



Mercy Care Gap Closure Reference Guide – 2025

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 2025.</p> <p>Required Exclusions*</p>	<ul style="list-style-type: none"> Perform a preventive care or ambulatory visit in 2025 	<p>Ambulatory Visits</p> <p>CPT: 92002, 92004, 92012, 92014, 98966-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99304-99310, 99315, 99316, 99341-99345, 99347-99350, 99377, 99378, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99457, 99458, 99483</p> <p>HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, S0620, S0621, T1015</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 2025.</p> <p>Requirements: Evidence of advance care planning in 2025 using approved codes</p> <p>Required Exclusions*</p>	<ul style="list-style-type: none"> Discuss and document preferences for resuscitation, life sustaining treatment and end of life care Documents include Living Will, DNR orders, Healthcare Power of Attorney, POLST forms, Five Wishes, etc. 	<p>Advance Care Planning</p> <p>CPT: 99483, 99497</p> <p>CPT-CAT II: 1123F, 1124F, 1157F, 1158F</p> <p>HCPCS: S0257</p>

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<p>ADD-E – Follow-Up Care for Children Prescribed ADHD Medication</p> <p>➤ <i>ADD-E is collected strictly through electronic data sources</i></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 2025 	<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 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 importance of these immunizations 	<p>Adult Influenza Vaccine CPT: 90630, 90653, 90654, 90656,</p>

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<p>➤ <i>AIS-E is collected strictly through electronic data sources</i></p> <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, pneumococcal and hepatitis B.</p> <p>Requirements: Vaccine code and date of service</p> <p>Required Exclusions: none</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>90658, 90660-90662, 90672-90674, 90682, 90686, 90688, 90689, 90694, 90756</p> <p>Adult Pneumococcal Vaccine CPT: 90670, 90671, 90677, 90732 HCPCS: G0009</p> <p>Hepatitis B Vaccine CPT: 90697, 90723, 90740, 90744, 90747, 90748 HCPCS: G0010</p> <p>Herpes Zoster Vaccine CPT: 90750</p> <p>Td Vaccine CPT: 90714</p> <p>Tdap Vaccine CPT: 90715</p>
<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 2025.</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 	<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 	<ul style="list-style-type: none"> AMR does not have any associated CPT II codes as compliance is triggered by pharmacy claims <p>Asthma ICD10CM: 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, J45.991, J45.998</p> <p>See AMR in Addendum for Asthma medications</p>

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<p>with asthma</p> <ul style="list-style-type: none"> Members who had no asthma controller or reliever medications dispensed in 2025 	<ul style="list-style-type: none"> Stress importance of follow-up to review treatment and assess medication utilization 	
<p>APM-E - Metabolic Monitoring for Children and Adolescents on Antipsychotics</p> <p>➤ <i>APM-E is collected strictly through electronic data sources</i></p> <p>Children and adolescents 1-17 who had two or more antipsychotic prescriptions and had metabolic testing in 2025.</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>	<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 the patient’s most recent labs. If the behavioral health provider prescribing the antipsychotic has not ordered metabolic screening, please do so 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>Glucose Lab Test CPT: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>HbA1C Lab Test CPT: 83036, 83037</p> <p>LDL-C Lab Test CPT: 80061, 83700, 83701, 83704, 83721</p> <p>Cholesterol Lab Test 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</p>	<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 	<p>Psychosocial Care CPT: 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880</p>

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<p>prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment in 2025.</p> <p>Requirements: Psychosocial care or residential behavioral health treatment in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD (earliest prescription start date)</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Members for whom first-line antipsychotic 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 2025 	<p>treatment they are seeking</p> <ul style="list-style-type: none"> 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 family. Trust can be established by including the patient and their family in all decision making. 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>HCPCS: G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485</p> <p>Residential Behavioral Health Treatment HCPCS: H0017-H0019, T2048</p> <p>See APP in Addendum for Antipsychotic medications</p>
<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"> 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"> ● 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 ● Subsequent AWV-PPP - After receiving either the IPPE or the Initial AWV and PPS, 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 collected strictly through electronic data sources</i></p> <p>Members 50-74 who had one or more mammograms anytime on or between October 1, 2023, and December 31, 2025.</p> <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 2025 ● Members who had a bilateral mastectomy or both right and left unilateral mastectomies any time during the member’s history though 	<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 	<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 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>

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<p>the end of 2025</p> <ul style="list-style-type: none"> Members who had gender-affirming chest surgery with a diagnosis of gender dysphoria any time during the member's history through the end of 2025 	<p>month and year at a minimum) and the result of the most recent mammogram in the member's medical record</p> <ul style="list-style-type: none"> Document mastectomy and date of service (the year performed at a minimum) in the member's member record 	<p>Bilateral Mastectomy ICD10CM: Z90.13</p>
<p>BPD - 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 2025.</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 2025</p> <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 2025 	<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 on the importance of taking blood pressure medication as prescribed and schedule follow up visits to monitor the effectiveness of their blood pressure medication 	<p>Outpatient CPT: 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015</p> <p>Telephone Visits CPT: 98966-98968, 99441-99443</p> <p>Online Assessments CPT: 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 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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	<ul style="list-style-type: none"> • 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 ranges from -135 to -80 ○ “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 2025.</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 2025, 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 or who had an encounter for palliative care any time during 2025 • Members with a diagnosis that indicates end- 	<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 on the importance of taking blood pressure medication as 	<p>Outpatient CPT: 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015</p> <p>Telephone Visits CPT: 98966-98968, 99441-99443</p> <p>Online Assessments CPT: 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2252</p> <p>Diastolic Blood Pressure: CPT-CAT-II: 3078F, 3079F, 3080F</p>

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<p>stage renal disease anytime during the member’s history on or prior to December 31, 2025</p> <ul style="list-style-type: none"> Members with a procedure that indicates ESRD: dialysis, nephrectomy or kidney transplant any time during the member’s history on or prior to December 31, 2025 Members with diagnosis of pregnancy any time during 2025 	<p>prescribed and schedule follow up visits to monitor the effectiveness of their blood pressure medication</p> <ul style="list-style-type: none"> 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 ranges from -135 to -80 ○ “Average BP 139/70” 	<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 ICDCM10: N18.5, N18.6</p>
<p>CCP – Contraceptive Care – Postpartum Women</p> <p>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 	<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>90 days of delivery</p> <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 September 30th of the measurement year, because there may not have been an opportunity to provide the member with contraception in the postpartum period 		
<p>CCS-E – Cervical Cancer Screening</p> <p>➤ <i>Cervical Cancer Screening is now collected strictly through electronic data sources</i></p> <p>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 (2023-2025) • 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 (2021-2025) • 30-64 years of age who were 30-64 years of 	<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</p>	<p>Cervical Cytology Lab Test CPT: 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164-88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>High Risk HPV Test CPT: 87624, 87625 HCPCS: 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,</p>

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<p>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 (2021-2025)</p> <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, 2025 • Members receiving palliative care or who had an encounter for palliative care any time during 2025 	<p>office or lab report unavailable, please include an office visit with ALL gynecological history</p>	<p>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>
<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- 	<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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<p>contraceptive reasons such as natural menopause or oophorectomy</p> <ul style="list-style-type: none"> Exclude live births that occurred after September 30th of the measurement year, because there may not have been opportunity to provide the member with contraception in the postpartum period Were still pregnant at the end of the measurement year, as indicated by a pregnancy code and an absence of a pregnancy outcome code indicating a non-live birth or a live birth 		
<p>CHL – Chlamydia Screening in Women Women 16–24 identified as sexually active and who had at least one test for chlamydia in 2025. Requirements: At least one chlamydia test in 2025 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-E - Childhood Immunization Status ➤ <i>Childhood Immunization Status is now collected strictly through electronic data sources</i></p>	<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 	<p>DTaP Vaccine Procedure CPT: 90697, 90698, 90700, 90723 (IPV) Vaccine Procedure CPT: 90697, 90698, 90713, 90723</p>

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<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) • 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 	<p>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</p> <ul style="list-style-type: none"> • 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 • 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>(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: 90697, 90723, 90740, 90744, 90747, 90748 HCPCS: G0010</p> <p>(VZV) Vaccine Procedure CPT: 90710, 90716</p> <p>(PCV) Vaccine Procedure CPT: 90670, 90671, 90677 HCPCS: G0009</p> <p>(HEP-A) Vaccine Procedure CPT: 90633</p> <p>See CIS-E in Addendum for additional codes</p>
<p>COA – Care for Older Adults</p> <p>Members 66 and older who had each of the</p>	<ul style="list-style-type: none"> • Document a review and a list of the member’s medications in the medical 	<p>Medication Review-Presence of a Medication List</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>following in 2025:</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 <p>Required Exclusions*</p>	<p>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.</p> <ul style="list-style-type: none"> • 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 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 • Document an assessment utilizing a standardized functional status assessment tool to satisfy functional status assessment 	<p>CPT-CAT-II: 1159F 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 CPT-CAT-II: 1160F</p> <p>Functional Status Assessment CPT: 99483 CPT-CAT-II: 1170F HCPCS: G0438, G0439</p>
<p>COB - Concurrent Use of Opioids and Benzodiazepines</p> <p>Members 18 and older with concurrent use of prescription opioids and benzodiazepines.</p>	<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- 	<ul style="list-style-type: none"> • COB does not have any associated CPT II codes as compliance is triggered by pharmacy claims

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What is the Measure	How to Close the Gap	Codes and Medications
<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 receiving palliative care any time during the measurement year • Members with a cancer diagnosis coded during the measurement year (the diagnosis code must be present during the measurement year) • Members with sickle cell disease coded during the measurement year (the diagnosis code must be present during the measurement year) 	<p>prescriptions</p> <ul style="list-style-type: none"> • 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, limit the dose and duration 3. Taper long-standing medications gradually and, whenever possible, discontinue 4. Continue long-term co-prescribing only when necessary and monitor closely 5. 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 collected strictly through electronic data sources</i></p> <p>Members ages 45-75 who had appropriate</p>	<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 	<p>➤ <i>Since Colon Cancer Screening compliance is collected strictly through electronic data sources, correct coding is now more important than ever</i></p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>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 2025 • Stool DNA (sDNA) with FIT Test anytime January 1, 2023, through December 31, 2025 • CT colonography anytime from January 1, 2021, through December 31, 2025 • Flexible sigmoidoscopy anytime from January 1, 2021, through December 31, 2025 • Colonoscopy anytime from January 1, 2016, through December 31, 2025 <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 2025 • Member with history of, or diagnosed with, colorectal cancer and/or total colectomy in 2025 or prior years 	<ul style="list-style-type: none"> • 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 see members with open gap opportunities • Encourage your members to participate in the Annual Cologuard® Outreach 	<p>FOBT CPT: 82270, 82274 HCPCS: G0328</p> <p>Flexible Sigmoidoscopy CPT: 45330-45335, 45337, 45338, 45340-45342, 45346, 45347, 45349, 45350 HCPCS: G0104</p> <p>Colonoscopy CPT: 44388-44392, 44394, 44401-44408, 45378-45382, 45384-45386, 45388-45393, 45398 HCPCS: G0105, G0121</p> <p>sDNA with FIT Test CPT: 81528 (Cologuard®)</p> <p>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</p>	<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 	<p>Pharmacy claims data</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>greater in benzodiazepine dose (diazepam milligram equivalent [DME] dose) in 2025.</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, 2024, and the ITE (index treatment episode) start date Members receiving palliative care or had an encounter for palliative care any time during 2025 	<p>measurement year</p> <ul style="list-style-type: none"> 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>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 or score 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"> 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 an approved developmental screening tool and that the score or results are included in the medical record 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 	<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"> • 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) • 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>how to use the screening tools</p> <ul style="list-style-type: none"> • 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>DSF-E – Depression Screening and Follow-up for Adolescents and Adults</p> <p>➤ <i>DSF-E is collected strictly through electronic data sources</i></p>	<p>Conduct appropriate screenings and follow-up:</p> <ul style="list-style-type: none"> • Depression screening: Members who were screened for clinical depression 	<p>Behavioral Health Encounter CPT: 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875,</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<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 31st of the year prior to the measurement year Members with depression that started in the year prior to the measurement year 	<p>using a standardized instrument</p> <ul style="list-style-type: none"> Follow-up on Positive Screen: Members who received follow-up care within 30 days of a positive depression screen finding 	<p>90876, 90880, 90887, 99484, 99492, 99493</p> <p>HCPCS: G0155, G0176, G0177, G0409-G0411, G0511, G0512, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485</p> <p>See DSF-E in Addendum for additional codes</p>
<p>EED – Eye Exam for Patients with Diabetes</p> <p>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 by an eye care professional (optometrist or ophthalmologist) in 2025 A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2024 <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 	<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>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>Retinal Eye Exams CPT: 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92227, 92228, 92230, 92235, 92250, 99203-99205, 99213-99215, 99242-99245</p> <p>HCPCS: S0620, S0621, S3000</p> <p>Unilateral Eye Enucleation CPT: 65091, 65093, 65101, 65103,</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>during 2025</p> <ul style="list-style-type: none"> Bilateral eye enucleation any time during the member's history through December 31, 2025 		65105, 65110, 65112, 65114
<p>FRM - Fall Risk 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 2025.</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</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 65 and older ways in which they can help prevent falls or treat walking or 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

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What is the Measure	How to Close the Gap	Codes and Medications
excluded from the eligible population.		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 hearing test.
<p>FUA – Follow-up After Emergency Department Visit for Substance Use</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 of the ED visit (visits that occur on the same day as the ED visit are compliant).</p> <p>Requirements: Date of service of a pharmacotherapy dispensing event or a 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 retrieve 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 	<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 HCPCS: G0155, G0176, G0177, G0409, G0463, G0512, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, T1015</p> <p>Behavioral Health Assessment CPT: 99408, 99409 HCPCS: G0396, G0397, G0442, G2011, H0001, H0002, H0031, H0049</p> <p>See FUA in Addendum for additional codes</p>

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What is the Measure	How to Close the Gap	Codes and Medications
	assistance with social determinants	
<p>FUH - Follow-up After Hospitalization for Mental Illness</p> <p>Members 6 and older who were hospitalized in 2025 for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and received a mental health follow-up service within 7 (and 30) days after discharge (visits that occur on same day of discharge are not compliant).</p> <p>Requirements:</p> <p>Date of service of follow-up with any diagnosis of mental health disorder; or with a mental health provider licensed/certified in the mental health field such as:</p> <ul style="list-style-type: none"> Psychiatrist; Psychologist; Licensed clinical social worker (LCSW); Psychiatric/Mental Health NP; Licensed Professional Counselor (LPC); PA certified in psychiatry <p>OR</p> <p>Date of service of follow-up in any of the following settings:</p> <ul style="list-style-type: none"> An intensive outpatient encounter or partial hospitalization A community mental health center visit Psychiatric collaborative care management 	<ul style="list-style-type: none"> Schedule members due for follow-up preferably within 7 days post-discharge Encourage members to bring discharge paperwork to their 1st appointment; or reach out to facility or retrieve 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>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>Psychiatric Collaborative Care Management CPT: 99492-99494 HCPCS: G0512</p> <p>Transitional Care Management Services CPT: 99495, 99496</p> <p>See FUH in Addendum for additional codes</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<ul style="list-style-type: none"> Psychiatric residential treatment <p>Required Exclusions*</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 any diagnosis of intentional self-harm, and received a mental health follow-up service within 7 (and 30) days after the ED visit (visits that occur on the same day as the ED visit are compliant).</p> <p>Requirements:</p> <p>Date of service of follow-up with any diagnosis of mental health disorder</p> <p>OR</p> <p>Date of service of follow-up in any of the following settings:</p> <ul style="list-style-type: none"> An intensive outpatient encounter or partial hospitalization A community mental health center visit Psychiatric collaborative care management Psychiatric residential treatment <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 retrieve 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>BH Outpatient</p> <p>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>Online Assessments</p> <p>CPT: 98970-98972, 98980, 98981, 99421-99423, 99457, 99458</p> <p>HCPCS: G0071, G2010, G2012, G2250-G2252</p> <p>See FUM in Addendum for additional codes</p>

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<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 2025:</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 has a result of >9.0%, is missing a result, or if a glycemic status assessment was not done <ul style="list-style-type: none"> ➤ <i>lower rates are better for this indicator</i> <p>Requirements: The most recent glycemic status assessment (HbA1c or GMI) completed in 2025, 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 	<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 glycemic status assessment 	<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 CPT- CAT- II: 3046F</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<ul style="list-style-type: none"> 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 2025 		
<p>HPCMI – Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1C) Poor control (>9.0%) (HPCMI)</p> <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).</p> <p>➤ <i>A lower rate indicates better performance</i></p> <p>Requirements: The most recent HbA1c completed in the measurement year, 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*including:</p> <ul style="list-style-type: none"> Members who do not have a diagnosis of 	<ul style="list-style-type: none"> Order a HbA1c test for the member during the measurement year 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>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 CPT- CAT- II: 3046F</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>diabetes and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes</p> <ul style="list-style-type: none"> Members receiving palliative care any time during the measurement year 		
<p>IET – Initiation and Engagement of Substance Use Disorder Treatment</p> <p>New substance use disorder (SUD) episodes that result in treatment initiation and engagement.</p> <p>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 	<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 schedule discharge appointments prior to the day of discharge 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>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 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, 11-20, 22, 33, 49, 50, 71, 72</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> <p>Partial Hospitalization or Intensive Outpatient</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<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 • Intensive Outpatient encounter • Partial hospitalization • Telehealth visit • Medication treatment <p>Required Exclusions*</p>		<p>HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</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>See IET in Addendum for additional codes and Alcohol and Opioid Use Disorder medications</p>
<p>IMA-E – Immunizations for Adolescents ➤ <i>Immunizations for Adolescents is now collected strictly through electronic data sources</i></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 10th and 13th birthdays • one (1) tetanus, diphtheria toxoids and acellular pertussis (Tdap) with date of service 	<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, <u>do not count</u> meningococcal recombinant (serogroup 	<p>(Meningococcal) Vaccine Procedure CPT: 90619, 90623, 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>on or between the member’s 10th and 13th birthdays</p> <ul style="list-style-type: none"> • 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 different dates of service on or between the member’s 9th and 13th birthdays <p>Requirements: Vaccine code and date of service</p> <p>Required Exclusions*</p>	<p>B) (MenB) vaccines</p> <ul style="list-style-type: none"> • 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 immunization • 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 2025.</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 	<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) annually • 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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<ul style="list-style-type: none"> 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 to December 31, 2025 Members receiving palliative care or who had an encounter for palliative care any time during 2025 		
<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 	<ul style="list-style-type: none"> Ask patients if their symptom(s) are interfering with their daily activities or sleep Ask patients if they have experienced any leakage of urine or urinary incontinence Recommend ways to control or manage urinary incontinence such as bladder training exercises, medication, and/or surgery 	<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>a health care provider</p> <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 reported that urine leakage made them change their daily activities or interfered with their sleep a lot <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 2025.</p> <p>Requirements: 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 	<p>Oral Evaluation CPT: D0120, D0145, D0150</p>

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What is the Measure	How to Close the Gap	Codes and Medications
	<p>care elsewhere</p> <ul style="list-style-type: none"> ○ Consider alternative methods for scheduling appointments such as patient portals to avoid long wait times on the phone 	
<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 180 days (6 months) after the fracture.</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> ● Members who received palliative care or who had an encounter for palliative care any time during the intake period through the end of 2025 	<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 ○ 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>Bone Mineral Density Tests: CPT: 76977, 77078, 77080, 77081, 77085, 77086</p> <p>Bone Mineral Density Tests ICD10PCS: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, 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</p>	<ul style="list-style-type: none"> ● Check risk factors and discuss the 	<p>Osteoporosis Screening Tests</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>Women 65-75 years who received osteoporosis screening.</p> <p>Required Exclusions*including:</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, 2025 Members who had a dispensed prescription to treat osteoporosis any time on or between January 1, 2023, through December 31, 2025 Members who received palliative care or who had an encounter for palliative care any time during the intake period through the end of 2025 	<p>importance of screening</p> <ul style="list-style-type: none"> Review ways on how to build or maintain bone health and prevent fractures 	<p>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, Romosozumab, Teriparatide</p>
<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 	<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 	<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
<p>visit in the past 12 months and who received advice to start, increase or maintain their level of exercise or physical activity</p> <p>Required Exclusions: Members in hospice are excluded from the eligible population.</p>	<p>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:</p> <ul style="list-style-type: none"> ○ Maricopa: 602-285-0505, ext. 321 or ext. 177 ○ All other Arizona counties: 1-866-375-9779, 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, 2024, to June 30, 2025, 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> <ul style="list-style-type: none"> ● Members with a medication dispensing event that indicates a contraindication to beta-blocker therapy any time during the member’s history through the end of the continuous enrollment period ● Members with a diagnosis that indicates a contraindication to beta-blocker therapy any 	<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

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What is the Measure	How to Close the Gap	Codes and Medications
<p>time during the member’s history through the end of the continuous enrollment period</p>		<ul style="list-style-type: none"> • Cardioselective Beta-blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nenbivolol • Antihypertensive Combinations: Atenolol, chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-Propranolol
<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 2025 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>	<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 	<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: Acclidinium bromide, Ipratropium, • Beta 2-agonists: Albuterol, Arformoterol, Formoterol

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What is the Measure	How to Close the Gap	Codes and Medications
<p>Required Exclusions*</p>	<p>cardiologists and pulmonologists</p> <ul style="list-style-type: none"> • 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 they feel better 	
<p>PCR – Plan All-Cause Readmissions</p> <p>For members 18 and older, the number of acute inpatient (IP) and observation stays in 2025 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 2025</p>	<ul style="list-style-type: none"> • Sign up for real-time alerts of admission and discharge (HIE/ADT) • Utilize HIE or portals or contact the IP facility to obtain discharge information • Outreach to members to schedule post discharge follow-up (esp. high risk) • Review discharge information for medication changes, pending tests, and 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>

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What is the Measure	How to Close the Gap	Codes and Medications
<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 days</p> <p>Required Exclusions*</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 or more consecutive days • 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>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) • Agonist: Methadone (oral)
<p>PPC – Prenatal and Postpartum Care</p> <p>For members with deliveries of live births on or between October 8, 2024, and October 7, 2025. This measure assesses the timeliness of a prenatal care visit and postpartum care.</p> <p>Requirements: See PPC in Addendum</p> <p>Required Exclusions*</p>	<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. • Explain the importance of and 	<p>Prenatal Stand-Alone Visits CPT: 99500 HCPCS: H1000-1004 CPT-CAT-II: 0500F-0502F</p> <p>Prenatal Visits CPT: 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99421-99423, 99441-99443, 99457, 99458, 99483</p>

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	encourage attendance for postpartum visits	<p>HCPCS: G0071, G0463, 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 codes</p>
<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>➤ <i>A lower rate indicates better performance</i></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 or event 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, 2025 • Dysplasia of the prostate in 2024 or 2025 	<ul style="list-style-type: none"> • Educate male patients 70 years and older 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>PSA Lab Test check CPT: 84152, 84153, 84154 HCPCS: G0103</p> <p>5 ARI-Medications Finasteride, Dutasteride</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<ul style="list-style-type: none"> • A PSA test in 2024, where laboratory data indicate an elevated result (>4.0 nanograms/milliliter [ng/mL]) • An abnormal PSA test result or finding in 2024 • Dispensed prescription for a 5-alpha reductase inhibitor (5-ARI) in 2025 		
<p>SAA – Adherence to Antipsychotic Medications for Individuals with Schizophrenia</p> <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 2025.</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 • Members who did not have at least two antipsychotic medication dispensing events: by claim/encounter data and by pharmacy data 	<ul style="list-style-type: none"> • Member education to include filling the prescriptions, appropriate use, and side effects • 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 	<p>Pharmacy claims data</p> <p>Dispensing of antipsychotic medication</p> <p>Long-Acting Injections 28-Day Supply HCPCS: J0401, J1631, J1943, J1944, J2358, J2426, J2680</p> <p>See SAA in Addendum for Antipsychotic medications</p>

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What is the Measure	How to Close the Gap	Codes and Medications
	<p>drug reactions, lack of support, and forgetfulness)</p> <ul style="list-style-type: none"> 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>SFM – Sealant Receipt on Permanent Molars</p> <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"> Expand parent education 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>At Least One Sealant: CDT: D1351 in the 48 months prior to the 10th birthdate, AND TOOTH-NUMBER: 3 OR 14 OR 19 OR 30, using the Universal Numbering System.</p> <p>All Four Molars Sealed: CDT: D1351 AND TOOTH-NUMBER = 3, using the Universal Numbering System, in the 48 months prior to the 10th birthdate, AND CDT: D1351 AND TOOTH-NUMBER = 14, using the Universal Numbering System, in the 48 months prior to the 10th birthdate, AND CDT: D1351 AND TOOTH-NUMBER = 19, using the Universal Numbering System, in the 48 months prior to the 10th birthdate, AND CDT: D1351 AND TOOTH-NUMBER = 30,</p>

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What is the Measure	How to Close the Gap	Codes and Medications
		using the Universal Numbering System, in the 48 months prior to the 10 th birthdate
<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> <p>Requirements:</p> <ul style="list-style-type: none"> • Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate intensity statin medication in 2025 • Statin adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> • Members with a diagnosis of pregnancy or in vitro fertilization (IVF) in 2024 or 2025 • Dispensed at least one prescription of clomiphene in 2024 or 2025 • ESRD, dialysis, or cirrhosis in 2024 or 2025 • Myalgia, myositis, myopathy, or 	<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 • Encourage member to utilize pill boxes or organizers • Discuss potential side effects and ways to treat the side effects of medications 	<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-simvastatin 80 mg • 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

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What is the Measure	How to Close the Gap	Codes and Medications
<p>rhabdomyolysis in 2025</p> <ul style="list-style-type: none"> • Myalgia or rhabdomyolysis caused by a statin anytime during the member’s history through the end of 2025 • Members receiving palliative care or who had an encounter for palliative care in 2025 		
<p>SPD – Statin Therapy for Patients with Diabetes</p> <p>Members 40-75 during 2025 with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following requirements.</p> <p>Two rates are reported.</p> <ol style="list-style-type: none"> 1. Received Statin Therapy – Members who were dispensed at least one statin medication of any intensity in 2025 2. 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 2024: MI, CABG, PCI, or other revascularization procedures in any setting • Members who had at least one encounter with 	<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 your diabetic patients to make sure they are following their medication regimen 	<p>SPD does not have any associated CPT II codes as compliance is triggered by pharmacy claims</p> <p>Statin Therapy Medications**</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

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What is the Measure	How to Close the Gap	Codes and Medications
<p>a diagnosis of IVD in both 2024 and 2025</p> <ul style="list-style-type: none"> Members with the diagnosis of pregnancy, IVF, dispensed at least one prescription for clomiphene, ESRD, dialysis, or cirrhosis in 2024 or 2025 Myalgia, myositis, myopathy, or rhabdomyolysis in 2025 Myalgia or rhabdomyolysis caused by a statin any time during the member’s history through December 31, 2025 Members receiving palliative care or had an encounter for palliative care any time during 2025 		<p>Medications: Ezetimibe-simvastatin 10 mg, Fluvastatin 20 mg, Lovastatin 10-20 mg, Pravastatin 10-20 mg, Simvastatin 5-10 mg</p> <ul style="list-style-type: none"> 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 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 2025.</p> <p>Requirements: A diabetic screening (glucose or HbA1c test) and date of service</p> <p>Required Exclusions*including:</p> <ul style="list-style-type: none"> Members with diabetes 	<ul style="list-style-type: none"> Explain importance of screening 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 diabetic screening test 	<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>

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What is the Measure	How to Close the Gap	Codes and Medications
<ul style="list-style-type: none"> Member who had no antipsychotic medications dispensed in 2025 		
<p>TFC – Topical Fluoride for Children Members 1–4 who received at least two fluoride varnish applications in 2025.</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 CDT: D1206</p>
<p>TRC – Transition of Care Members 18 and older who had a discharge from hospital or SNF in 2025 with the following TRC components:</p> <ul style="list-style-type: none"> Notification of Inpatient Admission filed or documented in the OP (outpatient) medical record within a 3-day timeframe, including the day of admission. Receipt of Discharge Information filed in the OP medical record within a 3-day timeframe, including the day of discharge. Patient Engagement after Inpatient Discharge documented in the OP medical record as 	<ul style="list-style-type: none"> Sign up for ADT/HIE admission alerts and document in the OP medical record; also document any notifications received via phone or email from health plan or IP (inpatient) facility. Notification via member or family is not accepted for TRC. Follow-up on provider referrals to the ED; and document any subsequent admission in the OP medical record Use ADT/HIE discharge alerts to obtain discharge summaries within the 3-day timeframe (via HIE, portals, or facility request). Note: Continuity of Care 	<p>Outpatient and Telehealth CPT: 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 HCPCS: G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015</p> <p>Transitional Management Services CPT: 99495, 99496</p> <p>Medication Reconciliation Encounter</p>

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What is the Measure	How to Close the Gap	Codes and Medications
<p>provided within 30 days after discharge.</p> <ul style="list-style-type: none"> Medication Reconciliation Post-Discharge documented in the OP medical record as completed on the date of discharge through 30 days after discharge (including a list of current medications). <p>Requirements:</p> <ul style="list-style-type: none"> Documentation of all 4 TRC components within the OP medical record belonging to the member’s PCP or ongoing care provider Included are records accessible in shared EMRs or obtained via portals or HIE (health information exchange) Use Applicable Codes to help capture Patient Engagement and Medication Reconciliation <p>Required Exclusions*</p>	<p>documents are NOT accepted for TRC (not considered legal health records).</p> <ul style="list-style-type: none"> Ensure a clear date of receipt for any retrieved or received hospital records (H&Ps or discharge summaries). Check for a print or fax date OR ensure an attached scan or upload date (e.g., HIE records) to help show when accessible to the provider. Outreach to members to schedule post discharge follow-up (esp. high risk) Document provider awareness of “admission” or “hospitalization” in the post-discharge visit Ensure a current med list is visible in the OP medical record Ensure Transition Care Calls with a med review are completed or signed off by accepted providers: RN, prescribing provider, or pharmacist 	<p>CPT: 99483, 99495, 99496</p> <p>Medication Reconciliation Intervention CPT-CAT-II: 1111F</p>
<p>W30 – Well-Child Visits in the First 30 Months of Life</p> <p>For children turning 30 months old in 2025 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 	<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</p> <p>Encounter for Well Care ICD10CM: Z00.00, Z00.01, Z00.110,</p>

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<ul style="list-style-type: none"> an additional 2 or more visits with primary care physician between 15-30 months of age. <p>Required Exclusions*</p>		Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, F02.5, Z76.1, Z76.2
<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 2025:</p> <ul style="list-style-type: none"> BMI <i>Percentile</i> documentation Counseling for Nutrition Counseling for Physical Activity <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 2025 	<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 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 	<p>BMI Percentile ICD10CM: Z68.51-Z68.54</p> <p>Nutrition Counseling CPT: 97802-97804 HCPS: G0270, G0271, G0447, S9449, S9452, S9470</p> <p>Physical Activity Counseling HCPCS: G0447, S9451</p>

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	<p>behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)</p> <ul style="list-style-type: none"> • 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>WCV – Child and Adolescents Well-Care Visits</p> <p>Children 3-11 years old who received one or more well-child visits with a primary care provider in 2025. 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 2025.</p> <p>Requirements: one or more well-child visits with a PCP in 2025</p> <p>Required Exclusions*</p>	<ul style="list-style-type: none"> • Schedule routine well-child visits each measurement year 	<p>Well-Care CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613</p> <p>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>

For more information about the Gaps in Care Report and HEDIS measures, go to the Mercy Care website, HEDIS page: <https://www.mercycareaz.org/hedis>

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

Measure	Addendum – Codes, Medications, and Requirements
ADD-E Codes	<p>Online Assessments CPT: 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2252</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"> ○ Community mental health center visit POS: 53 ○ Intensive outpatient encounter or partial hospitalization POS: 52 ○ Outpatient visit POS: 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 71, 72 ○ Telehealth visit POS: 2, 10
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 • Long-acting beta2-adrenergic agonist (LABA): Fluticasone furoate-umeclidinium-vilanterol, Salmeterol • Long-acting muscarinic antagonists (LAMA): Tiotropium • Methylxanthines: Theophylline <p>Asthma Reliever Medications</p> <ul style="list-style-type: none"> • Short-acting, inhaled beta-2 agonists: Albuterol, Levalbuterol • Beta2 adrenergic agonist – corticosteroid combination: Albuterol-budesonide
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-E Codes	<p>(RV) Vaccine Procedure CPT: 90681 (RV 2 DOSE), 90680 (RV 3 DOSE)</p> <p>(INFLUENZA) Vaccine Procedure</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<p>CPT: 90655, 90657, 90661, 90673, 90674, 90685-90689, 90756</p> <p>HCPCS: G0008</p> <p>(INFLUENZA-LAIV) Vaccine Procedure</p> <p>CPT: 90660, 90672</p> <p>Hepatitis A</p> <p>ICD10CM: B15.0, B15.9</p> <p>Hepatitis B</p> <p>ICD10CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11</p> <p>Measles</p> <p>ICD10CM: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9</p> <p>Mumps</p> <p>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</p> <p>ICD10CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9</p> <p>Varicella Zoster</p> <p>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</p> <p>CPT: 99366, 99492-99494</p> <p>HCPCS: G0512, T1016, T1017, T2022, T2023</p> <p>Follow Up Visit</p> <p>CPT: 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483</p> <p>HCPCS: G0071, G0463, G2010, G2012, G2250-G2252, T1015</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<p>Bipolar Disorder 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, J0577, J0578, J2315, Q9991, Q9992, S0109</p> <p>Online Assessments CPT: 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2252</p> <p>ODU Monthly Office Based Treatment HCPCS: G2086, G2087</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<p>ODD Weekly Drug Treatment Service HCPCS: G2067-G2070, G2072, G2073</p> <p>ODD Weekly Non-Drug Services HCPCS: G2071, G2074-G2077, G2080</p> <p>Partial Hospitalization or Intensive Outpatient HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>Peer Support Services HCPCS: G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016</p> <p>Substance Use Disorder Services CPT: 99408, 99409 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"> ○ Community mental health center visit POS: 53 ○ Intensive OP encounter or partial hospitalization POS: 52 ○ Non-residential substance abuse treatment facility visit POS: 57, 58 ○ Outpatient visit POS: 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 71, 72 ○ 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,</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<p>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, 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, F12.99, 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</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, T40.604A, T40.604D, T40.604S</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>
FUH - Codes	<p>Partial Hospitalization or Intensive Outpatient HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>Peer Support Services HCPCS: G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016</p> <p>Residential Behavioral Health Treatment HCPCS: H0017-H0019, T2048</p> <p>Telephone Visits CPT: 98966-98968, 99441-99443</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<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"> ○ Community mental health center visit POS: 53 ○ Intensive OP encounter or partial hospitalization POS: 52 ○ Outpatient visit POS: 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 71, 72 ○ Psychiatric residential treatment POS: 56 ○ Telehealth visit POS: 2, 10 <p>Mental Health Diagnosis (Not a complete list*) ICD-10CM: F03.90, 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, F31.76</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>
FUM - Codes	<p>Partial Hospitalization or Intensive Outpatient HCPCS: G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485</p> <p>Peer Support Services HCPCS: G0140, G0177, H0024, H0025, H0038-H0040, H0046, H2014, H2023, S9445, T1012, T1016</p> <p>Psychiatric Collaborative Care Management CPT: 99492-99494 HCPCS: G0512</p> <p>Residential Behavioral Health Treatment HCPCS: H0017-H0019, T2048</p> <p>Telephone Visits</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<p>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"> ○ Community mental health center visit POS: 53 ○ Intensive OP encounter or partial hospitalization POS: 52 ○ Outpatient Visit POS: 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 71, 72 ○ Psychiatric residential treatment POS: 56 ○ Telehealth Visit POS: 2, 10 <p>Mental Health Diagnosis (Not a complete list*) ICD-10CM: F03.90, 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, F31.76</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>IET - Codes, Meds**</p>	<p>Telephone Visits CPT: 98966-98968, 99441-99443</p> <p>Online Assessments CPT: 98970-98972, 98980, 98981, 99421-99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250-G2252</p> <p>Buprenorphine Implant HCPCS: G2070, G2072, J0570</p> <p>Buprenorphine Injection HCPCS: G2069, Q9991-Q9992</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<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>OUD Monthly Office Based Treatment HCPCS: G2086, G2087</p> <p>OUD Weekly Drug Treatment Service HCPCS: G2067-G2070, G2072, G2073</p> <p>OUD Weekly Non-Drug Service HCPCS: G2071, G2074-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) • Other: Acamprosate (oral; delayed) <p>Opioid Use Disorder Treatment Medications:</p>

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Measure	Addendum – Codes, Medications, and Requirements
	<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</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>
PPC - Requirements, Codes	<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>

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	<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 2. Evaluation of weight, BP, breasts, and abdomen <ul style="list-style-type: none"> • Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component 3. Notation of postpartum care, including, but not limited to:

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Measure	Addendum – Codes, Medications, and Requirements
	<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 <ol style="list-style-type: none"> 4. Perineal or cesarean incision/wound check 5. Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders 6. Glucose screening for members with gestational diabetes 7. Documentation of any of the following topics: <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, 99501 CPT-CAT-II: 0503F HCPCS: G0101</p> <p>*Or any of the cervical cytology codes listed in the Cervical Cancer Screening measure</p> <p>Encounter for Postpartum Care ICD10CM: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p>

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Measure	Addendum – Codes, Medications, and Requirements
SAA - Meds**	<p>Oral Antipsychotic Medications</p> <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 <p>Long-Acting Injections</p> <ul style="list-style-type: none"> • Long-acting injections 14 Day supply: Risperidone (excluding Perseris®) • Long-acting injections 28-day supply: Aripiprazole, Aripiprazole lauroxil, Fluphenazine decanoate, Haloperidol decanoate, Olanzapine • Long-acting injections 30-day supply: Risperidone (Perseris®) • Long-acting injections 35-day supply: Paliperidone palmitate (Invega Sustenna) • Long-acting injections 104-day supply: Paliperidone palmitate (Invega Trinza) • Long-acting injections 201-day supply: Paliperidone palmitate (Invega Hafyera)

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