

HEDIS[®]

HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET

PROVIDER GUIDE



An Independent Licensee of the Blue Cross and Blue Shield Association

HEDIS® / STAR PROVIDER GUIDE – HEDIS 2020

HEDIS® (Healthcare Effectiveness Data and Information Set) is a performance measurement tool developed by the National Committee for Quality Assurance (NCQA) to assess the quality of healthcare and improve patient health and outcomes, and is an important factor in our accreditation.

Select HEDIS® measures are also part of the Star Rating System managed by the federal Centers for Medicare & Medicaid Services (CMS), which evaluates health care plans based on a 5-Star rating system.

Adherence to these guidelines:

- Ensures health plans are offering quality preventive care and services.
- Provides a comparison to other plans.
- Identifies opportunities for quality improvement.
- Measures the plan's progress from year to year.

HEDIS® data collection is permitted under HIPAA and is performed three ways:

- Administrative: Pertaining to diagnosis codes (in our claims database) and medication fills, based on the NCQA Vol. 2 Technical Specifications & Value Sets (updated annually).
- Hybrid: A combination of Administrative, and medical chart review.
- Survey: Member and provider surveys.

Included within for your convenience are select HEDIS®/Star measures and their description and requirements. ***Star measures are designated with a star symbol (★).***

This guide does not include every quality measure, but rather ones that are NCQA sensitive. Other quality measures (for example, ART – DMARDs for Rheumatoid Arthritis) are still pertinent clinically for our members and should also be considered.

If you would like the complete list of diagnosis codes or medication lists for any measure, or have questions, please call (386) 676-7100 Ext. 7258, or email QualityManagement@fhcp.com.

We hope you find this guide useful in your daily practice.

Sincerely,
FHCP Quality Management

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Measure	Comments	More Tips
<p>AAB</p> <p>Avoidance of Antibiotic Treatment For Acute Bronchitis / Bronchiolitis</p> <p>Members 3 months and older, who were diagnosed with acute bronchitis/bronchiolitis, should not be dispensed an antibiotic prescription.</p> <p>Explain to your patients that viruses are not treated with antibiotics. Promote symptom control instead.</p> <p>Antibiotics filled on day of visit or within 3 days from visit, count in the measure.</p> <p>If you prescribe an antibiotic, please use an alternate code other than Acute Bronchitis if appropriate, such as the suggested examples listed in Column 3.</p> <p>Note: This measure now includes both children and adults.</p>	<p>Do not use the following acute bronchitis / bronchiolitis diagnoses with an antibiotic:</p> <ul style="list-style-type: none"> • J20.3 Acute bronchitis due to coxsackievirus • J20.4 Acute bronchitis due to parainfluenza virus • J20.5 Acute bronchitis due to respiratory syncytial virus • J20.6 Acute bronchitis due to rhinovirus • J20.7 Acute bronchitis due to echovirus • J20.8 Acute bronchitis due to other specified organisms • J20.9 Acute bronchitis, unspecified • J21.0 Acute bronchiolitis due to respiratory syncytial virus (newly added) • J21.1 Acute bronchiolitis due to human metapneumovirus (newly added) • J21.8 Acute bronchiolitis due to other specified organisms (newly added) • J21.9 Acute bronchiolitis, unspecified (newly added) <p>Includes Outpatient, Urgent Care, and ED visits.</p>	<p>Alternate Codes: The following codes are acceptable with an antibiotic per the measure (not a complete list):</p> <ul style="list-style-type: none"> • H66.90: Otitis media, unspec. • J01.90: Acute sinusitis, unspec. • J02.9: Acute pharyngitis (perform strep test) • J03.90: Acute tonsillitis (perform strep test) • J39.9: Disease of upper respiratory tract, unspec. • J40: Bronchitis, not specified as acute or chronic • J98.9: Respiratory disorder, unspecified <p>Ok to give antibiotic with acute bronchitis if these co-morbid conditions are also coded at the visit (or up to year prior):</p> <ul style="list-style-type: none"> • Cancer • COPD • Cystic fibrosis • HIV • Pulmonary edema • Respiratory failure • TB

Measure	Comments	More Tips
<p>ABA ★</p> <p>Adult BMI Assessment</p> <p>Ages 18 to 74 had body mass index (BMI) documented at an outpatient visit in the measurement year, or in the year prior.</p>	<p>Perform and document height/weight/BMI calculation at any visit (does not have to be well visit).</p> <p>For members younger than 20 at any visit, include height, weight and BMI percentile.</p>	<p>Pregnant members in the current year or prior year are excluded.</p> <p>Ensure vital signs are captured in the EHR.</p>
<p>ADD</p> <p>Follow-Up Care for Children Prescribed ADHD Medication</p> <p>Children ages 6 to 12 with newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication should have:</p> <ul style="list-style-type: none"> • At least 3 follow-up care visits within a 10-month period. • One of the visits should be within 30 days of when the first ADHD medication was dispensed. 	<p>Two rates are tracked:</p> <p><u>Initiation Phase:</u></p> <ul style="list-style-type: none"> • 1 follow-up visit during the 30-day initiation phase with a practitioner with prescribing authority. (Telehealth not eligible). <p><u>Continuation & Maintenance (C&M) Phase:</u></p> <ul style="list-style-type: none"> • Remained on the medication for at least 210 days; and • In addition to the visit in the Initiation Phase, had at least 2 follow-up visits within 270 days (9 months) after the Initiation Phase ended. • Telehealth is eligible for only one of the two visits (during days 31-300) in the C&M Phase. 	<p><u>ADHD Medications:</u></p> <p>CNS stimulants: amphetamine-dextroamphetamine; dexmethylphenidate; dextroamphetamine; lisdexamfetamine; methylphenidate; methamphetamine</p> <p>Alpha-2 receptor agonists: clonidine; guanfacine</p> <p>Miscellaneous ADHD meds: atomoxetine</p> <p>Members with narcolepsy are excluded.</p>

Measure	Comments	More Tips																		
<p>AMM</p> <p>Antidepressant Medication Management</p> <p>Members 18 and older who had a diagnosis of Major Depression and who were treated with an antidepressant medication, are monitored for how long they remained on the medication.</p> <p>Two rates are tracked for remaining on the antidepressant medication:</p> <p><u>Effective Acute Phase Treatment:</u></p> <ul style="list-style-type: none"> At least 84 days (12 weeks) <p><u>Effective Continuation Phase Treatment:</u></p> <ul style="list-style-type: none"> At least 180 days (6 months) <p>See Appendix 1 for Antidepressant Medications</p>	<p>The antidepressant medication prescription must be filled to count for the quality measure.</p> <p>Major Depression ICD 10 Codes: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p> <p>Please make sure all criteria for Major Depression are met before assigning this diagnosis.</p> <p>Consider using PHQ-9 to determine depressive symptoms.</p> <p>To meet DSM-5 diagnostic criteria, 5 of 9 specific depressive symptoms must be present almost all day, every day, and cause significant impairment in daily activities during a 2-week timeframe.</p>	<p>PHQ-9 Scores and Proposed Treatment Actions</p> <table border="1" data-bbox="1367 298 1976 1130"> <thead> <tr> <th colspan="3" style="background-color: #e0e0e0;">PHQ-9 Scores and Proposed Treatment Actions</th> </tr> </thead> <tbody> <tr> <td>0-4</td> <td>None-Minimal</td> <td>None</td> </tr> <tr> <td>5-9</td> <td>Mild</td> <td>Watchful waiting; repeat PHQ-9 at follow-up</td> </tr> <tr> <td>10-14</td> <td>Moderate</td> <td>Treatment plan, consider counseling, follow-up and/or pharmacotherapy</td> </tr> <tr> <td>15-19</td> <td>Moderately Severe</td> <td>Active treatment w/pharmacotherapy and/or psychotherapy</td> </tr> <tr> <td>20-27</td> <td>Severe</td> <td>Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management.</td> </tr> </tbody> </table> <p>From <i>Patient-Centered Primary Care Collaborative</i> https://www.pcpcc.org</p>	PHQ-9 Scores and Proposed Treatment Actions			0-4	None-Minimal	None	5-9	Mild	Watchful waiting; repeat PHQ-9 at follow-up	10-14	Moderate	Treatment plan, consider counseling, follow-up and/or pharmacotherapy	15-19	Moderately Severe	Active treatment w/pharmacotherapy and/or psychotherapy	20-27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management.
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Measure	Comments	More Tips
<p>AMR Asthma Medication Ratio</p> <p>For ages 5 to 64 with persistent asthma, the ratio of controller medications to total asthma medications is 0.50 or greater during the measurement year.</p> <p>Adjust dosage so patient is well-controlled on Asthma Controller Medication without frequent use of Asthma Reliever Medication (rescue inhalers).</p>	<p>Rescue inhalers include short-acting, inhaled beta-2 agonists: albuterol and levalbuterol.</p> <p>Asthma Controllers:</p> <p>Antiasthmatic combinations: dyphylline-guaifenesin</p> <p>Antibody inhibitors: omalizumab</p> <p>Anti-interleukin-5: benralizumab, mepolizumab, reslizumab</p> <p>Inhaled steroid combinations: budesonide-formoterol, fluticasone-salmeterol, fluticasone-vilanterol, formoterol-mometasone</p> <p>Inhaled corticosteroids: beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone</p> <p>Leukotriene modifiers: montelukast, zafirlukast, zileuton</p> <p>Methylxanthines: theophylline</p>	<p>Members are excluded from the measure if they have:</p> <ul style="list-style-type: none"> • COPD • Chronic respiratory conditions due to chemicals, gases, fumes, vapors • Cystic fibrosis • Acute respiratory failure <p>Also exclude members in Hospice.</p>
<p>APM Metabolic Monitoring for Children and Adolescents on Antipsychotics</p> <p>Ages 1–17 who had two or more antipsychotic prescriptions should have metabolic testing.</p>	<p>Three rates are reported: The percentage of children and adolescents on antipsychotics who:</p> <ol style="list-style-type: none"> 1. Received blood glucose testing. 2. Received cholesterol testing. 3. Received blood glucose and cholesterol testing. 	<p>See Appendix 2 for the following medications which pertain to this measure:</p> <ul style="list-style-type: none"> • Antipsychotic medications • Antipsychotic Combination medications • Prochlorperazine medications

Measure	Comments	More Tips
<p>APP</p> <p>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</p> <p>Ages 1–17 that had a new prescription for an antipsychotic medication should have documentation of psychosocial care as first-line treatment.</p> <p>This measure applies to Antipsychotic medications, and Antipsychotic Combination medications.</p>	<p>Exclude members for whom first-line antipsychotic medications may be clinically appropriate, such as those diagnosed with:</p> <ul style="list-style-type: none"> • schizophrenia • schizoaffective disorder • bipolar disorder • other psychotic disorder • autism, or • other developmental disorder. <p>The above from at least 1 acute inpatient encounter, or at least 2 visits in an outpatient, intensive outpatient, or partial hospitalization setting in the measurement year.</p>	<p>See Appendix 2 for the following medications which pertain to this measure:</p> <ul style="list-style-type: none"> • Antipsychotic medications • Antipsychotic Combination medications.
<p>BCS ★</p> <p>Breast Cancer Screening</p> <p>Women ages 50 to 74 should have a mammogram at least every two years.</p> <p>A note with the screening year is compliant provided it is within the two-year time frame.</p>	<p>All types of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis) qualify for compliance.</p> <p>MRIs, ultrasounds, or biopsies do <u>not</u> count for the measure.</p> <p>Women who have had a bilateral mastectomy, or two unilateral mastectomies are excluded. Documented evidence should be present.</p> <p>Please document in chart and/or notify Quality Management if bilateral mastectomy occurred outside of FHCP, including where done.</p>	<p>Members in Hospice are excluded.</p> <p>Mammogram Codes: CPT Codes: 77055-77057, 77061-77063, 77065-77067.</p>

Measure	Comments	More Tips
<p>CBP</p> <p>Controlling High Blood Pressure</p> <p>Ages 18 to 85 with a diagnosis of hypertension (HTN) should have adequately controlled blood pressure (BP) during the measurement year.</p> <p>Control is based upon:</p> <ul style="list-style-type: none"> • Ages 18 to 85 have BP controlled at <u>LESS THAN 140/90.</u> <p><u>Compliance is 139/89 or below.</u></p> <p>If BP is elevated, retake BP and document in the chart. Treat as necessary. Chart all measurements, and efforts to obtain BP control.</p> <p>Control within the measurement year of 139/89 or below should be documented in the EHR if attained.</p>	<p>Blood pressure should be routinely assessed as part of a physical exam at each outpatient visit.</p> <p>The measure uses:</p> <ul style="list-style-type: none"> • The most recently documented BP at an outpatient visit; a nonacute inpatient encounter; or remote monitoring event if taken by an electronic device and digitally stored and transmitted to and interpreted by the provider. • The BP reading to be used for the measure must occur on or after the second diagnosis of HTN. <p>The measure does not use:</p> <ul style="list-style-type: none"> • BP readings from an acute inpatient stay or ED visit. • BP readings taken same day as a diagnostic test or therapeutic procedure requiring a change of diet or medication on or one day before (other than fasting blood tests). • BP reading taken or reported by the member. 	<p>If a member demonstrates a high blood pressure, a second blood pressure should always be taken at the same visit and <u>documented in the chart.</u></p> <p>Remember that BP must be <u>BELOW 140/90</u> to be considered compliant.</p> <p>Schedule a follow-up visit (can be a nurse visit).</p> <p>Essential (primary) Hypertension ICD 10 Code: I10</p> <p>Diastolic 80-89 Code CPT-CAT-II Code (compliant): 3079F</p> <p>Diastolic Less Than 80 CPT-CAT-II Code (compliant): 3078F</p> <p>Systolic Less than 140 CPT-CAT-II Code (compliant): 3074F (less than 130 mm Hg) 3075F (130-139 mm Hg)</p> <p>Excluded members: End-Stage Renal Disease, kidney transplant, Hospice, or pregnancy during the measurement year.</p>

Measure	Comments	More Tips
<p>CCS</p> <p>Cervical Cancer Screening</p> <p>Ages 21 to 64 should be screened for cervical cancer using any one of the following:</p> <ul style="list-style-type: none"> • Age 21–64 have cervical cytology (Pap smear) performed every 3 years. • Age 30–64 years of age have cervical high-risk human papillomavirus (hrHPV) testing performed every 5 years. • Age 30–64 years of age have cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed every 5 years. 	<p>Documentation in the medical record must include both of the following:</p> <ul style="list-style-type: none"> • A note indicating the date the procedure was performed. • The result or finding. <p>Exclusion: Member does not need this screening if they had a hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix.</p> <p>Documenting a hysterectomy alone does not exclude member; the removal of cervix must also be documented.</p>	<p>Cervical Cytology Lab Test CPT codes: 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175</p> <p>High Risk HPV Lab Test CPT codes: 87620-87622, 87624-87625</p> <p>Absence of Cervix Diagnosis: Q51.5, Z90.710, Z90.712</p>

Measure	Comments	More Tips
<p>CDC</p> <p>Comprehensive Diabetes Care</p> <p>Ages 18 to 75 with diabetes (type 1 and type 2) are monitored for each of the following annually:</p> <ol style="list-style-type: none"> 1. Hemoglobin A1c (HbA1c) testing 2. HbA1c poor control (> 9.0%) ★ 3. HbA1c control (< 8.0%) 4. HbA1c control (<7.0% selected population) 5. Eye Exam (retinal) - one of the following: ★ <ol style="list-style-type: none"> a. Retinal or dilated eye exam by optometrist or ophthalmologist in the measurement year. b. A negative retinal or dilated eye exam (negative for retinopathy) in the year prior to the measurement year. 6. Medical attention for nephropathy ★ 7. BP control (<140/90 at the most recent measurement). Must be LESS THAN 140/90 to be compliant. 	<p>Members with the following are <u>not</u> included in the HbA1c control <7.0% portion of the measure:</p> <ul style="list-style-type: none"> • 65 or older, CABG, PCI, ischemic vascular disease (IVD), thoracic aortic aneurysm, CHF or cardio-myopathy, prior MI, ESRD, chronic kidney disease-stage 4, dementia, blindness, or amputation of lower extremity. <p>Any of the following count as compliant for medical attention for nephropathy:</p> <ul style="list-style-type: none"> • Urine protein test • At least one ACE inhibitor or ARB dispensing event • A visit with a nephrologist • Evidence of stage 4 chronic kidney disease • Evidence of ESRD • Evidence of kidney transplant. <p>See Appendix 3 for ACE Inhibitor & ARB Medications.</p>	<p>Please document in chart and/or notify Quality Management if any of these tests occurred outside of FHCP, and where occurred.</p> <p>For diabetic retinal exams, the results must be in the EHR.</p> <p>If you believe member is in the CDC measure population inappropriately, please notify Quality Management. Hospital claims with a diabetes diagnosis are occasionally received (if glucose is elevated), and these claims can be corrected if the member does <u>not</u> have diabetes.</p> <p>Any member with gestational diabetes or steroid-induced diabetes is not counted in the measure.</p>
<p>CHL</p> <p>Chlamydia Screening In Women</p> <p>Sexually active females ages 16 to 24 should be screened for chlamydia at least once a year.</p>	<p>Chlamydia screening can be a urine test.</p>	<p>CPT Codes: 87110, 87270, 87320, 87490-87492, 87810</p>

Measure	Comments	More Tips
<p>CIS – Combo 10</p> <p>Childhood Immunization Status</p> <p>By their 2nd birthday, children should receive all of the following:</p> <ul style="list-style-type: none"> • <u>Four</u>: Diphtheria, tetanus, and acellular pertussis (DTaP) • <u>Three</u>: Polio (IPV) • <u>One</u>: Measles, mumps, and rubella (MMR) • <u>Three</u>: Haemophilus influenza type B (HiB) • <u>Three</u>: Hepatitis B (HepB) • <u>One</u>: Chicken pox (VZV) • <u>Four</u>: Pneumococcal conjugate (PCV) • <u>One</u>: Hepatitis A (HepA) • <u>Two or Three</u>: Rotavirus (RV) • <u>Two</u>: Influenza (flu) <p>Immunizations must be completed before member turns age 2.</p> <p>Please educate office staff to schedule appointments PRIOR to 2nd birthday.</p> <p>For MMR, VZV and HepA, vaccinations must be between 1st and 2nd birthday. If prior to 1st birthday, will not count for the measure.</p>	<p>Document in medical record if member has evidence of the disease for which immunization is intended, or contraindication due to anaphylactic reaction.</p> <p>For MMR, HepB, VZV and HepA, count any of the following:</p> <ul style="list-style-type: none"> • Evidence of the antigen or combination vaccine, or • Documented history of the illness, or • A seropositive test result for each antigen. <p>For DTaP, IPV, HiB, Pneumococcal conjugate, rotavirus and influenza, count only:</p> <ul style="list-style-type: none"> • Evidence of the antigen or combination vaccine. <p>For rotavirus:</p> <ul style="list-style-type: none"> • Recommended to complete by 32 weeks • Do not mix brands (Merck RotaTeq, and GSK ROTARIX) <p>For combination vaccinations that require more than one antigen (i.e., DTaP and MMR), the organization must find evidence of all the antigens.</p>	<p>DTaP Procedure Codes: 90698, 90700, 90721, 90723</p> <p>IPV Procedure Codes: 90698, 90713, 90723</p> <p>HiB Procedure Codes: 90644-90648, 90698, 90721, 90748</p> <p>HepB Procedure Codes: 90723, 90740, 90744, 90747, 90748</p> <p>Pneumococcal Procedure Codes: 90670</p> <p>MMR Procedure Codes: 90707, 90710</p> <p>Measles Procedure Code: 90705</p> <p>Measles/Rubella Procedure Code: 90708</p> <p>Mumps Procedure Code: 90704</p> <p>Rubella Procedure Code: 90706</p> <p>VZV Procedure Code: 90710, 90716</p> <p>Rotavirus 2 dose Procedure Code: 90681</p> <p>Rotavirus 3 dose Procedure Code: 90680</p> <p>HepA Procedure Code: 90633</p> <p>Influenza Procedure Code: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, 90689</p> <p>Influenza Virus LAIV Procedure Code: 90660, 90672</p>

Measure	Comments	More Tips
<p>COL ★</p> <p>Colorectal Cancer Screening</p> <p>Ages 50 to 75 should have appropriate screening for colorectal cancer.</p> <p>Any of the following meet criteria:</p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) during the measurement year. • Flexible sigmoidoscopy within the last 5 years. • Colonoscopy within the last 10 years. • CT colonography within the last 5 years. • FIT-DNA (<i>Cologuard</i>) during the last 3 years. 	<p>Documentation in the medical record must include a note indicating the date of the colorectal cancer screening within the time frame.</p> <p>Members who have had colorectal cancer or a total colectomy are excluded from this measure.</p> <ul style="list-style-type: none"> • Exclusionary evidence in the medical record must include a note indicating colorectal cancer or total colectomy any time during the member's history, through December 31st of the measurement year. 	<p>Do not count digital rectal exams (DRE). Do not count FOBT tests performed in an office setting or performed on a sample collected via DRE.</p>
<p>CWP</p> <p>Appropriate Testing for Pharyngitis</p> <p>Ages 3 and older diagnosed with pharyngitis and dispensed an antibiotic, should receive a Group A streptococcus (strep) test for the episode.</p> <p>Note: This measure now includes both children and adults.</p>	<p>A higher rate is better performance (i.e., appropriate strep test when an antibiotic is given for pharyngitis).</p> <p>Group A Strep Tests:</p> <p>CPT Codes: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880</p> <p>For a diagnosis of pharyngitis (see Column 3), please be sure the Group A strep test is coded for the same visit.</p>	<p>Pharyngitis ICD-10 Codes:</p> <ul style="list-style-type: none"> • J02.0 Streptococcal pharyngitis • J02.8 Acute pharyngitis due to other specified organisms • J02.9 Acute pharyngitis, unspecified • J03.00 Acute streptococcal tonsillitis, unspecified • J03.01 Acute recurrent streptococcal tonsillitis • J03.80 Acute tonsillitis due to other specified organisms • J03.81 Acute recurrent tonsillitis due to other specified organisms • J03.90 Acute tonsillitis, unspecified • J03.91 Acute recurrent tonsillitis, unspecified

Measure	Comments	More Tips
<p>DAE</p> <p>Use of High-Risk Medications in Older Adults</p> <p>The following is tracked:</p> <ul style="list-style-type: none"> Medicare members 66 years of age and older who had at least two dispensing events for the same high-risk medication. <p>A lower rate represents better performance.</p>	<p>Caution should be used in dispensing high-risk medications to the elderly.</p>	<p>High-Risk Medication Categories:</p> <ul style="list-style-type: none"> Anticholinergics, first-generation antihistamines Anticholinergics, anti-Parkinson agents Antispasmodics Antithrombotics Cardiovascular, alpha agonists, central Cardiovascular, other Central nervous system, antidepressants Central nervous system, barbiturates Central nervous system, vasodilators Central nervous system, other Endocrine system, estrogens with or without progestins; include only oral and topical patch products Endocrine system, sulfonylureas, long-duration Endocrine system, other Pain medications, skeletal muscle relaxants Pain medications, other <p>High-Risk Medications with Days Supply Criteria:</p> <ul style="list-style-type: none"> Anti-Infectives, other Non-benzodiazepine hypnotics <p>High-Risk Medications with Average Daily Dose Criteria:</p> <ul style="list-style-type: none"> Alpha agonists, central Cardiovascular, other Tertiary TCAs

Measure	Comments	More Tips
<p>DDE</p> <p>Potentially Harmful Drug–Disease Interactions in Older Adults</p> <p>The percentage of Medicare members age 65 and older with evidence of an underlying disease, condition or health concern, who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.</p> <p>Counts members with at least one disease, condition, or procedure within the last 2 years.</p> <p>The start date is the earliest diagnosis, procedure, or prescription between January 1 of the <u>prior</u> year, to December 1 of the <u>current</u> year.</p>	<p>Avoid the following conditions and drugs:</p> <ul style="list-style-type: none"> • A history of falls (accidental fall or hip fracture) and a prescription for anticonvulsants, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics or antidepressants (SSRIs, tricyclic antidepressants and SNRIs). • Dementia and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents. • Chronic Kidney Disease and a prescription for Cox-2 selective NSAIDs or non-aspirin NSAIDs. <p>Total rate is the sum of the three numerators divided by the sum of the three denominators.</p>	<p>A lower rate of these prescriptions for these conditions represents better performance. Evaluate if the member has one of these conditions before dispensing these medications.</p> <p>Members in Hospice are excluded.</p> <p>For falls, exclude members with a diagnosis of psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, major depression, or seizure disorder up to 2 years prior.</p> <p>For dementia, exclude members with a diagnosis of psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder up to 2 years prior.</p>
<p>FMC</p> <p>Follow-Up After ED Visit for People With Multiple High-Risk Chronic Conditions</p> <p>The percentage of ED visits for members 18 and older with multiple high-risk chronic conditions, who had a follow-up service within 7 days of the ED visit.</p> <p>Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit, or within 7 days after the ED visit, regardless of the principal diagnosis for admission.</p>	<p>Eligible ED visits: Member had two or more different chronic conditions prior to the ED visit. The following are eligible chronic conditions:</p> <ul style="list-style-type: none"> • COPD and Asthma. • Alzheimer’s Disease and related disorders. • Chronic Kidney Disease. • Depression. • Heart Failure. • Acute Myocardial Infarction. • Atrial Fibrillation. • Stroke and Transient Ischemic Attack. 	<p>May use visits that occur on the date of the ED visit.</p> <p>Visits can be Telehealth.</p>

Measure	Comments	More Tips
<p>FRM ★</p> <p>Fall Risk Management</p> <p>For Medicare members: Two components of this measure assess different facets of fall risk management (see Column 2).</p>	<p>1. Discussing Fall Risk: The percentage of Medicare members 65 years of age 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.</p> <p>2. Managing Fall Risk: The percentage of Medicare members 65 years of age 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>	<p>This measure is collected using survey methodology, in the Medicare Health Outcomes Survey (HOS).</p>
<p>FUA</p> <p>Follow-Up After ED Visit for Alcohol & Other Drug Abuse or Dependence</p> <p>Members 13 years of age and older who visited the ED with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, should have a follow up visit for AOD.</p> <ul style="list-style-type: none"> • The follow-up visit can be with any practitioner, with a principal diagnosis of AOD. • Can include visits that occur on the date of the ED visit. 	<p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit. 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit. 	<p>If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit.</p> <p>Exclude ED visits that result in an inpatient stay, and exclude ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission.</p> <p>A telephone visit with a principal diagnosis of AOD abuse or dependence counts for the measure.</p>

Measure	Comments	More Tips
<p>FUH Follow-Up After Hospitalization for Mental Illness</p> <p>Members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses, should have a follow-up visit with a mental health practitioner.</p>	<p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The member received follow-up within 30 days after discharge. 2. The member received follow-up within 7 days after discharge. <p>Discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period are excluded (as may prevent outpatient follow-up visit from taking place).</p>	<p>This measure counts an acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm on the discharge claim.</p> <p>A follow-up visit with a mental health practitioner does not include visits that occur on the date of discharge.</p> <p>Telehealth counts as a visit.</p> <p>This measure is based on discharges, not members. If more than 1 discharge, count all discharges between January 1 and December 1.</p>
<p>FUM Follow-Up After ED Visit for Mental Illness</p> <p>Members 6 years of age and older who had an ED visit with a principal diagnosis of mental illness or intentional self-harm, should have a follow-up visit for mental illness.</p>	<p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit. 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit. <ul style="list-style-type: none"> • The follow-up visit can be with any practitioner, with a principal diagnosis of a mental health disorder or intentional self-harm. • Include visits that occur on the date of the ED visit. 	<p>If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit.</p> <p>Exclude ED visits that result in an inpatient stay, and exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission.</p>

Measure	Comments	More Tips
<p>FVA Flu Vaccinations for Adults Ages 18-64 Members age 18-64 should receive an annual flu vaccination.</p>	Please educate your patients on the importance of an annual flu shot.	This measure is collected using survey methodology, in the Consumer Assessment of Healthcare Providers and Systems (CAHPS).
<p>FVO ★ Flu Vaccinations for Adults Ages 65 and Older Members age 65 and older should receive an annual flu vaccination.</p>	Please educate your patients on the importance of an annual flu shot.	This measure is collected using survey methodology, in the Consumer Assessment of Healthcare Providers and Systems (CAHPS).
<p>HDO Use of Opioids at High Dosage The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year. <i>Note: A lower rate indicates better performance.</i> See Appendix 4: Opioid Medications / MME Conversion Factor</p>	<p>MME: Morphine milligram equivalent. The dose of oral morphine that is the analgesic equivalent of a given dose of another opioid analgesic</p> <p>Opioid Dosage Unit: For each dispensing event, use the following calculation to determine the Opioid Dosage Unit:</p> <ul style="list-style-type: none"> • # of Opioid Dosage Units per day = (opioid quantity dispensed) / (opioid days supply) <p>MME Daily Dose: For each dispensing event, use the following calculation to determine MME Daily Dose: Convert each medication into the MME using the appropriate MME conversion factor and strength associated with the opioid product of the dispensing event (Appendix 2).</p> <p>MME Daily Dose = (# of opioid dosage units per day) X (strength (e.g., mg, mcg)) X (MME conversion factor [Appendix 2]).</p> <p><i>Example 1:</i> 10 mg oxycodone tablets X (120 tablets / 30 days) X 1.5 = 60 MME/day.</p> <p><i>Example 2:</i> 25 mcg/hr fentanyl patch X (10 patches / 30 days) X 7.2 = 60 MME/day.</p>	<p><i>Cont'd</i></p> <p>Total Daily MME: The total sum of the MME Daily Doses for all opioid dispensing events on one day.</p> <p>Average MME: The average MME for all opioids dispensed during the treatment period.</p> <ul style="list-style-type: none"> • This measure does <u>not</u> include the following opioid medications: <ul style="list-style-type: none"> – Injectables. – Opioid cough and cold products. – lonsys® (fentanyl transdermal patch). <ul style="list-style-type: none"> ▪ This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS). – Methadone for the treatment of opioid use disorder. <p>Excluded: Hospice, Cancer, or Sickle Cell Disease during current year.</p>

Measure	Comments	More Tips
<p>IET</p> <p>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment</p> <p>Age 13 and older with a new episode of alcohol or other drug (AOD) abuse or dependence should receive the following:</p> <ul style="list-style-type: none"> • Initiation of AOD Treatment via an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, Telehealth or medication treatment <u>within 14 days of the diagnosis.</u> • Engagement of AOD Treatment. Members who initiated treatment should be engaged in ongoing AOD treatment <u>within 34 days of the initiation visit.</u> 	<p>For diagnosis of alcohol abuse or dependence, one or more medication treatments beginning on the day after the initiation encounter through 34 days after, meets criteria for Alcohol Abuse and Dependence Treatment:</p> <p><u>Alcohol Use Disorder Treatment Medications:</u></p> <ul style="list-style-type: none"> • Aldehyde dehydrogenase inhibitor: Disulfiram (oral) • Antagonist: Naltrexone (oral and injectable) • Other: Acamprosate (oral; delayed-release tablet) 	<p>For diagnosis of opioid abuse or dependence, one or more medication treatments beginning on the day after the initiation encounter through 34 days after, meets criteria for Opioid Abuse and Dependence Treatment:</p> <p><u>Opioid Use Disorder Treatment Medications:</u></p> <ul style="list-style-type: none"> • Antagonist: Naltrexone (oral and injectable) • Partial Agonist: Buprenorphine (sublingual tablet, injection, implant); or Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film) <p>For members with more than one episode of AOD abuse or dependence, use the first episode.</p>
<p>IMA</p> <p>Immunizations for Adolescents</p> <p>By age 13, member should have had:</p> <ul style="list-style-type: none"> • One dose of meningococcal vaccine • One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and • Completed the human papillomavirus (HPV) vaccine series. <p>The measure calculates a rate for each vaccine and two combination rates.</p>	<p>Educate staff to schedule PRIOR to 13th birthday.</p> <p>Must be <u>completed by the 13th birthday.</u></p> <p>Document and submit timely with correct code.</p> <p>Offer HPV Vaccine to members age 9 to age 13. Two doses should be completed prior to age 13.</p>	<p><u>Meningococcal Procedure Code:</u> 90734</p> <p><u>Tdap Procedure Code:</u> 90715</p> <p><u>HPV Procedure Codes:</u> 90649, 90650, 90651</p>

Measure	Comments	More Tips
<p>LBP Use of Imaging Studies for Low Back Pain</p> <p>Ages <u>18-50</u> with a primary diagnosis of uncomplicated low back pain should not have an imaging study (plain x-ray, MRI, or CT scan) within 28 days of the diagnosis.</p> <p>There are exclusions where imaging may be clinically appropriate within the first 28 days.</p> <p>Exclusion diagnoses (such as a fracture) must be submitted in a claim to count.</p>	<p>Exclusions – Imaging acceptable within 28 days of a primary low back pain diagnosis for:</p> <p>Cancer, or major organ transplant any time during the member’s history through 28 days after the low back pain diagnosis.</p> <p>Recent trauma (fractures, dislocations, lacerations, internal injuries, etc.). Trauma any time during the 3 months prior to the low back pain diagnosis through 28 days after.</p> <p>Intravenous drug abuse, neurologic impairment, spinal infection, or HIV any time during the 12 months prior to the low back pain diagnosis through 28 days after.</p> <p>Prolonged use of corticosteroids. 90 consecutive days of corticosteroids any time during the 12 months prior to the low back pain diagnosis.</p>	<p>Alternate codes: Consider if any of these apply rather than low back pain, and then imaging within 28 days would be acceptable (not a complete list):</p> <ul style="list-style-type: none"> • Discitis, unspecified, lumbar region (M46.46) • Discitis, unspecified, lumbosacral region (M46.47) • Discitis, unspecified, sacral and sacrococcygeal region (M46.48) • Other specified inflammatory spondylopathies, lumbar region (M46.86) • Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder; herniated intervertebral disc (M51.9) • Muscle spasm of back (M62.830) • Contusion of lower back (S30.0XXA) • Unspecified superficial injury of lower back (S30.91XA)
<p>MCS Medical Assistance With Smoking and Tobacco Use Cessation</p> <p>Members 18 and older:</p> <p>The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation. (See Column 2).</p>	<ol style="list-style-type: none"> 1. Advising Smokers and Tobacco Users to Quit: The percentage of members who are current smokers or tobacco users, and who received advice to quit during the measurement year. 2. Discussing Cessation Medications: The percentage of members who are current smokers or tobacco users, and who discussed or were recommended cessation medications during the measurement year. 3. Discussing Cessation Strategies: The percentage of members who are current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year. 	<p>This measure is collected using survey methodology, in the Consumer Assessment of Healthcare Providers and Systems (CAHPS).</p>

Measure	Comments	More Tips
<p>MMA Medication Management for People with Asthma</p> <p>Ages 5 to 64 with persistent asthma should be prescribed controller medications, and use them consistently.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> Remained on an asthma controller medication for at least 50% of their treatment period. Remained on an asthma controller medication for at least 75% of their treatment period. 	<p>While the measure tracks 75% and 50%, our goal is that members remain on the controller for 100% of their treatment period.</p> <p>The treatment period begins with the earliest prescription for an asthma controller filled by the member during the measurement year, through the end of that year.</p> <p>See quality measure AMR in this guide for a list of asthma controllers.</p>	<p>Consistent use of an asthma controller is key, and will assist in decreasing the use of rescue medications.</p> <p>Advise your patients to refill their controller prescription immediately, and do not skip days.</p> <p>Consider a 90-day supply of the controller.</p> <p>The controller Generic Air Duo (same ingredients as Advair) generally costs under \$10 a month.</p>
<p>OMW ★ Osteoporosis Management in Women Who Had a Fracture</p> <p>Ages 67 to 85 who suffered a fracture (other than finger, toe, face or skull), should have <u>either one</u> of the following <u>within the 6 months after the fracture</u>:</p> <ul style="list-style-type: none"> A bone mineral density (BMD) test, also known as a DEXA scan, <u>or</u> Fill a prescription for a drug to treat osteoporosis. 	<p><i>Either</i> a BMD test or the drug therapy within 6 months after the fracture meets the criteria.</p> <p>Drug therapy would be indicated (rather than another BMD test) if a previous test already shows osteoporosis.</p> <p>Members with either of the following are also considered compliant:</p> <ul style="list-style-type: none"> BMD test within the 24 months prior to the fracture; <i>or</i> Osteoporosis drug therapy within the 12 months prior to the fracture. 	<p>Osteoporosis drug therapies:</p> <ul style="list-style-type: none"> <u>Bisphosphonates</u>: alendronate, alendronate-cholecalciferol, ibandronate, risedronate, zoledronic acid. <u>Other agents</u>: abaloparatide, denosumab, raloxifene, teriparatide. <p>Reminder to Staff PCPs: Please put in the BMD order after a fracture, and notify the patient how to call and schedule an appointment. (For example, Daytona Beach Radiology does <u>not</u> call patients to schedule, from an EHR Task).</p>

Measure	Comments	More Tips
<p>PCE Pharmacotherapy Management of COPD Exacerbation</p> <p>Age 40 and older with an acute inpatient (INP) discharge or emergency department (ED) visit for a COPD exacerbation should fill a prescription for both:</p> <ul style="list-style-type: none"> • Systemic corticosteroid within 14 days of discharge and • Bronchodilator within 30 days of discharge. 	<p>In addition to filling the medications timely after discharge from INP or ED, the member will also count as compliant if:</p> <ul style="list-style-type: none"> • Member has previously filled prescriptions for both medications, with enough days' supply to cover hospital admission and discharge. <p>The eligible population is based on INP and ED visits, so the member may appear more than once in the measure for the year.</p>	<p>PCPs: At the 7-day follow-up visit after an INP or ED hospital encounter for a COPD exacerbation, please ask the member when they last filled these medications.</p> <p>If not yet filled, please consider prescribing both a systemic corticosteroid and a bronchodilator (if there are no contraindications), and encourage patient to fill immediately.</p> <p>The patient may tell the hospitalist they have a nebulizer at home; however, prescriptions for a bronchodilator have not been filled recently.</p>
<p>PCR ★ Plan All-Cause Readmissions</p> <p>For ages 18-64, the number of acute inpatient and observation stays during the year, that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.</p> <p>The following are reported:</p> <ul style="list-style-type: none"> • Count of Index Hospital Stays • Count of Observed 30-Day Readmissions • Count of Expected 30-Day Readmissions 	<p>Discharge from the hospital is a critical transition point in a patient's care.</p> <p>Hospital readmission is associated with longer lengths of stay and higher mortality for patients.</p> <p>Hospital readmissions are commonly related to CHF, Acute MI, COPD, and pneumonia.</p>	<p>Exclude hospital stays for the following reasons:</p> <ul style="list-style-type: none"> • Pregnancy • A principal diagnosis of a condition originating in the perinatal period • Member died during hospital stay • A principal diagnosis of maintenance chemotherapy • An organ transplant <p>Members in Hospice also excluded.</p>

Measure	Comments	More Tips
<p>PNU</p> <p>Pneumococcal Vaccination Status for Older Adults</p> <p>The percentage of Medicare members 65 years of age and older, who have ever received one or more pneumococcal vaccinations.</p>	<p>Please educate your patients on the importance of a pneumococcal vaccination.</p>	<p>This measure is collected using survey methodology, in the Consumer Assessment of Healthcare Providers and Systems (CAHPS).</p>
<p>PPC</p> <p>Prenatal & Postpartum Care</p> <p>For members with live births:</p> <ul style="list-style-type: none"> • <u>Timeliness of Prenatal Care</u>: Members should receive a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the health care plan. • <u>Postpartum Care</u>: Members should have a postpartum visit on or between 7 and 84 days after delivery. 	<p>Prenatal:</p> <p>Educate staff to schedule first appointment with the OB/GYN, other prenatal care practitioner, or PCP <u>in the first trimester</u>.</p> <ul style="list-style-type: none"> • For visits to a PCP, a diagnosis of pregnancy must be present. <p>Postpartum:</p> <p>Must be visit to an OB/GYN or other prenatal care practitioner, or PCP.</p> <p>Postpartum visit for a pelvic exam meets the requirement.</p> <p>Do not include postpartum care provided in an acute inpatient setting.</p> <p>Do not count visits that occur on the date of delivery.</p>	<p>Prenatal Visit Codes: 99201-99205, 99211-99215, 99241-99245, 99483. (Must also include a pregnancy related diagnosis code).</p> <p>Stand Alone Prenatal Visit Codes: 99500, 0500F, 0501F, 0502F</p> <p>Prenatal Bundled Services Codes: 59400, 59425, 59426, 59510, 59610, 59618</p> <p>Postpartum Visit Codes: 57170, 58300, 59430, 99501, 0503F</p> <p>Postpartum Bundled Services: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p>

Measure	Comments	More Tips
<p>PSA</p> <p>Non-Recommended PSA-Based Screening in Older Men</p> <p>Ages 70 and older should not be screened unnecessarily for prostate cancer, using prostate-specific antigen (PSA)-based screening.</p>	<p>PSA-based screening for prostate cancer for men age 70 and older should not be used unless a clinically indicated diagnosis is present.</p> <p>A lower rate indicates better performance.</p>	<p>The following are considered clinically appropriate indicators for PSA-based testing for age 70 and older:</p> <ul style="list-style-type: none"> • Prostate cancer any time during the member’s history. • Dysplasia of the prostate during the measurement year, or year prior. • A PSA test during the year prior to the measurement year, where lab data indicate an elevated result (>4.0 ng/mL). • An abnormal PSA test result or finding during the prior year. • Dispensed prescription for 5-alpha reductase inhibitor (5-ARI) during the measurement year.
<p>SPC ★</p> <p>Statin Therapy for Patients with Cardiovascular Disease</p> <p>Males ages 21 to 75, and females ages 40 to 75, who were identified with clinical atherosclerotic cardiovascular disease (ASCVD), should meet the following criteria:</p> <ul style="list-style-type: none"> • Received Statin Therapy: Dispensed at least one high or moderate intensity statin medication during the measurement year. • Statin Adherence 80%: Remained on a high or moderate intensity statin medication for at least 80% of the treatment period. 	<p>The treatment period is the earliest prescription dispensing date for any high or moderate intensity statin medication, through the last day of the year.</p> <p>Members in the measure include those with MI, CABG, PCI, other revascularization, or a diagnosis of ischemic vascular disease (IVD) with treatment during the year or year prior.</p> <p>See Appendix 5 for Statin Medications.</p>	<p>Members are not included in this measure if they have the following:</p> <ul style="list-style-type: none"> • End Stage Renal Disease (ESRD), cirrhosis, pregnancy, in vitro fertilization, or a prescription for clomiphene during the measurement year or year prior. • Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year. <p>Members in Hospice are excluded.</p>

Measure	Comments	More Tips
<p>SPD</p> <p>Statin Therapy for Patients with Diabetes</p> <p>Ages 40 to 75 with diabetes, but without clinical atherosclerotic cardiovascular disease (ASCVD), should meet the following criteria:</p> <ul style="list-style-type: none"> • Received Statin Therapy: Dispensed at least one statin medication of any intensity during the measurement year. • Statin Adherence 80%: Remained on a statin medication of any intensity for at least 80% of the treatment period. 	<p>Members are excluded from this measure if they have:</p> <ul style="list-style-type: none"> • MI inpatient, CABG, PCI, other revascularization, or a diagnosis of ischemic vascular disease (IVD) with treatment during the year or year prior. <p>See Appendix 5 for Statin Medications.</p>	<p>Members are also excluded from this measure if they have the following:</p> <ul style="list-style-type: none"> • End Stage Renal Disease (ESRD), cirrhosis, pregnancy, in vitro fertilization, or a prescription for clomiphene during the measurement year or year prior. • Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year. <p>Members in Hospice are excluded.</p>

Measure	Comments	More Tips
<p>TRC</p> <p>Transitions of Care</p> <p>The percentage of discharges for members 18 years of age and older who had each of the following during the measurement year (see second column – four rates are reported).</p> <p>The record where documentation is expected is with the member’s Primary Care Physician (PCP).</p> <p>However, if a practitioner other than the PCP manages the member’s ongoing care, the health plan may use the medical record kept by that practitioner.</p>	<ol style="list-style-type: none"> 1. Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission or the following day. 2. Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge or the following day. At a minimum, must include the practitioner responsible for the member’s care during the inpatient stay, procedures or treatment provided, diagnoses at discharge, current medication list, test results, and instruction to PCP or ongoing care provider for patient care. 3. Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, Telehealth) provided within 30 days after discharge. May not occur on date of discharge. 4. Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after discharge. Conducted by a prescribing practitioner, clinical pharmacist, or RN. 	<p>Applies to discharges for acute and non-acute inpatient stays.</p> <p>A telephone visit may count for the measure.</p> <p>May not use documentation that the member or the member’s family notified the PCP or ongoing care provider of the admission or discharge.</p> <p>There must be a time frame or date when the documentation was received.</p> <p>Members in Hospice excluded.</p>

Measure	Comments	More Tips
<p>UOP Use of Opioids From Multiple Providers</p> <p>The proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, who received opioids from multiple providers. Three rates are reported (see Column 2).</p> <p><i>Note: A lower rate indicates better performance for all three rates.</i></p>	<ol style="list-style-type: none"> Multiple Prescribers. The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year. Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year. Multiple Prescribers and Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year. <p>See Appendix 6 for Opioid Medications List.</p>	<p>Members in Hospice are excluded.</p> <ul style="list-style-type: none"> The following opioid medications are excluded from this measure: <ul style="list-style-type: none"> Injectables. Opioid cough and cold products. Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder (i.e., buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products). Ionsys® (fentanyl transdermal patch). Methadone for opioid use disorder.
<p>URI Appropriate Treatment for Upper Respiratory Infection</p> <p>Age 3 months and older with a diagnosis of upper respiratory infection (URI) should not be dispensed an antibiotic prescription.</p> <p>URI should be treated symptomatically, and not with an antibiotic.</p> <p>Note: This measure now includes both children and adults.</p>	<p>URI codes (do not give antibiotic):</p> <ul style="list-style-type: none"> J00: Acute nasopharyngitis (common cold) J06.0: Acute laryngopharyngitis J06.9: Acute upper respiratory infection, unspec. <p>Antibiotics filled on or within 3 days of the visit with a diagnosis of URI, count in the measure.</p>	<p>Alternate Codes: Acceptable with an antibiotic per the measure (not a complete list):</p> <p>H66.90: Otitis media, unspec.</p> <p>J01.90: Acute sinusitis, unspec.</p> <p>J02.9: Acute pharyngitis (perform strep test)</p> <p>J03.90: Acute tonsillitis (perform strep test)</p> <p>J39.9: Disease of upper resp. tract, unspec.</p> <p>J40: Bronchitis, not spec. as acute or chronic</p> <p>J98.9: Respiratory disorder, unspecified</p> <p>Ok to give antibiotic with URI if these co-morbid conditions are also coded (or up to year prior):</p> <p>-Cancer -COPD -Cystic fibrosis -HIV -Pulmonary edema -Respiratory failure -TB</p>

Measure	Comments	More Tips
<p>WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</p> <p>Ages 3 to 17 should have an outpatient visit with a PCP or OB/GYN annually, with evidence of the following:</p> <ul style="list-style-type: none"> • BMI Percentile documentation • Counseling for Nutrition • Counseling for Physical Activity <p>Service may be rendered at other than a well-child visit, but notation/services specific to an acute or chronic condition may not count toward Counseling for Nutrition or Physical Activity.</p> <ul style="list-style-type: none"> • For example, noting a member with diarrhea is following the BRAT diet would not count. 	<p>BMI Percentile: Must include height, weight, and a distinct BMI percentile, from the same data source. BMI percentile can be a value (e.g., 85th percentile), or plotted on an age-growth chart.</p> <p>Counseling for Nutrition: Must include a note with date and at least one of the following:</p> <ol style="list-style-type: none"> (1) Discussion of current nutrition behaviors (eating habits, dieting behaviors, etc.) (2) Checklist that nutrition was addressed (3) Counseling or referral for nutrition education (4) Received nutrition educational materials in a face-to-face visit (5) Anticipatory guidance for nutrition (6) Weight or obesity counseling. <p>Documentation related to a member’s “appetite” does not meet criteria for Counseling for Nutrition.</p> <p>Referral to WIC may be used.</p> <p>Services rendered for obesity or eating disorders may be used for both Nutrition & Physical Activity.</p>	<p>Counseling for Physical Activity: Must include a note with date, and at least one of the following:</p> <ol style="list-style-type: none"> (1) Discussion of current physical activity behaviors (exercise routine, participation in sport, exam for sport participation etc.) (2) Checklist indicating physical activity was addressed (3) Counseling or referral for physical activity (4) Received physical activity education materials in face-to-face visit (5) Anticipatory guidance specific to child’s physical activity (6) Weight or obesity counseling. <p>BMI Percentile: ICD-10: Z68.51-Z68.54</p> <p>Nutrition Counseling: ICD-10: Z71.3 Procedure Code: 97802-97804</p> <p>Physical Activity Counseling: ICD-10: Z02.5, Z71.82</p>

APPENDIX 1

Antidepressant Medications

Description	Prescription		
Miscellaneous antidepressants	• Bupropion	• Vilazodone	• Vortioxetine
Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine	
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine		• Fluoxetine-olanzapine
SNRI antidepressants	• Desvenlafaxine • Duloxetine	• Levomilnacipran • Venlafaxine	
SSRI antidepressants	• Citalopram • Escitalopram	• Fluoxetine • Fluvoxamine	• Paroxetine • Sertraline
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine	• Desipramine • Doxepin (>6 mg) • Imipramine	• Nortriptyline • Protriptyline • Trimipramine

APPENDIX 2

Antipsychotic Medications

Description	Prescription
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> • Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Clozapine • Haloperidol • Iloperidone • Loxapine • Lurasidone • Molindone • Olanzapine • Paliperidone • Pimozide • Quetiapine • Quetiapine fumarate • Risperidone • Ziprasidone
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Chlorpromazine • Fluphenazine • Perphenazine • Thioridazine • Trifluoperazine
Thioxanthenes	<ul style="list-style-type: none"> • Thiothixene
Long-acting injections	<ul style="list-style-type: none"> • Aripiprazole • Fluphenazine decanoate • Haloperidol decanoate • Olanzapine • Paliperidone palmitate • Risperidone

Antipsychotic Combination Medications

Description	Prescription
Psychotherapeutic combinations	<ul style="list-style-type: none"> • Fluoxetine-olanzapine • Perphenazine-amitriptyline

Prochlorperazine Medications

Description	Prescription
Phenothiazine antipsychotics	<ul style="list-style-type: none"> • Prochlorperazine

APPENDIX 3

ACE Inhibitor and ARB Medications

Description	Prescription				
Angiotensin converting enzyme inhibitors	<ul style="list-style-type: none"> • Benazepril • Captopril 	<ul style="list-style-type: none"> • Enalapril • Fosinopril 	<ul style="list-style-type: none"> • Lisinopril • Moexipril 	<ul style="list-style-type: none"> • Perindopril • Quinapril 	<ul style="list-style-type: none"> • Ramipril • Trandolapril
Angiotensin II inhibitors	<ul style="list-style-type: none"> • Azilsartan • Candesartan 	<ul style="list-style-type: none"> • Eprosartan • Irbesartan 	<ul style="list-style-type: none"> • Losartan • Olmesartan 	<ul style="list-style-type: none"> • Telmisartan • Valsartan 	
Antihypertensive combinations	<ul style="list-style-type: none"> • Amlodipine-benazepril • Amlodipine-hydrochlorothiazide-valsartan • Amlodipine-hydrochlorothiazide-olmesartan • Amlodipine-olmesartan • Amlodipine-perindopril • Amlodipine-telmisartan • Amlodipine-valsartan 	<ul style="list-style-type: none"> • Azilsartan-chlorthalidone • Benazepril-hydrochlorothiazide • Candesartan-hydrochlorothiazide • Captopril-hydrochlorothiazide • Enalapril-hydrochlorothiazide • Fosinopril-hydrochlorothiazide • Hydrochlorothiazide-irbesartan • Hydrochlorothiazide-lisinopril • Hydrochlorothiazide-losartan 	<ul style="list-style-type: none"> • Hydrochlorothiazide-moexipril • Hydrochlorothiazide-olmesartan • Hydrochlorothiazide-quinapril • Hydrochlorothiazide-telmisartan • Hydrochlorothiazide-valsartan • Sacubitril-valsartan • Trandolapril-verapamil 		

APPENDIX 4 Opioid Medications / MME Conversion Factor¹

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Butorphanol	Butorphanol 10 MGPML Medications List	10 mg per mL	7
Codeine	Codeine Sulfate 15 mg Medications List	15 mg	0.15
	Codeine Sulfate 30 mg Medications List	30 mg	
	Codeine Sulfate 60 mg Medications List	60 mg	
Codeine	Acetaminophen Codeine 2.4 MGPML Medications List	2.4 mg per mL	0.15
	Acetaminophen Codeine 15 mg Medications List	15 mg	
	Acetaminophen Codeine 30 mg Medications List	30 mg	
	Acetaminophen Codeine 60 mg Medications List	60 mg	
Codeine	Acetaminophen Butalbital Caffeine Codeine 30 mg Medications List	30 mg	0.15
Codeine	Aspirin Butalbital Caffeine Codeine 30 mg Medications List	30 mg	0.15
Codeine	Aspirin Carisoprodol Codeine 16 mg Medications List	16 mg	0.15
Dihydrocodeine	Acetaminophen Caffeine Dihydrocodeine 16 mg Medications List	16 mg	0.25
Dihydrocodeine	Aspirin Caffeine Dihydrocodeine 16 mg Medications List	16 mg	0.25
Fentanyl buccal or sublingual tablet, transmucosal lozenge (mcg) ²	Fentanyl 100 mcg Medications List	100 mcg	0.13
	Fentanyl 200 mcg Medications List	200 mcg	
	Fentanyl 300 mcg Medications List	300 mcg	
	Fentanyl 400 mcg Medications List	400 mcg	
	Fentanyl 600 mcg Medications List	600 mcg	
	Fentanyl 800 mcg Medications List	800 mcg	
	Fentanyl 1200 mcg Medications List	1200 mcg	
Fentanyl 1600 mcg Medications List	1600 mcg		

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Fentanyl oral spray (mcg) ³	Fentanyl 100 MCGPS Oral Medications List	100 mcg per spray	0.18
	Fentanyl 200 MCGPS Oral Medications List	200 mcg per spray	
	Fentanyl 400 MCGPS Oral Medications List	400 mcg per spray	
	Fentanyl 600 MCGPS Oral Medications List	600 mcg per spray	
	Fentanyl 800 MCGPS Oral Medications List	800 mcg per spray	
Fentanyl nasal spray (mcg) ⁴	Fentanyl 100 MCGPS Nasal Medications List	100 mcg per spray	0.16
	Fentanyl 300 MCGPS Nasal Medications List	300 mcg per spray	
	Fentanyl 400 MCGPS Nasal Medications List	400 mcg per spray	
Fentanyl transdermal film/patch (mcg/hr) ⁵	Fentanyl 12 MCGPH Medications List	12 mcg per hour	7.2
	Fentanyl 25 MCGPH Medications List	25 mcg per hour	
	Fentanyl 37.5 MCGPH Medications List	37.5 mcg per hour	
	Fentanyl 50 MCGPH Medications List	50 mcg per hour	
	Fentanyl 62.5 MCGPH Medications List	62.5 mcg per hour	
	Fentanyl 75 MCGPH Medications List	75 mcg per hour	
	Fentanyl 87.5 MCGPH Medications List	87.5 mcg per hour	
Fentanyl 100 MCGPH Medications List	100 mcg per hour		
Hydrocodone	Hydrocodone 10 mg Medications List	10 mg	1
	Hydrocodone 15 mg Medications List	15 mg	
	Hydrocodone 20 mg Medications List	20 mg	
	Hydrocodone 30 mg Medications List	30 mg	
	Hydrocodone 40 mg Medications List	40 mg	
	Hydrocodone 50 mg Medications List	50 mg	
	Hydrocodone 60 mg Medications List	60 mg	
	Hydrocodone 80 mg Medications List	80 mg	
	Hydrocodone 100 mg Medications List	100 mg	
Hydrocodone 120 mg Medications List	120 mg		

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Hydrocodone	Acetaminophen Hydrocodone .5 MGPML Medications List	.5 mg per mL	1
	Acetaminophen Hydrocodone .67 MGPML Medications List	.67 mg per mL	
	Acetaminophen Hydrocodone 2.5 mg Medications List	2.5 mg	
	Acetaminophen Hydrocodone 5 mg Medications List	5 mg	
	Acetaminophen Hydrocodone 7.5 mg Medications List	7.5 mg	
	Acetaminophen Hydrocodone 7.5 MGPML Medications List	7.5 mg per mL	
	Acetaminophen Hydrocodone 10 mg Medications List	10 mg	
Hydrocodone	Hydrocodone Ibuprofen 2.5 mg Medications List	2.5 mg	1
	Hydrocodone Ibuprofen 5 mg Medications List	5 mg	
	Hydrocodone Ibuprofen 7.5 mg Medications List	7.5 mg	
	Hydrocodone Ibuprofen 10 mg Medications List	10 mg	
Hydromorphone	Hydromorphone 1 MGPML Medications List	1 mg per mL	4
	Hydromorphone 2 mg Medications List	2 mg	
	Hydromorphone 3 mg Medications List	3 mg	
	Hydromorphone 4 mg Medications List	4 mg	
	Hydromorphone 8 mg Medications List	8 mg	
	Hydromorphone 12 mg Medications List	12 mg	
	Hydromorphone 16 mg Medications List	16 mg	
Hydromorphone 32 mg Medications List	32 mg		
Meperidine	Meperidine 10 MGPML Medications List	10 mg per mL	0.1
	Meperidine 50 mg Medications List	50 mg	
	Meperidine 100 mg Medications List	100 mg	
Meperidine	Meperidine Promethazine 50 mg Medications List	50 mg	0.1

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Methadone ⁶	Methadone 1 MGPML Medications List	1 mg per mL	3
	Methadone 2 MGPML Medications List	2 mg per mL	
	Methadone 5 mg Medications List	5 mg	
	Methadone 10 mg Medications List	10 mg	
	Methadone 10 MGPML Medications List	10 mg per mL	
	Methadone 40 mg Medications List	40 mg	
Morphine	Morphine .4 MGPML Medications List	.4 mg per mL	1
	Morphine 2 MGPML Medications List	2 mg per mL	
	Morphine 4 MGPML Medications List	4 mg per mL	
	Morphine 5 mg Medications List	5 mg	
	Morphine 10 mg Medications List	10 mg	
	Morphine 15 mg Medications List	15 mg	
	Morphine 20 MGPML Medications List	20 mg per mL	
	Morphine 20 mg Medications List	20 mg	
	Morphine 30 mg Medications List	30 mg	
	Morphine 40 mg Medications List	40 mg	
	Morphine 45 mg Medications List	45 mg	
	Morphine 50 mg Medications List	50 mg	
	Morphine 60 mg Medications List	60 mg	
	Morphine 70 mg Medications List	70 mg	
	Morphine 75 mg Medications List	75 mg	
	Morphine 80 mg Medications List	80 mg	
	Morphine 90 mg Medications List	90 mg	
	Morphine 100 mg Medications List	100 mg	
Morphine 120 mg Medications List	120 mg		
Morphine 130 mg Medications List	130 mg		
Morphine 150 mg Medications List	150 mg		
Morphine 200 mg Medications List	200 mg		

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Morphine	Morphine Naltrexone 20 mg Medications List	20 mg	1
	Morphine Naltrexone 30 mg Medications List	30 mg	
	Morphine Naltrexone 50 mg Medications List	50 mg	
	Morphine Naltrexone 60 mg Medications List	60 mg	
	Morphine Naltrexone 80 mg Medications List	80 mg	
	Morphine Naltrexone 100 mg Medications List	100 mg	
Morphine	Opium Morphine Equivalent .4 MGPML Medications List	.4 mg per mL	1
	Opium Morphine Equivalent 10 MGPML Medications List	10 mg per mL	
Opium	Belladonna Opium 30 mg Medications List	30 mg	1
	Belladonna Opium 60 mg Medications List	60 mg	
Oxycodone	Oxycodone 1 MGPML Medications List	1 mg per mL	1.5
	Oxycodone 5 mg Medications List	5 mg	
	Oxycodone 7.5 mg Medications List	7.5 mg	
	Oxycodone 9 mg Medications List	9 mg	
	Oxycodone 10 mg Medications List	10 mg	
	Oxycodone 13.5 mg Medications List	13.5 mg	
	Oxycodone 15 mg Medications List	15 mg	
	Oxycodone 18 mg Medications List	18 mg	
	Oxycodone 20 mg Medications List	20 mg	
	Oxycodone 20 MGPML Medications List	20 mg per mL	
	Oxycodone 27 mg Medications List	27 mg	
	Oxycodone 30 mg Medications List	30 mg	
	Oxycodone 36 mg Medications List	36 mg	
	Oxycodone 40 mg Medications List	40 mg	
Oxycodone 60 mg Medications List	60 mg		
Oxycodone 80 mg Medications List	80 mg		

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Oxycodone	Acetaminophen Oxycodone 2.5 mg Medications List	2.5 mg	1.5
	Acetaminophen Oxycodone 5 mg Medications List	5 mg	
	Acetaminophen Oxycodone 7.5 mg Medications List	7.5 mg	
	Acetaminophen Oxycodone 10 mg Medications List	10 mg	
Oxycodone	Aspirin Oxycodone 4.8355 mg Medications List	4.8355 mg	1.5
Oxycodone	Ibuprofen Oxycodone 5 mg Medications List	5 mg	1.5
Oxymorphone	Oxymorphone 5 mg Medications List	5 mg	3
	Oxymorphone 7.5 mg Medications List	7.5 mg	
	Oxymorphone 10 mg Medications List	10 mg	
	Oxymorphone 15 mg Medications List	15 mg	
	Oxymorphone 20 mg Medications List	20 mg	
	Oxymorphone 30 mg Medications List	30 mg	
Pentazocine	Naloxone Pentazocine 50 mg Medications List	50 mg	0.37
Tapentadol	Tapentadol 50 mg Medications List	50 mg	0.4
	Tapentadol 75 mg Medications List	75 mg	
	Tapentadol 100 mg Medications List	100 mg	
	Tapentadol 150 mg Medications List	150 mg	
	Tapentadol 200 mg Medications List	200 mg	
	Tapentadol 250 mg Medications List	250 mg	
Tramadol	Tramadol 50 mg Medications List	50 mg	0.1
	Tramadol 100 mg Medications List	100 mg	
	Tramadol 150 mg Medications List	150 mg	
	Tramadol 200 mg Medications List	200 mg	
	Tramadol 300 mg Medications List	300 mg	
Tramadol	Acetaminophen Tramadol 37.5 mg Medications List	37.5 mg	0.1

¹ National Center for Injury Prevention and Control. CDC compilation of benzodiazepines, muscle relaxants, stimulants, zolpidem, and opioid analgesics with oral morphine milligram equivalent conversion factors, 2017 version. Atlanta, GA: Centers for Disease Control and Prevention; 2017. Available at <https://www.cdc.gov/drugoverdose/resources/data.html>

² MME conversion factor for fentanyl buccal tablets, sublingual tablets, and lozenges/troche is 0.13. This conversion factor should be multiplied by the number of micrograms in a given tablet or lozenge/troche.

³ MME conversion factor for fentanyl films and oral sprays is 0.18. This reflects a 40% greater bioavailability for films compared to lozenges/tablets and 38% greater bioavailability for oral sprays compared to lozenges/tablets.

⁴ MME conversion factor for fentanyl nasal spray is 0.16, which reflects a 20% greater bioavailability for sprays compared to lozenges/tablets.

⁵ MME conversion factor for fentanyl patches is 7.2 based on the assumption that one milligram of parenteral fentanyl is equivalent to 100 milligrams of oral morphine and that one patch delivers the dispensed micrograms per hour over a 24 hour day and remains in place for 3 days. Using the formula, Strength per Unit * (Number of Units/ Days Supply) * MME conversion factor = MME/Day: 25 µg/hr. fentanyl patch * (10 patches/30 days) * 7.2 = 60 MME/day.

⁶ Adapted from Von Korff M, Saunders K, Ray GT, et al. Clin J Pain 2008;24:521–7 and Washington State Interagency Guideline on Prescribing Opioids for Pain (<http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>).

APPENDIX 5

High and Moderate Intensity Statin Medications

High-intensity statin therapy	• Atorvastatin 40-80 mg
High-intensity statin therapy	• Amlodipine-atorvastatin 40-80 mg
High-intensity statin therapy	• Rosuvastatin 20-40 mg
High-intensity statin therapy	• Simvastatin 80 mg
High-intensity statin therapy	• Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10-20 mg
Moderate-intensity statin therapy	• Amlodipine-atorvastatin 10-20 mg
Moderate-intensity statin therapy	• Rosuvastatin 5-10 mg
Moderate-intensity statin therapy	• Simvastatin 20-40 mg
Moderate-intensity statin therapy	• Ezetimibe-simvastatin 20-40 mg
Moderate-intensity statin therapy	• Pravastatin 40-80 mg
Moderate-intensity statin therapy	• Lovastatin 40 mg
Moderate-intensity statin therapy	• Fluvastatin 40-80 mg
Moderate-intensity statin therapy	• Pitavastatin 2–4 mg

APPENDIX 6

Opioid Medications

Prescription	Medication Lists
• Buprenorphine (transdermal patch and buccal film)	Buprenorphine Medications List
• Butorphanol	Butorphanol Medications List
• Codeine	Acetaminophen Butalbital Caffeine Codeine Medications List Acetaminophen Codeine Medications List Aspirin Butalbital Caffeine Codeine Medications List Aspirin Carisoprodol Codeine Medications List Codeine Sulfate Medications List
• Dihydrocodeine	Acetaminophen Caffeine Dihydrocodeine Medications List Aspirin Caffeine Dihydrocodeine Medications List
• Fentanyl	Fentanyl Medications List
• Hydrocodone	Acetaminophen Hydrocodone Medications List Hydrocodone Medications List Hydrocodone Ibuprofen Medications List
• Hydromorphone	Hydromorphone Medications List
• Levorphanol	Levorphanol Medications List
• Meperidine	Meperidine Medications List Meperidine Promethazine Medications List
• Methadone	Methadone Medications List
• Morphine	Morphine Medications List Morphine Naltrexone Medications List
• Opium	Belladonna Opium Medications List Opium Medications List
• Oxycodone	Acetaminophen Oxycodone Medications List Aspirin Oxycodone Medications List Ibuprofen Oxycodone Medications List Oxycodone Medications List

Prescription	Medication Lists
• Oxymorphone	Oxymorphone Medications List
• Pentazocine	Naloxone Pentazocine Medications List
• Tapentadol	Tapentadol Medications List
• Tramadol	Acetaminophen Tramadol Medications List Tramadol Medications List