

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

Adult Measures, Continued

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

Adult Measures, Continued

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

Pediatric Measures

Measure/Abbr.	Who's Included? (Denominator)	What's Needed? (Numerator)	How Often?	Exclusions¹	Helpful Codes
Immunizations: Adolescence/IMA	Members age 13 years	<ul style="list-style-type: none"><li>• Tdap (1 dose between 10th and 13th birthdays)</li><li>• Meningococcal A,C,W,Y (1 dose by 13th birthday)</li><li>• HPV (3 doses OR 2 doses by 13th birthday given at least 146 days apart)</li></ul>	Completed on or by 13th birthday	<ul style="list-style-type: none"><li>• Anaphylaxis on or before 13th birthday</li><li>• Encephalitis (Tdap) on or before 13th birthday</li></ul>	<ul style="list-style-type: none"><li>• <b>TDAP Codes:</b> 90715</li><li>• <b>Meningococcal Codes:</b> 90619, 90733, 90734</li><li>• <b>HPV Codes:</b> 90649, 90650, 90651</li></ul>
Immunizations: Childhood/CIS	Members age 2 years	<ul style="list-style-type: none"><li>• DTaP (4 doses)</li><li>• IPV (3 doses)</li><li>• MMR (1 dose/measles, mumps, rubella illness history)</li><li>• HiB (3 doses)</li><li>• Hepatitis B (3 doses/history of hepatitis illness)</li><li>• VZV (1 dose/history of varicella zoster illness)</li><li>• Pneumococcal conjugate (4 doses)</li><li>• Hepatitis A (1 dose/hepatitis A illness history)</li><li>• Rotavirus (2 doses of 2-dose vaccine or 3 doses of 3-dose vaccine)</li></ul>	Completed on or by 2nd birthday	<ul style="list-style-type: none"><li>• Enrollment in hospice any time during the measurement year</li><li>• One of the following contraindications for a specific vaccine documented <b>prior to the 2nd birthday</b>:<ul style="list-style-type: none"><li>— <b>Any Vaccine:</b> Severe combined immuno-deficiency, immunodeficiency, HIV, lymphoreticular cancer, multiple myeloma, leukemia, or intussusception</li><li>— <b>DTaP:</b> Encephalitis with a vaccine-adverse effect code</li><li>— <b>Rotavirus, IPV, HiB, PCV:</b> Anaphylactic reaction to vaccine</li><li>— <b>MMR:</b> Anaphylactic reaction to the vaccine or history of measles, mumps, or rubella</li><li>— <b>VZV:</b> Anaphylactic reaction to vaccine or history of varicella zoster</li><li>— <b>Hepatitis A:</b> Anaphylactic reaction to vaccine or history of Hep A</li><li>— <b>Hepatitis B:</b> Anaphylactic reaction to common baker's yeast or history of Hep B</li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>DTAP:</b> 90697, 90698, 90700, 90723</li><li>• <b>IPV:</b> 90697, 90698,90713, 90723</li><li>• <b>MMR:</b> 90707, 90710</li><li>• <b>HIB:</b> 90644, 90645, 90646, 90647, 90648, 90697, 90698, 90721, 90737, 90748, 90740, 90748</li><li>• <b>Hepatitis B:</b> 90478, 90697, 90723, 90731, 90740, 90744, 90747, 90748</li><li>• <b>VZV:</b> 90710, 90716</li><li>• <b>Pneumococcal:</b> 90670</li><li>• <b>Hepatitis A:</b> 90633</li><li>• <b>Rotavirus:</b> 90681 (2 dose), 90680 (3 dose)</li></ul>
Immunizations: Child Flu/CIS-Flu³	Members age 2 years	Influenza (2 doses)		<ul style="list-style-type: none"><li>• Enrollment in hospice any time during the measurement year</li><li>• One of the following contraindications documented <b>prior to the 2nd birthday</b>:<ul style="list-style-type: none"><li>— Immunodeficiency</li><li>— Human immunodeficiency virus (HIV)</li><li>— Lymphoreticular cancer, multiple myeloma, or leukemia</li><li>— Anaphylactic reaction to neomycin</li></ul></li></ul>	<ul style="list-style-type: none"><li>• <b>90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689, 90724, 90756, 90674</b></li><li>• <b>LAIV</b> (only allowed if given on 2nd birthday): <b>90660, 90672</b></li></ul>

Pediatric Measures, Continued

Measure/Abbr.	Who's Included? (Denominator)	What's Needed? (Numerator)	How Often?	Exclusions <sup>1</sup>	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 Lead <sup>4</sup>	Children 2 years of age during 2024 <sup>4</sup>	At least one lead capillary or venous blood test on or before the child's 2nd birthday.	Completed on or by 2nd birthday		83655	

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