

Quality Provider Program: Primary Care Adult/Pediatric Measures Quick Guide

Adult Measures (Pediatric measures begin on [page 4](#); for more details about these measures, refer to the [Quality Provider Program Quality Measures: Adult and Pediatric](#) booklet.)

Measure/Abbr.	Who's Included? (Denominator)	What's Needed? (Numerator)	How Often?	Exclusion(s) ¹	Helpful Codes
Annual Wellness Visit (MA)²/AWV	All Select Health Medicare members	Annual wellness visit	Annual		AWV Inclusion Codes: G0402, G0438, G0439 with modifiers 52, 25 ; codes: 99381-99397
Cancer Screening: Breast/BCS	All women (ages 52 to 74)	Mammogram or breast tomosynthesis	Every 2 years (Oct 1, 2022 to Dec 31, 2024)	<p>Members who:</p> <ul style="list-style-type: none"> • Are enrolled in hospice or palliative care any time during the measurement year • Are women with a history of a bilateral mastectomy or both left and right unilateral mastectomies with two different dates of service. <p>Medicare members 66 years and older:</p> <ul style="list-style-type: none"> • Enrolled in an I-SNP or living in a long-term institution any time during the measurement year • With claim-based proof of frailty and advanced illness during the measurement year on a dispensed dementia medication 	Mastectomy Codes for Exclusion: Z90.11, Z90.12, Z90.13
Cancer Screening: Colon/COL	Members (ages 46 to 75)	<ul style="list-style-type: none"> • FOBT or FIT—Annual • Flexible sigmoidoscopy—Every 5 years (2020–2024) • Colonoscopy—Every 10 years (2015–2024) • CT colonography—Every 5 years (2020–2024) • Fit DNA (Cologuard)—Every 3 years (2022–2024) 		<p>Members who:</p> <ul style="list-style-type: none"> • Are enrolled in hospice or palliative care any time during the measurement year • Have been diagnosed with colorectal cancer or who have had a total colectomy at any time • Died any time during the measurement year <p>Medicare members 66 years and older:</p> <ul style="list-style-type: none"> — Enrolled in an I-SNP or living in a long-term institution any time during the measurement year — With claim-based proof of frailty and advanced illness during the measurement year on a dispensed dementia medication 	Colorectal Cancer History Codes: Z85.038, Z85.048

Adult Measures, Continued

Measure/Abbr.	Who's Included? (Denominator)	What's Needed? (Numerator)	How Often?	Exclusion(s) ¹	Helpful Codes
Med Adherence: Cholesterol (MA)²/MAC	Members (ages >18) with two fills of any statin	Adherence to medications as prescribed at least 80% of PDC (portion of days covered)	Annual	Enrollment in hospice care, diagnosis of end-stage renal disease (ESRD), or dialysis coverage dates any time during the measurement year	N/A
Med Adherence: Diabetes (MA)²/MAD	Members (ages >18) with two fills of any non-insulin diabetes medication	Adherence to medications as prescribed at least 80% of PDC (portion of days covered)		<ul style="list-style-type: none"> Enrollment in hospice care, diagnosis of end-stage renal disease (ESRD), or dialysis coverage dates any time during the measurement year All insulin users regardless of whether they are prescribed oral diabetes medications 	N/A
Med Adherence: HTN (MA)²/MAH	Members (ages >18) with two fills of any RAS antagonist	Adherence to medications as prescribed at least 80% of PDC (portion of days covered)	Annual	<ul style="list-style-type: none"> Enrollment in hospice care, diagnosis of end-stage renal disease (ESRD), or dialysis coverage dates any time during the measurement year One or more prescriptions for sacubitril/valsartan 	N/A
Diabetes: A1C in Control/HBD	Members (ages 18 to 75) with a diagnosis of diabetes through medical or pharmacy claim	Hemoglobin A1c <8%	Annual, most recent A1c used for measurement	<p>Members who:</p> <ul style="list-style-type: none"> Are enrolled in hospice or palliative care any time during the measurement year Have been prescribed dementia medications Died any time during the measurement year Have no diagnosis of diabetes in the measurement year or year prior Have a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes <p>Medicare members 66 years and older:</p> <ul style="list-style-type: none"> Enrolled in an I-SNP or living in a long-term institution any time during the measurement year With claim-based proof of frailty and advanced illness during the measurement year 	<p>A1C CAT II Codes:</p> <ul style="list-style-type: none"> Compliant: 3044F <7; 3051F 7-8 Non-compliant: 3052F 8-9; 3046F >9
Diabetes: Eye Exam/EED	Members (ages 18 to 75) with a diagnosis of diabetes through medical or pharmacy claim	Retinal eye exam performed by an eye care professional in the measurement year OR a negative retinal eye exam performed the year prior	<ul style="list-style-type: none"> Annual if positive Every 2 years if negative 	<p>Members who:</p> <ul style="list-style-type: none"> Are enrolled in hospice or palliative care any time during the measurement year Have been prescribed dementia medications Died any time during the measurement year Have no diagnosis of diabetes in the measurement year or year prior Have a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes <p>NOTE: Blindness does not remove patient from the measure.</p> <p>Medicare members 66 years and older:</p> <ul style="list-style-type: none"> Enrolled in an I-SNP or living in a long-term institution any time during the measurement year With claim-based proof of frailty and advanced illness during the measurement year 	<p>Eye Exam Inclusion Cat II Codes: 2022F, 2023F, 2024F, 2025F, 2026F</p> <p>Low Risk of Retinopathy: 3072F</p>

Adult Measures, Continued

Measure/Abbr.	Who's Included? (Denominator)	What's Needed? (Numerator)	How Often?	Exclusion(s) ¹	Helpful Codes
Diabetes: Kidney Health Eval/KED	Members (ages 18 to 85) with a diagnosis of diabetes through medical or pharmacy claims	eGFR and uACR (or urine creatinine and albumin test within 4 days of each other)	Annual	<p>Members who:</p> <ul style="list-style-type: none"> • Have had ESRD or dialysis by the end of the measurement year • Enrolled in hospice or palliative care any time during the measurement year • Have been prescribed dementia medications • Died any time during the measurement year • Have no diagnosis of diabetes in the measurement year or year prior • Have a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes <p>Medicare members:</p> <ul style="list-style-type: none"> • (66 years and older) Enrolled in an I-SNP or living in a long-term institution any time during the measurement year • (66 to 80 years of age) With claim-based proof of frailty and advanced illness during the measurement year • (81 years of age and older by the end of the measurement year) With at least two indications of frailty during the measurement year on different dates of service 	<ul style="list-style-type: none"> • eGFR Codes: 80047, 80048, 80050, 80053, 80069, 82565 • uACR Codes: 82043, 82570 (Use both as one urine component may be recorded without the other.)
Statin Therapy: Diabetes (MA)²/SUPD	Members (ages 40 to 75) with diabetes	Dispensed one statin	Annual	<ul style="list-style-type: none"> • Enrollment in hospice any time during the measurement year • Adverse effects of antihyperlipidemic and antiarteriosclerotic drugs • Pregnancy, lactation, or fertility in the measurement year • Any of the following diagnoses: <ul style="list-style-type: none"> — Liver disease, PCOS, or prediabetes in the measurement year or year prior — ESRD, dialysis coverage dates, or cirrhosis in the measurement year or year prior — Myositis, myopathy, or rhabdomyolysis in the measurement year 	<p>Exclusion codes:</p> <ul style="list-style-type: none"> • Myositis: M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9 • Myopathy: G72.0, G72.89, G72.9 • Rhabdomyolysis: M62.82 • Lactation: O91.03, O91.13, O91.23, O92.5, O92.70, O92.79, Z39.1 • PCOS: E28.2 • Cirrhosis: K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69 • ESRD: I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2 • Adverse Effects of Antihyperlipidemic Antiarteriosclerotic Drugs: T46.6X5A

Pediatric Measures

Measure/Abbr.	Who's Included? (Denominator)	What's Needed? (Numerator)	How Often?	Exclusions ¹	Helpful Codes
Immunizations: Adolescence/IMA	Members age 13 years	<ul style="list-style-type: none"> • Tdap (1 dose between 10th and 13th birthdays) • Meningococcal A,C,W,Y (1 dose by 13th birthday) • HPV (3 doses OR 2 doses by 13th birthday given at least 146 days apart) 	Completed on or by 13th birthday	<ul style="list-style-type: none"> • Anaphylaxis on or before 13th birthday • Encephalitis (Tdap) on or before 13th birthday 	<ul style="list-style-type: none"> • TDAP Codes: 90715 • Meningococcal Codes: 90619, 90733, 90734 • HPV Codes: 90649, 90650, 90651
Immunizations: Childhood/CIS	Members age 2 years	<ul style="list-style-type: none"> • DTaP (4 doses) • IPV (3 doses) • MMR (1 dose/measles, mumps, rubella illness history) • HiB (3 doses) • Hepatitis B (3 doses/history of hepatitis illness) • VZV (1 dose/history of varicella zoster illness) • Pneumococcal conjugate (4 doses) • Hepatitis A (1 dose/hepatitis A illness history) • Rotavirus (2 doses of 2-dose vaccine or 3 doses of 3-dose vaccine) 	Completed on or by 2nd birthday	<ul style="list-style-type: none"> • Enrollment in hospice any time during the measurement year • One of the following contraindications for a specific vaccine documented prior to the 2nd birthday: <ul style="list-style-type: none"> — Any Vaccine: Severe combined immunodeficiency, immunodeficiency, HIV, lymphoreticular cancer, multiple myeloma, leukemia, or intussusception — DTaP: Encephalitis with a vaccine-adverse effect code — Rotavirus, IPV, HiB, PCV: Anaphylactic reaction to vaccine — MMR: Anaphylactic reaction to the vaccine or history of measles, mumps, or rubella — VZV: Anaphylactic reaction to vaccine or history of varicella zoster — Hepatitis A: Anaphylactic reaction to vaccine or history of Hep A — Hepatitis B: Anaphylactic reaction to common baker's yeast or history of Hep B 	<ul style="list-style-type: none"> • DTAP: 90697, 90698, 90700, 90723 • IPV: 90697, 90698, 90713, 90723 • MMR: 90707, 90710 • HiB: 90644, 90645, 90646, 90647, 90648, 90697, 90698, 90721, 90737, 90748, 90740, 90748 • Hepatitis B: 90478, 90697, 90723, 90731, 90740, 90744, 90747, 90748 • VZV: 90710, 90716 • Pneumococcal: 90670 • Hepatitis A: 90633 • Rotavirus: 90681 (2 dose), 90680 (3 dose)
Immunizations: Child Flu/CIS-Flu³	Members age 2 years	Influenza (2 doses)		<ul style="list-style-type: none"> • Enrollment in hospice any time during the measurement year • One of the following contraindications documented prior to the 2nd birthday: <ul style="list-style-type: none"> — Immunodeficiency — Human immunodeficiency virus (HIV) — Lymphoreticular cancer, multiple myeloma, or leukemia — Anaphylactic reaction to neomycin 	<ul style="list-style-type: none"> • 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689, 90724, 90756, 90674 • LAIV (only allowed if given on 2nd birthday): 90660, 90672

Pediatric Measures, Continued

Measure/Abbr.	Who's Included? (Denominator)	What's Needed? (Numerator)	How Often?	Exclusions ¹	Helpful Codes	
					Established	New
Well Care: 0 to 15 months/W15	Members age 15 months	Six or more well-child visits with a PCP on or before 15-month birthday	N/A	Death at any time during measurement year	99381, 99382	99391, 99392
Well Care: 15 to 30 months/W30	Members age 30 months	Two or more well-child visits with a PCP between 15-month birthday plus 1 day and the 30-month birthday	N/A		99381, 99382	99391, 99392
Well Care: 3 to 21 years/WCV	Members age 3–21 years	One or more well-care visits with a PCP or an OB/GYN	Annual		99392 99393, 99394, 99395	99383, 99384 99385
Maternal Depression Screening	Women presenting with their newborn for pediatric care	Women screened for clinical depression in a primary care setting, using a standardized tool, up to 3 times in a newborn's first year of life	3 times within the newborn's first 12 months		96161 — NOTE: This code is not specific to women and can be for administration of caregiver-focused health risk assessment.	
Screening: Childhood Lead⁴	Children 2 years of age during 2024 ⁴	At least one lead capillary or venous blood test on or before the child's 2nd birthday.	Completed on or by 2nd birthday		83655	

¹ Hospice will exclude members from all measures.
² (MA) Limited to Select Health Medicare members only.
³ Vaccines administered before 6 months (180 days) of age do not count.
⁴ This measure is limited to Medicaid only.