

ME	DICAID HEDIS® MEASURE	AGE	MEDICAID HEDIS® MEASURE DESCRIPTION	MEDICAID HEDIS® MEASURE DESCRIPTION CODES INCLUDED IN THE CURRENT HE	
	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	18 years and older	The percentage of patients during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.  Schedule telephone, telehealth, or online assessment appointments to diagnose patients with schizophrenia or schizoaffective disorder and prescribe antipsychotic medication.  Note: two appointments are needed on different dates of service for patients to be part of the measure.	Antipsychotic Medication List (Oral and Injectables) Aripiprazole, Asenapine, Brexpiprazole, Cariprazine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurisadone, Molindone, Olanzapine, Paliperidone, Quetiapine, Risperidone, Ziprasidone, Chlorpromazine, Fluphenazine, Perphenazine, Prochlorperazine, Thioridazine, Trifluoperazine, Amitriptyline-perphenazine, Thiothixene	Telehealth Online Assessment: CPT® 98969- 98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063 Telephone Visits: CPT 98966-98968, 99441-99443 Telehealth Modifiers: 95, GT with POS 02
BEHAVIORAL HEALTH	Follow-up After Emergency Department Visit for Mental Illness (FUM)	6 years and older	Telehealth has been added to meet compliance.  The percentage of emergency department (ED) visits with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.  Two rates are reported:  • Follow-up within 7 days • Follow-up within 30 days	Codes to Identify Follow-up Visits: (visit with any practitioner and must include principal diagnosis)  CPT*: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99492-99494, 99510  HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015  CPT* with POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72: 90870 ICD10: GZB0ZZZ-GZB4ZZZ	Codes to Identify Follow-up Visits: (visit with any practitioner and must include principal diagnosis) CPT° with POS: 03, 05, 07, 09, 11- 20, 22, 24, 33, 49, 50, 52, 53, 71, 72: 90791, 90792, 90832-90834, 90836- 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231- 99233, 99238, 99239, 99251-99255  Telehealth Telehealth Modifiers: 95, GT with POS 02
	Follow-up After Emergency Department Visit for AOD Abuse or Dependence (FUA)	13 years and older	Telehealth Modifiers added to the numerator's compliance.  The percentage of emergency department (ED) visits for patients with a principal diagnosis of alcohol or other drug (AOD) abuse or Dependence, who had a follow up visit for AOD.  Two rates are reported:  • Follow-up within 7 days after visit or discharge,  • Follow-up within 30 days after visit or discharge	CPT*: 98960-98962, 98966-98972, 99078, 99201-99205, 99211-99215,99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99444, 99457, 99483, 99492-99494, 99510  HCPCS: G0071, G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, G0512, G2010, G2012, G2061-G2063, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2013-H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015	Telehealth Telehealth Modifiers: 95, GT with POS 02

<sup>\*</sup> Note: Measures with an asterisk (\*) indicate STAR Rating measures. Update 3/1/2022



MEDICAID HEDIS® MEASURE		AGE	MEDICAID HEDIS® MEASURE DESCRIPTION	CODES INCLUDED IN THE CURRENT HEDIS® MEASURE	
	Well Child Visits in the First 30 Months of Life (W30)	0-30 months	Telehealth has been added to meet compliance.  • Rate 1: Six or more well-child visits* 0 to 15 months.  • Rate 2: Two additional well-child visits 15 to 30 months.  *Document health history, physical developmental history, mental developmental history, physical exam, AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition)	CPT°: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 *ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419. Z02.5, Z76.1, Z76.2	Telehealth Telehealth Modifiers: 95, GT with POS 02
PEDIATRIC WELL-VISIT	Child and Adolescent Well- Care Visits (WCV)	3-21 years	Telehealth has been added to meet compliance.  One or more well-child visits* with a PCP during the measurement year.  *Document health history, physical developmental history, mental developmental history, physical exam, AND health education/anticipatory guidance (e.g., injury/illness prevention, nutrition, exercise)	CPT*: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 *ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1. Z76.2	Telehealth Telehealth Modifiers: 95, GT with POS 02
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)	3-17 years	Telehealth has been added to meet compliance.  The following are required during the measurement year to meet compliance:  BMI percentile  Counseling for nutrition (diet) or referral for nutrition education  Counseling for physical activity or referral for physical activity (sports participation/exercise)  Note: documentation of appetite does not meet criteria	#ICD-10: Z68.51-Z68.54  Counseling for Nutrition CPT*: 97802-97804 *ICD 10: Z71.3  HCPCS: G0270, G0271, G0447, S9449, S9452, S9470  Counseling for Physical Activity ICD-10: Z71.82, (Z02.5 Only for Sports Physical) HCPCS: G0447, S9451	Telehealth Online Assessment: CPT* 98969- 98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063 Telephone Visits: CPT* 98966- 98968, 99441-99443 Telehealth Modifiers: 95, GT with POS 02
	Lead Screening in Children (LSC)	0-2 years	At least one lead capillary or venous blood test for lead poisoning on or before age 2.	<b>CPT</b> *: 83655	
PEDIATRIC IMMUNIZATIONS / LEAD	Childhood Immunization Status (CIS)	0-2 years	Vaccines need to be administered by age 2:  4 DTaP  3 IPV,  1 MMR  3 HiB  3 Hep B,  1 VZV  4 PCV  1 Hep A  2-3 Rotavirus  2 flu vaccines	CPT*: DTaP: 90697, 90698, 90700, 90723; IPV: 90697, 90698, 90713, 90723; MMR: 90707, 90710; HiB: 90644, 90647, 90648, 90698, 90748 Hep B: 90697, 90723, 90740, 90744, 90747, 90748; Newborn Hep B ICD-10: 3E0234Z Hep A: 90633	CPT°VZV: 90710, 90716; Pneumococcal conjugate: 90670; HCPCS: G0009 Flu: 90655, 90657, 90661, 90673, 90685-90689; HCPCS: G0008 RV: 90681 (2 dose) or RV 90680 (3 dose)
	Immunizations for Adolescents (IMA)	11-13 years *HPV 9-13 years	Vaccines need to be administered on or before the 13 <sup>th</sup> birthday:  One dose of meningococcal vaccine (must be completed on or between the 11 <sup>th</sup> and 13 <sup>th</sup> birthdays).  One Tdap or one Td (must be completed on or before the 13 <sup>th</sup> birthday)  At least two HPV vaccinations (must be completed on or between the 9th and 13 <sup>th</sup> birthdays)	Meningococcal CPT <sup>®</sup> : 90619, 90733, 90734  Tdap CPT <sup>®</sup> : 90715	HPV CPT*: 90649, 90650, 90651

<sup>\*</sup> Note: Measures with an asterisk (\*) indicate STAR Rating measures. Update 3/1/2022



MEDICAID HEDIS® MEASURE		AGE	MEDICAID HEDIS® MEASURE DESCRIPTION	CODES INCLUDED IN THE CL	IRRENT HEDIS® MEASURE
RESPIRATORY / BP	Asthma Medication Ratio (AMR)	5-64 years	The percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.  Telehealth has been added to diagnose patients with asthma and prescribe a controller medication.	*ICD-10: J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45,51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998  Asthma Controller Medications Antiasthmatic combinations: Dyphylline-guaifenesin Antibody inhibitor: Omalizumab Inhaled steroid combinations: Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Formaterol-mometasone Inhaled corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone Leukotriene modifiers: Montelukast, Zafirlukast, Zileuton Methylxanthines: Theophylline Anti-interleukin-4: Dipilumab Anti-interleukin-5: Benralizumab, Mepolizumab, Reslizumab  *Please refer to the Molina Healthcare Drug Formulary at www.molinahealthcare.com for asthma controller medications that may require prior authorization or step therapy.	Telehealth Online Assessment: CPT® 98969- 98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063 Telephone Visits: CPT® 98966- 98968, 99441-99443 Telehealth Modifiers: 95, GT with POS 02
// BP	Appropriate Testing for Pharyngitis (CWP)	2-18 years	If a child was diagnosed with pharyngitis and dispensed an antibiotic, a Group A strep test should have been performed within 3 days prior to the diagnosis date through the 3 days after the diagnosis date.	Codes to Identify Pharyngitis *ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91	Codes to Identify Group A strep tests CPT°: 87070, 87071, 87081, 87430, 87650-87652, 87880
RESPIRATORY	Controlling High Blood Pressure (CBP)	18-85 years (hypertensive members)	Members, 18-85 years of age, who had at least two visits on different dates of service and had a diagnosis of hypertension (HTN) on or between January 1 <sup>st</sup> of the year prior to the measurement year and June 30 <sup>th</sup> of the measurement year, and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.  Telehealth has been added to diagnose patients with hypertension and acquire controlled blood pressure readings. Note: Blood pressure readings may be taken by any digital device.	Codes to Identify Hypertension & Essential Hypertentsion ICD-10: I10, I10, I11.9, I12.9, I13.10, I16.0, I16.1, I16.9 Codes to Identify Blood Pressure Readings CPT°II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F	Telehealth Online Assessment: CPT 98969- 98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063 Telephone Visits: CPT 98966-98968, 99441-99443 Telehealth Modifiers: 95, GT with POS 02

<sup>\*</sup> Note: Measures with an asterisk (\*) indicate STAR Rating measures. Update 3/1/2022



MEDICAID HEDIS® MEASURE		AGE	MEDICAID HEDIS® MEASURE DESCRIPTION	CODES INCLUDED IN THE CURRENT HEDIS® MEAS	
	Breast Cancer Screening (BCS)	50-74 years	One mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.  Exclusion: Bilateral mastectomy	CPT°: 77061-77063, 77065-77067	HCPCS: G0202, G0204, G0206
SCREENINGS	Cervical Cancer Screening (CCS)	21-64 years	Women who were screened for cervical cancer using either of the following criteria:  • Women age 24-64 who had cervical cytology performed within the last 3 years  • Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years  • Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting performed within the last 5 years  Exclusion: Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.	Codes to Identify Cervical Cytology CPT*: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	Codes to Identify HPV Tests CPT*: 87624, 87625 HCPCS: G0476
	Chlamydia Screening in Women (CHL)	16-24 years	At least one chlamydia test during the measurement year for women identified as sexually active.	CPT°: 87110, 87270, 87320, 87490-87492, 87810	
ANNUAL VISIT	Adults' Access to Preventive/Ambulatory Health Services (AAP)	20 years and older	Telehealth has been added to meet compliance.  At least one ambulatory or preventive care visit during the measurement year for patients 20 years and older as of December 31 <sup>st</sup> of the measurement year.  Schedule telehealth appointments with patients to complete ambulatory or preventive care visits.	Ambulatory Visits CPT*: 99201-99205, 99211-99215, 99241- 99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401- 99404, 99411-99412, 99429, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015 *ICD-10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9 UBREV: 0510-0517, 0519-0523, 0526- 0529, 0982, 0983	Other Ambulatory Visits CPT*: 92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337 HCPCS: S0620, S0621 UBREV: 0524, 0525  Telehealth Telephone Visit: 98966-98968, 99441-99443 Online Assessment: 98969-98972, 99421-99423, 99444,99457 HCPCS: G0071, G2010, G2012, G2061-G2063 Telehealth Modifiers: 95, GT with POS 02

<sup>\*</sup> Note: Measures with an asterisk (\*) indicate STAR Rating measures. Update 3/1/2022



ME	DICAID HEDIS® MEASURE	AGE	MEDICAID HEDIS® MEASURE DESCRIPTION	CODES INCLUDED IN THE CL	IRRENT HEDIS® MEASURE
	Blood Pressure Control for Patients With Diabetes (BPD)	18-75 years (people who are diabetic)	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	Codes to Identify Diabetes *ICD-10: E10, E11, E13, O24  Systolic Blood Pressure  CPT*II: 3077F (if Systolic <130 mm Hg); 3075F (if Systolic 130-139 mm Hg); 3077F (if Systolic ≥ 140 mm Hg)  Diastolic Blood Pressure  CPT*II: 3078F (if Diastolic <80 mm Hg); 3079F (if Diastolic 80-89 mm Hg); 3080F (if Diastolic ≥ 90 mm Hg)	Telehealth Online Assessment: CPT 98969- 98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063 Telephone Visits: CPT 98966-98968, 99441-99443 Telehealth Modifiers: 95, GT with POS 02
	Hemoglobin A1c Control for Patients With Diabetes (HBD)	18-75 years (people who are diabetic)	HbA1c test during the measurement year with the most recent test <8%.	CPT*: 83036, 83037	CPT*II: 3044F (if HbA1c<7%), 3046F (if HbA1c>9%) 3051F (if HbA1c >=7.0% and <8.0%), 3052F (if HbA1c level >=8.0% =<9.0%)
DIABETES CARE	Eye Exam for Patients With Diabetes (EED)	18-75 years (people who are diabetic)	Eye exam (retinal or dilated) performed by an optometrist or ophthalmologist in the measurement year, or a negative retinal exam in the year prior.	Codes to Identify Eye Exam (performed by optometrist or ophthalmologist)  CPT°: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 99202, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245  HCPCS: S0620, S0621, S3000	Codes to Identify Diabetic Retinal Screening with Eye Care Professional (billed by any provider) CPT*II: 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F HCPCS: S0620, S0621, S3000
	Kidney Health Evaluation for Patients With Diabetes (KED)*	18-85 years (people who are diabetic)	Kidney health evaluation, defined by at least one estimated glomerular filtration rate (eGFR), and at least one urine albumin-creatinine ratio (uACR), during the measurement year.  Telehealth has been added to diagnose patients with diabetes.  Note: two appointments are needed with a diabetes diagnosis on different dates of service for patients to be part of the measure.	Estimated Glomerular Filtration Rate Lab Test: CPT*: 80047, 80048, 80050, 80053, 80069, 82565 Quantitative Urine Albumin Lab Test: CPT*: 82043 Urine Creatinine Lab Test: CPT*: 82570	Telehealth Online Assessment: CPT 98969- 98972, 99421-99444, 99457 HCPCS: G0071, G2010, G2012, G2061-G2063 Telephone Visits: CPT 98966-98968, 99441-99443 Telehealth Modifiers: 95, GT with POS 02

<sup>\*</sup> Note: Measures with an asterisk (\*) indicate STAR Rating measures. Update 3/1/2022



All summaries of the measures contained herein are reproduced with permission from HEDIS Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA).

The information presented herein is for informational and illustrative purposes only. It is not intended, nor is it to be used, to define a standard of care or otherwise substitute for informed medical evaluation, diagnosis and treatment which can be performed by a qualified medical professional. Molina Healthcare, Inc. does not warrant or represent that the information contained herein is accurate or free from defects.

#### **COPYRIGHT NOTICE AND DISCLAIMER**

The HEDIS® measures and specifications were developed by and are owned by NCQA. The HEDIS measures and specifications are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures and specifications. NCQA holds a copyright in these materials and can rescind or alter these materials at any time. These materials may not be modified by anyone other than NCQA. Use of the *Rules for Allowable Adjustments of HEDIS* to make permitted adjustments of the materials does not constitute a modification. Any commercial use and/or internal or external reproduction, distribution and publication must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program. Reprinted with permission by NCQA. © 2021 NCQA, all rights reserved.

Limited proprietary coding is contained in the measure specifications for convenience. NCQA disclaims all liability for use or accuracy of any third-party code values contained in the specifications.

The American Medical Association holds a copyright to the CPT® codes contained in the measure specifications.

The American Hospital Association holds a copyright to the Uniform Billing Codes ("UB") contained in the measure specifications. The UB Codes in the HEDIS specifications are included with the permission of the AHA. The UB Codes contained in the HEDIS specifications may be used by health plans and other health care delivery organizations for the purpose of calculating and reporting HEDIS measure results or using HEDIS measure results for their internal quality improvement purposes. All other uses of the UB Codes require a license from the AHA. Anyone desiring to use the UB Codes in a commercial product to generate HEDIS results, or for any other commercial use, must obtain a commercial use license directly from the AHA. To inquire about licensing, contact ub04@aha.org.

<sup>\*</sup> Note: Measures with an asterisk (\*) indicate STAR Rating measures. Update 3/1/2022