

# Measure Compliance Quick Reference Billing & Coding Guide

Measure	Patient Population	Compliance Description	Codes
<b>Appropriate Testing for Pharyngitis</b>	<p>All episodes for children age 3 years and older who were diagnosed with pharyngitis and dispensed an antibiotic (on or 3 days after visit)</p> <p>Continuous Enrollment Requirement: 30 days prior to the episode date through 3 days after the episode date (inclusive)</p>	<p>The percentage of patients who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test in the seven day period surrounding the visit (three days prior to the eligible visit through three days after the eligible visit).</p> <p>Exclusions: Patients who had a new or refill prescription for an antibiotic medication filled 30 days prior to the episode date; certain comorbid conditions (identified during the 12 months prior to the pharyngitis episode   includes HIV, malignancies, COPD, and other specialized pulmonary conditions such as tuberculosis)</p>	<p><b>CPT Codes:</b> 87070, 87071, 87081, 87430, 87650-87652, 87880</p> <p><b>Diagnosis:</b> J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p>
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b>	<p>The percentage of episodes for patients age 3 months and older who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription</p> <p>Continuous Enrollment Requirement: 30 days prior to the episode date through 3 days after the episode date (inclusive).</p>	<p>The percentage of patients who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription (on or within 3 days of episode start date).</p> <p>Exclusions:</p> <ul style="list-style-type: none"> <li>- Patients with a competing diagnosis on or 3 days after the episode date.</li> <li>- Patients where a new or refill prescription for an antibiotic medication was filled 30 days prior to the episode date.</li> <li>- Patients with comorbid condition diagnosis in 12 months prior to episode.</li> </ul>	<p><b>Diagnosis:</b> J00, J06.0, J06.9</p>
<b>Asthma Medication Ratio</b>	<p>Patients having <u>persistent</u> asthma in both the <u>measurement year</u> and <u>prior year</u>, defined with one of the following:</p> <ul style="list-style-type: none"> <li>• At least 1 ED visit with a primary diagnosis of asthma</li> <li>• At least 1 acute inpatient discharge with a primary diagnosis of asthma</li> <li>• At least 1 acute inpatient discharge with a primary diagnosis of asthma on the discharge claim</li> <li>• At least 4 outpatient visits /observation visits *(all 4 any type) with a diagnosis of asthma (all diagnoses) and at least two asthma medication dispensing events for any controller or reliever medication</li> <li>• At least four asthma medication dispensing events for any controller or reliever medication</li> </ul> <p>If only leukotriene modifiers or antibody inhibitors dispensed, must also have at least 1 asthma diagnosis</p>	<p>The percentage of patients age 5-18 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications <math>\geq 0.50</math> during the measurement year.</p> <p>Exclusions: Patients with Acute Respiratory Failure, COPD, Conditions related to Fumes/Vapors, Cystic Fibrosis, Emphysema, Obstructive Chronic Bronchitis</p>	<p><b>Diagnosis:</b></p> <p><b>Persistent:</b> J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52</p> <p><b>Intermittent:</b> J45.20, J45.21, J45.22</p> <p><b>Other:</b> J45.9, J45.901, J45.902, J45.909, J45.99, J45.990, J45.991, J45.998</p>

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<b>Attention-Deficit / Hyperactivity Disorder (ADHD)</b>	<p>1. Initiation Phase: Patients age 6-12 years as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, which had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase</p> <p>2. Continuation and Maintenance Phase: Members age 6-12 years as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 9 months after the Initiation Phase ended</p> <p>Continuous Enrollment for 120 days prior to and 10 months after the ADHD prescription date (allowed one 45-day gap in enrollment)</p>	<p>1. Initiation Phase: Evidence of one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase</p> <p>2. Continuation and Maintenance Phase: Evidence of at least two follow-up visits with a practitioner with prescribing authority within 9 months after the Initiation Phase ended</p> <p>Exclusions: Patients who have had an acute inpatient encounter with a mental health or chemical dependency diagnosis during the 10 months after the ADHD prescription date</p>	<p><b>Initiation Phase CPT Codes:</b> New Patient Office Visist (99201-99205) Established Patient Office Visit (99211-99215) Established Patient Preventive Medicine Visit (99391-99394)</p> <p><b>Continuation Phase:</b> Typically achieved with standard office visit CPT code OR Telephone/telehealth visits</p>
<b>Chlamydia Screening in Women</b>	<p>Women age 16-24 years during the measurement year who are sexually active. Sexual activity is identified using 2 methods: pharmacy and claims/encounter data. (The organization must use both methods to identify the eligible population but only needs to be identified in one method to be eligible for the measure).</p> <p>Claim encounter data-indicating sexual activity during measurement year. A code from the following meets criteria:</p> <p>1) Pregnancy Value set</p> <p>2) Sexual Activity Value set</p> <p>3) Pregnancy Test Value set</p> <p>Pharmacy data –Patients who were dispensed prescription contraceptives during the measurement year including Diaphragm and spermicide</p>	<p>Evidence of at least one test for chlamydia during the measurement year</p> <p>Exclusions: Patient excluded if qualified for the denominator based on a pregnancy test alone and meets one of the following:</p> <p>1. A pregnancy test during the measurement year and a prescription for isotretinoin on the date of the pregnancy test or the six days after the pregnancy test.</p> <p>2. A pregnancy test during the measurement year and an x-ray on the date of the pregnancy test or the six days after the pregnancy test.</p>	<b>CPT:</b> 87110, 87270, 87320, 87490-87492, 87810
<b>Depression Screening</b>	Patients age 12-18 years	<p>Evidence of a depression screening with any provider during the measurement year</p> <p>Exclusions: 1. Hospice, ever 2. Any diagnosis of depression, bipolar, or delirium before the qualifying depression screen in measurement year or year prior to the measurement year</p>	<b>CPT:</b> 96127

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<b>Age 2 Immunizations Combo-10</b>	Patients who turn 2 years of age in the measurement year. 12 months of continuous enrollment - no more than 1 gap of up to 45 days during the 12 months prior to the child's 2nd birthday	Evidence of receiving the following by 2 years of age: - 4 DTaP - 3 IPV - 1 MMR - 3 HiB - 3 Hepatitis B - 4 PCV - 1 VZV - 2 or 3 Rotavirus (2 vs. 3 dependent on vaccine series) - 1 Hepatitis A - 2 Influenza  Exclusions: Patients with immunodeficiency, HIV, Lymphoreticular cancer, multiple myeloma or leukemia, and anaphylactic reaction to Neomycin.	<b>Diagnosis:</b> Z23  <b>CPT:</b> DTaP – 90723, 90700, 90698, 90696 IPV – 90723, 90698, 90713, 90696 MMR – 90707, 90710 HiB – 90647, 90648, 90698 Hepatitis B – 90723, 90744 PCV – 90670 VZV – 90716, 90710 Rotavirus – 90680, 90681 Hepatitis A – 90633, 90636 Influenza – 90686, 90685, 90672, 90688, 90660, 90656, 90662, 90655, 90658, 90687
<b>Immunizations Childhood Age 6</b>	Patients who turn 6 years of age in the measurement year	Evidence of receiving the following between the 4th and the 6th birthday: 1 DTaP 1 IPV 1 MMR 1 VZV 1 Influenza between 5th & 6th birthday	<b>Diagnosis:</b> Z23  <b>CPT:</b> DTaP – 90723, 90700, 90698, 90696 IPV – 90723, 90698, 90713, 90696 MMR – 90707, 90710 VZV – 90716, 90710 Influenza – 90686, 90685, 90672, 90688, 90660, 90656, 90662, 90655, 90658, 90687
<b>Age 13 Immunizations (MCV, TDAP)</b>	Patients who turn 13 years of age in the measurement year. Continuous enrollment of 12 months prior to the patients 13th birthday.	Evidence of receiving the following: - 1 MCV (between 11th and 13th birthday) - 1 Tdap/Td or 1 Tetanus/1 Diphtheria (between 10th and 13th birthday)  Exclusions: Optional exclusion criteria: Anaphylactic reaction to the vaccine or its components any time on or before the child's 13th birthday	<b>Diagnosis:</b> Z23  <b>CPT:</b> MCV – 90734, 90620, 90621, 90733 Tdap/TD/Tetnus/Diphtheria – 90715, 90723, 90700, 90698, 90696, 90714 Influenza – 90686, 90685, 90672, 90688, 90660, 90656, 90662, 90655, 90658, 90687
<b>Age 13 Immunizations (MCV, TDAP, HPV)</b>	Patients who turn 13 years of age in the measurement year. Continuous enrollment of 12 months prior to the patients 13th birthday.	Evidence of receiving the following: - 1 MCV (between 11th and 13th birthday) - 1 Tdap/Td or 1 Tetanus/1 Diphtheria (on or between 10th and 13th birthday) - 2 HPV (between 9th and 13th birthday) (Dates of service must be at least 146 days apart)  Exclusions: Optional exclusion criteria: Anaphylactic reaction to the vaccine or its components any time on or before the child's 13th birthday	<b>Diagnosis:</b> Z23  <b>CPT:</b> 90649, 90650, 90651
<b>Lead Screening in Children</b>	Patients who turn 2 years of age during the measurement year	Evidence of at least 1 lead capillary or venous blood test on or before child's second birthday.	<b>CPT:</b> 83655
<b>Social Determinants of Health (SDoH) Screening</b>	Patients age 0-21 years with at least one visit with a primary care provider in the measurement year. No more than one gap in enrollment of up to 45 days during the measurement year	Evidence of at least one SDoH screening in the measurement year. Patients must be screened using standardized SDoH screening questions (at least but not limited to Transportation, Food Insecurity, & Housing).	<b>G9920</b> - Screening Performed and Negative <b>G9919</b> - Screening Performed and Positive and Provision of Recommendations

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<b>Timeliness of Prenatal Care</b>	Patients pregnant during the measurement year; no specified age	The percentage of deliveries that received a prenatal care visit as a patient of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.  Exclusions: In Hospice; Non-live births	
<b>Tobacco Use Screening</b> (For more detail see Coding Reference Guide)	Patients age 13-18 years who are non-tobacco users or whose tobacco status is unknown	Evidence of at least one tobacco screening with any provider during the measurement year or year prior	<b>M Codes:</b> 1000F – tobacco use assessed 1034F – tobacco user, smoker 1035F – tobacco user, chew/snuff
<b>Tobacco Cessation Intervention</b> (For more detail see Coding Reference Guide)	Patients age 13-18 years who are current tobacco users in the measurement year or prior year	Evidence of cessation counseling by any provider during the measurement year or year prior	<b>Diagnosis:</b> Z71.6  <b>CPT:</b> 99406 <b>M Code:</b> 4000F
<b>Weight Assessment BMI Percentile</b> (For more detail see Coding Reference Guide)	Patients age 3-17 years. Starts at age 2 years and 1 day.	Evidence of BMI percentile documented  Exclusions: Female patients who have a diagnosis of pregnancy during the measurement year	<b>Diagnosis:</b> Z68.51, Z68.52, Z68.53, Z68.54
<b>Weight Assessment Counseling for Nutrition</b> (For more detail see Coding Reference Guide)	Patients age 3-17 years in the measurement year who have had an outpatient visit	Evidence of counseling for nutrition	<b>Diagnosis:</b> Z71.3  <b>CPT:</b> 97802, 97803
<b>Well-Child Visits First 15 Months of Life</b>	Patients who turn 15 months of age during the measurement year. Calculate the 15-month birthday as the child's first birthday plus 90 days.	Evidence of 6 or more well visits with a primary care provider (pediatrics, family medicine, nurse practitioner, physician assistant) within the first 15 months of a child's life	<b>Diagnosis:</b> Z00.110, Z00.111, Z00.121, Z00.129, Z02.89  <b>CPT:</b> 99381, 99382, 99391, 99392
<b>Well-Child Visits - 15-30 Months</b>	Patients who turn 30 months of age during the measurement year. Calculate the 30-month birthday as the child's second birthday plus 180 days.	Evidence of two or more well-child visits between the child's 15-month birthday plus 1 day and the 30-month birthday	<b>Diagnosis:</b> Z00.110, Z00.111, Z00.121, Z00.129, Z02.89  <b>CPT:</b> 99381, 99382, 99391, 99392
<b>Well-Child Ages 3-11 Years</b>	Patients age 3-11 years during the measurement year	Evidence of at least 1 well-child visit with a primary care provider (pediatrics, family medicine, nurse practitioner, physician assistant) during the measurement year	<b>Diagnosis:</b> Z00.121, Z00.129, Z02.89  <b>CPT:</b> 99382, 99383, 99392, 99393
<b>Well-Child Visits - 12-21 Years of Life</b>	Patients age 12-21 years during the measurement year	Evidence of at least 1 well-child visit with a primary care provider (pediatrics, family medicine, nurse practitioner, physician assistant) during the measurement year	<b>Diagnosis:</b> Z00.00, Z00.121, Z00.129, Z02.89  <b>CPT:</b> 99384, 99385, 99394, 99395

Note: In most cases Telehealth visits can be used to meet measure compliance.