Medi-Cal MCAS 2024 HEDIS QUALITY MEASURES REFERENCE GUIDE

HEALTHSMART MANAGEMENT SERVICES ORGANIZATION, INC.

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Asthma Medication Ratio Measure ID: AMR Description: *Patients 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.* Documentation Requirements: Measurment Year Lines: Age: Medi-Cal **5yrs - 64yrs**	Patients who have a medication ratio of 0.50 or greater during the measurement year that calculate the ratio below: • For each Patient, count the units of asthma controller medications dispensed during the measurement year. (Step 1) • For each Patient, count the units of asthma reliever medication dispensed during the measurement year. (Step 2) • For each Patient, sum the units calculated in step 1 and 2 to determine units of total asthma medications. (Step 3) • For each Patient, calculate the ratio of controller medications to total asthma medications using the following formula. Units of Controller Medications in step 1/ Units of Total Asthma Medications in step 3. (Step 4) • Sum the total number of Patients who have a ratio of 0.50 or greater in step 4.	**Asthma: ICD-10 J45.21–J45.22, J45.30–J45.32, J45.40–J45.42, J45.50–J45.52, J45.901, J45.902, J45.909, J45.991, J45.998** **ED visit: CPT 99281–99285** **Acute inpatient visit: CPT 99221–99223, 99231–99233, 99238, 99239, 99251–99255, 99291** **Outpatient visit: CPT 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99429, 99455, 99456, 99483 / HCPCS G0402, G0438, G0439, G0463, T1015** **Observation visit: CPT 99217–99220** **Telephonic and Telehealth: CPT 98966–98968, 99441–99443** **Online Assessments (e-visits or virtual check-ins): CPT 98969–98972, 99421–99423, 99444; 99458/ HCPCS G2010, G2012, G2061–G2063** **Outpatient telehealth visit: POS 02; Modifier 95, GT**
Breast Cancer Screening Measure ID: BCS Description: *Women 50-74 years of age who have had one or more mammograms any time on or between October 1, two years prior to the measurement year and December 31 of the measurement year.* **Documentation Requirements:** **Mammogram -Refer to Imaging Center** between Oct. 1, 2022, and Dec. 31, 2024 Lines: Age: Medi-Cal **50yrs - 74yrs**	Document date of mammogram along with proof of completion: • Providing results or findings will indicate screening was ordered and completed • Screening Mammography between 10/1/2023 - 12/31/2024 • Digital Breast Tomosynthesis between 10/1/2022 - 12/31/2024	**Mammography: CPT 77055–77057, 77061–77063, 77065–77067** **History of bilateral mastectomy: ICD-10, Z90.13** **Unilateral mastectomy with bilateral modifier: CPT 19180, 19200, 19220, 19240, 19303–19307; Modifier: RT, LT** **Absence of both right and left breasts: ICD 10 Z90.11, Z90.12**
Controlling Blood Pressure Measure ID: CBP Description: *Patients 18-85 years of age:* *• Who had at least two visits on different dates of service, both with a diagnosis of hypertension (HTN) on or between January 1 of the year prior to the measurement year and June 30 of the measurement year.* *• The most recent BP reading taken during the measurement year on or after the second diagnosis of hypertension was <140/90mm Hg.* Documentation Requirements: EVERY VISIT Lines: Age: Medi-Cal **18yrs - 85yrs**	Notation of the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record during the measurement year. - BP reading must occur on or after the date when the second diagnosis of hypertension occurred. - BP readings taken and reported by member using **any** digital device and reported or transmitted to the provider are acceptable. *(Note: ALWAYS recheck BP if initial reading is at or > 140/90 mm Hg)*	**Hypertension: ICD-10: I10** **Diastolic BP less than 80: CPT II Codes 3078F** **Diastolic BP 80-89: CPT II Codes 3079F** **Diastolic BP greater than or equal to 90: CPT II Codes 3080F** **Systolic BP less than 130 mm Hg: CPT II Codes 3074F** **Systolic BP 130-139 mm: CPT II Codes 3075F** **Systolic BP greater than or equal to 140: CPT II Codes 3077F**

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Chlamydia Screening in Women Measure ID: CHL Description: *Women 16-24 years of age who were identified as a sexually active and who tested for chlamydia during the measurement* **Documentation Requirments:** Every Year Lines: Age: Medi-Cal **16yrs - 24yrs**	• Lab reports, complete Lab Requisition form and refer to Lab. • Document date of Chlamydia test result in measurement year.	**Chlamydia Tests CPT Codes: 87110, 87270, 87320, 87490-87492, 87810** **Pregnancy Tests CPT Codes: 81025, 84702, 84703** **Sexual Activity HCPCS Codes: G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, H1000, H1001, H1003-H1005, P3000, P3001, Q0091, S0199, S4981, S8055**
Cervical Cancer Screening Measure ID: CCS Description: *Women ages 21–64 who had the following age-appropriate cervical cancer screenings:* *• Women ages 21–64: a cervical cytology is performed every three years.* *• Women ages 30–64 : a cervical cytology and human papillomavirus co-testing is performed every five years, (use five-year time frame only if HPV co-testing was completed on the same day and includes results . Reflex testing will not count), or* *• Women ages 30–64 : a cervical high-risk human papillomavirus (hrHPV) testing is performed every* **Documentation Requirements:** Women 21-64 cervical cytology = 3yrs Women 30-64 cervical cytology with HPV co-testing = 5yrs Lines: Age: Medi-Cal **21yrs - 64yrs**	Document for history of total hysterectomy (TAH or TVH), or radical abdominal or vaginal hysterectomy and bill ICD-10 codes for any of the following: • Acquired absence of: both cervix and uterus, cervix with remaining uterus, or agenesis and aplasia of cervix . (Documentation of a "hysterectomy" alone does not count. Do not count lab results that explicitly state the sample was inadequate or that "no cervical cells were present" this is not considered appropriate screening. Tests must have results to ensure that the screenings were completed and not merely ordered)	**Cervical Cytology CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175** **HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091** **Hysterectomy with no residual cervix: CPT 51925, 56308, 57530, 57531 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290–58294, 58548, 58550, 58552–58554, 58570–58573, 58575, 58951, 58953, 58954, 59856, 59135; ICD-10 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ** **Absence of cervix diagnosis: ICD-10 Q51.5, Z90.710, Z90.712**
Glycemic Status Assessment for Patients with Diabetes (GSD) New in 2024 Measure ID: GSD (Formerly HBD) Description: *Patients 18-75 years of age with diabetes (type 1 & 2) whose most recent glycemic status (hemoglobin A1C [HbA1c] or glucose management indicator [GMI] was at the following levels during the measurement year:* *• HbA1c or glucose management indicator control <8.0%* *• HbA1c or glucose management indicator poor control >9.0%* **Documentation Requirements:** Measurement Year Lines: Age: Medi-Cal **18yrs - 75yrs**	HbA1c or glucose management indicator (GMI) test must be performed during the measurement year. For results >8%, repeat the test later in the measurement year. Medical records accepted; Diabetic flow sheets, Consultation reports, Lab reports, Progress notes, Vital sheet, Continuous glucose monitoring data. Test, services or procedure to close care opportunity; • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • HB1c • Hemoglobin A1c • Continuous glucose monitors (CGM)	**HbA1c Level < 7 .0%: CPT II 3044F** **HbA1c ≥ 7 .0% and <8 .0%: CPT II 3051F** **HbA1c ≥ 8 .0% and ≤ 9 .0%: CPT II 3052F** **HbA1c > 9 .0%: CPT II 3046F** **Glucose Management Indicator (GMI): LOINC 97506-0**

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Colorectal Cancer screening Measure ID: COL Description: *Patients 50-75 years of age who had one or more appropriate screenings for colorectal cancer.* Documentation Requirements: Measurment Year Lines: Age: Medi-Cal **45yrs - 75yrs**	Documentation in the medical record must include a note indicating the date the colorectal cancer screening was performed. Appropriate screenings are defined by any of the following: • Fecal Occult Blood Test (FOBT); guaiac (gFOBT) or immunochemical FIT: in Measurement year • Flexible sigmoidoscopy: performed in Measurement year or four years prior. • Colonoscopy: in Measurement year or nine years prior. • CT colonography: performed in Measurement year or four years prior. • FIT-DNA Test or Cologuard: report in Measurement year or two years prior.	**FOBT CPT codes: 82270, 82274/ HCPCS codes: G0328** **Flexible Sigmoidoscopy CPT codes: 45330-45335, 45337-45342, 45345-45347, 45349, 45350/ HCPCS codes: G0104** **Colonoscopy CPT codes: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398/ HCPCS codes: G0105, G0121** **CT Colonography CPT codes: 74261-74263** **Colorectal Cancer (PET scan) HCPCS codes: G0213-G0215, G0231** **FIT-DNA CPT codes: 81528/ HCPCS codes: G0464**
Lead Screening in Children Measure ID: LSC Description: *Children who turned age 2 during the measurement year had at least one lead blood testing for lead poisoning by their 2nd birthday* Documentation Requirements: Measurment Year Lines: Age: Medi-Cal **12 mo & 24 mo**	Date of service and result must be documented with the notation of the lead screening test or reasons for not performing the lead test including: • History and physical • Lab results • Progress notes • Provider's professional judgment that the testing posed a greater risk to child's health or safety.	**Lead test CPT Code: 83655**
Topical Fluoride for Children Measure ID: TFL-CH, TFC Description: *This HEDIS measure looks at the percentage of members 1 to 4 years of age who received at least two fluoride varnish applications during the measurement year.* **Documentation Requirements:** Measurement Year Lines: Age: Medi-Cal **1yr - 4yrs**	• Two or more fluoride varnish applications on different dates of services	**TFL-CH code:** **Service: Application of Fluoride Varnish, CPT 99188, CDT D 1206**

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Childhood Immunization Status Measure ID: CIS-10 Description: *Children 2 years of age who had the following vaccines by their second birthday:* • *Four (4) Diphtheria, Tetanus and Acellular Pertussis (DTaP) vaccines* • *Three (3) Polio (IPV) vaccines* • *One (1) Measles, Mumps and Rubella (MMR) vaccine* • *Three (3) Haemophilus Influenza Type B (HiB) vaccines* • *Three (3) Hepatitis B (HepB) vaccines* • *One (1) Varicella Zoster Vaccine (VZV)* • *Four (4) Pneumococcal Conjugate (PCV) vaccines* **Documentation Requirements:** **By Age 2** Lines: **Medi-Cal** Age: **1month - 2yrs**	Documentation must include **any** of the following: **Specific for: MMR, HepB, VZV, and HepA** 1. Evidence of the antigen or combination vaccine (include specific dates) 2. Documented history of the illness 3. A seropositive test result **Specific for: DTaP, HiB, IPV, PCV, rotavirus, and influenza** 1. Evidence of the antigen or combination vaccine (include specific dates) **OR** 2. Notation indicating contraindication for a specific vaccine: • **Any Particular Vaccine:** Anaphylactic reaction to the vaccine or its components • **DTaP:** Encephalopathy with a vaccine adverse-effect code. • **MMR, VZV, and Influenza:** - Immunodeficiency. - HIV - Anaphylactic reaction to neomycin - Lymphoreticular cancer, Multiple Myeloma, or Leukemia • Rotavirus: - Severe combined immunodeficiency - History of intussusception **OR** 3. Notation indicating contraindication for a specific vaccine: (Use designated Value Set for each) • **IPV:** Anaphylactic reaction to streptomycin, polymyxin B or neomycin • **Hepatitis B:** Anaphylactic reaction to common baker's yeast 4. Parent refusal	**DTaP CPT:** 90697,90698, 90700, 90723 **IPV CPT:** 90697, 90698, 90713, 90723 **Measles, Mumps and Rubella(MMR) CPT:** 90707, 90710 **Measles/Rubella CPT:** 90708 **Measles CPT:** 90705 **Mumps CPT:** 90704 **Rubella CPT:** 90706 **HiB CPT:** 90644-90648, 90698, 90721, 90748 **Hepatitis B CPT:** 90723, 90740, 90744, 90747, 90748 **ICD-10:** B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.0, B19.11/ **Newborn Hepatitis B:** ICD-10 3E0234Z/ HCPCS: G0010 **VZV CPT:** 90710, 90716/ HCPCS: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9 **PCV CPT:** 90670/ HCPCS: G0009 **Hepatitis A CPT:** 90633/ HCPCS: B15.0, B15.9. **Rotavirus CPT** 1 dose: 90680, 90681/ 2dose: 90681/ 3dose: 90680 **Influenza CPT:** 90655, 90657, 90660, 90661,90662, 90673, 90672, 90685–90689/ HCPCS G0008

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Immunization for Adolescents - Measure ID: IMA-2 Description: *Adolescents who had the following vaccines* ***done by their 13th birthday.*** • *One (1) Meningococcal Conjugate Vaccine(MCV)* • *One (1) Tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine.* • *Three (3) Human Papillomavirus (HPV) vaccines.* **Documentation Requirements:** Measurement Year Lines: Medi-Cal Age: **13yrs old**	Documentation in the medical record must include the following: • A note indicating the name of specific antigen and the date of the immunization • A certificate of immunization that includes specific dates and types of immunization administered • Anaphylactic reaction to the vaccine or its components any time on or before the child's 13th birthday **Meningococcal vaccine-** given between child's 11th and 13th birthday **Tdap vaccine-** given between child's 10th and 13th birthday **HPV vaccine-** 2-doses (given 146 days apart) or 3 doses given between child's 9th and 13th birthday	**CPT Codes:** **MCV Vaccine: 90619, 90733, 90734** **Tdap Vaccine: 90715** **HPV Vaccine: 90649-90651**
Well-Child Visits in the First 30 Months of Life - *New* Measure ID: W30 ***W30-6+ and W30-2+*** Description: *Children who turned 15–30 months old during the measurement year and had the recommended number of well-child visits with a primary care provider.* • *Children who turned 15 months old during the measurement year: Six or more well-child visits.* • *Children who turned 30 months old during the measurement year: Two or more well-child visits.* Documentation Requirements: Measurment Year Lines: **Medi-Cal** Age: **15mo - 30mo**	Documentation of well-child visits must include ALL elements: 1. Physical exam: Assessment of multiple body, Vital signs, Chronic condition. 2. Health history: Birth hx, Medical, Surgical hx, History of illness, Allergies. 3. Physical development: Follows parents with eyes, Sits, Crawls, Walks, Pulls self up, Turns face to side when on stomach 4. Mental development: Coos, Babbles, Easily consoled, Fears strangers, Experiences separation anxiety, Looks for toys that fall out of sight 5. Anticipatory guidance: Safety, Nutrition, Weaning from bottle or breast, Development milestones, Sleep patterns	**Well-Care Visits:** **ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2** **CPT Codes: 99381-99385, 99391-99395, 99461** **HCPCS: G0438, G0439, S0302, S0610, S0612, S0613** **Outpatient telehealth visit: POS 02; Modifier 95, GQ, GT**

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Child and Adolescent Well Care Visits Measure ID: WCV *(This measure is a combination of the former measures W34 and AWC. The hybrid collection and reporting model is no longer available. Administrative reporting only)* Description: *Children and adolescents ages 3–21 with at least one well-care visit with a PCP or OB/GYN completed annually.* Documentation Requirements: Measurement Year Lines: Medi-Cal Age: **3yrs - 21yrs**	Documentation must include a note indicating a visit with a PCP or OB/GYN practicioner, the date when the well-care visit occurred and evidence of all of the following: 1. Physical exam: Assessment of multiple body systems, Vital signs. 2. Health history: Birth hx, Family hx, Allergies, Status since last visit 3. Physical development history: Diet, Physical fitness, Puberty, School activities, Body image 4. Mental developmental history: Peer relationships, Smoking, Alcohol, Drug use, Sexual activity, Depression, Grades, School issues, Decision making 5. Health education/Anticipatory guidance: Safety, Poison control, Nutrition, Sees a dentist, Interacts with others, Discipline, Physical activity, Oral health, Safe sex, Self-exams – breast or testicular.	**Well-Care Visits** **ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01 .411, Z01 .419, Z02.5, Z76.1, Z76.2** **CPT Codes: 99381-99385, 99391-99395, 99461** **HCPCS: G0438, G0439, S0302, S0610, S0612, S0613** **Outpatient telehealth visit: POS 02; Modifier 95, GQ, GT**
Developmental Screening in the First Three Years of Life Measure ID: DEV Description: *This measure looks at the percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their 1st, 2nd, or 3rd birthday* **Documentation Requirements:** Measurement Year Lines: Medi-Cal Age: **12months - 3yrs**	Documentation in the medical record must include all of the following: • A note indicating the date on which the test was preformed. • The standardized tool used (see tools that meet criteria below). • Evidence of a screening result or screening score. Tools must meet the following criteria: • Developmental domains: The following domains must be included in the standardized developmental screening tool: motor, language, cognitive, and social-emotional. • Established Reliability: Reliability scores of approximately 0.70 or above. • Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s). • Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above.	**DEV screening code: 96110**

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications Measure ID: SSD Description: *Patients ages 18–64 diagnosed with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed antipsychotic medications and had diabetes screening during the measurement year* **Documentation Requirements:** Measurement Year Lines: Medi-Cal Age: 18**yrs - 64yrs**	Evidence from claim/encounter or lab data: • Glucose test in measurement year • HbA1c test in measurement year HbA1c tests may include: • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • HB1c • Hemoglobin A1c	**Glucose lab testing: CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951** **HbA1c lab testing: CPT: 83036, 83037** **HbA1c test result or finding: CPT Cat. II: 3044F, 3046F, 3051F, 3052F** **Schizophrenia: ICD-10: F20.0–F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9** **Bipolar disorder: ICD-10: F30.10–F30.13, F30.2–F30.4, F30.8, F30.9, F31.0, F31.10–F31.13, F31.2, F31.30–F31.32, F31.4, F31.5, F31.60–F31.64,F31.70–F31.78** **Other bipolar disorder: ICD-10: F31.81, F31.89, F31.9**
Follow-Up Care for Children Prescribed ADHD Medication Measure ID: ADD Description: *Children 6-12 years newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed* Documentation Requirements: EVERY VISIT Lines: Medi-Cal Age: **6yrs - 12yrs**	• Initiation Phase: members who had an ambulatory prescription dispensed for ADHD medication, and had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. • Continuation and Maintenance (C&M) Phase: members who remained on the medication for at least 210 days (7 months) and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits a practitioner within 270 days (9 months) after Initiation Phase Ended.	**ADD Stand Alone Visits Value Set_CPT CODES: 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510** **HCPCS: G0155, G0176, G0177, G0409, G0410, G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015** **ADD Visits Group 1 Value Set_CPT: 90791, 90792, 90832-90834, 90836, 90840, 90845, 90847, 90849, 90853, 90875, 90876** **ADD Visits Group 2 Value Set_CPT: 99221-99223, 99231- 99233, 99238, 99239, 99251-99255** **Outpatient: CPT 99391-99394** **Telephonic and Telehealth: CPT 99441-99443, 98966-98968, 99444, 99212-99215, 99201-99205** **Online Assessment (e-visit/virtual check-in) CPT/CPT II 98969-72, 99421-23, 99444, 99457 HCPCS G0071, G2010, G2012, G2061, G2062, G2063**

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Metabolic Monitoring for Children and Adolescents on Antipsychotics Measure ID: APM Description: *Children and adolescents ages 1–17 who had two or more antipsychotic prescriptions and had metabolic testing.* Documentation Requirements: See Description Above Lines: Medi-Cal Age: **1yr - 17 yrs**	Medical Record Detail Including, But Not Limited to: • Blood glucose test or HbA1c lab test and • Cholesterol test other than low-density lipoprotein (LDL) or LDL-C test	**Glucose lab testing CPT Codes: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951** **HbA1c lab testing CPT Codes: 83036, 83037** **HbA1c test result or finding CPT Cat. II: 3044F, 3046F, 3051F, 3052F** **LDL-C testing CPT Codes: 80061, 83700, 83701, 83704, 83721** **LDL-C test result or finding CPT Cat. II: 3048F–3050F** **Cholesterol lab testing CPT Codes: 82465, 83718, 83722, 84478**
Appropriate Testing for Children With Pharyngitis Measure ID: CWP Description: *Children ages 3 years and older, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test within 3 days prior to or 3 days after the diagnosis day (seven days total) any outpatient or ED visit.* Documentation Requirements: EVERY VISIT Lines: Medi-Cal Age: 3 **yrs and older**	Date of service and result must be documented with: • Date of service for an outpatient or ED visit with a diagnosis of pharyngitis • Throat culture lab report • Date and result of strep test with a diagnosis of pharyngitis • Antibiotic prescription for the episode	**Pharyngitis ICD-10 codes: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91** **Group A Strep Tests CPT codes: 87070, 87071, 87081, 87430, 87650-87652, 87880** **Outpatient CPT codes: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483** **HCPCS codes: G0402, G0438, G0439, G0463, T1015** **Telephonic and Telehealth CPT codes: 99441-99443, 98966-98968, 99444, 99212-99215, 99201-99205** **CPT Modifier codes for telehealth: 95, GT, 02**
Weight Assessment and Counseling for Nutrition & Physical Activity for Children/ Adolescents Measure ID: WCC Description: *Children 3-17 years of age who has an outpatient visit with a PCP or OB/GYN and had evidence of Body mass index (BMI) percentile with height and weight documentation, Counseling for nutrition, and Counseling for physical activity during the measurement year.* Documentation Requirements: Measurement Year Lines: Medi-Cal Age: 3yrs - 17 yrs	Documentation in the medical record must include a note indicate the date of the office visit and evidence of the following: • BMI Percentile calculation (height, weight and/or BMI reported by parents) or Counseling for Physical activity and/or Nutrition that takes place during a telephone visit, e-visit or virtual check-in meets numerator compliance. • Height, weight or BMI percentile reported by the parents and documented into the member's official medical record by a provider is acceptable member reported data. • Counseling for nutrition • Counseling for physical activity	**Outpatient visit: CPT 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99429, 99455–99456, 99483** **HCPCS G0402, G0438, G0439, G0463, T1015** **Outpatient telehealth visit: POS 02; Modifier 95, GT** **BMI percentile: ICD-10 Z68.51–Z68.54** **Counseling for nutrition: CPT 97802–97804; HCPCS G0270, G0271, G0447, S9449, S9452, S9470; ICD-10 Z71.3** **Counseling for physical activity: HCPCS G0447, S9451; ICD-10 Z02.5, Z71.82**

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Blood Pressure Control for Patients With Diabetes Measure ID: BPD Description: *Patients 18-75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.* Documentation Requirements: Measurement Year Lines: Medi-Cal Age: **18yr - 75 yrs**	Blood Pressure (BP) Control (<140/90 mmHg) • The most recent BP reading during an outpatient visit or a nonacute inpatient encounter in measurement year (For multiple blood pressure reading taken on the same day use the lowest systolic and lowest diastolic BP. ALWAYS recheck BP if initial reading is at or > 140/90 mm Hg) • BP readings taken and reported by member using any digital device and reported or transmitted to the provider are acceptable. Note: BP reading taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope does not meet criteria.	**Hypertension: ICD-10: I10** **Diastolic BP less than 80: CPT II Codes 3078F** **Diastolic BP 80-89: CPT II Codes 3079F** **Diastolic BP greater than or equal to 90: CPT II Codes 3080F** **Systolic BP less than 130 mm Hg: CPT II Codes 3074F** **Systolic BP 130-139 mm: CPT II Codes 3075F** **Systolic BP greater than or equal to 140: CPT II Codes 3077F**
Care of Older Adults Measure ID: COA Description: *The percentage of adults 66 years of age and older who had each of the following during the measurement year:* • *Medication Review.* • *Functional Status Assessment.* • *Pain Assessment.* Documentation Requirements: Measurement Year Lines: Medi-Cal Age: **18yr - 75 yrs**	* At least one medication review conducted by a prescribing practitioner or clinical pharmacist during the measurement year and the presence of a medication list in the medical record, as documented through either administrative data or medical record review. * At least one functional status assessment during the measurement year, as documented through either administrative data or medical record review. * At least one pain assessment during the measurement year, as documented through either administrative data or medical record review.	**Medication Review (codes must be submitted for both Medication List AND Medication Review for credit)** **Medication List - CPT-CAT-II: 1159F, HCPCS: G8427** **Medication Review - CPT-CAT-II: 1160F, CPT: 90863, 99605, 99606, 99483** **Functional Status Assessment- CPT: 99483, CPT-CAT-II: 1170F, HCPCS: G0438, G0439** **Pain Assessment- CPT-CAT-II: 1125F, 1126F**

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Eye Exam for Patients with Diabetes Measure ID: EED Description: *Patients 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.* Documentation Requirements: Measurement Year Lines: Age: Medi-Cal **18yr - 75 yrs**	Screening or monitoring for diabetic retinal disease as identified by administrative data. This includes diabetics who had one of the following: • A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year. • A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year. • Bilateral eye enucleation any time during the member's history through December 31 of the measurement year.	**Diabetic Eye Exam without Evidence of Retinopathy in Prior Year** **CPT®/CPT II 3072F** **Diabetic Eye Exam without Evidence of Retinopathy** **CPT®/CPT II 2023F, 2025F, 2033F** **Diabetic Eye Exam with Evidence of Retinopathy** **CPT®/CPT II 2022F, 2024F, 2026F** **Automated Eye Exam (Imaging of retina)** **CPT®/CPT II 92229**
Statin Therapy for Patients with Diabetes Measure ID: SPD Description: *Members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:* *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.* Documentation Requirements: EVERY VISIT Lines: Age: Medi-Cal 40**yr - 75 yrs**	Submit claim/encounter or pharmacy data to evidence this visit.	**Please use the appropriate codes as applicable.**
Postpartum Depression Screening and Follow-Up Measure ID: PDS-E Description: *Members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.* *• Depression Screening- members were screened for clinical depression using a standardized instrument during the postpartum period.* Documentation Requirements: See Description Above Lines: Medi-Cal	Depression Screening-Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized instrument, performed during the 7–84 days following the date of delivery. Follow-Up on Positive Screen-Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).	**Behavioral Health Encounter** **CPT®/CPT II 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493** **Depression Case Management Encounter** **CPT®/CPT II 99366, 99492, 99493, 99494**

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Prenatal Depression Screening and Follow-Up Measure ID: PND-E Description: *Members who had a live birth in the measurement year and who received the following during their pregnancy in the measurement period (January 1 to December 1 of the measurement year)* *• Depression Screening: Clinical depression screening using a standardized instrument* *• Follow-up: Upon documentation of a positive depression screening, members receive follow-up within 30 days of the positive screening* Documentation Requirements: See Description Above Lines: Age: Medi-Cal **Pregnant Women**	Submit evidence of a full-length screening tool (e.g., PHQ-9, PROMIS Depression). Submit evidence of follow-up visit within 30 days of the positive screening.	**Behavioral Health Encounter CPT®/CPT II 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493** **Follow-Up Visit CPT®/CPT II 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483**
Prenatal Immunization Status Measure ID: PRS-E Description: *Members who had a live birth in the measurement period (January 1 to December 1 of the measurement year) and who have had the following vaccinations in the recommended timeframe:* *• 1 Influenza vaccine* *• 1 Td/Tdap vaccine* Documentation Requirements: See Description Above Lines: Age: Medi-Cal **Pregnant Women**	Submit evidence of immunization record and progress notes following immunizations in the listed timeframe: Influenza ▪Between July 1st of the year prior to the measurement year and the delivery date Tdap ▪During the pregnancy, including on the delivery date	**Influenza Vaccine-CPT®/CPT II 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756** **Tdap- CPT®/CPT II 90715**
Acute Hospital Utilization Measure ID: AHU Description: *Members 18 years of age and older, the risk-adjusted ratio of observed-to-expected acute inpatient and observation stay discharges during the measurement year.* Documentation Requirements: Measurement Year Lines: Age: Medi-Cal **18 yrs and older**	• Focus on chronic disease control with members, including regular care provider visits, to help prevent and minimize condition complications and exacerbations. • Encourage members to come in for annual wellness visits to promote early diagnosis of any conditions, and to help them complete preventive screenings and health promotion activities such as immunizations. • Educate members on personal safety such as wearing seatbelts and avoiding falls, and on lifestyle choices including diet, exercise, smoking and appropriate alcohol intake.	**Please use the appropriate codes as applicable.**

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Adults Access to Preventive/ Ambulatory Health Services Measure ID: AAP Description: *Members 20 years of age and older who had one or more ambulatory or preventive care visit.* Documentation Requirements: EVERY VISIT Lines: Medi-Cal Age: **20 yrs and older**	Submit documents to evidence this visit.	**Ambulatory Visits** **CPT: 92002, 92004, 92012, 92014, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99457, 99458, 99483** **HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250, G2251, G2252, S0620, S0621, T1015** **Reason for Ambulatory Visit** **Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2** **Hospice Care** **HCPCS: G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046, G0182** **CPT: 99377, 99378**
Appropriate Treatment for Upper Respiratory Infection Measure ID: URI Description: *Members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. On or 3 days after the diagnosis day (4 days total). Date collection between July 1 of the year prior to the measurement year through June 30 of the measurement year.* Documentation Requirements: Measurement Year Lines: Medi-Cal Age: **3 months and older**	Submit documents evidencing URI did not result in an antibiotic dispensing event (according to URI list).	**Hospice Care** **HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046, G0182** **CPT: 99377, 99378**

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Depression Screening and Follow-Up for Adolescents and Adults Measure ID: DSF-E Description: *Members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.* *• Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument.* *• Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.* Documentation Requirements: See Description Above Lines: Age: Medi-Cal **12 yrs and older**	Depression Screening: Members with a documented result for depression screening, using an age-appropriate standardized instrument, performed between January 1 and December 1 of the measurement period. Follow-Up on Positive Screen: Members who received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).	**Behavioral Health Encounter CPT Codes; 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847,90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 99492, 99493** **Follow up visit CPT codes; 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483**
Follow up After ED Visit for Mental Illness Measure ID: FUM Description: *The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:* *1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 days total)* *2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 days total)* Documentation Requirements: EVERY VISIT Lines: Age: Medi-Cal **6 yrs and older**	For both indicators 30-Day and 7-Day Follow-Up, any of the following meet criteria for a follow up visit (with principal diagnosis of a mental health disorder) and not limited to. *Outpatient visit, Intensive outpatient, Community mental health center, Electroconvulsive therapy, Telehealth visit, Telephone visit, e-visit or virtual check-in	Please refer to **Place of Service Code** to apply the required codes

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Follow up After ED Visit for Substance Abuse Measure ID: FUA Description: *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 follow-up.* *The following rates are reported:* *1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 days total)* *2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 days total)* Documentation Requirements: EVERY VISIT Lines: Medi-Cal Age: **13 yrs and older**	For both indicators 30-Day and 7-Day Follow-Up, any of the following meet criteria for a follow up visit (any diagnosis of SUD (AOD Abuse and Dependence Value Set), substance use (Substance Induced Disorders Value Set) or drug overdose (Unintentional Drug Overdose Value Set), with mental health provider, (Non-residential Substance Abuse Treatment Facility POS Value Set) and not limited to. *Outpatient visit, Intensive outpatient, Non-residential substance abuse treatment facility visit, Peer support, Opioid treatment service, Telehealth visit, Telephone visit, e-visit or virtual check-in, substance use disorder service, behavioral health, pharmacotherapy dispensing event.	Please refer to **Place of Service Code** to apply the required codes
Antidepressant Medication Management Measure ID: AMM Description: *Patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and remained on an antidepressant medication treatment.* *Acute Phase: Patients who remained on the medication for at least 84 days (12 weeks) within 114 days from earliest prescription dispense date during the 12-month window starting on May 1 of the prior year, through April 30 of the current year.* *Continuation Phase: Patients who remained on medication for at least 180 days (six months) within 232 days from earliest prescription dispense date during the 12-month window starting on May 1 of the prior year, through April 30 of the current year.* **Documentation Requirements:** See Description Above Lines: Medi-Cal Age: **18 yrs and older**	Evidence from claim/encounter data: • Diagnosis of major depression and date of the earliest dispensing event for an antidepressant medication • Calendar days covered with prescriptions within the specified 180-day (6-month) measurement interval based on pharmacy claims.	**Major depression ICD-10 codes: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9** **AMM Stand Alone Visits CPT codes: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510** **HCPCS codes: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015** **AMM Visits CPT codes: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255** **ED CPT codes: 99281-99285** **Telephonic and Telehealth CPT codes: 99441-99443, 98966-98968, 99444, 99212-99215, 99201-99205** **CPT Modifier codes for telehealth: 95, GT, 02**

HEDIS MEASURES AND REQUIREMENTS	DOCUMENTATION NEEDED	CPT/CPTII CODES
Prenatal Care Measure ID: PPC - Prenatal Description: *Prenatal: Women who delivered between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. Women who had a live birth that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.* **Documentation Requirements:** See Description Above Lines: Medi-Cal Age: **Pregnant Women**	**Prenatal Care Visit** 1. Documentation diagnosis or references of pregnancy as either of the following: (standardized prenatal flow sheet, or last menstrual period, estimated due date, or gestational age, positive pregnancy test result, gravidity and parity, complete obstetrical history, or risk assessment, education, or counseling of pregnancy) 2. Physical obstetrical examination that includes auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height 3. Evidence of prenatal care procedures performed, such as: a. Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), or b. TORCH antibody panel alone, or c. A rubella antibody test/titer with an Rh incompatibility (ABO/Rh)blood typing, or d. Ultrasound of a pregnant uterus.	**Prenatal visit during first trimester with a pregnancy diagnosis code: CPT 99201–99205, 99211–99215, 99241–99245, 99483; HCPCS G0463, T1015** **Online assessments (e-visits or virtual check-ins) with pregnancy diagnosis code: CPT 98969–98972, 99421–99423, 99444, 99457, 99458; HCPCS G2010, G2012, G2061–G2063** **Phone visit with pregnancy diagnosis code: CPT 98966–98968, 99441–99443** **Standalone prenatal visits: CPT 99500; CPT Cat. II 0500F, 0501F, 0502F; HCPCS H1000–H1004** **Prenatal bundled services: CPT 59400, 59425, 59426, 59510, 59610, 59618; HCPCS H1005**
Postpartum Care Measure ID: PPC_Postpartum Description: *Women who delivered between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year.Women who had a live birth that had a postpartum visit on or between 7–84 days after delivery.* **Documentation Requirements:** See Description Above Lines: Medi-Cal Age: **Pregnant Women**	Post-partum Visit Document date of postpartum visit with evidence of one of the following: • Notation of "postpartum care," PP check, PP care, 6-week check, etc. . • Pelvic exam i.e.; Pap test • Evaluation of weight, blood pressure, breasts and abdomen. • Perineal or cesarean incision/wound check . • Documentation of infant care, breastfeeding, family planning, sleep/fatigue and/or resumption of physical activity • Screening for glucose for patients with gestational diabetes. • Screening for behavioral or mental health disorders including depression, anxiety, tobacco or substance use. Note: Can also use a Pap test completed within 7–84 days after delivery	**Postpartum visit: CPT 57170, 58300, 59430, 99501; CPT Cat. II 0503F; HCPCS G0101; ICD-10 Z01 .411, Z01 .419, Z01 .42, Z30 .430, Z39 .1, Z39 .2** **Cervical cytology: CPT 88141–88143, 88147, 88148, 88150, 88152–88154, 88164–88167, 88174, 88175; HCPCS G0123, G0124, G0141, G0143–G0145, G0147, G0148, P3000, P3001, Q0091** **Postpartum bundled services: CPT 59400, 59410, 59425, 59426, 59510, 59515, 59610, 59614, 59618, 59622**