HEDIS Measurement Year 2024 Quick Reference Guide

Community Health Options strives to achieve the highest possible HEDIS® and Qualified Health Plan (QHP) ratings, not only because it's key to our accreditation, but because it's one way for individual members, business clients, administrative clients—and even providers looking to partner with us—to see our focus on providing access to superior care that leads to better outcomes for our Members and your patients.

We're targeting key HEDIS (Healthcare Effectiveness Data and Information Set) measures that especially meet the needs of our Members, with an emphasis on immunizations, preventive screenings, screenings for patients with diabetes, imaging for newly diagnosed low back pain, substance use treatment and behavioral healthcare. We are hopeful we will achieve the highest possible ratings without sacrificing your clinical judgment by working together.

Below is a guide to the HEDIS measures we're focused on most, based on HEDIS technical specifications for Measurement Year 2024 (MY 2024). MY 2024 refers to the 2024 calendar year data reported on June 13, 2025.

HEDIS MY 2024 is one of the most widely used sets of health care performance measures in the United States tracking how well healthcare organizations perform, often used by patients to find out whether providers and health plans have a proven track record of high-quality care.

How you can improve your HEDIS score

- Conduct annual preventive care visits and ensure your patients are current with recommended screenings.
- Submit claim/encounter data for each service rendered.
- Ensure chart documentation reflects all services billed. Bill appropriately—for all delivered services, regardless of contract status. Make sure to accurately submit all claim/encounter data in a timely manner.
- Include CPT II codes to provide additional details and reduce medical record requests.
- Respond in a timely way to medical records requests. Submit supplemental data throughout the measurement year.

Documenting patient care: Data collection methods

- Administrative reporting standard: We use transaction or other administrative data help to identify the eligible population and numerator. We report all members who meet the eligible population criteria and have received the service required for the numerator.

- Hybrid reporting standard: We look for numerator compliance in administrative and medical record data. In this case, the denominator comprises a systematic sample of members drawn from an eligible population, and we review administrative data to determine whether those members received the required service, along with medical record data for members who do not meet the numerator criteria. We report the rate based on members in the sample who received the service required for the numerator.

- Electronic Clinical Data Systems (ECDS) reporting standard: This relatively new method gives us a way to collect and report standard electronic clinical data to document patient care and quality improvement for several existing HEDIS measures, alongside traditional HEDIS reporting. Based on these results, NCQA has announced the transition of several measures to ECDS-only. The major reporting change to be aware of is that traditional hybrid measures (COL) that transition to ECDS-only will no longer use the annual chart retrieval process to

demonstrate compliance. All compliance from medical records must be processed through prospective supplemental data. The data sources for ECDS are Electronic Health Records, Health Information Exchanges, Case Management Systems, and Administrative Claims. Visit NCQA's website for more information and FAQs about ECDS reporting.

ECDS Reporting Effective MY 2024

- Adult Immunization Status (AIS-E) Required
- Breast Cancer Screening (BCS-E) Required
- Colorectal Cancer Screening (COL-E) Required

ECDS Reporting Potential MY 2025

- Childhood Immunization Status (CIS)
- Immunizations for Adolescents (IMA)
- Cervical Cancer Screening (CCS)

ECDS MY 2024 First Year Reported

- Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
- Social Need Screening and Intervention (SNS-E)

MY 2024 Revised HEDIS Measure

Hemoglobin A1C Control for Patients with Diabetes (HBD) was replaced with Glycemic Status Assessment for Patients with Diabetes (GSD).

COMMUNITY Health Options

HEDIS Guidelines

COMMUNITY Health Options

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

The percentage of episodes for patients 3 months of age and older with a visit diagnosis of acute bronchitis-bronchiolitis that did not result in an antibiotic dispensing from the outpatient or virtual episode date. The timeframe is July 1 of the year prior to the measurement year to June 30 of the measurement year.

Negative medication history: Remove episode dates where a new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode.

Negative comorbid condition history: Remove episode dates where the member had a claim/encounter with any diagnosis for a comorbid condition during the 12 months prior to or on the episode date.

Negative competing diagnosis: The episode date and 3 days following the episode date when the member had no claims/encounters with a competing diagnosis (Pharyngitis Value Set and Competing Diagnosis Value Set)

Required Exclusions: Hospice or death during the measurement year.

Annual Monitoring for Persons on Long-Term Opioids (AMO)

least once during the measurement year. A lower rate indicates better performance.

Long-term opioid therapy is classified as ≥90 days' cumulative supply of any combination of opioid analgesics during the measurement year identified using prescription claims.

Applicable drug screen tests include at least one of the following targeted drug classes: amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, and opiates/opioids.

Required Exclusions: Cancer (not including non-melanoma skin cancer), hospice, palliative care or death during the measurement year.

Opioid Analgesics		
benzhydrocodone	hydrocodone	oxycodone
buprenorphine	hydromorphone	oxymorphone
butorphanol	levorphanol	pentazocine
codeine	meperidine	tapentadol
dihydrocodeine	methadone	tramadol
fentanyl	morphine	

- Includes opioid medications indicated for pain; includes combination products.
- Excludes the following: medications prescribed or provided as part of medication-assisted treatment for opioid use disorder (i.e., buprenorphine sublingual tablets, Probuphine® Implant kit subcutaneous implant, and all buprenorphine/naloxone combination products.

Description	Codes
Drug Test	**CPT:** 80184, 80305-80307, 80324-80326, 80345-80349, 80350-80359, 80361-80365, 80372-80377, 82542 **HCPCS:** G0480-G0483, G0659

Asthma Medication Ratio (AMR)

The percentage of patients 5–64 years of age 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.

Patients with persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.

- At least one ED visit or acute inpatient encounter with a principal diagnosis of asthma.
- At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim.
- At least four outpatient visits, telephone visits or e-visits or virtual check-ins on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events for any controller or reliever medication.
- At least four asthma medication dispensing events for any controller or reliever medication.
    - Where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma in any setting, in the same year as the leukotriene modifier or antibody inhibitor.

One medication unit equals one inhaler canister, one injection, one infusion or a 30-day or less supply of an oral medication. To calculate the ratio of controller medications to the total asthma medications:

1. Count the units of asthma controller medications dispensed during the measurement year.
2. Count the units of asthma reliever medications dispensed during the measurement year.
3. Sum the units calculated in step 1 and step 2 to determine the total units of asthma medications.
4. Calculate the ratio: Divide the units of Controller Medication (step 1) by the units of total asthma medications (step 2)

Required Exclusions: Any diagnosis requiring a different treatment approach than patients with asthma; patients with no asthma controller or reliever medications dispensed during the measurement year; hospice or death during the measurement year.

AMR Medications		
Asthma Controller Medications		
Description	Prescription	Route
Antibody Inhibitors	Omalizumab	Injection
Anti-Interleukin-4	Dupilumab	Injection
Anti-Interleukin-5	Benralizumab, Mepolizumab, Reslizumab	Injection
Inhaled Steroid Combinations	Budesonide-formoterol, Fluticasone-salmeterol Fluticasone-vilanterol, Formoterol-mometasone	Inhaled
Inhaled Corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone	Inhaled
Leukotriene Modifiers	Montelukast, Zafirlukast, Zileuton	Oral
Methylxanthines	Theophylline	Oral
Asthma Reliever Medications		
Short-acting, inhaled beta-2 agonists	Albuterol, Levalbuterol	Inhaled

tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster, and pneumococcal during the measurement year.

- **Influenza:** Patients 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 patients with anaphylaxis due to the influenza vaccine any time before or during the measurement period.
- **Td/Tdap:** Patients 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 patients with a history of at least one of the following contraindications any time before or during the measurement period: Anaphylaxis or encephalitis due to the diphtheria, tetanus or pertussis vaccine.
- **Zoster:** Patients who received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine at least 28 days apart any time on or after the member's 50th birthday and before or during the measurement period. Patients with anaphylaxis due to the herpes zoster vaccine any time before or during the measurement period.
- **Pneumococcal:** Patients who were administered at least one dose of an adult pneumococcal vaccine on or after their 19th birthday and before or during the measurement period, or patients with anaphylaxis caused by the pneumococcal vaccine any time before or during the measurement period.

Exclusions: Hospice and death during the measurement year.

Description	Codes*
Adult Influenza Vaccine Procedure	**CPT:** 90630, 90653–90654, 90656, 90658, 90661–90662, 90673–90674, 90682, 90686, 90688–90689, 90694, 90756 **SNOMED CT:** 86198006
Adult Pneumococcal Vaccine Procedure	**CPT:** 90670, 90671, 90677, 90732 **HCPCS:** G0009 **SNOMED CT:** 12866006, 394678003, 871833000, 1119366009, 1119367000, 1119368005, 434751000124102
Td Vaccine Procedure	**CPT:** 90714 **SNOMED CT:** 73152006, 312869001, 395178008, 395179000, 395180002-395181003, 414619005, 416144004, 416591003, 417211006, 417384007, 417615007, 866161006, 866184004, 866185003, 866186002, 866227002, 868266002, 868267006 868268001, 870668008, 870669000, 870670004, 871828004 632481000119106
Tdap Vaccine Procedure	**CPT:** 90715 **SNOMED CT**: 390846000, 412755006, 412756007, 412757003, 428251000124104, 571571000119105
Herpes Zoster Vaccine Procedure	**CPT:** 90736, 90750 **SNOMED CT:** 871898007, 871899004, 722215002

*Codes are subject to change

Breast Cancer Screening (BCS-E)

The percentage of patients 50–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer. Participation Period: October 1 two years prior to the measurement period through the end of the measurement period.

Exclusions: Patients who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member's history through the end of the measurement period; hospice or death during the measurement year.

Description	Diagnosis Codes*
Mammogram	**CPT:** 77061-77063, 77065-77067 **SNOMED:** 241055006, 24105600, 241057003, 241058008, 439324009, 241055006, 241057003, 241058008, 439324009 **LOINC:** 39150-8, 39152-4, 39153-2, 39154-0, 42168-5 42169-3, 42174-3, 46342-2, 46354-7, 46355-4
Absence of Left Breast and Nipple	**ICD 10:** Z90.12
Absence of Right Breast and Nipple	**ICD 10:** Z90.11
Acquired absence of bilateral breasts and nipples	**ICD 10:** Z90.13
Unilateral mastectomy with bilateral modifier (SNOED 51440002)	**CPT:** 19180, 19200, 19220, 19240, 19303-19307
Unilateral Mastectomy Left	**ICD 10**: 0HTU0ZZ **SNOMED:** 428571003, 726429001, 726435001 726437009, 741009001, 741018004, 836437004 451211000124109
Unilateral Mastectomy Right	**ICD:** 0HTT0ZZ **SNOMED**: 429400009, 726430006, 726434002 726436000, 741010006, 741019007, 836435007, 451201000124106
Bilateral Mastectomy	**ICD 10**: 0HTV0ZZ **SNOMED:** 14693006, 14714006, 17086001, 22418005 27865001, 52314009, 60633004, 76468001, 456903003 726636007, 836436008, 870629001
History of Bilateral Mastectomy	**ICD 10:** Z90.13 SNOMED: 428529004, 136071000119101

*Codes are subject to change

COMMUNITY Health Options

Cervical Cancer Screening (CCS, CCS-E)

The percentage of patients 21–64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria:

- 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed during the measurement year or 2 years prior to the measurement year.
- 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed during the measurement year or the 4 years prior AND who were 30 years or older as of the date of testing.

Documentation in the medical record must include both a note indicating the date of when the cervical screen was performed and the result or finding must be included.

Required Exclusions: Hysterectomy with no residual cervix, cervical agenesis or acquired absence of the cervix, palliative care, sex assigned at birth Male. Hospice, palliative care or death during the measurement year.

Description	Codes*
Hysterectomy with no residual cervix	**CPT:** 57530, 57531, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 58956, 59135 **ICD 10:** 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ **SNOMED:** 24293001, 27950001, 31545000, 35955002, 41566006, 46226009, 59750000, 82418001, 86477000, 88144003, 116140006 116142003, 116143008, 116144002, 176697007, 236888001, 236891001, 287924009, 307771009, 361222003, 361223008, 387626007, 414575003, 440383008, 446446002, 446679008, 708877008, 708878003, 739671004, 739672006, 739673001, 739674007, 740514001, 740515000, 767610009, 767611008, 767612001, 1163275000
Absence of Cervix	**ICD 10:** Q51.5, Z90.710, Z90.712 **SNOMED:** 37687000, 248911005, 428078001, 429290001, 429763009, 473171009, 723171001, 10738891000119107
Cervical Cytology Result or Finding (Age 20-64)	**SNOMED:** 168406009, 168407000, 168408005, 168410007, 168414003, 168415002, 168416001, 168424006, 250538001, 269957009, 269958004, 269959007, 269960002, 269961003, 269963000, 275805003, 281101005, 309081009, 310841002, 310842009, 416030007, 416032004, 416033009, 439074000, 439776006, 439888000, 441087007, 441088002, 441094005, 441219009, 441667007, 700399008, 700400001, 1155766001, 62051000119105, 62061000119107, 98791000119102
High Risk HPV Lab (Age 30-64)	**CPT:** 87624, 87625 **HCPCS**: G0476 **LOINC:** 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0, 95539-3 **SNOMED**: 35904009, 448651000124104
Cervical Cytology Lab (Age 20-64)	**CPT:** 88141- 88143, 88147. 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175 **HCPCS:** G0123, G0124,G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 **LOINC:** 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 SNOMED: 171149006, 416107004, 417036008, 440623000, 448651000124104

*Codes are subject to change.

Childhood Immunization Status (CIS, CIS-E)

The percentage of children 2 years of age who turned 2 during the measurement year and who had each of the vaccinations noted below within the appropriate timeframe:

Required Exclusion: Contraindication to a childhood vaccine on or before their second birthday. Hospice or death during the measurement year.

Tips:

- Document both the name of the vaccine and the date it was administered in the medical record.
- Submit applicable codes.

Vaccine Description	Total Doses	Anaphylaxis on or before the 2nd Birthday SNOMED Codes*
Four diphtheria, tetanus and acellular pertussis (DTaP)	4	428281000124107, 428291000124105 Encephalitis: 192710009, 192711008, 192712001
Polio (IPV)	3	471321000124106
Measles, mumps and rubella (MMR)	1	471331000124109
Haemophilus influenza type B (HiB)	3	433621000124101
Hepatitis B (HepB)	3	428321000124101
Varicella Zoster (VZV)	1	471341000124104
Pneumococcal conjugate (PCV)	4	471141000124102
Hepatitis A (HepA)	1	471311000124103
Rotavirus (RV)	2-3	428331000124103
Influenza (flu) vaccines	2	471361000124100

*Codes are subject to change

Chlamydia Screening in Women (CHL)

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

Patients are identified for this measure by claim/encounter indicating sexual activity during the measurement year. Any of the following meets criteria: Diagnosis or procedures indicating sexual activity, a pregnancy test or contraceptive pharmacy data.

Required Exclusions: Pregnancy, hospice or death in the measurement year.

Tips:

- Providers should order an annual chlamydia screening for female patients between the ages of 15 years old (who will turn 16 years old by December 31 of the measurement year).
- Perform chlamydia screening every year.
- Inform patient that chlamydia screening can be performed through a urine test. Offer this as an option for patients.
- Add chlamydia screening as a standard lab for women 16–24 years old. Use well-child exams and well-women exams for this purpose.
- Place chlamydia swab next to Pap test or pregnancy detection materials.
- Meet with teens and young adults separately from their parents to allow open conversation.
- Advise patients during wellness visits or when they are seen for birth control to get screened for chlamydia.
- Submit applicable codes

Chlamydia Tests Codes*
CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810, 0353U
LOINC: 14463-4, 14464-2, 14465-9, 14467-5, 14474-1, 14513-6, 16600-9, 21190-4, 21191-2, 23838-6, 31775-0, 34710-4, 42931-6, 44806-8, 44807-6, 45068-4, 45069-2, 45072-6, 45073-4, 45075-9, 45084-1, 45089-0, 45090-8, 45091-6, 45093-2, 45095-7, 50387-0, 53925-4, 53926-2, 57287-5, 6353-7, 6356-0, 6357-8, 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6, 82306-2, 87949-4, 87950-2, 88221-7, 89648-0, 91860-7, 91873-0
SNOMED: 104175002, 104281002, 104282009, 104290009, 117775008, 121956002, 121957006, 121958001, 121959009, 122173003, 122254005, 122321005, 122322003, 134256004, 134289004, 171120003, 285586000, 310861008, 310862001, 315087006, 315095005, 315099004, 390784004 390785003, 395195000, 398452009, 399193003, 407707008, 442487003, 707982002,

*Codes are subject to change

Control of Blood Pressure CBP

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

Any of the following meets criteria:

- The most recent outpatient office visit BP reading during the measurement year on or after the second diagnosis of hypertension.
- If multiple BP measurements occur on the same date or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading.
- If no BP is recorded during the measurement year, assume that the member is "not controlled."
- Visits with vaccinations, injections, TB test, IUD insertion, eye exam with dilating agents or wart/mole removal are not excluded.

BPs obtained during an ER, inpatient and diagnostic or therapeutic procedure that requires a medication regiment, change in diet or change in medication are excluded. IE: Colonoscopy, dialysis, nebulizer.

Required Exclusions: Pregnancy, ESRD, dialysis, nephrectomy or kidney transplant, 66-80yo with both frailty and advanced illness, 81 and older with two indications of frailty. Hospice, palliative care or death.

Tips:

- Blood pressure reading can be collected via any telehealth visit and it does not require a remote monitoring device to be the source.
- Do not round up blood pressures IE: 139/89 to 140/90
- Retake BP readings if the reading is >140/90 mm Hg.
- Help patients schedule their hypertension follow-up appointments.
- Educate patients on what a controlled blood pressure means.
- Talk with patients about taking their own blood pressure via a digital device.
- If patients use a digital device, and report the blood pressure reading, capture the reading in their medical record.
- Submit applicable codes

Description	Codes*
Essential Hypertension	ICD 10: I10
Most recent SBP < 130 Most recent SBP 130-139 Most recent SBP ≥ 140	3074F 3075F 3077F
Most recent DBP < 80 Most recent DBP 80-89 Most recent DBP ≥ 90	3078F 3079F 3080F

*Codes are subject to change

Colorectal Cancer Screen (COL-E)

The percentage of patients 45–75 years of age who had appropriate screening for colorectal cancer.

Any of the following meets criteria:

- Fecal occult blood test FOBT Test Result or FOBT type during the measurement period.
- Stool DNA (sDNA) with FIT test during the measurement period or the 2 years prior to the measurement period.
- Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period.
- CT colonography during the measurement period or the 4 years prior to the measurement period.
- Colonoscopy during the measurement period or the 9 years prior to the measurement period.

Required Exclusions: Colorectal cancer history, hospice, palliative care, death or 66 years and older with frailty and advanced illness.

Description	Codes*
Colonoscopy	**CPT:** 44388-44392, 44394, 44401-44408, 45378-45386, 45388-45393, 45398 **HCPCS:** G0105, G0121 **SNOMED:** 8180007, 12350003, 25732003, 34264006, 73761001, 174158000, 174185007, 235150006, 235151005, 275251008, 302052009, 367535003, 443998000, 444783004, 446521004, 446745002, 447021001, 709421007, 710293001, 711307001, 789778002, 1209098000
CT Colonography	**CPT:** 74261-74263 **LOINC:** 60515-4, 72531-7, 79069-1, 79071-7, 79101-2, 82688-3 **SNOMED:** 418714002
sDNA FIT Lab Test	**CPT**: 81528 **LOINC:** 77353-1, 77354-9
Flexible Sigmoidoscopy	**CPT:** 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 **HCPCS:** G0104 **SNOMED:** 44441009, 396226005, 425634007
FOBT Lab Test	**LOINC:** 80372-6 **SNOMED:** 104435004, 441579003, 442067009, 442516004, 442554004, 442563002
FOBT Result or Finding • Occult blood in stools • Fecal occult blood: Neg • Fecal occult blood: Trace	**SNOMED** 59614000 167667006 389076003
Total Colectomy	**CPT:** 44150- 44153, 44155-44158, 44210-44212 **ICD 10**: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ **SNOMED:** 456004, 26390003, 31130001, 36192008, 44751009, 80294005, 303401008, 307666008, 307667004, 307669001, 713165008, 787108001, 787109009, 787874000, 787875004, 787876003, 858579005
Colorectal Cancer	**ICD 10:** C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 SNOMED: See Colonoscopy Value Set

*Codes are subject to change

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

The percentage of patients 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. The measurement period is January 1-December 31.

- Depression Screening. The percentage of patients who were screened for clinical depression using a standardized instrument.
- Follow-Up on Positive Screen. The percentage of patients who received follow-up care within 30 days of a positive depression screen finding.

Required Exclusions: Patients with depression, history of bipolar disorder, hospice or death.

A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:		
Adolescents ≤ 17 years		
Instrument	**Total LOINC Codes**	**Positive Finding**
Patient Health Questionnaire (PHQ-9) ®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) ®	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ® brief screening	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) ® brief screening, proprietary- may be cost or licensing requirement associated with use.	55758-7	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
PROMIS Depression	71965-8	Total score ≥60
Adults 18+		
Instrument	**Total LOINC Codes**	**Positive Finding**
Patient Health Questionnaire (PHQ-9) ®	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) ®	55758-7	Total score ≥3
Patient Health Questionnaire-2 (PHQ-2) ® brief screening	89208-3	Total score ≥8
Beck Depression Inventory-Fast Screen (BDI-FS) ® brief screening	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety-Depression Scale (DUKE-AD) ® proprietary; may be a cost or licensing requirement with use.	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS) brief screening	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	48544-1	Total score ≥10
My Mood Monitor (M-3) ®	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

*Codes are subject to change

Eye Exam for Patients With Diabetes (EED)

The percentage of patients 18–75 years of age with DM (types 1 and 2) who had a retinal eye exam.

At a minimum, documentation in the medical record must include one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year. A note or letter prepared by an ophthalmologist, optometrist, PCP or other healthcare professional indicating that an ophthalmoscopic exam was completed by an eye care professional, the date when the procedure was performed and the results.
- A chart or photograph indicating the date when the fundus photography was performed and one of the following:
    - Evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results.
    - Evidence results were read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist.
    - Evidence results were read by a system that provides an artificial intelligence (AI) interpretation
- Documentation of a negative retinal or dilated exam by an eye care professional (optometrist or ophthalmologist) in the year prior to the measurement year, where results indicate retinopathy was not present (e.g., documentation of normal findings).
    - Notation limited to a statement that indicates "diabetes without complications" does not meet criteria.
- Evidence that the member had bilateral eye enucleation or acquired absence of both eyes. Look as far back as possible in the member's history through December 31 of the measurement year.

Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year. There are two ways to identify patients with diabetes:

- By claim/encounter data: Patients who had at least two diagnoses of diabetes on different dates of service.
- By pharmacy data: Patients who were dispensed insulin or hypoglycemic/antihyperglycemics AND have at least one diagnosis of diabetes.

Required Exclusions: Hospice, palliative care, death and patients 66 years and older with frailty and advanced illness. Blindness is not an exclusion for a diabetic eye exam.

Description	Codes*
Diabetic Retinal Screening Negative in Prior Year	**CPT-CAT-II**: 3072F
2024 Diabetic Retinal Screening	**CPT:** 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245
Automated Eye Exam in 2024 (billed by any Provider)	**CPT:** 92227, 92228, 92229
Eye Exam With Retinopathy	**CPT-CAT-II:** 2022F, 2024F, 2026F
Eye Exam Without Retinopathy	**CPT-CAT-II:** 2023F, 2025F, 2033F
Unilateral Eye Enucleation With a Bilateral Modifier	**CPT** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 **CPT Modifier Code**: 50

*Codes are subject to change

Follow-Up After Hospitalization for Mental Illness (FUH)

The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Non-acute inpatient stays are excluded. The timeline for this measure is January 1-December 1 of the measurement year.

Two rates are reported:
1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
2. The percentage of discharges for which the member received follow-up within 7 days after discharge.
Required Exclusions: Hospice or death in the measurement year.

Tips:

- Schedule follow up appointments prior to discharge and include the date and time on discharge instructions.
- Submit applicable codes.
- Offer telehealth and phone visits.
- Reach out proactively to assist in (re)scheduling appointments within the required timeframes.
- Partner with the health plan to address social determinants, health equity, and quality care.

Glycemic Status Assessment for Patients With Diabetes (GSD)

(hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following level during the measurement year: Glycemic Status >9.0%.

The result of the most recent glycemic status assessment (HbA1c or GMI) performed during the measurement year is >9.0%, is missing or was not done during the measurement year, as documented through laboratory data or medical record review. Note: A lower rate indicates better performance for this indicator(IE: Low rates of Glycemic Status >9.0%indicate better care).

To be identified as diabetic, a patient must have one of the following during the measurement year or the year prior to the measurement year:

- At least two diagnoses of diabetes on different dates of service or
- A dispensed insulin or hypoglycemics/antihyperglycemic and at least one diagnosis of diabetes.

Required Exclusions: Hospice, palliative car, death or are 66 years and older with frailty and advanced illness during the measurement year.

Description	GSD Codes*
HbA1c Lab Test	**CPT** 83036, 83037 **LOINC** 17855-8, 17856-6, 4548-4, 4549-2, 96595-4 **SNOMED** 43396009, 313835008
HbA1c ≥ 8.0	**CPT-CAT-II:** 3046F, 3052F
HbA1c ≤ 8.0	**CPT-CAT-II:** 3044F, 3051F
HbA1c ≤ 9.0	**CPT-CAT-II**: 3044F, 3051F, 3052F
HbA1c Test Result or Finding	**CPT-CAT II:** 3044F, 3046F, 3051F, 3052F **SNOMED:** 165679005, 451061000124104

*Codes are subject to change

COMMUNITY Health Options

Immunizations for Adolescents (IMA, IMA-E)

The percentage of adolescents 13 years of age who have completed the following:

- **At least one meningococcal serogroups A, C, W, Y vaccine with a date of service on or between the member's 11th and 13th birthdays.**
- **At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthdays.**
- **At least two HPV vaccines on or between the member's 9th and 13th birthdays and with dates of service at least 146 days apart.**
- **At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.**

Patients with a documented anaphylaxis to vaccine components with appropriate SNOMED CT code documentation on or before the 13th birthday are excluded. Encephalitis due to any components of the Tdap vaccine with appropriate SNOMED CT code are excluded.

Required Exclusions: Anaphylaxis to the vaccine prior to the 13th birthday, hospice or death in the measurement year. Encephalitis due to the Tdap vaccine prior to the 13th birthday.

Vaccine Anaphylaxis SNOMED Codes*	
Meningococcal ACWY Vaccine	428301000124106
Anaphylaxis Due to Tdap Vaccine	428281000124107, 428291000124105
Encephalitis Due to Tdap Vaccine	192710009, 192711008, 192712001
HPV Vaccine	428241000124101

*Codes are subject to change

Initiation and Engagement of Substance Use Treatment (IET)

The percentage of patients 13 years and older with a new substance use disorder (SUD) episodes that result in treatment initiation and engagement. The intake period is used to capture new SUD episodes between November 15 of the year prior to the measurement year–November 14 of the measurement year.

Two rates are reported:

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

Required Exclusions: Hospice or death in the measurement year.

International Normalized Ratio Monitoring for Individuals on Warfarin (INR)

The percentage of patients 18 years of age and older who had at least one 56-day interval of warfarin therapy and who received at least one international normalized ratio (INR) monitoring test during each 56-day interval with active warfarin therapy. A higher rate indicates better performance.

Required Exclusions: A laboratory or medical claim for INR home monitoring during the measurement year. Death during the measurement year.

Kidney Health Evaluation for Patients With Diabetes (KED)

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

Documentation that meets criteria includes the following:

- At least one eGFR
- At least one uACR identified by either of the following:
    1. A uACR
    2. Both a quantitative urine albumin test and a urine creatinine test with service dates 4 days or less apart.

Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year. There are two ways to identify patients with diabetes:

- By claim/encounter data: Patients who had at least two diagnoses of diabetes on different dates of service.
- By pharmacy data: Patients who were dispensed insulin or hypoglycemic/antihyperglycemics AND have at least one diagnosis of diabetes.

Required Exclusions: ESRD, dialysis, palliative care, 66-80 with frailty and advanced illness, 81 years with two indications of frailty.

Tips:

- Conduct a diabetic visit with diabetic patients at least once per year
- Use CPT II coding when completing screening test to assist in administrative collection and gap closure.
- Educate patients on why good kidney function is important as they work to manage their health and diabetes.
- Help patients schedule their diabetes follow-up appointments and remind them of the care gaps that should be covered to include kidney function.

KED Description	Codes*
Estimated Glomerular Filtration Rate (eGFR)	**CPT:** 80047, 80048, 80050, 80053, 80069, 8256565 **LOINC:** 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 94677-2, 98979-8, 98980-6 **SNOMED:** 12341000, 18207002, 241373003, 444275009, 444336003, 446913004, 706951006, 763355007
Quantitative Urine Albumin Lab Test	CPT: 82043 **LOINC**: 100158-5, 14957-5, 1754-1, 21059-1, 30003-8, 43605-5, 53530-2, 53531-0, 57369-1, 89999-7 **SNOMED:** 104486009, 104819000
Urine Creatinine Lab Test	**CPT:** 82570 **LOINC:** 20624-3, 2161-8, 35674-1, 39982-4, 57344-4, 57346-9, 58951-5 **SNOMED:** 8879006, 36793009, 271260009, 444322008
Urine Albumin Creatinine Ratio	**LOINC:** 13705-9, 14958-3, 14959-1, 30000-4, 44292-1, 59159-4, 76401-9, 77253-3, 77254-1, 89998-9, 9318-7

*Codes are subject to change

Use of Imaging Studies for Low Back Pain (LBP)

The percentage of patients 18–75 years of age with a principal outpatient diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. The measurement period is January 1-December 3 of the measurement year.

The measure is reported as an inverted rate, a higher score indicates appropriate treatment of LBP.

A negative diagnosis history period of 180 days with no claims/encounters with any diagnosis of LBP is required.

Required Exclusions:

- ***Anytime in the member history through 28 days after: Cancer, HIV, major organ transplant or spondylopathy.***
- ***Anytime during the 90 days prior to 28 days after: Recent trauma***
- ***Anytime during the 365 days prior to 28 days after: IV drug abuse, neurologic impairment or spinal infection.***
- ***Anytime during the 365 days prior to the day of diagnosis: Corticosteroid treatment for 90 consecutive days.***
- ***In the measurement year: Palliative care or 66 years and older with frailty and advanced illness.***

Tips:

- If not medically required, avoid ordering diagnostic studies within 28 days of the diagnosis of uncomplicated LBP in the absence of red flags (see exclusions).
- Use of correct exclusion codes as applicable.
- Use of complete and accurate Value Set Codes.
- Provide patient education on cautious measures for pain relief such as stretching exercises, activity level, and use of heat.
- If medically appropriate, provide a Physical Therapy referral, including massage, stretching, strengthening, exercises and manipulation.
- Look for other reasons for visits for low back pain (e.g., depression, anxiety, narcotic dependency, psychosocial stressors), and address appropriately.
- Document and submit claims and encounter data in a timely manner.

Description	Codes*
Uncomplicated LBP	**ICD-10**: M47.26–M47.28, M47.816–M47.818, M47.896–M47.898, M48.061, 48.07–M48.08, M51.16–M51.17, M51.26–M51.27, M51.36–M51.37, M51.86–M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.5, M54.50-M54.51, M54.59, M54.89, M54.9, M99.03, M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS **SNOMED:** See Uncomplicated LBP Value Set

*Codes are subject to change

Medical Assistance With Smoking and Tobacco Use Cessation (MSC)

Measure collection is based on enrollee responses to a subset of the QHP Enrollee Survey questions. The number of patients who responded to the survey and indicated that they were current smokers or tobacco users "Every day" or "Some days." The number of patients in the denominator who indicated that they received advice to quit from a doctor or other health provider by answering "Sometimes" or "Usually" or "Always."

The following components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation:

- Advising Smokers and Tobacco Users to Quit. A rolling average represents the percentage of patients 18 years of age and older who were current smokers or tobacco users and who received advice to quit during the measurement year.
- Discussing Cessation Medications. A rolling average represents the percentage of patients 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.
- Discussing Cessation Strategies. A rolling average represents the percentage of patients 18 years of age and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.

Calculation of the MSC: Rolling averages are calculated using the formula below: Rate = (Year 1 Numerator + Year 2 Numerator)/ (Year 1 Denominator + Year 2 Denominator)

Required Exclusions: None

Oral Evaluation, Dental Services (OED)

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

Required Exclusions: Hospice or death in the measurement year.

Tips:

• Refer patient to schedule with their Primary Care Dental Provider for dental services, Federally Qualified Health Centers (FQHC) and Rural Health Clinics/Centers (RHC) can serve as a Primary Care Dental Home.

Plan All-Cause Readmissions (PCR)

For patients 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. The timeframe includes acute inpatient or observation stay with a discharge on or between January 1 and December 1 of the measurement year.

Exclusions:

- ***Hospital stays if the member died during the stay, the principal diagnosis is pregnancy or a principal diagnosis in the perinatal period.***
- ***Nonacute inpatient stays and direct transfers between acute inpatient and observation or between observation and acute inpatient.***
- ***If the direct transfer date occurs after December 1 of the measurement year.***

Plan All Cause Diagnosis Description	Codes*
Acute Inpatient	**CPT:** 99221–99223, 99231–99239, 99251–99255, 99291
Nonacute Inpatient	**CPT:** 99304–99310, 99315–99316
Inpatient or Observation	**CPT:** 99221–99223, 99231–99233, 99234–99236, 99238–99239

*Codes are subject to change

Proportion of Days Covered (PDC): Three Rates

The percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement year. Patients fall into the measure after two prescriptions in a medication class are filled on different dates of service in the treatment period.

Report a rate for each of the following three measures:

1. Renin Angiotensin System Antagonists (PDC-RASA)
2. Statins (PDC-STA) Required Exclusions:
3. Diabetes All Class (PDC-DR)

Required Exclusions: ESRD or hospice in the measurement year.

Additional exclusions:

PDC RASA: Sacubitril/valsartan during the treatment period;

PDC- DR: prescription claim for insulin

RASA: Renin Angiotensin System (RAS) Antagonists (oral formulations only)	
Direct Renin Inhibitor Medication	
Allskiren (+/- hydrochlorothiazide	
ARB Medications and Combinations	
• azilsartan (+/-chlorthalidone • valsartan (+/- amlodipine, hctz, nebivolol) • candesartan (+/- hctz) • losartan (+/- hctz)	• eprosartan (+/- hctz) • Olmesartan (+/- amlodipine, hctz) • telmisartan (+/-amlodipine, hctz) • irbesartan (+/- hctz)
ACE Inhibitor Medications and Combinations	
• benazepril (+/- amlodipine, hctz) • captopril (+/- hctz) • enalapril (+/- hctz) • fosinopril (+/- hctz) • lisinopril (+/- hctz)	• moexipril (+/- hctz) • perindopril (+/- amlodipine) • quinapril (+/- hctz) • ramipril • trandolapril (+/- verapamil)

•Codes are subject to change

STATINS: Statin Medications (oral formulations only)	
Statin Medications	
• atorvastatin(+/-amlodipine, ezetimibe) • fluvastatin • lovastatin (+/- niacin)	• pitavastatin • pravastatin • rosuvastatin (+/-ezetimibe) • simvastatin (+/-ezetimibe, niacin)

COMMUNITY Health Options

Proportion of Days Covered (PDC): Three Rates

Diabetes All Class (PDC- DR) (oral formulations only)	
BG: Biguanide Medications and Combinations	
metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin)	
Sulfonylurea Medications and Combinations (oral formulations only) NOTE: Active ingredients are limited to oral formulations only	
• glipizide (+/- metformin) • glyburide (+/- metformin) • tolazamide	• tolbutamide • chlorpropamide • glimepiride (+/- pioglitazone, rosiglitazone)
TZD: Thiazolidinedione Medications and Combinations (oral formulations only)	
• pioglitazone (+/- alogliptin, glimepiride, metformin) • rosiglitazone (+/- glimepiride, metformin)	
DPP-4 Medications and Combinations	
• alogliptin (+/- metformin, pioglitazone) • linagliptin (+/- empagliflozin, metformin)	• saxagliptin (+/- dapagliflozin, metformin) • sitagliptin (+/-ertugliflozin, metformin
GIP/GLP1: GIP/GLP-1 Receptor Agonists (Excludes products indicated only for weight loss)	
• albiglutide b • dulaglutide • exenatide • liraglutide	• lixisenatide • semaglutide • tirzepatide
MEG: Meglitinides and Combinations (oral formulations only)	
• nateglinide	repaglinide (+/- metformin)
SGLT2 Inhibitors and Combinations (oral formulations only)	
• bexagliflozin • canagliflozin (+/- metformin) • dapagliflozin (+/- metformin, saxagliptin)	• empagliflozin (+/-linagliptin, metformin) • ertugliflozin (+/- metformin, sitagliptin)
Insulin Medications and Combinations(oral formulations only)	
• insulin aspart (+/-insulin aspart protamine, niacinamide) • insulin degludec (+/- liraglutide) • insulin detemir • insulin glargine (+/- lixisenatide)	• insulin glulisine • insulin isophane (+/- regular insulin) • insulin lispro (+/-insulin lispro protamine) • insulin regular (including inhalation powder)

Prenatal and Postpartum Care (PPC)

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. For these patients, the measure assesses the following facets of prenatal and postpartum care:

- Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester (280–176 days prior to delivery or EDD) with an OB/ GYN or other prenatal care practitioner or PCP practitioner type. For visits to a PCP, a diagnosis of pregnancy must be present.

  Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:

  1. Documentation indicating the member is pregnant or references to the pregnancy IE:
     a. Documentation in a standardized prenatal flow sheet
     b. EDD or gestational age
     c. A positive pregnancy test result
     d. Gravidity and parity
     e. Complete obstetrical history
     f. Prenatal risk assessment and counseling/education
  2. A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used).
  3. Evidence that a prenatal care procedure was performed, such as: 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 TORCH antibody panel alone, or a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or ultrasound of a pregnant uterus.
- Postpartum visit to an OB/GYN or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery. Do not include postpartum care provided in an acute inpatient setting.

  Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following.

  1. Pelvic exam
  2. Evaluation of weight, BP, breasts and abdomen.
  3. Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
  4. Notation of postpartum care, including, but not limited to: Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.” A preprinted “Postpartum Care” form in which information was documented during the visit.
  5. Perineal or cesarean incision/wound check.
  6. Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
  7. Glucose screening for patients with gestational diabetes.
  8. Documentation of any of the following topics: Infant care or breastfeeding, resumption of intercourse/ birth spacing/family planning, sleep/fatigue, resumption of physical activity or attainment of healthy weight

Required Exclusions: Hospice or death in the measurement year.

COMMUNITY Health Options

Social Need Screening And Intervention (SNS-E)

The percentage of episodes for patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) did not result in an antibiotic dispensing event on or 3 days after the outpatient or virtual episode date. The timeframe for measuring is July 1 of the prior year to the measurement year to April 30 of the measurement year. Visits that result in an inpatient stay are excluded.

Negative medication history: Remove episode dates where a new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode No prescriptions dispensed more than 30 days prior to the episode date that are active on the episode date.

Negative comorbid condition history: Remove episode dates where the member had a claim/encounter with any diagnosis for a comorbid condition during the 12 months prior to or on the episode date.

Negative competing diagnosis: The episode date and 3 days following the episode date when the member had no claims/encounters with a competing diagnosis (pharyngitis value set and competing diagnosis value set)

Required Exclusions: Hospice or death during the measurement year.

Social Needs Screening Instruments **Eligible screening instruments with thresholds for positive findings**	**Screening LOINC Codes***	**Positive Finding LOINC Codes***
Food Insecurity Instruments Codes		
U.S. Household Food Security Survey [U.S. FSS]	95264-8	LA30985-8, LA30986-6
U.S. Adult Food Security Survey [U.S. FSS]	95264-8	LA30985-8, LA30986-6
U.S. Child Food Security Survey [U.S. FSS]	95264-8	LA30985-8, LA30986-6
U.S. Household Food Security Survey–Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8, LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6
Housing Instability and Homelessness Instrument		
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	71802-2	LA31994-9 LA31995-6
Children's Health Watch Housing Stability Vital Signs™	98976-4 98977-2 98978-0	LA33-6 ≥3 LA33-6
Health Leads Screening Panel®	99550-6	LA33-6
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®	93033-9 71802-3	LA33-6 LA30190-5
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6
Housing Inadequacy Instruments		
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	96778-6	LA32691-0, LA28580-1 LA32693-6. LA32694-4 LA32695-1, LA32696-9 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	LA31996-4, LA28580-1 LA31997-2, LA31998-0 LA31999-8, LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool [NCHC]	99134-9	99135-6
	99135-6	LA31996-4, LA28580-1 LA31997-2, LA31998-0 LA31999-8, LA32000-4 LA32001-2
Transportation Insecurity Instruments		
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	LA33093-8 LA30134-3
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8, LA29233-6 LA29234-4
Health Leads Screening Panel®	99553-0	LA33-6
Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI)version 4.0 [CMS Assessment]	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form version E-Resumption of Care [CMS Assessment]	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form version E—Start of Care [CMS Assessment]	93030-5	LA30133-5 LA30134-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®	93030-5	LA30133-5 LA30134-3
PROMIS®	92358-1	LA30024-6, LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

COMMUNITY Health Options

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

The percentage of patients who had the following number of well-child visits during the measurement year.

The following rates are reported:

- Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits on different dates of services by the 15-month birthday (first birthday plus 90 days).
- Well-Child Visits for Age 15 Months–30 Months: Children who turned 30 months old during the measurement year. Calculate the 30-month birthday as the second birthday plus 180 days. Two or more well-child visits on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday.

Required Exclusions: Hospice or death during the measurement year.

Tips:

- Remind caregivers of appointments by texts or phone calls.
- Educate the caregiver about the importance of preventive care visits.
- Consider using templates with checkboxes to ensure required information is documented.
- Submit applicable codes.

CPT	ICD-10
99381, 99382, 99391, 99392, 99461	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

Child and Adolescent Well-Care Visits (WCV)

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

Required Exclusions: Hospice or death in the measurement year.

Tips:

- Remind caregivers of appointments by texts or phone calls.
- Educate the caregiver about the importance of preventive care visits to assess growth and development and to provide immunizations and anticipatory guidance on nutrition, physical activity, and safety.
- Components of a WCV should include a health history, physical development history, and mental development history along with:
    - A physical exam (including height, weight, and BMI percentile).
    - Health education and anticipatory guidance

CPT	HCPCS	ICD-10
99382–99385, 99391–99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613	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

*Codes are subject to change.

Weight Assessment And Counseling for Nutrition & Physical Activity (WCC)

The percentage of patients 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:

1. **BMI Percentile: BMI values are not acceptable; only percentiles. Ranges are not acceptable. If plotted on chart, BMI chart must be used (not age-growth chart)**
2. **Counseling for Nutrition (CFN): Nutrition pertains to eating habits, behaviors (not appetite)**
3. **Counseling for Physical Activity (CFPA): Including documentation of sports activity or exercise class, counseling for exercise, weight or obesity, weight control education, exercise education or referral to weight management regimen/program, exercise therapy, exercise promotion/strength training.**

Required Exclusions: Diagnosis of pregnancy any time during the measurement year.

Tips:

- Be sure to document all components of the WCC measure on every visit.
- Nutrition pertains to eating habits, behaviors (not appetite).
- BMI values are not acceptable; only percentiles. Ranges are not acceptable. If plotted on chart, BMI chart must be used (not age-growth chart).
- Call patients/caregivers to reschedule cancelled appointments.
- Include documentation if child/adolescent is counseled for weight or obesity.
- Submit applicable codes

Description	Codes*
BMI Percentile	**ICD-10:** Z68.51, Z68.52, Z68.53, Z68.54
Nutritional Counseling	**ICD-10:** Z71.3 **CPT:** 97802–97804 **HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity	**ICD-10:** Z02.5, Z71.82 **HCPCS:** G0447, S9451

*Codes are subject to change.

Appropriate Treatment for Upper Respiratory Infection (URI)

The percentage of episodes for patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) did not result in an antibiotic dispensing event on or 3 days after the outpatient or virtual episode date. The timeframe for measuring is July 1 of the prior year to the measurement year to April 30 of the measurement year. Visits that result in an inpatient stay are excluded.

Negative medication history: Remove episode dates where a new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode No prescriptions dispensed more than 30 days prior to the episode date that are active on the episode date.

Negative comorbid condition history: Remove episode dates where the member had a claim/encounter with any diagnosis for a comorbid condition during the 12 months prior to or on the episode date.

Negative competing diagnosis: The episode date and 3 days following the episode date when the member had no claims/encounters with a competing diagnosis (pharyngitis value set and competing diagnosis value set)

Required Exclusions: Hospice or death during the measurement year.

Description	Diagnosis Codes*
Upper Respiratory Value Set	
Acute Laryngopharyngitis	**ICD 10:** J06.0
Acute Nasopharyngitis	**ICD 10:** J00
Acute URI, Unspecified	**ICD 10:** J06.9 **SNOMED:** 54398005
Influenzal Acute URI	**SNOMED:** 43692000
Common Cold (Disorder)	**SNOMED**: 82272006
Competing Diagnosis Value Set	
Pharyngitis Value Set	**ICD 10:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 **SNOMED:** 140004, 652005, 1532007, 2365002, 10351008, 11461005, 14465002, 17741008, 27878001, 31309002, 39271004, 40766000, 41582007, 43878008, 51209006, 55355000, 58031004, 59471009, 63866002, 72430001, 76651006, 78430008, 78911000, 82228008, 87326000, 90176007, 90979004,95885008, 111816002, 126664009, 126665005, 186357007, 186659004, 186963008, 195655000, 195656004, 195657008, 195658003, 195659006, 195660001, 195662009, 195663004, 195666007, 195667003, 195668008, 195669000, 195670004, 195671000, 195672007, 195673002, 195676005, 195677001, 95709006, 195779005, 195780008, 195782000, 195803003, 195804009, 195924009, 232399005, 232400003, 232401004, 232402006, 232403001, 232405008, 232406009, 232417005, 240444009, 240547000, 302911003, 312422001, 363746003, 405737000, 415724006, 703468005, 721586007, 878818001, 133171000119105, 10629231000119109, 10629271000119107
See the Competing Diagnosis Value set for additional competing diagnosis ICD and SNOMED codes.	

*Codes are subject to change.