



Mercy Care Gap Closure Reference Guide – 2024

What is the Measure	How to Close the Gap	Codes and Medications
<p>AAP - Adults' Access to Preventive/Ambulatory Health Services</p> <p>Members 20 and older who had an ambulatory or preventive care visit in 2024.</p> <p>Required Exclusions*</p>	<ul style="list-style-type: none"> Perform a preventive care or ambulatory visit in 2024 	<p>Ambulatory Visits CPT: 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99483</p> <p>HCPCS: G0402, G0438-G0439, G0463, T1015</p> <p>Online Assessments CPT: 98970-98972, 99421-99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250-G2252</p> <p>Telephone Visits CPT: 98966- 98968, 99441-99443</p>
<p>ACP - Advance Care Planning</p> <p>Members 66–80 with advanced illness, an indication of frailty, or who are receiving palliative care, and adults 81 and older who had advance care planning in 2024.</p> <p>Requirements: Evidence of advance care planning</p>	<ul style="list-style-type: none"> Discuss and document preferences for resuscitation, life sustaining treatment and end of life care 	<p>Advance Care Planning CPT: 99483, 99497</p> <p>CPT-CAT II: 1123F, 1124F, 1157F, 1158F</p> <p>HCPCS: S0257</p>

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<p>in 2024 using approved codes</p> <p>Required Exclusions*</p>		
<p>ADD-E – Follow-Up Care for Children Prescribed ADHD Medication</p> <p>Children 6–12 with newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.</p> <p>Requirements: Dates of service in timeframes below</p> <p>Initiation Phase</p> <ul style="list-style-type: none"> An office visit note, which includes the date of service, with a prescribing practitioner, within the 30-day initiation phase <p>Continuation and Maintenance (C&M) Phase</p> <ul style="list-style-type: none"> Two office visit notes, which include the date of service, with a practitioner, within the 9 months after the initiation phase has ended <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Members with a diagnosis of narcolepsy any time during the member’s history through 2024 	<ul style="list-style-type: none"> Schedule the first follow up-appointment before a patient leaves the visit at which they were prescribed the new ADHD medication Schedule the two follow-up visits for the C&M phase once the member has completed their initiation phase follow-up visit Consider limiting the first prescription of an ADHD medication to a 30-day supply Provide education for appropriate follow-up visit time frames Discuss the importance of completing follow-up visits such as to determine whether the medication is working as intended and to monitor any side effects Verify understanding of the recommended follow-up visits and answer any questions or concerns 	<p>BH Outpatient CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015</p> <p>Health & Behavior Assessment/ Intervention CPT: 96156, 96158-96159, 96164-96165, 96167-96168, 96170-96171</p> <p>Partial Hospitalization or Intensive Outpatient HCPCS: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484-S9485</p> <p>See ADD-E in Addendum for additional codes</p>
<p>AIS-E - Adult Immunization Status</p>	<ul style="list-style-type: none"> Educate the member and explain the 	<p>Adult Influenza Vaccine</p>

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<p>Members 19 years and older who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster and pneumococcal.</p> <p>Requirements: Vaccine code and date of service</p> <p>Required Exclusions: none</p>	<p>importance of these immunizations</p> <ul style="list-style-type: none"> Update EMR to prompt reminders; send reminder message to members Use standing orders to allow any of the vaccines to be given as soon as the member agrees 	<p>CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756</p> <p>Adult Pneumococcal Vaccine CPT: 90670, 90671, 90677, 90732 HCPCS: G0009</p> <p>Herpes Zoster Vaccine CPT: 90736, 90750</p> <p>Td Vaccine CPT: 90714, 90718</p> <p>Tdap Vaccine CPT: 90715</p>
<p>AMM - Antidepressant Medication Management</p> <p>Members 18 and older with a diagnosis of major depression who were treated with antidepressant medication, and remained on antidepressant medication treatment from May 1, 2023, to April 30, 2024.</p> <p>Two rates are reported:</p> <p>Effective Acute Phase Treatment</p> <ul style="list-style-type: none"> Members who stayed on an antidepressant medication for at least 84 days (12 weeks) <p>Effective Continuation Phase Treatment</p>	<ul style="list-style-type: none"> Educate that most anti-depressants take 4-6 weeks to work Discuss proper use of medications and the importance of adherence of at least 6 months, even when feeling better Educate on possible side effects and how to manage them Assess potential benefit of psychotherapy in conjunction with treatment Consider coordination of care with all involved in the treatment process 	<p>Compliance is triggered by pharmacy claims</p> <p>Major Depression ICD10CM: F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9</p> <p>See AMM in Addendum for Antidepressant medications</p>

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<ul style="list-style-type: none"> Members who stayed on an antidepressant medication for at least 180 days (6 months) <p>Requirements: Documentation of anti-depressant medication prescribed</p> <p>Required exclusions*</p>	<ul style="list-style-type: none"> Discuss importance of and schedule regular follow-up: especially during first 3-6 months of new diagnosis, initiation of treatment Stress not to stop medication abruptly or without consulting provider Outreach to members who missed or cancelled appointments to re-schedule 	
<p>AMR - Asthma Medication Ratio</p> <p>Members 5-64 identified as having persistent asthma and had 0.50 or greater ratio of controller medications to total asthma medications in 2024.</p> <p>Requirements: Documentation of asthma medication prescribed</p> <p>Required exclusions*including:</p> <ul style="list-style-type: none"> Members who had a diagnosis that requires a different treatment approach from members with asthma Members who had no asthma controller or reliever medications dispensed in 2024 	<ul style="list-style-type: none"> Educate members on the difference between a rescue inhaler vs a long-term controller Stress importance of adherence and a daily routine Educate on potential side effects and how to manage them Educate on reduction of asthma triggers Discuss asthma action plans Stress importance of follow-up to review treatment and assess medication utilization 	<p>Compliance is triggered by pharmacy claims</p> <p>Asthma ICD10CM: J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998</p> <p>See AMR in Addendum for Asthma medications</p>
<p>APM-E - Metabolic Monitoring for Children and Adolescents on Antipsychotics</p> <p>Children and adolescents 1-17 who had two or</p>	<ul style="list-style-type: none"> Identify staff in the provider’s office to initiate coordination of care with the behavioral health provider and obtain a current medication list with a copy of 	<p>Blood Glucose Testing CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p>

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<p>more antipsychotic prescriptions and had metabolic testing.</p> <p>Three rates are reported:</p> <ul style="list-style-type: none"> Blood glucose testing Cholesterol testing Blood glucose and cholesterol testing <p>Requirements: Test code and date of service</p> <p>Required Exclusions*</p>	<p>the patient’s most recent labs. If the behavioral health provider prescribing the antipsychotic has not ordered metabolic screening, please do so</p> <ul style="list-style-type: none"> Educate the patient’s parent/guardian on the importance of completing metabolic testing Ensure patients that are prescribed antipsychotic medications are referred (at minimum) on an annual basis to have their blood glucose or HbA1c, LDL-C or cholesterol levels monitored Schedule time to follow up with the patient’s parent/guardian to educate and discuss the patient’s lab results 	<p>HbA1C Testing CPT: 83036, 83037</p> <p>LDL-C Testing CPT: 80061, 83700, 83701, 83704, 83721</p> <p>Other Cholesterol Testing CPT: 82465, 83718, 83722, 84478</p>
<p>APP - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</p> <p>Children and adolescents 1-17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.</p> <p>Requirements: Date of service of engagement for psychosocial treatment</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Members for whom first-line antipsychotic 	<ul style="list-style-type: none"> Offer a safe, supportive, and culturally competent environment. Understanding the patient’s culture and belief system can help distinguish what type of treatment they are seeking Medication regimen adherence is essential for the patient’s treatment Coordinate treatment with all parties involved Build a partnership on trust and understanding with the patient and their 	<p>Psychosocial Care CPT: 90832-90834, 90836-90840, 90845, 90849, 90853, 90875, 90876, 90880</p> <p>HCPCS: G0176, G0177, G0409, G0410, G0411, H0004, H0035-H0040, H2000, H2001, H2012-H2014, H2017-H2020, S0201, S9480, S9484, S9485</p> <p>See APP in Addendum for Antipsychotic medications</p>

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<p>medications may be clinically appropriate: members with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder on at least two different dates of service in 2024</p>	<p>family. Trust can be established by including the patient and their family in all decision making.</p> <ul style="list-style-type: none"> • Provide credible sources in order to address any fears and stigma surrounding treatment • Recognize that the patient might want to participate at varying levels, so meet them where they are 	
<p>AWV - Annual Wellness Visit</p> <p>The Annual Wellness Visit provides an excellent opportunity for members and their providers to collaborate on a Personalized Prevention Plan. The Annual Wellness Visit is a covered benefit for Mercy Care Advantage members and is a preventive wellness visit - NOT a “routine physical checkup.”</p> <p>Requirements:</p> <ul style="list-style-type: none"> • IPPE - A one-time Initial Preventive Physical Examination during the first 12 months of coverage • AWV and PPS - If a member did not receive an IPPE during that time, they are eligible for the Initial Annual Wellness Visit and a personalized prevention plan of service 	<ul style="list-style-type: none"> • For more information on the Annual Wellness Visit, please refer to the CMS Medicare Wellness Visits website which can be found at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html 	<p>Annual Wellness Visit HCPCS: G0438, G0439</p> <p>Advance Care Planning CPT: 99497</p> <p>To include the explanation and discussion of advanced directives</p>

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<ul style="list-style-type: none"> • Subsequent AWV-PPP - After receiving either the IPPE or the Initial AWV and PPPS, members are eligible for the subsequent AWV and personalized prevention plan of service each year they are covered 		
<p>BCS-E - Breast Cancer Screening</p> <p>➤ <i>Breast cancer screening is now collected strictly through electronic data sources</i></p> <p>Members 50-74 who had one or more mammograms anytime on or between October 1, 2022, and December 31, 2024.</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> • Members receiving palliative care any time during 2024 • Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member’s history through the end of 2024 • Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member’s history through the end of 2024 	<ul style="list-style-type: none"> • Educate members on the importance of early detection • Encourage ordering a screening every two years • Consider engaging the member to discuss any fear they may have about mammograms and reassure them the test uses less radiation than in the past • Remind the member that biopsies, breast ultrasounds and MRIs are not considered appropriate methods for primary breast cancer screenings • Document the date of service (the month and year at a minimum) and the result of the most recent mammogram in the member’s medical record • Document mastectomy and date of service (the year performed at a minimum) in the member’s member record 	<p>Mammography CPT: 77061-77063, 77065-77067</p> <p>Unilateral Mastectomy CPT: 19180, 19200, 19220, 19240, 19303-19307</p> <p>➤ <i>Since Breast Cancer Screening compliance is now collected strictly through electronic data sources, correct coding is now more important than ever</i></p> <p>Absence of Left Breast ICD10CM: Z90.12</p> <p>Absence of Right Breast ICD10CM: Z90.11</p> <p>Bilateral Mastectomy ICD10CM: Z90.13</p>

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<p>BDP - Blood Pressure Control for Patients with Diabetes</p> <p>Members 18-75 with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/<90) in 2024.</p> <p>➤ <i>Adequate control is defined as both a systolic BP of 139 mm Hg or less and a diastolic BP of 89 mm Hg or less</i></p> <p>Requirement: The most recent blood pressure reading taken in 2024</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Members receiving palliative care any time during 2024 	<ul style="list-style-type: none"> Consider taking a minimum of two blood pressure readings during every visit Retake blood pressure if a reading is greater than or equal to 140/90 Encourage the member to sit: <ul style="list-style-type: none"> ➤ with back and feet supported ➤ with legs uncrossed ➤ with arm supported at the level of their heart Consider waiting at least 5 minutes after arrival before taking a blood pressure Educate the member of the importance of taking blood pressure medication as prescribed and schedule follow up visits to monitor the effectiveness of their blood pressure medication Reminder: documentation of a member reported blood pressure reading meets compliance for this measure Reminder: blood pressure ranges are compliant if they are a distinct value i.e.: <ul style="list-style-type: none"> ○ Patient reports BP at home 	<p>Outpatient CPT: 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483</p> <p>HCPCS: G0402, G0438, G0439, G0463, T1015</p> <p>Telephone Visits CPT: 98966-98968, 99441-99443</p> <p>Online Assessments CPT: 98970-98972, 99421-99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250-G2252</p> <p>Diastolic Blood Pressure CPT-CAT-II: 3078F, 3079F, 3080F</p> <p>Systolic Blood Pressure CPT-CAT-II: 3074F, 3075F, 3077F</p>

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	ranges from -135 to -80 <ul style="list-style-type: none"> ○ “Average BP 139/70” 	
<p>CBP - Controlling High Blood Pressure</p> <p>Members 18-85 who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/<90) in 2024.</p> <p>➤ <i>Adequate control is defined as both a systolic BP of 139 mm Hg or less and a diastolic BP of 89 mm Hg or less</i></p> <p>Requirement: The most recent blood pressure reading taken in 2024, on or after the date of the second diagnosis of hypertension</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> • Members receiving palliative care any time during 2024 • Members with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant anytime during the member’s history on or prior to December 31, 2024 • Members with diagnosis of pregnancy any time during 2024 	<ul style="list-style-type: none"> • Consider taking a minimum of two blood pressure readings during every visit • Retake blood pressure if a reading is greater than or equal to 140/90 • Encourage the member to sit: <ul style="list-style-type: none"> ➤ with back and feet supported ➤ with legs uncrossed ➤ with arm supported at the level of their heart • Consider waiting at least 5 minutes after arrival before taking a blood pressure • Educate the member of the importance of taking blood pressure medication as prescribed and schedule follow up visits to monitor the effectiveness of their blood pressure medication • Reminder: documentation of a member reported blood pressure reading meets compliance for this measure • Reminder: blood pressure ranges are 	<p>Outpatient CPT: 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483</p> <p>HCPCS: G0402, G0438, G0439, G0463, T1015</p> <p>Telephone Visits CPT: 98966-98968, 99441-99443</p> <p>Online Assessments CPT: 98970-98972, 99421-99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250-G2252</p> <p>Diastolic Blood Pressure: CPT-CAT-II: 3078F, 3079F, 3080F</p> <p>Systolic Blood Pressure: CPT-CAT-II: 3074F, 3075F, 3077F</p> <p>Combined with a diagnosis of hypertension – Essential Hypertension ICD10CM: I10, I13.10</p> <p>ESRD – End Stage Renal Disease</p>

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	compliant if they are a distinct value i.e.: <ul style="list-style-type: none"> ○ Patient reports BP at home ranges from -135 to -80 ○ “Average BP 139/70” 	ICDCM10: N18.5, M18.6
<p>CCP – Contraceptive Care – Postpartum Women Women 15 to 44 who had a live birth and were given access to effective contraceptive care during the postpartum period which can improve birth spacing and health outcomes of future pregnancies or risk of unintended pregnancy.</p> <p>Requirements:</p> <ul style="list-style-type: none"> • Were provided a most effective or moderately effective method of contraception within 3 and 90 days of delivery <p>OR</p> <ul style="list-style-type: none"> • Were provided a long-acting reversible method of contraception (LARC) within 3 and 90 days of delivery <p>Required Exclusions:</p> <ul style="list-style-type: none"> • Deliveries that did not end in a live birth (i.e., miscarriage, ectopic, stillbirth, or pregnancy termination) • Exclude live births that occurred after 	<ul style="list-style-type: none"> • Have a conversation with the member about their reproductive goals • Provide easy to read educational tools regarding contraceptive options • Educate women on the availability of the wide range of contraceptive methods that are safe for the member and client-centered 	<ul style="list-style-type: none"> • CCP does not have any associated CPT II codes as compliance is triggered by pharmacy claims • Prior to prescribing a medication for CCP, please check the MC formulary to ensure the medication is covered and to determine if prior authorization is needed as updates and changes occur frequently. You will find the formulary on our website: Mercy Care For Providers Pharmacy

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<p>September 30, 2024, because there may not have been an opportunity to provide the member with contraception in the postpartum period</p>		
<p>CCS – Cervical Cancer Screening Members 21-64 who were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> • 21-64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last 3 years • 30-64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years • 30-64 years of age who were 30-64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> • Hysterectomy with no residual cervix, cervical agenesis or acquired absences of cervix any time during the member’s history through December 31, 2024 	<ul style="list-style-type: none"> • Educate members of the importance of screening • Provide easy to read educational tools • Utilize EMRs to remind staff when services are due; send reminder messages to members • An office note, lab report or vital sheet showing a cervical cancer screening (PAP Test) date with result including all gynecological history <p>OR</p> <ul style="list-style-type: none"> • An office note or lab report showing an HPV date with result (not biopsy results) <p>*Note If Pap test not performed in your office or lab report unavailable, please include an office visit with ALL gynecological history</p> <ul style="list-style-type: none"> • 2012-2023 (PAP) • 2019-2023 (HPV) 	<p>Cervical Cytology Lab Test CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175</p> <p>HCPSC: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>High Risk HPV Test CPT: 87624, 87625</p> <p>HCPSC: G0476</p> <p>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, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135</p> <p>Absence of Cervix Diagnosis ICD10CM: Q51.5, Z90.710, Z90.712</p>

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<ul style="list-style-type: none"> Members receiving palliative care any time during 2024 		
<p>CCW - Contraceptive Care (All Women) Women 15 to 44, who are at risk of unintended pregnancy.</p> <p>Requirements:</p> <ul style="list-style-type: none"> Were provided a most effective or moderately effective method contraception <p>OR</p> <ul style="list-style-type: none"> Were provided a long-acting reversible method of contraction (LARC) <p>Required exclusions:</p> <ul style="list-style-type: none"> Members who are infecund due to non-contraceptive reasons such as natural menopause or oophorectomy Exclude live births that occurred after September 30, 2024, because there may not have been opportunity to provide the member with contraception in the postpartum period Were still pregnant at the end of 2024, as indicated by a pregnancy code and an absence of a pregnancy outcome code indicating a non-live birth or a live birth 	<ul style="list-style-type: none"> Have a conversation with the member about their reproductive goals Provide easy to read educational tools regarding contraceptive options Educate women on the availability of the wide range of contraceptive methods that are safe for the member and client-centered 	<ul style="list-style-type: none"> CCW does not have any associated CPT II codes as compliance is triggered by pharmacy claims Prior to prescribing a medication for CCW, please check the MC formulary to ensure the medication is covered and to determine if prior authorization is needed as updates and changes occur frequently. You will find the formulary on our website: Mercy Care For Providers Pharmacy

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What is the Measure	How to Close the Gap	Codes and Medications
<p>CHL – Chlamydia Screening in Women</p> <p>Women 16–24 identified as sexually active and who had at least one test for chlamydia in 2024.</p> <p>Requirements: At least one chlamydia test in 2024</p> <p>Required Exclusions*</p>	<ul style="list-style-type: none"> • Perform at least one chlamydia test during the measurement year • Test can be from any source (vaginal, urine, cervix, anus, throat) • Screenings may be performed at routine annual preventive visits and at acute care visits. They should occur at any visit where oral contraceptives, STDs or urinary symptoms are discussed. 	<p>Chlamydia Tests CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810</p>
<p>CIS - Childhood Immunization Status</p> <p>Members who had the following vaccines by their 2nd birthday:</p> <ul style="list-style-type: none"> • four diphtheria, tetanus, and acellular pertussis (DTaP) • three polios (IPV) • one measles, mumps, and rubella (MMR) • three haemophilus influenza type B (HiB) • three hepatitis B (Hep B) • one chicken pox (VZV) • four pneumococcal conjugates (PCV) • one hepatitis A (Hep A) • two or three rotaviruses (RV) 	<ul style="list-style-type: none"> • Educate staff to schedule visits within the guideline time frames prior to 2nd birthday • For documented history of illness, a seropositive test result or anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the member’s 2nd birthday • Ensure that all administered immunizations are reported to the Arizona State Immunization Information system (ASIIS). • Outreach parents to schedule their child’s vaccination appointments • Administer vaccinations during scheduled appointments 	<p>DTaP Vaccine Procedure CPT: 90697, 90698, 90700, 90723</p> <p>(IPV) Vaccine Procedure CPT: 90697, 90698, 90713, 90723</p> <p>(MMR) Vaccine Procedure CPT: 90707, 90710</p> <p>Haemophilus Influenzae Type B (HiB) Vaccine Procedure CPT: 90644, 90647, 90648, 90697, 90698, 90748</p> <p>(HEP-B) Vaccine Procedure CPT: 90797, 90723, 90740, 90744, 90747, 90748</p> <p>HCPCS: G0010</p> <p>ICD10PCS: 3E0234Z (Newborn)</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<ul style="list-style-type: none"> two influenza (Flu) <p>Requirements: Vaccine code and date of service</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Members who had a contradiction to a childhood vaccine on or before their second birthday 	<ul style="list-style-type: none"> At each appointment, review immunization records and encourage the opportunity to catch up on missing immunizations Educate parents/guardians on vaccinations, their side effects, and perceived links to autism Advise parents on the importance of completing each vaccine series Provide handouts on the diseases that the vaccines prevent 	<p>(VZV) Vaccine Procedure CPT: 90710, 90716</p> <p>(PCV) Vaccine Procedure CPT: 90670</p> <p>HCPCS: G0009</p> <p>(HEP-A) Vaccine Procedure CPT: 90633</p> <p>See CIS in Addendum for additional codes</p>
<p>COA – Care for Older Adults</p> <p>Members 66 and older who had each of the following in 2024:</p> <p>Medication Review</p> <ul style="list-style-type: none"> A list of all the member’s medications in the medical record Evidence of a medication review by prescribing provider or clinical pharmacist Date medication review was performed <p>Functional Status Assessment</p> <ul style="list-style-type: none"> At least one complete functional status exam Date assessment was performed 	<ul style="list-style-type: none"> Document a review and a list of the member’s medications in the medical record. The medication list may include medication names only or may include medication names, dosages, and frequency, over the counter (OTC) medications, and herbal or supplemental therapies. Assess activities of daily living (ADL) or at least FIVE of the following, including, but not limited to: bathing, dressing, eating, transferring [e.g., getting in and out of chairs], using toilet, walking Assess instrumental activities of daily living (IADL) or at least FOUR of the 	<p>Medication Review-Presence of a Medication List CPT: 1159F</p> <p>HCPCS: G8427</p> <p>➤ Medication List must also include one of the medication review codes to meet criteria</p> <p>Evidence of Medication Review CPT: 90863, 99483, 99605, 99606</p> <p>CPT-CAT-II: 1160F</p> <p>Functional Status Assessment CPT: 99483</p> <p>CPT-CAT-II: 1170F</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>Pain Assessment</p> <ul style="list-style-type: none"> • Pain screening assessment • Date assessment was performed <p>Required Exclusions*</p>	<p>following, including, but not limited to: shopping for groceries, driving or using public transportation, using the telephone, meal preparation, housework, home repair, laundry, taking medications, handling finances</p> <ul style="list-style-type: none"> • Document an assessment utilizing a standardized functional status assessment tool to satisfy functional status assessment • Perform an assessment using a standardized pain assessment tool or numeric pain rating 	<p>HCPCS: G0438, G0439</p> <p>Pain Assessment</p> <p>CPT-CAT-II: 1125F, 1126F</p>
<p>COB - Concurrent Use of Opioids and Benzodiazepines</p> <p>Members 18 and older with concurrent use of prescription opioids and benzodiazepines.</p> <p>➤ <i>A lower rate indicates better performance</i></p> <p>Goal: Decrease the number of members 18 and older with concurrent use of prescription opioids and benzodiazepines</p> <p>Required Exclusions:</p> <ul style="list-style-type: none"> • Members in hospice or using hospice services any time during 2024 • Members receiving palliative care any time 	<ul style="list-style-type: none"> • Assist patients with identifying alternative pain management methods • Coordinate care with all the patient’s treating providers to avoid co-prescriptions • Follow CMS’s five central principles for co-prescribing Benzodiazepines and opioids: <ol style="list-style-type: none"> 1. Avoid initial combination by offering alternative approaches such as cognitive behavioral therapy or other medication classes 2. If new prescriptions are needed, 	<p>Pharmacy claims data</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>during 2024</p> <ul style="list-style-type: none"> Members with a cancer diagnosis coded during 2024 Members with sickle cell disease coded during 2024 	<p>limit the dose and duration</p> <ol style="list-style-type: none"> Taper long-standing medications gradually and, whenever possible, discontinue Continue long-term co-prescribing only when necessary and monitor closely Provide rescue medication (for example, naloxone) to high-risk patients and their caregivers as co-prescribing places the patient at a high risk of opioid overdose 	
<p>COL-E - Colorectal Cancer Screening</p> <p>➤ <i>Colon Cancer Screening is now collected strictly through electronic data sources</i></p> <p>Members ages 45-75 who had appropriate screening for colorectal cancer.</p> <p>Requirements: Appropriate screenings are defined as:</p> <ul style="list-style-type: none"> Fecal occult blood test (FOBT) or Guaiac (gFOBT) or Immunochemical (iFOBT) in 2024 Stool DNA (sDNA) with FIT Test anytime January 1, 2022, through December 31, 2024 CT colonography anytime from January 1, 2021, through December 31, 2024 	<ul style="list-style-type: none"> Educate members of the importance of screening Discuss other screening methods when a member declines a more invasive option Make a follow-up call if the member is noncompliant after receiving an order for a colorectal cancer screening Document in the member’s chart the date of their last colorectal cancer screening, type of screening, and the results of the screening Review the Gaps in Care Report often to 	<p>➤ <i>Since Colon Cancer Screening compliance is now collected strictly through electronic data sources, correct coding is now more important than ever</i></p> <p>FOBT CPT: 82270, 82274</p> <p>HCPCS: G0328</p> <p>Flexible Sigmoidoscopy CPT: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350</p> <p>HCPCS: G0104</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<ul style="list-style-type: none"> Flexible sigmoidoscopy anytime from January 1, 2021, through December 31, 2024 Colonoscopy anytime from January 1, 2015, through December 31, 2024 <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Member receiving palliative care any time during 2024 Member with history of, or diagnosed with, colorectal cancer and/or total colectomy in 2024 	<p>see members with open gap opportunities</p> <ul style="list-style-type: none"> Encourage your members to participate in the Annual FIT Kit Outreach 	<p>Colonoscopy CPT: 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 HCPCS: G0105, G0121 sDNA with FIT Test CPT: 81528 CT Colonography CPT: 74261-74263</p>
<p>DBO - Deprescribing of Benzodiazepines in Older Adults</p> <p>Members 67 and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose (diazepam milligram equivalent [DME] dose) in 2024.</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Members with a diagnosis of seizure disorders; rapid eye movement sleep behavior disorder; benzodiazepine withdrawal; or ethanol withdrawal on or between January 1, 2023, and the ITE start date Members receiving palliative care any time 	<ul style="list-style-type: none"> Assess potentially inappropriate use of benzodiazepines in the Medicare population by measuring any dispensing of benzodiazepines (defined as at least two dispensing events) in the measurement year This provides a metric to support safe transition off benzodiazepines for those members referenced in the Use of High-Risk Medications in Older Adults (DAE) measure 	<p>Pharmacy claims data</p>

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What is the Measure	How to Close the Gap	Codes and Medications
during 2024		
<p>DEV – Developmental Screening in First Three Years of Life</p> <p>Children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.</p> <p>Requirements: An office note showing documentation of administration of a standardized screening tool (including which tool was used), with the result and date performed, in the 12 months preceding or on the child’s first, second, or third birthday.</p> <p>Eligible screening tools include:</p> <ul style="list-style-type: none"> • Parents’ Evaluation of Developmental Status (PEDS) • Ages and Stages Questionnaire – 3rd edition (ASQ-3) • Parents’ Evaluation of Developmental Status – Developmental Milestones (PEDS-DM) • Survey of Well-Being in Young Children (SWYC) • Batelle Developmental Inventory Screening Tool (BDI-ST) 	<ul style="list-style-type: none"> • Complete the recommended developmental screenings in the 12 months preceding or on their first, second, or third birthday. • Ensure that the screening tool given is included in the list of approved developmental screening tools. • Ensure that the M-CHAT and ASQ-SE are not the only tools utilized to conduct developmental screenings, as these are not approved screening tools. • Implement continual education and trainings to confirm providers know how to use the screening tools. • Provide education to parents or guardians about the importance of developmental screenings. • Visit The Bright Futures/American Academy of Pediatrics periodicity schedule for more information about the recommendations for developmental screening, which is available at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf. 	<p>Developmental Screening CPT: 96110</p> <p>➤ Note: Billing CPT code 96110 alone does not meet numerator compliance. Please include claims with a modifier that indicate a global developmental screening occurred. For example, Z13.42 can be used to indicate an “Encounter for screening for global developmental delays.”</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<ul style="list-style-type: none"> • Bayley Infant Neuro-developmental Screen (BINS) • Brigance Screens-II • Child Developmental Inventory (CDI) • Infant Developmental Inventory <p>Screening tools that are not accepted include:</p> <ul style="list-style-type: none"> ○ Modified Checklist for Autism in Toddlers (M-CHAT-r) ○ ASQ:SE 		
<p>DSF-E – Depression Screening and Follow-up for Adolescents and Adults</p> <p>Members 12 and older who were screened for clinical depression using standardized instruments and, if screened positive, received follow-up care.</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> • Members with a history of bipolar disorder any time during the member’s history through December 31, 2024 • Members with depression that started in 2023 	<p>Conduct appropriate screenings and follow-up:</p> <ul style="list-style-type: none"> • Depression screening: Members who were screened for clinical depression using a standardized instrument. • Follow-up on Positive Screen: Members who received follow-up care within 30 days of a positive depression screen finding. 	<p>Behavioral Health Encounter CPT: 90791, 90792, 90832, 98033, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484, 990492, 99493</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0411, G0511, G0512, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485</p> <p>See DSF-E in Addendum for additional</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>EED – Eye Exam for Patients with Diabetes Members 18-75 with diabetes (types 1 and 2) who had a retinal eye exam.</p> <p>Requirements:</p> <ul style="list-style-type: none"> A retinal or dilated eye exam (negative or positive for retinopathy) by an eye care professional (optometrist or ophthalmologist) in 2024 A negative retinal or dilated eye exam by an eye care professional in 2023 Bilateral eye enucleation or acquired absence of both eyes anytime in the member’s history <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Members receiving palliative care or who had an encounter for palliative care any time during 2024 	<ul style="list-style-type: none"> Review chart annually for compliant eye exams Consider sourcing staff to call patients that have any gaps in care Encourage members to get their annual dilated eye exams regardless of visual changes Suggest the free transportation services offered by Mercy Care to assist with appointments 	<p>codes</p> <p>Eye Exam with Evidence of Retinopathy CPT-CAT-II: 2022F, 2024F, 2026F</p> <p>Eye Exam without Evidence of Retinopathy CPT-CAT-II: 2023F, 2025F, 2033F</p> <p>Diabetic Retinal Screening CPT: 67028, 67030, 67031, 67036, 67039-67043, 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, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245</p> <p>HCPCS: S0620, S0621, S3000</p> <p>Diabetic Retinal Screening Negative in Prior Year CPT-CAT-II: 3072F</p> <p>Automated Eye Exam CPT: 92229</p> <p>Unilateral Eye Enucleation CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>FRM - Fall Fisk Management (FRM)</p> <p>Members with a problem falling, walking, or balancing who discussed it with their doctor and received a recommendation for how to prevent falls or treat problems with balance or walking in 2024.</p> <p>The two components of this measure assess different facets of fall risk management:</p> <ul style="list-style-type: none"> • Discussing Fall Risk. The percentage of Medicare members 65 and older who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner • Managing Fall Risk. The percentage of Medicare members 65 and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner <p>Required Exclusions: Members in hospice are excluded from the eligible population</p>	<ul style="list-style-type: none"> • Ask members 65 and older if, in the past 12 months, they have fallen or have had problems with balance or walking • Discuss with members ways in which they can help prevent falls or treat balance problems • Recommend using a cane or walker, taking Vitamin D, doing an exercise or physical therapy program, and/or receiving a vision or hearing test 	<p>This measure is collected using survey methodology: the Medicare Health Outcomes Survey (HOS). HOS is a CMS-sponsored confidential patient reported survey. A random sample of members are measured on their physical and mental health status. Members are surveyed April-July and then re-surveyed two years later.</p> <p>HOS Survey Questions:</p> <ul style="list-style-type: none"> • A fall is when your body goes to the ground without being pushed. In the past 12 months, did you talk with your doctor or other health provider about falling or problems with balance or walking? • Did you fall in the past 12 months? • In the past 12 months, have you had a problem with balance or walking? • Has your doctor or other health provider done anything to help prevent falls or treat problems with balance or walking? Some things they might do include: suggest that you use a cane or walker; suggest that you do an exercise or physical therapy program; suggest a vision or

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What is the Measure	How to Close the Gap	Codes and Medications
<p>FUA – Follow-up After Emergency Department Visit for Substance Abuse</p> <p>Members 13 and older seen in an emergency department (ED) with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, and received follow-up within 7 (and 30) days after the ED visit (visits can occur on the same date as the ED visit).</p> <p>Requirements: Date of service of follow-up visit with any diagnosis of SUD, substance use, or drug overdose; or with a mental health provider</p> <p>Required Exclusions*</p>	<ul style="list-style-type: none"> • Allow appointment availability for members with recent ED visits • Schedule follow-up preferably within 7 days after the ED visit • Encourage members to bring discharge paperwork to their 1st appointment; or reach out to facility or access information via HIE or portal • Explain to members the importance of follow-up and adherence to treatment • Discuss member preferences for treatment promoting ownership of the process • Coordinate care with all involved in the treatment process • Outreach to members who miss or cancel appointments and reschedule as soon as possible • Refer as appropriate to health plan case management for high utilization or assistance with social determinants 	<p>hearing test.</p> <p>BH Outpatient CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H0213-H2020, T1015</p> <p>Behavioral Health Assessment CPT: 99408, 99409</p> <p>HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049</p> <p>See FUA in Addendum for additional codes</p>
<p>FUH - Follow-up After Hospitalization for Mental Illness</p>	<ul style="list-style-type: none"> • Schedule members due for follow-up preferably within 7 days post-discharge 	<p>BH Outpatient CPT: 98960-98962, 99078, 99202-</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>Members 6 and older who were hospitalized in 2024 for treatment of selected mental illness or intentional self-harm diagnoses and received follow-up within 7 (and 30) days after discharge with a mental health provider (visits on same day of discharge not compliant).</p> <p>Requirements: Date of service of follow-up visit with a mental health provider</p> <p>Required Exclusions*</p>	<ul style="list-style-type: none"> • Encourage members to bring discharge paperwork to their 1st appointment; or reach out to facility or access information via HIE or portal • Explain to members the importance of follow-up and adherence to treatment • Discuss member preferences for treatment promoting ownership of the process • Coordinate care with all involved in the treatment process • Outreach to members who miss or cancel appointments and reschedule as soon as possible • Refer as appropriate to health plan case management for high utilization or assistance with social determinants 	<p>99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492, 99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H0213-H2020, T101</p> <p>Psychiatric Collaborative Care Management CPT: 99492-99494</p> <p>HCPCS: G0512</p> <p>Transitional Care Management Services CPT: 99495, 99496</p> <p>See FUH in Addendum for additional codes</p>
<p>FUM - Follow-up After Emergency Department Visit for Mental Illness</p> <p>Members 6 and older who had emergency department visits with a principal diagnosis of mental illness or intentional self-harm and had a follow-up visit for mental illness.</p> <p>Requirements: Date of service of follow-up visit</p>	<ul style="list-style-type: none"> • Allow appointment availability for members with recent ED visits • Schedule follow-up preferably within 7 days after the ED visit • Encourage members to bring discharge paperwork to their 1st appointment; or reach out to facility or access 	<p>BH Outpatient CPT: 98960-98962, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510</p>

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<p>with principal diagnosis of mental health disorder; or principal diagnosis of intentional self-harm with any diagnosis of mental health disorder</p> <p>Required Exclusions*</p>	<p>information via HIE or portal</p> <ul style="list-style-type: none"> • Explain to members the importance of follow-up and adherence to treatment • Discuss member preferences for treatment promoting ownership of the process • Coordinate care with all involved in the treatment process • Outreach to members who miss or cancel appointments and reschedule as soon as possible • Refer as appropriate to health plan case management for high utilization or assistance with social determinants 	<p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H0213-H2020, T1015</p> <p>Online Assessments CPT: 98970-98972, 99421-99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250-G2252</p> <p>See FUM in Addendum for additional codes</p>
<p>GSD – Glycemic Status Assessment for Patients with Diabetes</p> <p>Members 18–75 with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels in 2024:</p> <ul style="list-style-type: none"> • Glycemic Status <8.0%. Compliance is met if the most recent glycemic status assessment has a result of <8.0% • Glycemic Status >9.0%. Compliance is met if the most recent glycemic status assessment 	<ul style="list-style-type: none"> • Order a glycemic status assessment (HbA1c or GMI) for the member during the measurement year • Educate the member about the importance of completing a glycemic status assessment • Follow-up with the member about what their result was and review their treatment plan based on their result • Discuss and address barriers the member may have to receiving a 	<p>HbA1c lab test CPT: 83036, 83037</p> <p>HbA1c level less than 7.0 CPT- CAT- II: 3044F</p> <p>HbA1c level greater than or equal to 7.0 and less than 8.0 CPT- CAT- II: 3051F</p> <p>HbA1C level greater than or equal to 8.0 and less than or equal to 9.0 CPT- CAT- II: 3052F</p> <p>HbA1c level greater than 9.0</p>

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<p>has a result of >9.0%, is missing a result, or if a glycemic status assessment was not done</p> <p>➤ <i>lower rates are better for this indicator</i></p> <p>Requirements: The most recent glycemic status assessment (HbA1c or GMI) completed in 2024, including a note with the date of the test and the result</p> <ul style="list-style-type: none"> GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign assessment date GMI results collected by the member and documented in the medical record are eligible for use in reporting Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required. “Unknown” is not considered a result/finding. <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Member receiving palliative care or who had an encounter for palliative care any time during 2024 	<p>glycemic status assessment</p>	<p>CPT- CAT- II: 3046F</p>
<p>HPCMI – Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1C) Poor control (<9.0%) (HPCMI)</p>	<ul style="list-style-type: none"> Order a HbA1c test for the member during the measurement year. 	<p>HbA1c lab test CPT: 83036, 83037 HbA1c level less than 7.0</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>Members 18 to 75 with a serious mental illness and diabetes (type 1 and type 2) who had poor control (>9.0%) for hemoglobin A1c (HbA1c). ➤ <i>A lower rate indicates better performance</i></p> <p>Requirements: The most recent HbA1c completed in 2024, including a note with the date of the test and the result.</p> <ul style="list-style-type: none"> • Ranges and thresholds do not meet criteria for this indicator • A distinct numeric result is required for numerator compliance <p>Required Exclusions:</p> <ul style="list-style-type: none"> • Members who do not have a diagnosis of diabetes during 2023 or 2024 and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes in 2023 or 2024 • Members in hospice or using hospice services anytime in 2024 • Members receiving palliative care any time during 2024 	<ul style="list-style-type: none"> • Educate the member about the importance of completing HbA1c testing. • Follow-up with the member based on what their result was and review their treatment plan. • Discuss and address barriers the member may have to receiving HbA1c testing. 	<p>CPT- CAT- II: 3044F</p> <p>HbA1c level greater than or equal to 7.0 and less than 8 .0</p> <p>CPT- CAT- II: 3051F</p> <p>HbA1C level greater than or equal to 8.0 and less than or equal to 9 .0</p> <p>CPT- CAT- II: 3052F</p> <p>HbA1c level greater than 9.0</p> <p>CPT- CAT- II: 3046F</p>
<p>IET - Initiation and Engagement of Substance Use Disorder Treatment</p> <p>New substance use disorder (SUD) episodes that</p>	<ul style="list-style-type: none"> • Identify a staff member within the provider’s location to initiate coordination of care upon receipt of an inpatient admission notification, and 	<p>BH Outpatient</p> <p>CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99242-99245, 99341-99345,99347-99350, 99381-</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>result in treatment initiation and engagement. Two rates are reported:</p> <ul style="list-style-type: none"> • 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 visitor medication treatment within 14 days • Engagement of SUD Treatment. The percentage of new episodes that have evidence of treatment engagement within 34 days of initiation <p>Requirements:</p> <ul style="list-style-type: none"> • Evidence of initiation of SUD treatment within 14 days of the SUD episode • Evidence of SUD episodes with treatment engagement within 34 days of initiation <p>Documentation (including date of service/code) in the OP record of at least one of the following with a diagnosis of Alcohol Abuse or Dependence, Opioid Use and Dependence, or Other Drug Abuse and Dependence</p> <ul style="list-style-type: none"> • Inpatient SUD admission with a diagnosis on the discharge claim • Outpatient visit 	<p>schedule discharge appointments prior to the day of discharge</p> <ul style="list-style-type: none"> • In the event scheduling discharge appointments prior to the member discharge is not feasible; upon receipt of discharge notification, identify a staff member to initiate coordination of care between patient providers and attempt contacting the member to schedule discharge appointments • Prepare to provide the member with the most current and available behavioral health resources and maintain access to current RBHA referral forms, should members express interest in behavioral health services during their appointment 	<p>99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015</p> <p>Outpatient POS: 3, 5, 7, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72</p> <p>Visit Setting Unspecified</p> <p>CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>Partial Hospitalization or Intensive Outpatient</p> <p>HCPCS: G0410-G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>POS: 52</p> <p>Substance Use Disorder Services</p> <p>CPT: 99408-99409</p> <p>HCPCS: G0396-G0397, G0443, H0001, H0005, H0007, H0015-H0016, H0022, H0047, H0050, H2035-H2036, T1006,</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<ul style="list-style-type: none"> Intensive Outpatient encounter Partial hospitalization Telehealth visit Medication treatment <p>Required Exclusions*</p>		<p>T1012</p> <p>See IET in Addendum for additional codes and Alcohol and Opioid Use Disorder medications</p>
<p>IMA – Immunizations for Adolescents</p> <p>Members who had the following vaccines by 13 of age:</p> <ul style="list-style-type: none"> one (1) dose of meningococcal vaccine (MCV) with a date of service on or between the member’s 11th and 13th birthdays one (1) tetanus, diphtheria toxoids and acellular pertussis (Tdap) with date of service on or between the member’s 10th and 13th birthdays Encephalitis due to the vaccine Human papillomavirus (HPV) vaccine series (either of the following meet) <ul style="list-style-type: none"> At least (2) 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 (3) three HPV vaccines with 	<ul style="list-style-type: none"> A copy of the immunization flow sheet (shot records) with dates and types of vaccines or A copy of the progress notes with dates and types of vaccines administered Ensure that all administered immunizations are reported to the Arizona State Immunization Information system (ASIIS). For meningococcal, <i>do not count</i> meningococcal recombinant (serogroup B) (MenB) vaccines. For documented history of anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the member’s 13th birthday. A note indicating the name of the specific antigen and the date of the 	<p>(Meningococcal) Vaccine Procedure CPT: 90619, 90733, 90734</p> <p>(TDAP) Vaccine Procedure CPT: 90715</p> <p>(HPV) Vaccine Procedure CPT: 90649, 90650, 90651</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>different dates of service on or between the member’s 9th and 13th birthdays</p> <p>Requirements: Vaccine code and date of service</p> <p>Required Exclusions*</p>	<p>immunization.</p> <ul style="list-style-type: none"> • Immunizations documented using a generic header of “Tdap/Td” can be counted as evidence of Tdap. 	
<p>KED – Kidney Health Evaluation for Patients with Diabetes</p> <p>Members 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) in 2024.</p> <p>Requirements: Kidney health evaluation is defined as a member having both an eGFR and a uACR on the same or different dates of service:</p> <ul style="list-style-type: none"> • At least one eGFR • At least one uACR identified by either of the following: <ul style="list-style-type: none"> ○ Both a quantitative urine albumin test and a urine creatinine test with service dates four or fewer days apart ○ A uACR <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> • Members with evidence of ESRD or dialysis anytime during the member’s history on or prior 	<ul style="list-style-type: none"> • Ensure members are receiving the necessary kidney health evaluation. • Discuss the importance of receiving a kidney health evaluation for members with diabetes (type 1 and 2). • Answer any questions the member may have about kidney health evaluation. • When results of the testing are received, explain the results to the member and answer any questions that they may have. 	<p>Estimated Glomerular Filtration Rate Lab Test CPT: 80047, 80048, 80050, 80053, 80069, 82565</p> <p>Quantitative Urine Albumin Lab Test CPT: 82043</p> <p>Urine Creatinine Lab Test CPT: 82570</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>to December 31, 2024</p> <ul style="list-style-type: none"> Members receiving or who had an encounter for palliative care any time during 2024 		
<p>MUI - Management of Urinary Incontinence in Older Adults</p> <p>Members with a urine leakage problem in the past 6 months who discussed treatment options with a provider.</p> <p>Three-Part Goal:</p> <p>Discussing Urinary Incontinence</p> <ul style="list-style-type: none"> To increase the percentage of Medicare members 65 and older who reported having urine leakage in the past 6 months and who discussed their urinary leakage problem with a health care provider <p>Discussing Treatment of Urinary Incontinence</p> <ul style="list-style-type: none"> To increase the percentage of Medicare members 65 and older who reported having urine leakage in the past 6 months and who discussed treatment options for their urinary incontinence with a health care provider <p>Impact of Urinary Incontinence</p> <ul style="list-style-type: none"> To increase the percentage of Medicare members 65 and older who reported having urine leakage in the past 6 months and who 	<ul style="list-style-type: none"> Ask patients if they have experienced any leakage of urine or urinary incontinence Ask patients if their symptom(s) are interfering with their daily activities or sleep Recommend ways to control or manage urinary incontinence such as bladder training exercises, medication, and/or surgery Refer to a specialist if indicated 	<p>This measure is collected using survey methodology: the Medicare Health Outcomes Survey (HOS). HOS is a CMS-sponsored confidential patient reported survey. A random sample of members are measured on their physical and mental health status. Members are surveyed April-July and then re-surveyed two years later.</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>reported that urine leakage made them change their daily activities or interfered with their sleep a lot</p> <p>Required Exclusions: Members in hospice are excluded from the eligible population</p>		
<p>OED – Oral Evaluation, Dental Services</p> <p>Members under 21 who received a comprehensive or periodic oral evaluation with a dental provider in 2024.</p> <p>Requirement: Date of service and code</p> <p>Required Exclusions*</p>	<ul style="list-style-type: none"> • Increase the availability of outpatient appointments with your practice: <ul style="list-style-type: none"> ○ Keep a few open appointment slots each day to see patients the day they call ○ Offer evening and weekend hours to accommodate school schedules ○ Avoid long wait times on the phone which may cause patients to seek care elsewhere ○ Consider alternative methods for scheduling appointments such as patient portals to avoid long wait times on the phone 	<p>Oral Evaluation</p> <p>CPT: D0120, D0145, D0150</p>
<p>OMW - Osteoporosis Management in Women Who Had a Fracture</p> <p>Women 67-85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.</p>	<ul style="list-style-type: none"> • Fractures of face, skull, fingers, and toes are not included in this measure • Educate members about the benefits of a bone mineral density test <ul style="list-style-type: none"> ○ learn if you have weak bones or osteoporosis 	<p>Bone Mineral Density Test Values:</p> <p>CPT: 76977, 77078, 77080, 77081, 77085, 77086</p> <p>Bone Mineral Density Tests</p> <p>ICD10PCS: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1,</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>Required Exclusions*including exclusion of episode dates where any of the following are met:</p> <ul style="list-style-type: none"> Members who had a BMD test during the 730 days (24 months) prior to the episode date Members who had a claim/encounter for osteoporosis therapy during the 365 days (12 months) prior to the episode date Members who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days (12 months) prior to the episode date Members who received palliative care any time during the intake period through the end of the year 	<ul style="list-style-type: none"> predict your chance of breaking a bone in the future check the status of your bone density (e.g., improving, maintaining, declining) find out how well osteoporosis medication is working on an individual level find out if you have osteoporosis after you have a broken bone Educate members about understanding the results of their bone mineral test 	<p>BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1</p> <p>Osteoporosis Medication Therapy HCPCS: J0897, J1740, J3110-J3111, J3489</p> <p>Long-Acting Osteoporosis Medications HCPCS: J0897, J1740, J3489</p> <p>See OMW in Addendum for Osteoporosis medications</p>
<p>OSW – Osteoporosis Screening in Older Women Women 65-75 years who received osteoporosis screening.</p> <p>Required Exclusions*including exclusion of members who meet any of the following criteria:</p> <ul style="list-style-type: none"> Members who had a claim/encounter for osteoporosis therapy any time in the member’s history through December 31, 2023 Members who had a dispensed prescription 	<ul style="list-style-type: none"> Check risk factors and discuss the importance of screening Review ways on how to build or maintain bone health and prevent fractures 	<p>Osteoporosis Screening Tests CPT: 76977, 77078, 77080-77081, 77085</p> <p>Osteoporosis Medications**</p> <p>Bisphosphonates: Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic Acid</p> <p>Other Agents: Abaloparatide, Denosumab, Raloxifene,</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>to treat osteoporosis any time on or between January 1, 2021, through December 31, 2023</p> <ul style="list-style-type: none"> Members receiving palliative care any time during 2024 		Romosozumab, Teriparatide
<p>PAO - Physical Activity in Older Adults</p> <p>Two-Part Goal:</p> <p>Discussing physical activity</p> <ul style="list-style-type: none"> To increase percentage of Medicare members 65 and older who had a doctor’s visit in the past 12 months and who spoke with the doctor or other health providers about their level of exercise or physical activity <p>Advising physical activity</p> <ul style="list-style-type: none"> To increase the percentage of Medicare members 65 and older who had a doctor’s visit in the past 12 months and who received advice to start, increase or maintain their level of exercise or physical activity <p>Required Exclusions: Members receiving palliative or hospice care services are excluded from the eligible population</p>	<ul style="list-style-type: none"> Ask patients 65 and older about their level of physical activity and if they exercise regularly Encourage patients to start to increase or maintain their level of exercise or physical activity Recommend members start taking stairs, increase walking by 10 min/day OR maintain current exercise program Educate members on the importance of exercise and the health benefits Recommend attending Mercy Care Advantage’s unique wellness program through the Foundation for Senior Living. The wellness program is offered at multiple locations throughout our service area. Members can call the numbers below to register for one or more of our programs in their county: <ul style="list-style-type: none"> Maricopa: 602-285-0505, ext. 321 or ext. 177 All other Arizona counties: 1-866- 	<p>This measure is collected using survey methodology: the Medicare Health Outcomes Survey (HOS). HOS is a CMS-sponsored confidential patient reported survey. A random sample of members are measured on the physical and mental health status. Members are surveyed April-July and then re-surveyed two years later.</p>

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What is the Measure	How to Close the Gap	Codes and Medications
	375-9779, ext. 321 or ext. 177	
<p>PBH - Persistence of Beta-Blocker Treatment after a Heart Attack</p> <p>Members 18 or older who were hospitalized and discharged from July 1, 2023, to June 30, 2024, with a diagnosis of AMI and who received persistent beta-blocker treatment for 180 days (six months) after discharge.</p> <p>Required Exclusions*including:</p> <p>Members identified as having an intolerance or allergy to beta-blocker therapy, any of the following any time during the member’s history through the end of the continuous enrollment period:</p> <ul style="list-style-type: none"> • Asthma • COPD • Obstructive chronic bronchitis • Chronic respiratory conditions due to fumes and vapors • Hypotension, heart block >1 degree or sinus bradycardia • A medication dispensing event indicative of a history of asthma 	<ul style="list-style-type: none"> • Discuss with member the proper use of the medication and the importance of adherence • Discuss converting to a 90-day supply vs 30-day to increase adherence • Advise member of risks of suddenly stopping medication can lead to complications as heart attack, increased hypertension, or increased anxiety. • Discuss and/or encourage a healthy diet and exercise route with member • Encourage member to utilize pill boxes or organizers • Discuss potential side effects and ways to treat the side effects of medications. 	<p>Asthma Exclusions Medications**</p> <ul style="list-style-type: none"> • Bronchodilator Combinations: Budesonide-formoterol, Fluticasone-vilanterol, Fluticasone-salmeterol, Formoterol-mometasone • Inhaled corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone <p>Beta-Blocker Medications**</p> <ul style="list-style-type: none"> • Noncardioselective beta-blockers: Carvedilol, Labetalol, Nadolol, Pindolol, Propranolol, Timolol, Sotalol • Cardioselective Beta-blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nnebivolol • Antihypertensive Combinations: Atenolol, chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-Propranolol

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What is the Measure	How to Close the Gap	Codes and Medications
<p>PCE - Pharmacotherapy Management of COPD exacerbation.</p> <p>Members 40 and older with a COPD exacerbation who had an acute inpatient discharge or ED visit on or between January 1 through November 30 of 2024 and were dispensed appropriate medications.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> • Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event • Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event <p>Requirements: Documentation of systemic corticosteroid or bronchodilator prescribed</p> <p>Required Exclusions*</p>	<ul style="list-style-type: none"> • Schedule follow-up within a few days post ED visit or hospital stay • Assess for any potential barriers before selecting the appropriate medication • Educate the member on the proper way to utilize their inhaler • Consider standing orders for those discharged from the hospital or emergency room • Contact your patient once they have been discharged to schedule a follow-up appointment as soon as possible • Remind patients to fill their corticosteroid and bronchodilator prescriptions • Coordinate care with specialists such as cardiologists and pulmonologists • Educate the member about any potential side effects of their medication should they experience any discomfort with the medication; there might be alternative options available. • Talk to the patient about the importance of medication adherence and scheduling follow-up visits, even if 	<p>Pharmacy claims data</p> <p>Dispensing of a systemic corticosteroid, bronchodilator</p> <p>Systemic Corticosteroid Medications**</p> <ul style="list-style-type: none"> • Glucocorticoids: Cortisone, Dexamethasone, Hydrocortisone, Methylprednisolone, Prednisolone, Prednisone <p>Bronchodilator Medications**</p> <ul style="list-style-type: none"> • Anticholinergic agents: Acridinium bromide, Ipratropium, • Beta 2-agonists: Albuterol, Arformoterol, Formoterol

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What is the Measure	How to Close the Gap	Codes and Medications
	they feel better	
<p>PCR - Plan All Cause Readmission</p> <p>For members 18 and older, the number of acute inpatient and observation stays in 2024 that were followed by an unplanned, acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.</p> <p>Requirements: No special requirements</p> <p>Required Exclusions: Members who use hospice services or elect to use a hospice benefit any time during 2024</p>	<ul style="list-style-type: none"> • Sign up for real-time alerts (HIE/ADT) • Utilize HIE or portals or contact inpatient facility to obtain discharge information • Outreach to members to schedule post discharge follow-up • Review discharge information for changes in medication, any pending tests, any recommended follow-up, or services • Discuss action plan for symptoms that require immediate attention • Refer as appropriate to health plan case management for high utilization or assistance with social determinants 	<p>Claims data</p>
<p>POD – Pharmacotherapy for Opioid Use Disorder</p> <p>The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 and older with a diagnosis of OUD and a new OUD pharmacotherapy event.</p> <p>Requirements: An opioid use disorder (OUD) pharmacotherapy event that lasted at least 180 days without any gaps of 8 or more consecutive</p>	<ul style="list-style-type: none"> • Consider medication assisted treatment (MAT) for opioid abuse or dependence • Inform members with OUD of the risks and benefits of pharmacotherapy, treatment without medication, and no treatment • Monitor medication prescriptions and do not allow any gap in treatment of 8 	<p>Opioid Use Disorder Treatment Medications**</p> <ul style="list-style-type: none"> • Antagonist: Naltrexone (oral), Naltrexone (injectable) • Partial agonist: Buprenorphine (sublingual tablet), Buprenorphine (injection), Buprenorphine (implant), Buprenorphine/ naloxone

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What is the Measure	How to Close the Gap	Codes and Medications
<p>days</p> <p>Required Exclusions*</p>	<p>or more consecutive days</p> <ul style="list-style-type: none"> • Discuss the importance of follow-up to help the member engage in treatment • Educate about side effects of medications and what to do if side effects occur • Identify and address any barriers to keeping appointments 	<p>(sublingual tablet, buccal film, sublingual film)</p> <ul style="list-style-type: none"> • Agonist: Methadone (oral)
<p>PPC – Prenatal and Postpartum Care</p> <p>For members with deliveries of live births on or between October 8, 2023, and October 7, 2024. This measure assesses the timeliness of prenatal care and postpartum care.</p> <p>Requirements: See PPC in Addendum</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> • Pregnancy that did not result in a live birth within the date range for the measure i.e., Intrauterine fetal demise/death (IUFD), fetal demise, stillborn, Apgar score of “0” • If there was a data error and the member was not pregnant 	<ul style="list-style-type: none"> • Educate office staff to schedule first appointment with the provider in the first trimester (ASAP if late entry to care) • Documentation of a prenatal care visit must be by an OB/GYN, other prenatal care practitioner, or PCP. Visits to a PCP must include a diagnosis of pregnancy. Documentation by a registered nurse alone does not meet compliance for HEDIS. • Explain the importance of and encourage attendance for postpartum visits 	<p>Prenatal Stand-Alone Visits CPT: 99500 HCPCS: H1000-1004 CPT-CAT-II: 0500F-0502F</p> <p>Prenatal Visits CPT: 99202-99205, 99211-99215, 99241-99245, 99483, 98966-98968, 98970-98972, 98980, 98981, 99421-99423, 99441-99443, 99457, 99458 HCPCS: G0463, G0071, G2010, G2012, G2250-G2252, T1015</p> <p>Prenatal Bundled Services CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005</p> <p>See PPC in Addendum for additional</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>PSA - Non-recommended PSA-Based Screening in Older Men (PSA)</p> <p>Men 70 and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.</p> <p>Goal: To decrease the percentage of men 70 and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.</p> <p>Required Exclusions*including:</p> <p>Men who had a diagnosis for which PSA-based testing is clinically appropriate. Any of the following meet criteria:</p> <ul style="list-style-type: none"> • Prostate cancer diagnosis any time during the member’s history through December 31, 2024 • Dysplasia of the prostate in 2023 or 2024 • A PSA test in 2023, where laboratory data indicate an elevated result (>4.0 nanograms/milliliter [ng/mL]) • Dispensed prescription for a 5-alpha reductase inhibitor in 2024 	<ul style="list-style-type: none"> • Educate patients over the age of 70 that research shows that most men over the age of 70 do not benefit from PSA-based screening. Some of these reasons include: <ul style="list-style-type: none"> ○ Many factors, such as age, can affect PSA levels resulting in unnecessary procedures with resultant harms ○ There can be complications due to biopsies and unnecessary follow-up treatment may constitute significant harms which includes psychological effects, erectile dysfunction, urinary incontinence, serious cardiovascular events, deep-vein thrombosis, and pulmonary embolism 	<p>codes</p> <p>PSA Lab Test check CPT: 84152, 84153, 84154 HCPCS: G0103</p> <p>ARI-Medications**Finasteride, Dutasteride</p>
<p>SAA – Adherence to Antipsychotic Medications for Individuals with Schizophrenia</p>	<ul style="list-style-type: none"> • Member education to include filling the prescriptions, appropriate use, and side 	<p>Pharmacy claims data</p> <p>Dispensing of antipsychotic medication</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>Members 18 and older with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period during 2024.</p> <p>Requirements: Documentation of anti-psychotic medication prescribed</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Members with a diagnosis of dementia in 2024 Members who did not have at least two antipsychotic medication dispensing events: by claim/encounter data and by pharmacy data. Members 66-80 years of age and older as of December 31, 2024, with frailty and advanced illness Medicare members 66 years of age and older as of December 31, 2024, who are enrolled in an I-SNP or living long-term in an institution 	<p>effects</p> <ul style="list-style-type: none"> Educate the patient about why they are taking the medication Advise patient not to stop medication without talking with provider first Listen to patients when in the office to better understand what stressors or barriers they are experiencing to determine best course of treatment Utilize motivational interviewing to resolve any hesitancy on the member's part about taking their medication Refer members to therapeutic support services that provide counseling and help identify barriers to adherence (examples: substance abuse, stigma related to taking medications, adverse drug reactions, lack of support, and forgetfulness) Refer out to specialist that can use Cognitive Behavioral Therapy (CBT) techniques to address inaccurate beliefs and negative perceptions about medications and the need for treatment 	<p>Long-Acting Injections 14-Day Supply HCPCS: J2794</p> <p>Long-Acting Injections 28-Day Supply HCPCS: J0401, J1631, J1943-J1944, J2358, J2426, J2680</p> <p>Long-Acting Injections 30-Day Supply HCPCS: J2798</p> <p>See SAA in Addendum for Antipsychotic medications</p>
<p>SFM – Sealant Receipt on Permanent Molars</p>	<ul style="list-style-type: none"> Expand parent education. 	<p>At Least One Sealant: CDT: D1351 in the 48 months prior to</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>Children who have ever received sealants on permanent first molar teeth:</p> <ul style="list-style-type: none"> at least one sealant and all four molars sealed by the 10th birthdate. 	<ul style="list-style-type: none"> Confirm appointments with all patients prior to the day of the appointment. Confirmation can include face-to-face communication, postcards, or other mailed materials, calls to landlines or mobile phones, and mobile phone voice and text messaging. Consider Saturdays and once weekly evening appointments for working parents with school-aged children to help decrease the potential for missed appointments. Educating providers on the PCP application of fluoride varnish initiative, including the required training and the process for submission of the certificate of completion 	<p>the 10th birthdate, AND</p> <p>TOOTH-NUMBER: 3 OR 14 OR 19 OR 30, using the Universal Numbering System.</p> <p>All Four Molars Sealed:</p> <p>CDT: D1351 AND TOOTH-NUMBER = 3, using the Universal Numbering System, in the 48 months prior to the 10th birthdate, AND</p> <p>CDT: D1351 AND TOOTH-NUMBER = 14, using the Universal Numbering System, in the 48 months prior to the 10th birthdate, AND</p> <p>CDT: D1351 AND TOOTH-NUMBER = 19, using the Universal Numbering System, in the 48 months prior to the 10th birthdate, AND</p> <p>CDT: D1351 AND TOOTH-NUMBER = 30, using the Universal Numbering System, in the 48 months prior to the 10th birthdate</p>
<p>SPC - Statin Therapy for Patents with Cardiovascular Disease</p> <p>Members (males 21-75 and females 40-75) diagnosed with atherosclerotic cardiovascular disease (ASCVD) who are prescribed and take the appropriate statin medications.</p>	<ul style="list-style-type: none"> Advise member of importance of statin medication adherence Discuss converting to a 90-day supply vs 30 day to increase adherence Discuss and/or encourage a healthy diet and exercise route with member 	<p>Statin Therapy Medications**</p> <ul style="list-style-type: none"> High-intensity statin therapy Medications: Amlodipine-atorvastatin 40-80mg, Rosuvastatin 20-40 mg, Atorvastatin 40-80 mg, Simvastatin 80 mg, Ezetimibe-

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What is the Measure	How to Close the Gap	Codes and Medications
<p>Requirements:</p> <ul style="list-style-type: none"> • Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity in 2024 • Statin adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> • Members who had a least one encounter with a diagnosis of IVD in both 2023 and 2024 • Pregnancy or in vitro fertilization (IVF) in 2023 or 2024 • Dispensed at least one prescription of clomiphene in 2023 or 2024 • ESRD, dialysis, or cirrhosis in 2023 or 2024 • Myalgia, myositis, myopathy, or rhabdomyolysis in 2024 • Palliative care in 2024 	<ul style="list-style-type: none"> • Encourage member to utilize pill boxes or organizers • Discuss potential side effects and ways to treat the side effects of medications. 	<p>simvastatin 80 mg</p> <ul style="list-style-type: none"> • Moderate-intensity statin therapy Medications: Amlodipine-atorvastatin 10-20mg, Rosuvastatin 5-10 mg, Atorvastatin 10-20 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Fluvastatin 40-80 mg, Lovastatin 40 mg, Pravastatin 40-80 mg, Pitavastatin 1-4 mg • Low-intensity statin therapy Medications: Ezetimibe-simvastatin 10 mg, Simvastatin 5-10 mg, Lovastatin 10-20 mg, Pravastatin 10-20 mg, Fluvastatin 20 mg
<p>SPD – Statin Therapy for Patients with Diabetes Members 40-75 during 2024 with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following requirements.</p>	<ul style="list-style-type: none"> • Consider the efficacy of statins in reducing cardiovascular risks for your patients based on the recommendations of ADA and ACC/AHA • Stress importance of regular visits with 	<p>SPD does not have any associated CPT II codes as compliance is triggered by pharmacy claims</p> <p>Statin Therapy Medications**</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>Two rates are reported.</p> <ol style="list-style-type: none"> Received Statin Therapy – Members who were dispensed at least one statin medication of any intensity in 2024 Statin Adherence 80% - Members who remained on a statin medication of any intensity for at least 80% of the treatment period <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Members with at least one of the following in 2023: MI, CABG, PCI, or other revascularization procedures in any setting Members who had at least one encounter with a diagnosis of IVD in both 2023 and 2024 Members with the diagnosis of pregnancy, IVF, dispensed at least one prescription for clomiphene, ESRD, dialysis, or cirrhosis in 2023 or 2024 Members with myalgia, myositis, myopathy, or rhabdomyolysis in 2023 Members receiving palliative care any time during 2024 Members 66 and older as of December 31, 2024, with frailty and advanced illness Medicare members 66 and older as of 	<p>your diabetic patients to make sure they are following their medication regimen</p>	<ul style="list-style-type: none"> High-intensity statin therapy Medications: Atorvastatin 40-80 mg, Amlodipine-atorvastatin 40-80mg, Rosuvastatin 20-40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg Moderate-intensity statin therapy Medications: Atorvastatin 10-20 mg, Amlodipine-atorvastatin 10-20mg, Rosuvastatin 5-10 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Fluvastatin 40-80 mg, Lovastatin 40 mg, Pravastatin 40-80 mg, Pitavastatin 1-4 mg Low-intensity statin therapy Medications: Ezetimibe-simvastatin 10 mg, Fluvastatin 20 mg, Lovastatin 10-20 mg, Pravastatin 10-20 mg, Simvastatin 5-10 mg Prior to prescribing a medication for SPD, please check the MC formulary to ensure the medication is covered and to determine if prior authorization is needed as updates and changes occur frequently. You will find the formulary on our website: Mercy Care For Providers

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What is the Measure	How to Close the Gap	Codes and Medications
December 31, 2024, who are enrolled in an I-SNP or living long-term in an institution		Pharmacy
<p>SSD – Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</p> <p>Members 18-64 with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during 2024.</p> <p>Requirements: A diabetic screening code and date of service</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Members with diabetes Member who had no antipsychotic medications dispensed in 2024 	<ul style="list-style-type: none"> Explain importance of screening Follow-up to discuss and educate on lab results 	<p>Glucose Lab Test CPT: 80047, 80048, 80050, 80053,80069 82947, 82950, 82951</p> <p>HbA1C Lab Test CPT: 83036, 83037</p> <p>HbA1c Test Result or Finding CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p>
<p>TFC – Topical Fluoride for Children</p> <p>Members 1–4 who received at least two fluoride varnish applications in 2024.</p> <p>Requirements: Date of service and Fluoride varnish code</p> <p>Required Exclusions*</p>	<ul style="list-style-type: none"> Educate parents on the importance of sealants in preventing dental caries Offer evening and weekend hours to accommodate school schedules Provider rosters can change throughout the year and newly assigned members need to have care initiated. Check rosters frequently using the Mercy Care Provider Web Portal. 	<p>Fluoride Varnish CPT: 99188</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>TRC – Transition of Care</p> <p>Members 18 and older who had a discharge from hospital or SNF in 2024 with the following:</p> <ul style="list-style-type: none"> • Notification of Inpatient Admission – Documentation of receipt of notification of inpatient admission on day of admission through 2 days after the admission (total of 3 days) • Receipt of Discharge Information - Documentation of discharge information on the day of discharge through 2 days after the discharge (total of 3 days) • Patient Engagement after Inpatient Discharge - Documentation of patient engagement provided within 30 days after discharge • Medication Reconciliation Post-Discharge – Documentation of medication reconciliation on the date of discharge through 30 days after discharge (total of 31 days) <p>Requirements: Evidence of notification of admission and discharge information in OP record; date of service/code for Patient Engagement and Medication Reconciliation</p> <p>Required Exclusions*</p>	<ul style="list-style-type: none"> • Sign up for real-time alerts (HIE/ADT); save notifications of admission in OP record • Follow-up on referrals to the ED; document the date/time of notification of admission in OP record (notification via member or family not compliant) • Utilize HIE or portals or contact inpatient facility for discharge information; save in OP record (discharge <i>notifications</i> not compliant) • Attach a date of receipt when not clearly evident: add date/time stamp or scan/upload into EMR within required time frame • Outreach to members to schedule post discharge follow-up • Document provider awareness in post-discharge follow-up note e.g., “hospital follow-up” “recent inpatient or rehab stay” • Ensure a current med list is visible in OP record • Utilize discharge summaries for discharge information; Continuity of Care (CCC) are not considered legal health records 	<p>Outpatient CPT: 99202-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483</p> <p>HCPCS: G0402, G0438, G0439, G0463, T1015</p> <p>Telephone Visits CPT: 98966-98968, 99441-99443</p> <p>Online Assessments CPT: 98970-98972, 99421-99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250-G2252</p> <p>Transitional Management Services CPT: 99495, 99496</p> <p>Medication Reconciliation Encounter CPT: 99483, 99495, 99496</p> <p>Medication Reconciliation Intervention CPT-CAT-II: 1111F</p>

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	<ul style="list-style-type: none"> Ensure a prescribing provider, clinical pharmacist, or RN completes medication reconciliation (MA or LPN not compliant unless signed off by appropriate provider) 	
<p>W30 - Well-Child Visits in the First 30 Months of Life</p> <p>For children turning 30 months old in 2024 and had:</p> <ul style="list-style-type: none"> 6 or more well-child visits with a primary care physician during their first 15 months of life and an additional 2 or more visits with primary care physician between 15-30 months of age. <p>Required Exclusions*</p>	<ul style="list-style-type: none"> Educate staff to schedule visits within the time frames Exam requirements can be performed during sick visits or a well-child exam 	<p>Well-Care CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 Encounter for Well Care ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, F02.5, Z76.1, Z76.2</p>
<p>WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</p> <p>Members 3-17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following in 2024:</p> <ul style="list-style-type: none"> BMI Percentile documentation Counseling for Nutrition Counseling for Physical Activity 	<p>Documentation of either of the following meets criteria for BMI percentile:</p> <ul style="list-style-type: none"> BMI percentile as a value (e.g., 75th percentile) BMI percentile plotted on an age-growth chart <p>Documentation of Counseling for Nutrition must indicate at least one of the following:</p> <ul style="list-style-type: none"> Discussion of current nutrition behaviors 	<p>BMI Percentile ICD10CM: Z68.51-Z68.54 Prevention and Screening Nutrition Counseling CPT: 97802-97804 HCPS: G0270-G0271, G0447, S9449, S9452, S9470 Physical Activity Counseling HCPCS: G0447, S9451</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p><i>Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.</i></p> <p>Requirements: Documentation of height, weight, BMI %; date of service and code for nutrition and physical activity counseling</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Members who have a diagnosis of pregnancy any time during 2024 	<ul style="list-style-type: none"> Checklist indicating nutrition was addressed Counseling or referral for nutrition education Member received educational materials on nutrition during a face-to-face visit Weight or obesity counseling <p>Documentation of Counseling for Physical Activity must include one of the following:</p> <ul style="list-style-type: none"> Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation) Checklist indicating physical activity was addressed Counseling or referral for physical activity Member received educational materials on physical activity during a face-to-face visit Weight or obesity counseling 	<p>Encounter for Physical Activity Counseling ICD10CM: Z02.5, Z71.82</p>
<p>WCV – Child and Adolescents Well-Care Visits Children 3-11 years old who received one or</p>	<ul style="list-style-type: none"> Schedule routine well-child visits each measurement year 	<p>Well-Care CPT: 99381-99385, 99391-99395, 99461</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>more well-child visits with a primary care provider in 2024. Assesses adolescents and young adults 12-21 years old who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner in 2024.</p> <p>Requirements: one or more well-child visits with a PCP in 2024</p> <p>Required Exclusions*</p>		<p>HCPCS: G0438, G0439, S0302, S0610, S0612, S0613</p> <p>Encounter for Well Care</p> <p>ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, F02.5, Z76.1, Z76.2</p>

For more information about the Gaps in Care Report and HEDIS, go to <https://www.mercycareaz.org/providers/hedis.html>, and scroll down to the **HEDIS education** section

For questions on coding, please reach out to your Network Management representative. For contact information go to <https://www.mercycareaz.org/providers/our-network.html> and scroll down to Network Management/Contact your assigned Network Management representative

Measure	Addendum – Codes, Medications, and Requirements
<p>ADD-E Codes</p>	<p>Online Assessments CPT: 98970-98972, 99421-99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250-G2252</p> <p>Telephone Visits CPT: 98966-98968, 99441-99443</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<p>CPT codes that require a POS code:</p> <ul style="list-style-type: none"> • 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255 • POS codes: 2, 3, 5, 7, 9, 10, 11-20, 22, 33, 49,50, 52, 53, 71, 72
AMM - Meds**	<p>Antidepressant Medications</p> <ul style="list-style-type: none"> • Miscellaneous antidepressants: Bupropion, Vilazodone, Vortioxetine • Monoamine oxidase inhibitors: Isocarboxazid, Phenelzine, Selegiline, Tranylcypramine • Phenylpiperazine antidepressants: Nefazodone, Trazodone • Psychotherapeutic combinations: Amitriptyline-chlordiazepoxide, Amitriptyline-perphenazine, Fluoxetine-olanzapine • SNRI antidepressants: Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine • SSRI antidepressants: Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline • Tetracyclic antidepressants: Maprotiline, Mirtazapine • Tricyclic antidepressants: Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6mg), Imipramine, Nortriptyline, Protriptyline, Trimipramine
AMR – Meds**	<p>Asthma Controller Medications</p> <ul style="list-style-type: none"> • Antibody inhibitors: Omalizumab • Anti-interleukin-4: Dupilumab • Anti-interleukin-5: Benralizumab, Mepolizumab, Reslizumab • Inhaled steroid combinations: Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formoterol-mometasone

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Measure	Addendum – Codes, Medications, and Requirements
	<ul style="list-style-type: none"> • Inhaled corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone • Leukotriene modifiers: Montelukast, Zafirlukast, Zileuton • Methylxanthines: Theophylline <p>Asthma Reliever Medications</p> <ul style="list-style-type: none"> • Short-acting, inhaled beta-2 agonists: Albuterol, Levalbuterol
APP – Meds**	<p>Antipsychotic Agents</p> <ul style="list-style-type: none"> • Miscellaneous antipsychotic agents: Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Risperidone, Ziprasidone • Phenothiazine Antipsychotics: Chlorpromazine, Fluphenazine, Perphenazine, Thioridazine, Trifluoperazine • Thioxanthenes: Thiothixene • Long-Acting Injections: Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone <p>Antipsychotic Combination Medications</p> <ul style="list-style-type: none"> • Psychotherapeutic Combinations: Fluoxetine-olanzapine, Perphenazine-amitriptyline
CIS - Codes	<p>(RV) Vaccine Procedure CPT: 90681 (RV 2 DOSE), 90680 (RV 3 DOSE)</p> <p>(INFLUENZA) Vaccine Procedure CPT: 90655, 90657, 90661, 90673, 90674, 90685-90689, 90756</p> <p>HCPCS: G0008</p> <p>(INFLUENZA-LAIV) Vaccine Procedure</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<p>CPT: 90660, 90672</p> <p>Hepatitis A ICD10CM: B15.0, B15.9</p> <p>Hepatitis B ICD10CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11</p> <p>Measles ICD10CM: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9</p> <p>Mumps ICD10CM: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9</p> <p>Rubella ICD10CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9</p> <p>Varicella Zoster ICD10CM: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9</p>
DSF-E - Codes	<p>Depression Case Management Encounter CPT: 99366, 99492, 99493, 99494</p> <p>HCPCS: G0512, T1016, T1017, T2022, T2023</p> <p>Follow Up Visit CPT: 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99483</p> <p>HCPCS: G0071, G0463, G2010, G2012, G2250, G2251, G2252, T1015</p> <p>Bipolar Disorder</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<p>ICD10CM: F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.1, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78</p> <p>Other Bipolar Disorder ICD10CM: F31.81, F31.89, F31.9</p> <p>Depression ICD10CM: F01.51, F01.511, F01.518, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53.0, F53.1, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345</p> <p>Depression and Other Behavioral Health Conditions (Not a complete list*) ICD10CM: F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.4, F32.8, F34.0, F34.8, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298</p> <p>*For a complete list of NCQA approved ICD10CM codes for HEDIS, please visit: https://www.ncqa.org/hedis/measures and search under HEDIS Measures and Technical Resources.</p>
FUA - Codes	<p>AOD Medication Treatment HCPCS: G2069, G2070, G2072, G2073, H0020, H0033, J0570-J0575, J2315, Q9991, Q9992</p> <p>Online Assessments CPT: 98970-98972, 99421-99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250-G2225</p> <p>ODD Weekly Drug Treatment Service HCPCS: G2067-G2070, G2072, G2073</p> <p>ODD Weekly Non-Drug Services</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<p>HCPCS: G2071, G2074-G2077, G2080</p> <p>OUD Monthly Office Based Treatment HCPCS: G2086, G2087</p> <p>Partial Hospitalization or Intensive Outpatient HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>Peer Support Services HCPCS: G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016</p> <p>Substance Use Disorder Services CPT: 99408, 99409</p> <p>HCPCS: G0396, G0397, G0443, H0001, H0005, H0007, H0015, H0016, H0022, H0047, H0050, H2035, H2036, T1006, T1012</p> <p>Substance Use Services HCPCS: H0006, H0028</p> <p>Telephone Visits CPT: 98966-98968, 99441-99443</p> <p>Visit Setting Unspecified CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255</p> <ul style="list-style-type: none"> ○ Outpatient Visit POS: 2, 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 71, 72 ○ Intensive OP POS: 52 ○ Telehealth Visit POS: 2, 10 <p>AOD Abuse and Dependence (Not a complete list*) ICD10CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19,</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<p>F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288</p> <p>Substance Induced Disorders (Not a complete list*) ICD10CM: F10.90, F10.920, F10.921, F10.929, F10.930, F10.931, F10.932, F10.939, F10.94, F10.950, F10.951, F10.959, F10.96, F10.97, F10.980, F10.981, F10.982, F10.988, F10.99, F11.90, F11.920, F11.921, F11.922, F11.929, F11.93, F11.94, F11.950, F11.951, F11.959, F11.981, F11.982, F11.988, F11.99, F12.90, F12.920, F12.921, F12.922, F12.929, F12.93, F12.950, F12.951, F12.959, F12.980, F12.988, F13.90, F13.920, F13.921, F12.929, F13.930, F13.931, F13.932, F13.939, F13.94, F13.950, F13.951, F13.959, F13.96, F13.97, F13.980, F13.981, F13.982, F13.988, F13.99</p> <p>Unintentional Drug Overdose (Not a complete list*) ICD10CM: T40.0X1A, T40.0X1D, T40.0X1S, T40.0X4A, T40.0X4D, T40.0X4S, T40.1X1A, T40.1X1D, T40.1X1S, T40.1X4A, T40.1X4D, T40.1X4S, T40.2X1A, T40.2X1D, T40.2X1S, T40.2X4A, T40.2X4D, T40.2X4S, T40.3X1A, T40.3X1D, T40.3X1S, T40.3X4A, T40.3X4D, T40.3X4S, T40.411A, T40.411D, T40.411S, T40.414A, T40.414D, T40.414S, T40.421A, T40.421D, T40.421S, T40.424A, T40.424D, T40.424S, T40.491A, T40.491D, T40.491S, T40.494A, T40.494D, T40.494S, T40.5X1A, T40.5X1D, T40.5X1S, T40.5X4A, T40.5X4D, T40.5X4S, T40.601A, T40.601D, T40.601S</p> <p>*For a complete list of NCQA approved ICD10CM codes for HEDIS, please visit: https://www.ncqa.org/hedis/measures and search under HEDIS Measures and Technical Resources.</p>
<p>FUH - Codes</p>	<p>Partial Hospitalization or Intensive Outpatient HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>Telephone Visits CPT: 98966-98968, 99441-99443</p> <p>Visit Setting Unspecified CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255</p> <ul style="list-style-type: none"> ○ Outpatient Visit POS: 2, 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 71, 72 ○ Intensive OP POS: 52 ○ Telehealth Visit POS: 2, 10

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Measure	Addendum – Codes, Medications, and Requirements
FUM – Codes	<p>Partial Hospitalization or Intensive Outpatient HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>Telephone Visits CPT: 98966-98968, 99441-99443</p> <p>Visit Setting Unspecified CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99252-99255</p> <ul style="list-style-type: none"> ○ Outpatient Visit POS: 2, 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 71, 72 ○ Intensive OP POS: 52 ○ Telehealth Visit POS: 2, 10 <p>Intentional Self-Harm (Not a complete list*) ICD10CM: T14.91XA, T14.91XD, T14.91XS, T36.0X2A, T36.0X2D, T36.0X2S, T36.1X2A, T36.1X2D, T36.1X2S, T36.2X2A, T36.2X2D, T36.2X2S, T36.3X2A, T36.3X2D, T36.3X2S, T36.4X2A, T36.4X2D, T36.4X2S, T36.5X2A, T36.5X2D, T36.5X2S, T36.6X2A, T36.6X2D, T36.6X2S, T36.7X2A, T36.7X2D, T36.7X2S, T36.8X2A, T36.8X2D, T36.8X2S, T36.92XA, T36.92XD, T36.92XS, T37.0X2A, T37.0X2D, T37.0X2S, T37.1X2A, T37.1X2D, T37.1X2S, T37.2X2A, T37.2X2D, T37.2X2S, T37.3X2A, T37.3X2D, T37.3X2S, T37.4X2A, T37.4X2D, T37.4X2S, T37.5X2A, T37.5X2D, T37.5X2S, T37.8X2A, T37.8X2D, T37.8X2S</p> <p>Mental Health Diagnosis (Not a complete list*) ICD-10CM: F03.90, F03.91, F03.911, F03.918, F03.92, F03.93, F03.94, F03.A0, F03.A11, F03.A18, F03.A2, F03.A3, F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2, F03.C3, F03.C4, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75</p> <p>*For a complete list of NCQA approved ICD10CM codes for HEDIS, please visit: https://www.ncqa.org/hedis/measures and search under HEDIS Measures and Technical Resources.</p>
IET – Codes, Meds**	<p>Telephone Visits CPT: 98966-98968, 99441-99443</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<p>Online Assessments CPT: 98970-98972, 99421-99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250-G2252</p> <p>Buprenorphine Implant HCPCS: G2070, G2072, J0570</p> <p>Buprenorphine Injection HCPCS: G2069, Q9991-Q9992</p> <p>Buprenorphine Naloxone HCPCS: J0572-J0575</p> <p>Buprenorphine Oral HCPCS: H0033-J0571</p> <p>Buprenorphine Oral Weekly HCPCS: G2068, G2079</p> <p>Methadone Oral HCPCS: H0020, S0109</p> <p>Methadone Oral Weekly HCPCS: G2067-G2068</p> <p>Naltrexone Injection HCPCS: G2073, J2315</p> <p>Opioid Services Billed Monthly or Weekly HCPCS: G2086, G2087, G2067-G2069, G2070-G2077, G2080</p> <p>Alcohol Use Disorder Treatment Medications</p> <ul style="list-style-type: none"> • Aldehyde dehydrogenase inhibitor: Disulfiram (oral) • Antagonist: Naltrexone (Oral and injectable)

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Measure	Addendum – Codes, Medications, and Requirements
	<ul style="list-style-type: none"> • Other: Acamprosate (oral; delayed) <p>Opioid Use Disorder Treatment Medications:</p> <ul style="list-style-type: none"> • Antagonist: Naltrexone (oral), Naltrexone (injectable) • Partial agonist: Buprenorphine (sublingual tablet); Buprenorphine (injection), Buprenorphine (implant), Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) <p>Alcohol Abuse and Dependence ICD10CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29</p> <p>Opioid Abuse and Dependence ICD10CM: F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29</p> <p>Other Drug Abuse and Dependence (Not a complete list*) ICD10CM: F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181</p> <p>*For a complete list of NCQA approved ICD10CM codes for HEDIS, please visit: https://www.ncqa.org/hedis/measures and search under HEDIS Measures and Technical Resources.</p>
OMW – Meds**	<p>Bisphosphonates: Alendronate, Alendronate-cholecalciferol, Ibandronate, Risedronate, Zoledronic Acid</p> <p>Other Agents: Abaloparatide, Denosumab, Raloxifene, Romosozumab, Teriparatide</p>

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Measure	Addendum – Codes, Medications, and Requirements
<p>PPC – Requirements, Codes</p>	<p>Requirements for prenatal care: Must include a note indicating the date when the prenatal care visit occurred (in the first trimester, on or before the enrollment start date or within 42 days of enrollment in Mercy Care) and evidence of one of the following:</p> <ol style="list-style-type: none"> 1. Documentation indicating the member is pregnant or references to the pregnancy, for example: <ul style="list-style-type: none"> • Documentation in a standardized prenatal flow sheet, or • Documentation of last menstrual period (LMP), EDD or gestational age, or • A positive pregnancy test result, or • Documentation of gravidity and parity, or • Documentation of complete obstetrical history, or • Documentation of prenatal risk assessment and counseling/education 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: <ul style="list-style-type: none"> • Screening test in the form of an obstetric panel (must include all 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 <p>Requirements for postpartum care: Must include a note indicating the date when a postpartum visit occurred (on or between 7 and 84 days after delivery) and one of the following:</p> <ol style="list-style-type: none"> 1. Pelvic exam

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Measure	Addendum – Codes, Medications, and Requirements
	<p>2. Evaluation of weight, BP, breasts, and abdomen</p> <ul style="list-style-type: none"> • Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component <p>3. Notation of postpartum care, including, but not limited to:</p> <ul style="list-style-type: none"> • Notation of “postpartum care”, “PP care”, “PP check”, “6-week check” • A preprinted “Postpartum Care” form in which information was documented during the visit <p>4. Perineal or cesarean incision/wound check</p> <p>5. Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders</p> <p>6. Glucose screening for members with gestational diabetes</p> <p>7. Documentation of any of the following topics:</p> <ul style="list-style-type: none"> • Infant care or breastfeeding • Resumption of intercourse, birth spacing or family planning • Sleep/fatigue • Resumption of physical activity • Attainment of healthy weight <p>Postpartum Bundled Services CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p> <p>Postpartum Visits* CPT: 57170, 58300, 59430</p> <p>CPT-CAT-II: 0503F</p> <p>HCPCS: G0101</p> <p>*Or any of the cervical cytology codes listed in the Cervical Cancer Screening measure</p>

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Measure	Addendum – Codes, Medications, and Requirements
	Prenatal and Postpartum Telephone Visits CPT: 98966-98968, 99411-99443
SAA - Meds**	Oral Antipsychotic Medications <ul style="list-style-type: none"> • Miscellaneous Antipsychotic Agents (oral): Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lumateperone, Lurasidone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone • Phenothiazine Antipsychotics: Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine • Psychotherapeutic Combinations: Amitriptyline-perphenazine • Thioxanthenes: Thiothixene Long-Acting Injections <ul style="list-style-type: none"> • Long-acting injections 14 Day supply: Risperdone (excluding Perseris®) • Long-acting injections 28-day supply: Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate • Long-acting injections 30-day supply: Risperdone (Perseris®)

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