

CPTII

3044F-HbA1c less than 7%
3051F-HbA1c level is between 7.0% and 8.0%
3052F-HbA1c level is between 8.0% and 9.0%

Schizophrenia ICD-10 codes

F20.0-F20.5
F20.81
F20.89
F20.9
F25.0-F25.1
F25.8.F25.9

Bipolar disorder ICD-10 codes

F30.10-F30.13
F30.2-F30.4
F30.8-F30.9
F31.0
F31.10-F31.13
F31.2
F31.30-F31.32

Bipolar disorder ICD-10 codes

F31.4-F31.5
F31.60-F31.64
F31.70-F31.78
F31.81
F31.89
F31.9

Best practices and tips:

- 1. Regular monitoring:** Schedule consistent HbA1c testing (at least twice a year) to monitor blood glucose levels effectively.
- 2. Integrated care approach:** Coordinate care between behavioral health and primary care providers to address both mental health and diabetes management comprehensively.
- 3. Member education:** Educate members on the importance of medication adherence, healthy eating, physical activity, and regular monitoring of blood glucose levels.
- 4. Medication management:** Review and manage medications to minimize potential interactions that could affect blood glucose control.
- 5. Support services:** Provide access to nutritionists, diabetes educators, and support groups to empower members in managing their condition.

Data collection: Data for this measure is typically collected through administrative claims and medical record reviews. Ensuring accurate and comprehensive documentation of HbA1c test results and relevant member information is crucial for precise measurement.

HVL

HIV viral load suppression

The percentage of members aged 18 and older with a diagnosis of Human Immunodeficiency Virus (HIV) who had a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.

Eligible population

Members 18 and older as of December 31 of the measurement year with a diagnosis of HIV prior to the start of the measurement year or within the first 90 days of the measurement year and with at least one medical visit in the first 240 days of the measurement year.

Exclusions

None

Important tips for closing the care gap

- Schedule regular follow-ups every 3-6 months to monitor viral load.
- Educate members on the importance of medication adherence and its roles in viral suppression.
- Provide refill reminders through calls, texts, or pharmacy alerts.

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

Category	Code	Description
ICD10	B20	Human immunodeficiency virus [HIV] disease
ICD10	B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
ICD10	Z21	Other drug abuse and dependence

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

The following are a list of opioid use disorder treatment medications:

Antagonist	Partial antagonist	
Naltrexone (oral and injectable)	Buprenorphine (sublingual tablet, injection, implant)	Buprenorphine/haloxone (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 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

Table one continued

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	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
HCPCS	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

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 31 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 HCPCS: 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 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.

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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



Kidney health evaluation for members with diabetes

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

Eligibility

Members ages 18-85 with type 1 or type 2 diabetes identified through claim/encounter data and pharmacy data.

- Claims/encounter data: Members who had at least two diagnosis of diabetes on different dates of service during the measurement year or the prior to the measurement year
- Pharmacy data: Members who were dispensed insulin or hypoglycemics

A compliant kidney evaluation includes:

At least one estimated glomerular filtration rate (eGFR) test AND at least one urine albumin-creatinine ratio (uACR) test

Exclusions

- Members with a diagnosis of ESRD
- Members who had dialysis any time during the member's history on or prior to December 31 of the measurement year
- Members who use hospice or palliative care services
- Members who die any time during the measurement year
- Members who had dialysis any time during the member's history on or prior to December 31 of the measurement year
- Members 66 years of age and older as of December 31 of the measurement year who were enrolled in an Institutional SNP (I-SNP) or living long-term in an institution any time during the measurement year.
- Members 66-80 years of age as of December 31 of the measurement year with frailty and advanced illness
- Members 81 years of age and older as of December 31 of the measurement year with at least two indications of frailty

Tips for closing the care gap

- Use standing orders and protocols: Allow automatic lab orders for diabetes members.
- Identify members early: Use EHR alerts to flag diabetic members due for kidney testing.

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

CPT

- 80047 – basic metabolic panel
- 80048 – basic metabolic panel (calcium, total)
- 80053 – comprehensive metabolic panel
- 82565 – creatinine test (blood)
- uACR (urine albumin and creatinine test)
- 82043 – urine albumin test
- 82570 – urine creatinine test

ICD-10 codes

- E11.22 – type 2 diabetes mellitus with diabetic chronic kidney disease
- E10.22 – type 1 diabetes mellitus with diabetic chronic kidney disease
- N18.1 – chronic kidney disease, stage 1
- N18.2 – chronic kidney disease, stage 2 (mild)
- N18.3 – chronic kidney disease, stage 3 (moderate)
- N18.4 – chronic kidney disease, stage 4 (severe)
- N18.5 – chronic kidney disease, stage 5

LDM

Language diversity of membership

An unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for health care and preferred language for written materials.

Data source

LDM is reported from the members for whom data have been collected from each data source for the three indicators below:

- Spoken language preferred for health care
- Preferred language for written materials
- Other language needs

Best practices for compliance

- Collect data directly from members because this method reflects members' self-identification.
- Ensure that member language preference data is updated during routine communications, such as annual renewals or surveys.
- Educate staff on the importance of collecting language preference data accurately.
- Provide customer service, materials, and online tools in multiple languages to improve accessibility.

Why it matters

Understanding language diversity helps health plans:

- Improve communication and member engagement
- Reduce health disparities
- Enhance member satisfaction and retention
- Meet regulatory and accreditation requirements



Lead screening in children

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Eligible population

Children who turn 2 years old during the measurement year

Exclusions

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

Tips for closing the gap in care

- Order the lead test early, ideally before 18 months, to allow for follow-up if needed
- Use standing orders for lead screening in well-child visits
- Educate caregivers about sources of lead exposure and encourage timely testing

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

CPT:

83655 – blood lead test

ICD-10 codes

- Z13.88 – encounter for screening for disorder due to exposure to contaminants
- Z77.011 – contact with and (suspected) exposure to lead

MSC

Medical assistance with smoking and tobacco use cessation

The Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure assesses adult members (18 years and older) who use tobacco and received medical assistance to quit. The measure evaluates three components based on member-reported data:

- 1. Advising smokers and tobacco users to quit** – The percentage of members 18 years and older who were current smokers or tobacco users and received advice from a healthcare provider to stop smoking or using tobacco during the measurement year.
- 2. Discussing cessation medications** – The percentage of members 18 years and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.
- 3. Discussing cessation strategies** – The percentage of members 18 years and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.

Eligible population

Members 18 and older as of December 31 of the measurement year who are currently a smoker or tobacco user.

- Tobacco users: identified through member self-report during survey collection
- Data source: member-reported responses from the CAHPS® survey (Consumer Assessment of Healthcare Providers and Systems)

Important tips for closing the care gap

- Consistently screen and advise tobacco users on quitting strategies.
- Educate members on cessation medications and behavioral support options.
- Properly document all cessation discussions and referrals.
- Encourage follow-up for ongoing support.

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

CPT:

- 99406 – Smoking and tobacco cessation counseling, 3-10 minutes
- 99407 – Smoking and tobacco cessation counseling, >10 minutes

ICD-10 codes for contraceptive counseling

- F17.200 – Nicotine dependence, unspecified, uncomplicated
- F17.210 – Nicotine dependence, cigarettes, uncomplicated

OHD

Use of opioids at high dosage in persons without cancer

The percentage of members 18 years and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more.

Eligible population:

- Age 18 and older as of January 1 of the measurement year
- Members with 2 or more prescription claims for opioid medications on different dates of service and with a cumulative day's supply of 15 or more days during the measurement year
- Members with an IPSD on January 1 through October 3 of the measurement year
- Members with an opioid episode of 90 or more days during the measurement year

Exclusions:

- Members with a diagnosis of cancer
- Members receiving palliative or hospice care
- Members with a diagnosis of sickle cell disease

Best practices for improvement:

- Prescriber education: Educate providers on CDC opioid prescribing guidelines and encourage alternative pain management strategies.
- Member outreach: Identify and engage members on high-dosage opioids for potential risk mitigation strategies.
- Clinical interventions: Implement pain management programs and review treatment plans regularly.
- Pharmacy review: Use Prescription Drug Monitoring Programs (PDMPs) to monitor opioid dispensing patterns.
- Multidisciplinary approach: Engage behavioral health and pain management specialists for comprehensive care planning.

Coding considerations:

- Review pharmacy claims for opioid prescriptions and calculate MME
- Use diagnosis codes to exclude members with cancer, sickle cell disease, or those in palliative care

OUD

Use of pharmacotherapy for opioid use disorder

The percentage of members age 18 and older with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder during the measurement year. Five rates are reported:

- A total rate capturing any medications used in medication assisted treatment of opioid dependence and addiction
- Four separate rates representing the following types of FDA-approved drug products:
 - Buprenorphine
 - Oral naltrexone
 - Long-acting, injectable naltrexone
 - Methadone

Eligible population:

- Age: 18 years and older as of January 1 of the measurement year
- Diagnosis: diagnosis of opioid use disorder (OUD)

Exclusions:

- Members in hospice care
- Members with a diagnosis of cancer (except for non-melanoma skin cancer)

Coding:

- HCPCS code G2076- initial evaluation and treatment of opioid use disorder (OUD)
- HCPCS code G2077- periodic assessment
- ICD10 codes: F11.20-F11.21- opioid dependence

Quality improvement strategies:

- Implement outreach programs for members who miss follow-up appointments.
- Utilize case managers or care coordinators to support long-term adherence.
- Collaborate with pharmacies to ensure seamless medication access.
- Train providers on MAT prescribing and HEDIS compliance.

PCE

Pharmacotherapy management of COPD exacerbation

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1-November 30 of the measurement year and who were dispensed appropriate medications.

Eligible population:

- Adults 40 years and older.
- Diagnosis of COPD with an acute exacerbation (hospitalization, ED visit, or observation stay).

Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.

Two rates reported:

- Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
- Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Exclusions:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.

Coding:

- J44.1- COPD exacerbation

Performance improvement strategies:

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach members to schedule follow-up visits as needed for chronic condition maintenance and exacerbation.
- Educate the member on the importance of medication adherence.
- Educate the member on reducing triggers in their home, work, or environment that could exacerbate condition.
- Coordinate care with specialists such as cardiologists and pulmonologists.

PCR-AD

Plan all – cause readmissions

For members 18 – 64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

Eligibility

Members 18-64 years of age as of the index discharge date

Exclusions

- Members who use hospice any time during measurement year
- Members who die any time during the measurement year.
- Members with a diagnosis of pregnancy on the discharge claim.
- Members that have a primary diagnosis of a condition originating in the perinatal period of the discharge claim.
- Members who have a planned hospital stay using any of the following:
 - Chemotherapy maintenance
 - Primary diagnosis of rehabilitation
 - Organ transplant
 - Potentially planned procedure without a principal acute diagnosis

Tips for closing the gap in care

- Schedule follow up appointments within 7 days of discharge
- Develop individualized discharge plans that include clear instructions on medication management, activity levels, and follow up care
- Conduct a post-discharge phone call to assess member condition and understanding of their discharge plan and medications.
- Identify high-risk members, refer to appropriate complex care management programs, and
- Ensure frequent communication across the whole care team.

PDS

Postpartum depression screening and follow-up

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

- **Depression screening:** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.
- **Follow-up on positive screen:** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

Eligible population:

Deliveries during September 8 of the year prior to the measurement period through September 7 of the measurement period when the member also meets the criteria for participation.

Exclusions:

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

Best practices for compliance:

- Integrate screening into postpartum visits
 - Ensure depression screening is a standard part of postpartum checkups.
 - Utilize EHR prompts or standing orders for screening.
- Use standardized screening tools
 - Ensure the screening tool is documented in the member's record.
 - Common tools: Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire-9 (PHQ-9).
- Document screening and follow-up
 - Record the screening date and score.
 - If positive, document the follow-up plan, including referrals, therapy, or medication management.
- Enhance member engagement
 - Educate members on the importance of postpartum mental health.
 - Offer resources such as social workers, behavioral health specialists, and community programs.
- Improve follow-up rates
 - Schedule follow-up appointments before the member leaves the office.
 - Use automated reminders via phone, text, or member portals.

Coding:

- Screening codes:
 - SNOMED: 394924000, 788976000
 - ICD-10: Z13.32 (screening for maternal depression)
- Follow-up codes:
 - Psychotherapy: 90832, 90833, 90834, 90836, 90837, 90838

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 member'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)

Antagonist
Methadone (oral)

Partial antagonist	
Buprenorphine (sublingual tablet, injection, implant)	Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)

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



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

Category	Code	Description
HCPCS	G2068, G2079	Buprenorphine oral weekly
HCPCS	G2067, G2078	Methadone oral weekly

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 acute inpatient setting.

Exclusions

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

Important tips for closing the care gap¹

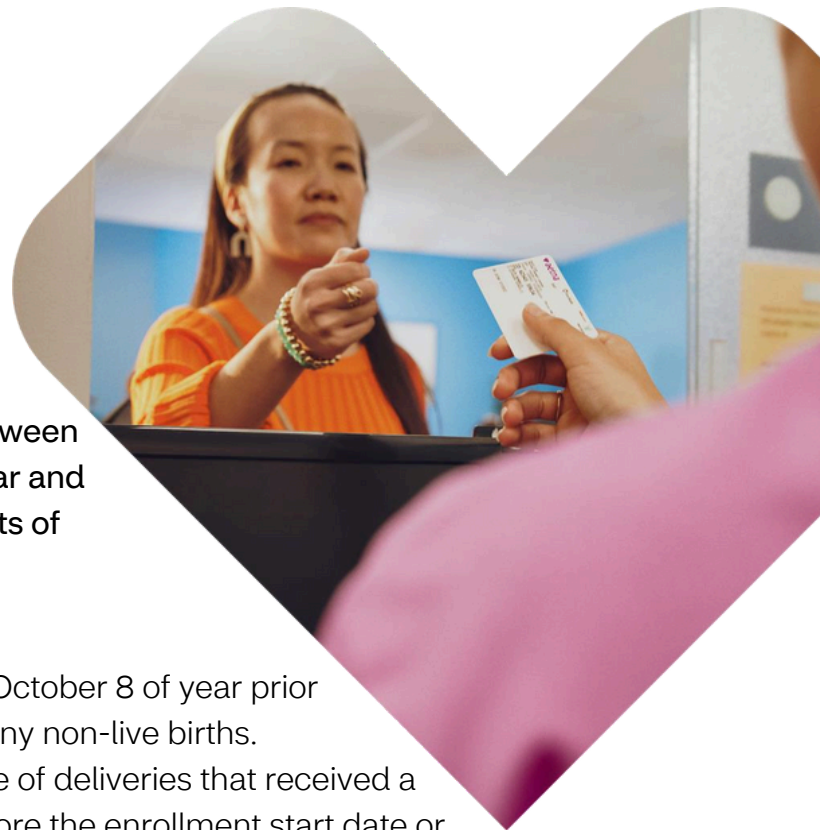
- A prenatal visit can be scheduled with an OB/GYN, primary care provider (PCP), or other prenatal practitioner. For visit to PCP, a diagnosis of pregnancy must be present.
- A postpartum visit can be scheduled with an OB/GYN, primary care provider (PCP), or other prenatal care practitioner.
- A cesarean 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 the Aetna Better Health **Maternity Matters® Program** for great benefits and incentives.

Documentation

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 performed

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-CPTII	99500, 0500F, 0501F, 0502F	Stand alone prenatal visits
CPT	57170, 99501, 58300, 59430	Postpartum care
1CD10	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

PREV-10

Preventative care and screening: Tobacco use: screening and cessation intervention

The percentage of members aged 18 and older who were screened for tobacco use one or more times within the measurement period and who received tobacco cessation intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user.

Eligibility:

Members aged 18 years or older during the measurement year that had at least one preventative visit during the measurement year.

Exclusions:

- Members who use hospice any time during the measurement year.
- Members who use palliative care anytime during the measurement year.

Some eligible ways to close gap for identified tobacco users:

- Cessation counseling – face to face, phone group, or digital coaching.
- Pharmacotherapy – FDA approved tobacco cessation medications.

Tips:

- Integrate electronic health record prompts to ensure screenings and interventions are documented.
- Educate members about health risks of tobacco use and the benefits of quitting.
- Offer cessation resources including quit lines (1-800-QUIT-NOW), mobile apps and local programs.

Some codes that close the gap in care:

Tobacco screening (annually)			
CPT	99406	99407	
HCPCS	G9902	G9903	G9906

Cessation intervention (if identified as a tobacco user)

CPT	99406	99407	
HCPCS	G0436	G0437	S9075
ICD-10-CM	Z71.6		

PRS-E

Prenatal immunization status

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

Eligible population:

Influenza - Deliveries where members received Influenza vaccine between July 1 of the year prior to the delivery date and the delivery date or where members had anaphylaxis due to the influenza vaccine on or before delivery date.

Tdap – Deliveries where members received at least one Tdap vaccine during the pregnancy between 27 and 36 weeks gestation or deliveries where members had any of the following; anaphylaxis due to tetanus or pertussis vaccine on or before the delivery date, encephalitis due to the diphtheria, tetanus or pertussis vaccine on or before the delivery date.

Exclusions:

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

Tips for closing the gap in care

- Educate pregnant members early in their pregnancy about the importance of vaccinations for both maternal and infant health.
- Offer and administer vaccines during routine prenatal visits to reduce missed opportunities

Some codes that can be used to close gap in care:

- Influenza Vaccine CPT Codes: 90630, 90654, 90655-90658, 90661
- Tdap CPT Code: 90715



Race/ethnicity diversity of membership

HEDIS[®] measurement year 2024

An unduplicated count and percentage of members enrolled any time during the measurement year, by race and ethnicity.

Reporting categories

Organizations are required by NCQA to report race and ethnicity data according to the Office of Management and Budget (OMB) Standards for maintaining, collecting, and presenting federal data on race and ethnicity.

OMB standards include two categories for ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

And five categories for race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

NCQA also includes values for:

- Two or More Races
- Asked but No Answer (declined response)
- Unknown (not asked, missing data)

Data source

Self-identification directly by members is considered the preferred and most accurate method of identifying an individual's race and ethnicity. Race and ethnicity data can be collected through surveys and added to new member forms.

Intent

The collection race and ethnicity data is intended to help identify and eliminate health disparities. The conditions and systems in which members are born, grow, work, live and age directly impact gaps in care and outcomes.

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 member'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.

Miscellaneous antipsychotic agents (oral)

Aripiprazole	Asenapine	Brexpiprazole	Cariprazine	Clozapine
Haloperidol	Iloperidone	Loxapine	Lumateperone	Lurasidone
Molindone	Olanzapine	Paliperidone	Quetiapine	Risperdone
Ziprasidone				

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

Phenothiazine antipsychotics (oral)

Chlorpromazine	Asenapine	Perphenazine	Prochlorperazine	Thioridazine
Trifluoperazine				

Psychotherapeutic combinations (oral)

Amitriptyline perphenazine

Thioxanthenes (oral)

Thiothixene

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

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

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

SNS-E

Social needs screening

The percentage of members who were screened, using pre-specified 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.

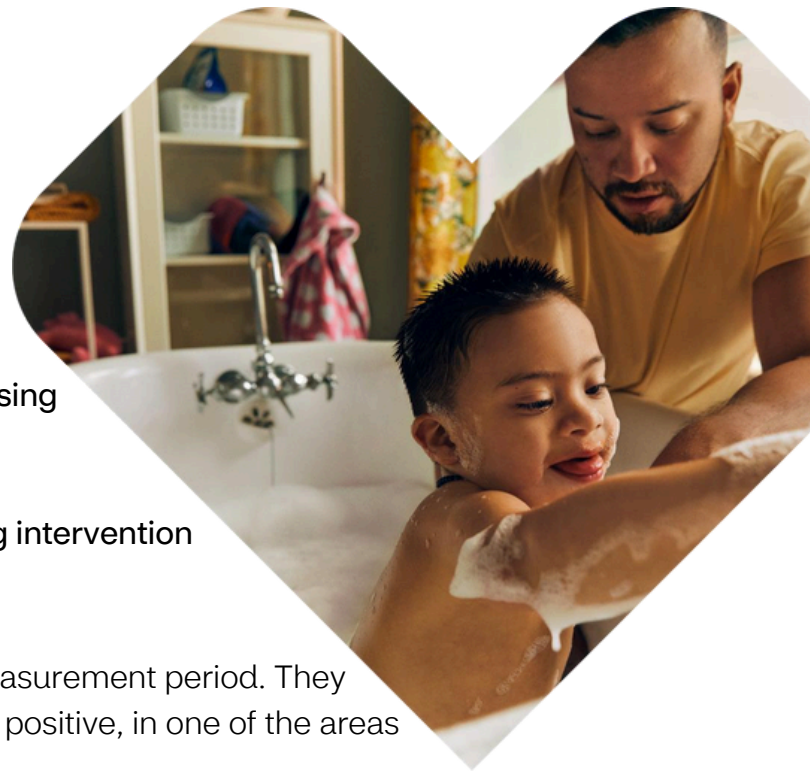
Transportation screening - the percentage of members who were screened for transportation insecurity.

- **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.

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 ⁵	95251-5	LA33-6
Hunger Vital Sign ^{TM5} (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing members' Assets, Risks and Experiences [PRAPARE] ⁵	93031-3	LA30125-1
Safe Environment for Every Kid (SEEK) ⁵	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

⁵ Proprietary; may be cost or licensing requirement associated with use.

Food insecurity instruments	Screening item LOINC codes	Positive finding LOINC codes
We care survey	96434-6	LA32-8
WellRx questionnaire	93668-2	LA33-6

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™ ⁵	98976-4 98977-2 98978-0	LA33-6 ≥3 LA33-6
Health Leads Screening Panel® ⁵	99550-6	LA33-6
Protocol for Responding to and Assessing members’ Assets, Risks and Experiences [PRAPARE]® ⁵	93033-9 71802-3	LA33-6 LA30190-5
We care survey	96441-1	LA33-6
WellRx questionnaire	93669-0	LA33-6

⁵ Proprietary; may be cost or licensing requirement associated with use.

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
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 ⁵	99553-0	LA33-6
Inpatient rehabilitation facility- member assessment instrument (IRF-PAI)- version 4.0 [CMS assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form- version E- discharge from agency [CMS assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form- version E- resumption of care [CMS assessment]	101351-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form- version E- start of care [CMS assessment]	101351-5	LA30133-5 LA30134-3
Protocol for Responding to and Assessing member's Assets, Risks and Experiences [PRAPARE] ⁵	93030-5	LA30133-5 LA30134-3
PROMIS ⁵	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx questionnaire	93671-6	LA33-6

⁵ Proprietary; may be cost or licensing requirement associated with use.

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



Statin therapy for members with cardiovascular disease

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

Eligibility

- Males 21-75 as of December 31 of measurement year
- Females 40-75 years as of December 31 of measurement year

The members should meet the following criteria:

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

Members are identified by event or diagnosis:

Event: Discharged from an inpatient setting with a myocardial infarction (MI) on the discharge claim. Coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI) or any other revascularization in any setting the year prior to the measurement year.

Diagnosis: Identify members as having ischemic vascular disease (IVD) who met at least one of the following criteria during both the measurement year and the year prior to the measurement year:

- At least one outpatient visit, telephone visit, e-visit or virtual check-in with an IVD diagnosis
- At least one acute inpatient encounter with an IVD diagnosis without telehealth
- At least one acute inpatient discharge with an IVD diagnosis on the discharge claim

Exclusions:

- Members who use hospice any time during the measurement year
- Members who die during the measurement year
- Members who receive palliative care any time during the measurement year.
- Members 66 years and older as of December 31 of the measurement year that are enrolled in I-SNP.

- Members 66 years and older as of December 31 of the measurement year with frailty and advanced illness.
- Members with a diagnosis of pregnancy during the measurement year or the year prior.
- Members receiving in vitro fertilization in the measurement year or the year prior.
- Members who dispended at least one prescription for clomiphene during the measurement year or the year prior.
- Members who have a ESRD diagnosis during the measurement year or the year prior.
- Members who receive dialysis during the measurement year or the year prior.
- Members with cirrhosis during the measurement year or the year prior.
- Members with myalgia, myositis, myopathy or rhabdomyolysis during the measurement year or the year prior.
- Members who with myalgia or rhabdomyolysis caused by a statin any time during the members history through December 31 of the measurement year.

Some high and moderate – intensity statin medications

High-intensity statin therapy	Moderate-intensity statin therapy
Atorvastatin 40-80 mg	Atorvastatin 10-20 mg
Amlodipine -atorvastatin 40-80 mg	Amlodipine -atorvastatin 10-20 mg
Rosuvastatin 20-40 mg	Rosuvastatin 10-20 mg
Simvastatin 80 mg	Simvastatin 20-40 mg
Ezetimibe-simvastatin 80 mg	Ezetimibe-simvastatin 40 mg
High-intensity statin therapy	Fluvastatin 40-80 mg
Atorvastatin 40-80 mg	Pitavastatin 1-4 mg
Amlodipine -atorvastatin 40-80 mg	Moderate-intensity statin therapy

Tips for closing the the care gap:

- Educate members on statin benefits and address concerns about statin side effects.
- Promote 90 day prescriptions and mail – order pharmacy service to improve adherence.



Statin therapy for members with diabetes

The percentage of members aged 40 – 75 with diabetes who do not have clinical cardiovascular disease and meet the following criteria:

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

Eligibility

Members 40 – 75 years as of December 31 of the measurement year with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment. Members with diabetes can be identified two ways: by claim/encounter data and by pharmacy data. Members may be identified as having diabetes during the measurement year or the year prior to measurement year.

1. **Claim/encounter data** – Members who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year.
2. **Pharmacy data** – Members who were dispensed insulin or hypoglycemic/anti-hyperglycemics during the measurement year or the year prior and have at least one diagnosis of diabetes during the measurement year or year prior.

Diabetes Medications

Description	Prescription		
Alpha-glucosidase inhibitors	• Acarbose	• Miglitol	
Amylin analogs	• Pramlintide		
Antidiabetic combinations	• Alogliptin-metformin • Alogliptin-pioglitazone • Canagliflozin-metformin • Dapagliflozin-metformin • Dapagliflozin-saxagliptin • Empagliflozin-linagliptin • Empagliflozin-linagliptin-metformin	• Empagliflozin-metformin • Ertugliflozin-metformin • Ertugliflozin-sitagliptin • Glimepiride-pioglitazone • Glipizide-metformin • Glyburide-metformin	• Linagliptin-metformin • Metformin-pioglitazone • Metformin-repaglinide • Metformin-rosiglitazone • Metformin-saxagliptin • Metformin-sitagliptin
Insulin	• Insulin aspart	• Insulin glulisine • Insulin isophane human	

Description	Prescription	
	<ul style="list-style-type: none"> • Insulin aspart-insulin aspart protamine • Insulin degludec • Insulin degludec-liraglutide • Insulin detemir • Insulin glargine • Insulin glargine-lixisenatide 	<ul style="list-style-type: none"> • Insulin isophane-insulin regular • Insulin lispro • Insulin lispro-insulin lispro protamine • Insulin regular human • Insulin human inhaled
Meglitinides	<ul style="list-style-type: none"> • Nateglinide 	<ul style="list-style-type: none"> • Repaglinide
Biguanides	<ul style="list-style-type: none"> • Metformin 	
Glucagon-like peptide-1 (GLP1) agonists	<ul style="list-style-type: none"> • Albiglutide • Dulaglutide • Exenatide 	<ul style="list-style-type: none"> • Liraglutide • Lixisenatide • Semaglutide • Tirzepatide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	<ul style="list-style-type: none"> • Canagliflozin • Dapagliflozin 	<ul style="list-style-type: none"> • Ertugliflozin • Empagliflozin
Sulfonylureas	<ul style="list-style-type: none"> • Chlorpropamide • Glimepiride 	<ul style="list-style-type: none"> • Glipizide • Glyburide • Tolazamide • Tolbutamide
Thiazolidinediones	<ul style="list-style-type: none"> • Pioglitazone 	<ul style="list-style-type: none"> • Rosiglitazone
Dipeptidyl peptidase-4 (DDP-4) inhibitors	<ul style="list-style-type: none"> • Alogliptin • Linagliptin 	<ul style="list-style-type: none"> • Saxagliptin • Sitagliptin

Required Exclusions

- Members with at least one of the following during the year prior to measurement year:
 - Myocardial infarction
 - CABG
 - PCI
- Members who had any other revascularization procedure
- Members who had at least one encounter with a diagnosis of IVD during both the measurement year and the year prior to measurement year.
- Members with a diagnosis of pregnancy during the measurement year or the year prior
- In vitro fertilization in the measurement year or the year prior
- Dispensed at least one prescription of clomiphene during the measurement year or year prior.
- ESRD diagnosis during the measurement year or the year prior
- Dialysis during the measurement year or the year prior
- Cirrhosis during the measurement year or the year prior
- Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year
- Myalgia or rhabdomyolysis caused by a statin
- Members who use hospice services any time during the measurement year.

- Members who use palliative care anytime during the measurement year.
- Members who die during the measurement year.
- Members 66 years and older as of December 31 of the measurement year that are enrolled in I-SNP.
- Members 66 years and older as of December 31 of the measurement year with frailty and advanced illness.

Tips on closing any gaps in care

- Prescribe at least one statin medication during the measurement year to members diagnosed with diabetes.
- Educate members on the importance of statin medications for managing diabetes and reducing cardiovascular risk.
- Simplify medication regimens

Some high and moderate – intensity statin medications

High-intensity statin therapy	Moderate-intensity statin therapy
Atorvastatin 40-80 mg	Atorvastatin 10-20 mg
Amlodipine -atorvastatin 40-80 mg	Amlodipine -atorvastatin 10-20 mg
Rosuvastatin 20-40 mg	Rosuvastatin 10-20 mg
Simvastatin 80 mg	Simvastatin 20-40 mg
Ezetimibe-simvastatin 80 mg	Ezetimibe-simvastatin 40 mg
	Fluvastatin 40-80 mg
	Pitavastatin 1-4 mg



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
CPT	80047, 80048, 80053, 80050, 82950, 82947	Glucose Lab Test

¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

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	Application of fluoride varnish



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.

Category	Code	Description
CPT	99381-99385, 99461, 99391-99395	Application of fluoride varnish
ICD10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129	Encounter for well care visit

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](#)

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 31 of the measurement year. Two age stratifications reported and a total of the two indicators:

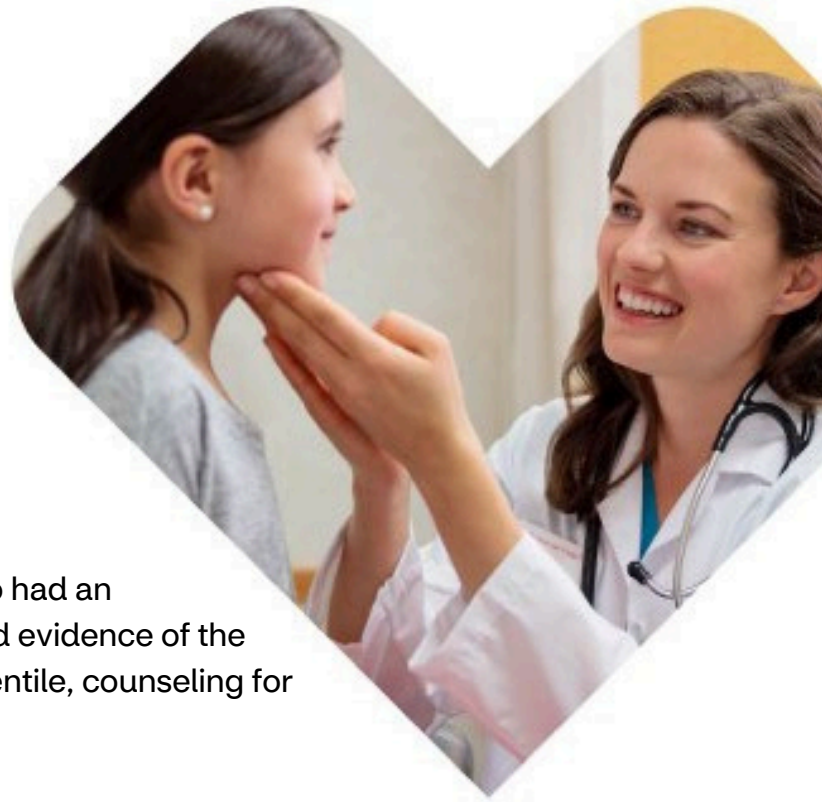
- 3-11 years
- 12-17 years
- total

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.



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications

Documentation

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
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

BMI percentile	Counseling for nutrition	Counseling for 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, Z68.54	BMI percentile
CPT HCPCS	97802-97804 G0447, G0271, G0270	Nutrition counseling
HCPCS	S9451, G0447	Physical activity counseling
ICD10	Z02.5, Z71.82	Encounter for physical activity counseling

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 31 of the measurement year. Three age stratifications reported and a total rate:

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

Exclusions

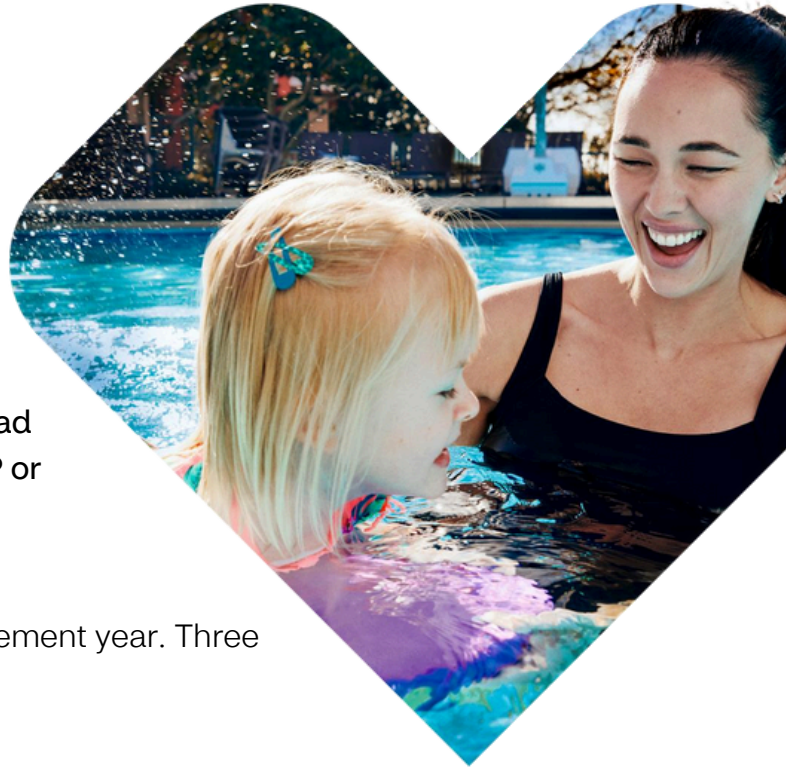
- Members who use hospice HCPCS: Q5003-Q5008, S9126, 99377, 99378
- Members who die at any time during the measurement year

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
ICD10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129	Encounter for well care visit



¹ NCQA HEDIS MY 2025 Volume II Technical Specifications



Thank you