


Premera

2017 HEDIS (Healthcare Effective Data & Information Set)

Coding and Documentation Guide

*indicates hybrid measure

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA)

Measure	Measure Description	Protocol or Documentation Required	Coding
<p>(AAB) Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</p> <p>TS213</p>	<p>Adults 18 – 64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription</p>	<p>Patients dispensed a prescription for antibiotic medication on or three days after the episode start date.</p> <p>IESD (Index Episode Start Date). The earliest Episode Date during the Intake Period that meets all of the following criteria:</p> <ul style="list-style-type: none"> • A 30-day Negative Medication History prior to the Episode Date. • A 12-month Negative Comorbid Condition History prior to and including the Episode Date. • A Negative Competing Diagnosis during the 38-day period from 30 days prior to the Episode Date through 7 days after the Episode Date. • The member was continuously enrolled 1 year prior to the Episode Date through 7 days after the Episode Date. 	<p>IESD: ICD-10: J20.3 – J20.9</p> <p>Antibiotic prescriptions: Aminoglycosides, Aminopenicillins, antipseudomonal, penicillins, beta-lactamase inhibitors, first generation cephalosporins, fourth generation cephalosporins, ketolides, lincomycin derivatives, macrolides, miscellaneous antibiotics, natural penicillins, penicillinase resistant penicillins, quinolones, rifamycin derivatives, second generation cephalosporin, sulfonamides, tetracycline’s, third generation cephalosporins, urinary anti-infectives</p>
<p>* (ABA) Adult BMI Assessment</p> <p>TS54</p>	<p>Patient ages 18 – 74 years who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior.</p>	<p>Weight and BMI value, dated during the measurement year or the year prior. The weight and BMI must be from the same data source.</p> <p>For patients younger than 20 years of age on the date of service, documentation in the medical record must indicate the height, weight, and BMI percentile and must be from the same data source. BMI percentile must be documented as a value (e.g., 85th percentile) or BMI percentile plotted on and age-growth chart.</p> <p>Exclusions: Members with a diagnosis of pregnancy during 2016 or the year prior.</p>	<p>HCPS: G0438, G0439, T1015, G0463, G0402</p> <p>ICD-10: BMI 19 or less, adult: Z68.1 BMI 20.0 - 29.9, adult: Z68.20 - Z68.29 BMI 30-39, adult: Z68.30 – Z68.39 BMI 40 or greater, adult: Z68.41 – Z68.45 BMI Percentile: Z68.51 – Z68.54</p>
<p>(ADD) Follow-up Care for Children Prescribed ADHD medication</p> <p>TS166</p>	<p>Patients 6-12 years of age with newly prescribed ADHD medication who received the appropriate follow up treatment and medication.</p>	<p>Children newly prescribed attention-deficit/ hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported:</p> <ol style="list-style-type: none"> 1. <i>Initiation Phase.</i> Members 6–12 years of age as of the start date with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. 2. <i>Continuation and Maintenance (C&M) Phase.</i> Members 6–12 years of age as of the Index Prescription Start Date with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. 	<p>PREMERA </p> <p>BLUE CROSS BLUE SHIELD OF ALASKA</p> <p>An Independent Licensee of the Blue Cross Blue Shield Association</p>

Measure	Measure Description	Protocol or Documentation Required	Coding
(AMM) Antidepressant Medication Management TS162	Patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported. <ol style="list-style-type: none"> Effective Acute Phase Treatment. Effective Continuation Phase Treatment 	<p>Acute Phase Treatment: At least 84 days (12 weeks) of continuous treatment with antidepressant medication beginning on the start date (115 total days). Continuous treatment allows gaps in medication treatment up to a total of 31 days during the 115-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.</p> <p>Continuation Phase Treatment: At least 180 days (6 months) of continuous treatment with antidepressant medication beginning on the start date (232 total days). Continuous treatment allows gaps in medication treatment up to a total of 52 days during the 232-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.</p>	Refer to Table AMM-C: Antidepressant Medications applicable to this measure

Table AMM: Antidepressant Medications

Description	Prescription		
Miscellaneous antidepressants	<ul style="list-style-type: none"> Bupropion 	<ul style="list-style-type: none"> Vilazodone 	<ul style="list-style-type: none"> Vortioxetine
Monoamine oxidase inhibitors	<ul style="list-style-type: none"> Isocaboxazid Phenelzine 	<ul style="list-style-type: none"> Selegiline Tranylcypromine 	
Phenylpiperazine antidepressants	<ul style="list-style-type: none"> Nefazodone 	<ul style="list-style-type: none"> Trazodone 	
Psychotherapeutic combinations	<ul style="list-style-type: none"> Amitriptyline-chlordiazepoxide Amitriptyline-perphenazine 		<ul style="list-style-type: none"> Fluoxetine-olanzapine
SNRI antidepressants	<ul style="list-style-type: none"> Desvenlafaxine Duloxetine 	<ul style="list-style-type: none"> Levomilnacipran Venlafaxine 	
SSRI antidepressants	<ul style="list-style-type: none"> Citalopram Escitalopram 	<ul style="list-style-type: none"> Fluoxetine Fluvoxamine 	<ul style="list-style-type: none"> Paroxetine Sertaline
Tetracyclic antidepressants	<ul style="list-style-type: none"> Maprotiline 	<ul style="list-style-type: none"> Mirtazapine 	
Tricyclic antidepressants	<ul style="list-style-type: none"> Amitriptyline Amoxapine Clomipramine 	<ul style="list-style-type: none"> Desipramine Doxepin (>6 mg) Imipramine 	<ul style="list-style-type: none"> Nortriptyline Protriptyline Trimipramine

(BCS) Breast Cancer Screening TS74	Women 50 – 74 years of age who had a mammogram to screen for breast.	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. Exclusions: Bilateral mastectomy, two unilateral mastectomies, absence of both the left and right breast or history of bilateral mastectomy.	<p>CPT: 77055 – 77057</p> <p>HCPCS: G0202, G0204, G0206</p>
---	--	--	---

Measure	Measure Description	Protocol or Documentation Required	Coding
<p>*(CBP) Controlling High Blood Pressure</p> <p><i>Note: Members are identified by claims indicating at least one outpatient visit with a hypertension diagnosis during the first 6 months of 2016 or prior</i></p> <p>TS116</p>	<p>Patients 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:</p> <ul style="list-style-type: none"> ▪ Patients 18 – 59 years of age whose BP was < 140/90 mm Hg. ▪ Patients 60 – 85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg. ▪ Patients 60 – 85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg 	<p>Documentation for confirming diagnosis: Notation or problem list of HTN, high BP, elevated BP, borderline HTN, intermittent HTN, history of HTN, HVD, hyperpiesia, or hyperpiesis on or before June 30 of the measurement year.</p> <p>Most recent BP reading as long as it occurred after the diagnosis of hypertension as follows:</p> <ul style="list-style-type: none"> ▪ Patients 18 – 59 years of age whose BP was < 140/90 mm Hg. ▪ Patients 60 – 85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg. ▪ Patients 60 – 85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. <p>Exclusions: Documentation in the medical record that includes a dated note indicating evidence of ESRD, kidney transplant on or prior to December 31, or members with a diagnosis of pregnancy, or members who had a non-acute inpatient admission during 2016 (identify the discharge date for the stay).</p>	<p>Compliance: both a most recent systolic BP< 140mm Hg and a diastolic BP < 90 mm Hg identified in documentation via medical record review.</p> <p>HCPCS: G0438, G0439, T1015, G0463, G0402</p> <p>Hypertension diagnosis ICD-10: I10</p>
<p>*(CCS) Cervical Cancer Screening</p> <p>TS76</p>	<p>Women 21 – 64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> ▪ Age 21 – 64 who had cervical cytology performed every 3 years. ▪ Age 30 – 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years 	<p>Documentation in the medical record must include the following:</p> <ul style="list-style-type: none"> ▪ Ages 24 – 64 (back 3 years): ▪ A note indicating the date the cervical cytology was performed. ▪ The result or finding. ▪ Ages 30 – 64, who do not meet first requirement (back 5 years). ▪ A note indicating the date the cervical cytology and the HPV test was performed. ▪ The result or finding. <p>Exclusions: Evidence of a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member’s history. Documentation of “complete”, “total”, or “radical” abdominal or vaginal hysterectomy.</p> <p>Note: Documentation of hysterectomy alone does not meet criteria because it is not sufficient evidence that the cervix was removed.</p>	<p>(Pap) CPT: 88141–88143, 88147, 88148, 88150, 88152 – 88154, 88164 – 88167, 88174, 88175</p> <p>HCPCS: G0123, G0124, G0141, G0143- G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>HPV CPT: 87620 – 87622, 87624, 87625</p> <p>HCPCS: G0476</p> <p>Note: NCQA does not intend to include ICD-10-CM (diagnosis) or ICD-10-PCS (procedure) codes to identify cervical cancer screening. ICD-10-CM Official Guidelines for Coding and Reporting state: Z codes are not procedure codes. A corresponding procedure code must accompany a Z code to describe the procedure performed. Therefore, Z codes will not be used to identify encounters for cervical cancer screening. ICD-10- PCS is intended for coding procedures performed in inpatient settings. Therefore, ICD-10-PCS codes are inapplicable because cervical cancer screening typically occurs in an outpatient setting. The table currently includes CPT, HCPCS, UB Revenue and LOINC codes which are used in outpatient settings.</p>
<p>*(CDC) Comprehensive Diabetes Care</p> <p>TS132</p>	<p>Members 18 – 75 years of age with diabetes (type 1 and type 2) who had each of the following:</p> <ul style="list-style-type: none"> ▪ Hemoglobin A1c testing ▪ HbA1c poor control (>9.0%) ▪ HbA1c control (<8%) ▪ HbA1c control (<7%) ▪ Retinal eye exam performed ▪ Medical attention for nephropathy ▪ BP control (<140/90 mm Hg) 	<p>ICD-10: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41 – E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620 - E11.22, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.30 - E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620 – E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9, O24.011 – O24.013, O24.019, O24.02, O24.03, O24.111 – O24.113, O24.119, O24.12, O24.13, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811 – O24.813, O24.819, O24.82, O24.83</p>	

Measure	Measure Description	Protocol or Documentation Required	Coding
<p>*(CDC – Retinal Eye Exam)</p> <p>TS141</p>	<p>Members 18 – 75 years of age with diabetes (Type I and Type II) who had the following during the measurement year:</p> <ul style="list-style-type: none"> Retinal eye exam performed the year prior to the measurement year is acceptable if the exam was negative for retinopathy. 	<p>A note or letter during the measurement year prepared by an ophthalmologist, optometrist, PCP, or other healthcare provider indicating that an ophthalmoscopic exam was completed by an eye care provider, the date when the procedure was performed and the results.</p> <p>A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an eye care provider reviewed the results during the measurement year.</p> <p>Documentation of a negative (or normal) retinal or dilated exam by an eye care provider in the year prior to the measurement year, where results indicate retinopathy was not present.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Gestational diabetes Steroid induced diabetes 	<p>Retinal Eye Exam</p> <p>Optometrist or ophthalmologist CPT: 67028, 67030, 67031, 67036, 67039–67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225–92228, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213–99215, 99242–99245</p> <p>HCPCS: S0620, S0621, S3000</p> <p>Any provider type Cat II: 3072F =negative for retinopathy, 2022F, 2024F, 2026F</p> <p>ICD-10 PCS: Z01.00, Z01.01</p> <p>ICD-10 CM: E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359</p>
<p>*(CDC – BP Control <140/90 mm Hg)</p> <p>TS143</p>	<p>Members 18 – 75 years of age with diabetes (Type I and Type II) whose most recent BP level (taken during the measurement year) is <140/90 mm Hg</p>	<p>Documentation of the most recent blood pressure reading taken during the measurement year (2016) from the PCP or specialist from whom the member receives care.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> Gestational diabetes Steroid induced diabetes 	<p>BP control <140/90 mm/Hg</p> <p>Diastolic: 80-89 CPT II: 3079F Diastolic greater than/equal to 90 CPT II: 3080F Diastolic less than 80 CPT II: 3078F Systolic greater than/equal to 140 CPT II: 3077F Systolic less than 140 CPT II: 3074F, 3075F</p>

Measure	Measure Description	Protocol or Documentation Required	Coding
<p>(CHL) Chlamydia Screening in Women</p> <p>TS83</p>	<p>Women 16 – 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p>	<p>Administrative claim for at least one chlamydia test (pap, swab, and possibly UA) during the measurement year for women 16 – 24 who are identified as sexually active: Pharmacy data. Patients who were dispensed prescription contraceptives during the measurement year.</p>	<p>CPT: Preg. Test: 81025, 84702, 84703</p> <p>CHL Test: 87110, 87270, 87320, 87490 – 87492, 87810</p> <p>HCPCS: G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, G0475, G0476, H1000, H1001, H1003-H1005, P3000, P3001, Q0091</p> <p>IDC-10: Identification of Sexual Activity/ Pregnancy Test: A34, A51.0–A51.2, A51.31, A51.32, A51.39, A51.41-A51.46, A51.49, A51.5, A51.9, A52.00-A52.06, A52.09 – A52.17, A52.19, A52.2, A52.3, A52.71-A52.76.79, A52.8, A52.9, A53.0, A53.9, A54.01-A54.03, A54.09, A54.1, A54.21, A54.24, A54.29, A54.30 –A54.33, A54.39-A54.43, A54.49, A54.5, A54.6, A54.81-A54.86, A54.9, A55, A56.00-A56.02, A56.09, A56.11, A56.19, A56.2-A56.4, A56.8, A59.00, A59.01, A59.03, A59.09, A59.8, A59.9, A60.00, A60.03, A60.04, A60.09, A60.1, A60.9, A63.0, A64, B20, B97.33, B97.34, B97.35, B97.7, G44.82</p>
<p>(PBH) Persistence of Beta-Blocker Treatment After a Heart Attack</p> <p>TS122</p>	<p>Patients 18 and older during 2016 who were hospitalized and discharged from July 1, 2015 to June 30, 2016 with a diagnosis of AMI and who received persistent beta-blocker treatment for 6 months after discharge.</p>	<p>Treatment days (covered days) The actual number of calendar days covered with prescriptions within the specified 180-day measurement interval (i.e, prescription of a 90-day supply dispensed on the 100th day will have 80 days counted in the 180 day interval).</p> <p>180-day measurement interval The 180-day period that includes the discharge date and the 179 days after discharge.</p>	<p>AMI ICD10: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4</p>
<p>(LBP) Use of Imaging Studies for Low Back Pain</p> <p>TS218</p>	<p>Patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.</p>	<p>Intake Period January 1 – December 3 of 2016. The Intake Period is used to identify the first outpatient or ED encounter with a primary diagnosis of low back pain.</p>	<p>LBP ICD10: M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-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, M54.89, 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, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002D, S39.002S, S39.012D, S39.012S, S39.092A, S39.092D, S39.92S, S39.82XA, S39.82XD, S39.82XS</p>

Measure	Measure Description	Protocol or Documentation Required	Coding
<p>*(CIS) (combo 10) Childhood Immunization Status</p> <p>TS62</p>	<p>Children 2 years of age who had 4 DTAP; 3 IPV; 1 MMR; 3 HiB; 3 Hep B; 1 VZV; 4 PCV; 1 HepA; 2 or 3 RV; and 2 flu vaccines by their second birthday</p>	<p>A chart note indicating the name of the specific antigen and the date of the immunization, or a certificate of immunization prepared by an authorized healthcare provider or agency, including the specific dates and types of immunizations administered.</p> <p>Initial Hep B given at birth or nursery/hospital should be documented on the medical record as appropriate.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> ▪ Anaphylactic reaction to the vaccine or its components any time 	<p>ICD-10 does not contain procedure codes for immunizations that are antigen-specific. Therefore, NCQA will not add ICD-10-PCS (procedure) codes to Table CIS-A. The table currently includes CPT and HCPCS codes which are used in outpatient settings. The intent of the measure is to identify immunizations that are typically delivered in an outpatient setting.</p> <p>DTaP CPT: 90698, 90700, 90721, 90723 IVP CPT: 90698, 90713, 90723 MMR CPT: 90707, 90710 (mumps 90704 measles 90705 rubella 90706 measles/rubella 90708) Hx of MMR ICD-10: Measles B05, Mumps B26, Rubella [German measles] B06 HiB CPT: 90644-90648, 90698, 90721, 90748 Hep B CPT: 90723, 90740, 90744, 90747, 90748 HCPCS: G0010 Hx of Hep B ICD10: Acute Hep B B16.0, Acute delta-(super) infection of Hep B carrier B17, Chronic viral Hep B with delta agent B18, Chronic viral, Unspecified viral Hep B B19.10, B19.11 Carrier of viral Hep B Z22.51 VZV CPT: 90710, 90716 Hx of chicken pox ICD-10: Varicella [chicken pox] B01, Zoster [herpes zoster] B02 PCV CPT: 90669, 90670 HCPCS: G0009 Hep A CPT: 90633 or Hx of Hep A ICD 10: B15.0, B15.9 RV CPT: 3 dose - 90680, 2 dose – 90681 Flu CPT: 90655, 90657, 90661, 90662, 90673, 90685, 90687 HCPCS: G0008</p>
<p>*(COL) Colorectal Cancer Screening</p> <p>TS80</p>	<p>Patients 50 – 75 years of age who had appropriate screening for colorectal cancer</p>	<p>Documentation needs to have one or more screenings for colorectal cancer.</p> <p>Appropriate screenings are defined by one of the following:</p> <ul style="list-style-type: none"> • Fecal Occult Blood Test (FOBT) annually • Annual Fecal Immunochemical Test (FIT) plus flexible sigmoidoscopy every five years • Colonoscopy every 10 years • CT colonography every five years • FIT-DNA every three years <p>Exclusions:</p> <ul style="list-style-type: none"> ▪ Colorectal cancer ▪ Total colectomy 	<p>gFOBT & FIT DNA CPT: 81528, 82270, 82274 HCPCS: G0328, G0464</p> <p>Flex. Sig. CPT: 45330 – 45335, 45337 – 45342, 45345 - 45350 HCPCS: G0104</p> <p>CT Colonography: CPT: 74263</p> <p>Colonoscopy CPT: 44388 – 44394, 44397, 44401 – 44408, 45355, 45378 – 45393, 45398 HCPCS: G0105, G0121</p>

Measure	Measure Description	Protocol or Documentation Required	Coding
<p>(CWP) Appropriate Testing for Children With Pharyngitis</p> <p>TS94</p>	<p>Children 3 – 18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.</p>	<p>A group A streptococcal test in the seven-day period from three days prior to the index episode service date.</p>	<p>Strep test CPT: 87070, 87071, 87081, 87430, 87650 – 87652, 87880</p> <p>ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p>
<p>(FUH) Follow-up After Hospitalization For Mental Illness</p> <p>TS171</p>	<p>Patients 6 years and older with a follow up visit after hospitalization for mental illness.</p>	<p>The percentage of discharges for members who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner. The percentage of discharges for which the member received follow-up within 7 days and 30 days of discharge.</p>	<p>ICD-10: F03.90, F03.91, F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F21-F24, F25.0, F25.1, F25.8, F25.9, F28, F29, 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, F31.81, F31.89, F31.9, F32.0-F32.9, F33.0-F33.3, F33.40-F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.9, F39, F42, F43, F43.10-F43.12, F43.20-F43.25, F43.29, F43.8, F43.9, F44.89, F53, F60.0-F60.7, F60.81, F60.89, F60.9, F63.0, F63.1-F63.3, F63.81, F63.89, F63.9, F68.10-F68.13, F68.8, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0-F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9</p>
<p>(FVA) Flu Vaccinations for Adults</p> <p>TS245</p>	<p>Patients 18-64 years of age who had a flu vaccination during the measurement year.</p>	<p>The percentage of patients who received an influenza vaccination between July 1 of the measurement year (2016) and the date when the survey was completed.</p>	<p>This measure is collected using consumer survey methodology.</p>
<p>*(IMA) (combo 2) Immunizations for Adolescents (both male and female)</p> <p>TS68</p>	<p>Adolescents 13 years of age who had one dose of each:</p> <ul style="list-style-type: none"> ▪ Meningococcal MC (between 11th and 13th birthday). ▪ Tdap or TD (between 10th and 13th birthday). ▪ 3 doses of the humanpapillomavirus (HPV) vaccine by their 13th birthday 	<p>A note indicating the name of the specific antigen and the date of the immunization, or a certificate of immunization prepared by an authorized healthcare provider or agency, including the specific dates and types of immunizations administered.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> ▪ Anaphylactic reaction to the vaccine or its components any time on or before the member’s 13th birthday. ▪ Anaphylactic reaction to the vaccine or its components with a date of service prior to October 1, 2011. 	<p>ICD-10 does not contain procedure codes for immunizations that are antigen-specific. Therefore, NCQA will not add ICD-10-PCS (procedure) codes to Table IMA-A. The table currently includes CPT and HCPCS codes which are used in outpatient settings. The intent of the measure is to identify immunizations that are typically delivered in an outpatient setting.</p> <p>MCV CPT: 90644, 90734 Tdap CPT: 90715 HPV CPT: 90649, 90650, 90651</p>

Measure	Measure Description	Protocol or Documentation Required	Coding
<p>(MMA) Medication Management for People With Asthma</p> <p>TS105</p>	<p>Patients 5 – 85 years of age during the measurement year who were identified as having persistent asthma and who were dispensed an asthma controller medication for at least 75% of their treatment period.</p>	<p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period. 	<p>Population includes: ED, IP and/or observation visits billed with asthma diagnosis or 4 non-controller asthma medication dispensing events during the measurement year and the year prior:</p> <p>ICD-10: J45.20 – J45.22, J45.30 – J45.32, J45.40 – J45.42, J45.50 – J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p>
<p>*(PPC) Timeliness of Prenatal Care</p> <p>TS262</p>	<p>Live births on or between November 6th of the year prior to the measurement year and November 5th of the measurement year.</p> <p>Prenatal care visit as a member of the organization in the first trimester or within 42 days of the enrollment in the organization.</p>	<p>Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. 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:</p> <ul style="list-style-type: none"> ▪ A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height. ▪ Evidence that a prenatal care procedure was performed (such as OB panel or ultrasound). ▪ Documentation of LMP or EDD in conjunction with either a prenatal risk assessment and education and counseling, or a complete obstetrical history. ▪ Visit does not apply if RN conducts the visit. 	<p>Prenatal visit during first trimester or within 42 days of the enrollment in the organization:</p> <p>CPT: 99201 – 99205, 99211 – 99215, 99241-99245, 99500</p> <p>Cat II: 0500F-0502F</p> <p>HCPCS: T1015, G0463, H1000-H1005</p> <p>Bundled CPT: 59400, 59425, 59426, 59510, 59610, 59618</p> <p>Pregnancy ICD-10: O09.0x, O09.1x, O09.21x, O09.29x, O09.3x, O09.4x, O09.51x, O09.52x, O09.61x, O09.62x, O09.7x, O09.81x, O09.82x, O09.89x, O09.9x, O10.01x, O10.11x, O10.21x, O10.31x, O10.41x, O10.91x, O11.x, O12.0x, O12.1x, O12.2x, O13.x, O14.0x, O14.1x, O14.2x, O14.9x, O15.0x, O15.1, O15.9, O16.x, O20.x, O21.x, O22.0x, O22.1x, O22.2x, O22.3x, O22.4x, O22.5x, O22.8Xx, O22.9x, O23.0x, O23.1x, O23.2x, O23.3x, O23.4x, O23.51x, O23.52x, O23.59x, O23.9x, O24.01x, O24.11x, O24.31x, O24.41x, O24.81x, O24.91x, O25.1x, O26.0x, O26.1x, O26.2x, O26.3x, O26.4x, O26.5x, O26.61x, O26.71x, O26.81x, O26.82x, O26.83x, O26.84x, O26.85x, O26.86, O26.87x, O26.89x, O26.9x, O28.x, O29.01x, O29.02x, O29.09x, O29.11x, O29.12x, O29.19x, O29.21x, O29.29x, O29.3Xx, O29.4x, O29.5Xx, O29.6x, O29.8Xx, O29.9x, O30.00x, O30.01x, O30.02x, O30.03x, O30.04x, O30.09x, O30.10x, O30.11x, O30.12x, O30.19x, O30.20x, O30.21x, O30.22x, O30.29x, O30.80x, O30.81x, O30.82x, O30.89x, O30.9x, O31.00Xx, O31.01Xx, O31.02Xx, O31.03Xx, O31.10Xx, O31.11Xx, O31.12Xx, O31.13Xx, O31.20Xx, O31.21Xx, O31.22Xx, O31.23Xx, O31.30Xx, O31.31Xx, O31.32Xx, O31.33Xx, O31.8X1x, O31.8X2x, O31.8X3x, O31.8X9x, O32.0XXx, O32.1XXx, O32.2XXx, O32.3XXx, O32.4XXx, O32.6XXx, O32.8XXx, O32.9XXx, O33.0 - O33.2, O33.3XXx, O33.4XXx, O33.5XXx, O33.6XXx, O33.7-O33.9, O34.0x, O34.1x, O34.2x, O34.3x, O34.4x, O34.51x,</p> <p>Continued next page...</p>

Measure	Measure Description	Protocol or Documentation Required	Coding
<p>*(PPC) Timeliness of Prenatal Care</p>	<p>Live births on or between November 6th of the year prior to the measurement year and November 5th of the measurement year. Prenatal care visit as a member of the organization in the first trimester or within 42 days of the enrollment in the organization.</p>	<p>Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. 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:</p> <ul style="list-style-type: none"> ▪ A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height. ▪ Evidence that a prenatal care procedure was performed (such as OB panel or ultrasound). ▪ Documentation of LMP or EDD in conjunction with either a prenatal risk assessment and education and counseling, or a complete obstetrical history. ▪ Visit does not apply if RN conducts the visit. 	<p>Prenatal visit during first trimester or within 42 days of the enrollment in the organization:</p> <p>Continued from previous page...</p> <p>Pregnancy ICD-10: O34.52x, O34.53x, O34.59x, O34.6x, O34.7x, O34.8x, O34.9x, O35.0XXx, O35.1XXx, O35.2XXx, O35.3XXx, O35.4XXx, O35.5XXx, O35.6XXx, O35.7XXx, O35.8XXx, O35.9XXx, O36.011x, O36.012x, O36.013x, O36.019x, O36.091x, O36.092x, O36.093x, O36.099x, O36.111x, O36.112x, O36.113x, O36.119x, O36.191x, O36.192x, O36.193x, O36.199x, O36.20XX, O36.21XX, O36.22XX, O36.23XX, O36.4XXx, O36.511x, O36.512x, O36.513x, O36.519x, O36.591x, O36.592x, O36.593x, O36.599x, O36.60XX, O36.61XX, O36.62XX, O36.63XX, O36.70XX, O36.71XX, O36.72XX, O36.73XX, O36.80XX, O36.812x, O36.813x, O36.819x, O36.821x, O36.822x, O36.823X, O36.829x, O36.891x, O36.892x, O36.893x, O36.899x, O36.90XX, O36.91XX, O36.92XX, O36.93XX, O40.1XXx, O40.2XXx, O40.3XXx, O40.9XXx, O41.00XX, O41.01XX, O41.02XX, O41.03XX, O41.101x, O41.102x, O41.103x, O41.109x, O41.121x, O41.122x, O41.123x, O41.129x, O41.141x, O41.142x, O41.143x, O41.149x, O41.8X1x, O41.8X2x, O41.8X3x, O41.8X9x, O41.90XX, O41.91XX, O41.92XX, O41.93XX, O42.00, O42.01x, O42.02, O42.10, O42.11x, O42.12, O42.90, O42.91x, O42.92, O43.01x, O43.02x, O43.10x, O43.11x, O43.12x, O43.19x, O43.21x, O43.22x, O43.23x, O43.81x, O43.89x, O43.9x, O44.0x, O44.1x, O45.00x, O45.01x, O45.02x, O45.09x, O45.8Xx, O45.9x, O46.00x, O46.01x, O46.02x, O46.09x, O46.8Xx, O46.9x, O47.0x, O47.1, O47.9, O48.x, O60.0x, O71.0x, O71.x, O71.8x, O71.9, O88.01x, O88.11x, O88.21x, O88.31x, O88.81x, O91.01x, O91.03, O91.11x, O91.13, O91.21x, O91.23, O92.01x, O92.03, O92.11x, O92.13, O92.x, O92.7x, O98.01x, O98.11x, O98.21x, O98.31x, O98.41x, O98.51x, O98.61x, O98.71x, O98.81x, O98.91x, O99.01x, O99.11x, O99.21x, O99.28x, O99.31x, O99.32x, O99.33x, O99.34x, O99.35x, O99.41x, O99.51x, O99.61x, O99.71x, O99.810, O99.820, O99.830, O99.84x, O9A.11x, O9A.21x, O9A.31x, O9A.41x, O9A.51x, Z03.7x, Z33.x, Z34, Z34.0x, Z34.8x, Z34.9x, Z36</p> <p>Prenatal US: ICD-10PCS: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ CPT: 73801, 76805, 76811, 76813, 76815-76821, 76825-76828 ABO Screening CPT: 86900 Rh Screening CPT: 86901 Obstetric Panel CPT: 80055, 80081</p>

Measure	Measure Description	Protocol or Documentation Required	Coding
<p>*(PPC) Postpartum Care</p> <p>TS266</p>	<p>Live births on or between November 6th of the year prior to the measurement year and November 5th of the measurement year.</p> <p>Postpartum visit on or between 21 and 56 days after delivery.</p>	<p>Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:</p> <ul style="list-style-type: none"> ▪ Pelvic exam. ▪ Evaluation of weight, BP, breasts and abdomen. <ul style="list-style-type: none"> – Notation of “breastfeeding” is acceptable for the “valuation of breasts” component. ▪ Notation of postpartum care, including, but not limited to: <ul style="list-style-type: none"> – Notation of “postpartum care,” “PP care,” “PP check,” “6 week check,” – Preprinted “postpartum care” form. 	<p>Postpartum visit:</p> <p>CPT: 57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 99501</p> <p>Cervical Cytology (PAP) CPT: 88141 – 88143, 88147, 88148, 88150, 88152 – 88154, 88164 – 88167, 88174, 88175</p> <p>Cervical Cytology HCPCS: G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z30.432, Z30.433, Z39.1, Z39.2</p>
<p>(URI) Appropriate Treatment for Children With Upper Respiratory Infection</p> <p>TS210</p>	<p>Children 3 months – 18 years of age who were given a diagnosis of upper respiratory infection and were not dispensed an antibiotic prescription.</p>	<p>Patients dispensed a prescription for antibiotic medication on or three days after the index episode service date.</p>	<p>ICD-10: J00, J06.0, J06.9</p> <p>Antibiotic prescriptions: Aminopenicillins, Beta-lactamase inhibitors, first generation cephalosporin’s, folate antagonist, lincomycin derivatives, macrolides, miscellaneous antibiotics, natural penicillin’s, penicillinase-resistant penicillin’s, quinolones, second generation cephalosporin’s, sulfonamides, tetracycline’s, third generation cephalosporin’s.</p>

Measure	Measure Description	Protocol or Documentation Required	Coding
<p>*(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</p>	<p>Patients ages 3 – 17 years of age who had an outpatient visit with a primary care provider (PCP) or OB/GYN and who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> ▪ BMI percentile documentation. ▪ Counseling for nutrition. ▪ Counseling for physical activity. 	<p>BMI percentile Documentation must include height, weight, and BMI percentile during the measurement year. The height, weight, and BMI must be from the same data source.</p> <p>Counseling for nutrition Documentation of counseling for nutrition or referral for nutrition education during the measurement year. Documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> ▪ Discussing current nutrition behaviors (e.g., eating habits, dieting behaviors) ▪ Addressing nutrition and indicating this on checklist. ▪ Counseling or referral for nutrition education. ▪ Giving the patient educational materials on nutrition during a face-to-face visit. ▪ Giving anticipatory guidance for nutrition. ▪ Counseling about weight or obesity. <p>Counseling for physical activity Documentation of counseling for physical activity or referral for physical activity during the measurement year. Documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> ▪ Discussing current physical activity behaviors (e.g., exercise routine, participation in sports). ▪ Addressing physical activity and indicating this on checklist. ▪ Counseling or referral for physical activity. ▪ Giving the patient educational materials on physical activity during a face-to-face visit. ▪ Giving anticipatory guidance for physical activity. ▪ Counseling about weight or obesity. <p>Exclusions: Members who've had a diagnosis of pregnancy during the measurement year.</p>	<p>Annual Wellness Visit: ICD-10: Z00.121, Z00.129, HCPCS: G0438, G0439, T1015, G0463, G0402</p> <p>BMI Percentile: ICD-10: Z68.51 – Z68.54</p> <p>Counseling for Nutrition: ICD-10: Z71.3 HCPCS: G0270, G0271, S9452, S9470, S9449 CPT: 97802 – 97804</p> <p>Counseling for Physical Activity: ICD-10: Z71.89, Z02.5 HCPCS: S9451, G0447</p> <p><i>(Note: There are no ICD-10-CM diagnosis codes specific to counseling for physical activity)</i></p>