

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

Adult Measures (Pediatric measures begin on [page 5](#); 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: G0438-G0439 or 99381-99397 . These codes can be billed with 99201-99205 or 99212-99215 with modifier 25 (when documentation supports both services according to Select Health Policy)
Cancer Screening: Breast/BCS	Members ages 52 to 74	Mammogram or breast tomosynthesis	Every 2 years (Oct 1, 2023 to Dec 31, 2025)	Members who: <ul style="list-style-type: none"> • Are enrolled in hospice or palliative care any time during the measurement year • Are members with a history of a bilateral mastectomy or both left and right unilateral mastectomies with 2 different dates of service • Had gender-affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria (Gender Dysphoria Value Set) any time during the member's history through the end of the measurement period Medicare members 66 years and older: <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 frailty and advanced illness during the measurement year or 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 (2021–2025) • Colonoscopy— Every 10 years (2016–2025) • CT colonography— Every 5 years (2021–2025) • Fit DNA (Cologuard)— Every 3 years (2023–2025) 		Members who: <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 • Medicare members 66 years and older: <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 or were dispensed dementia medication 	Colorectal Cancer History Codes: Z85.038, Z85.048

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Adult Measures, Continued

Measure/Abbr.	Who's Included? (Denominator)	What's Needed? (Numerator)	How Often?	Exclusion(s) ¹	Helpful Codes
Controlling High Blood Pressure/ CBP	Members (ages 18–85) with a diagnosis of hypertension through medical or pharmacy claims	Blood pressure <140/90 mm Hg	Annual, most recent BP used for measurement	<p>Members who enrolled in hospice or palliative care any time during the measurement year</p> <p>Medicare members who:</p> <ul style="list-style-type: none"> • Have been prescribed dementia medications • Have had ESRD/dialysis by the end of the measurement year • Died any time during the measurement year • Have had diagnosis of pregnancy any time during the measurement year. • (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 2 indications of frailty during the measurement year on different dates of service 	<p>BP CPT II codes:</p> <ul style="list-style-type: none"> • SBP <130 mm Hg: 3074F • SBP 130–139 mm Hg: 3075F • SBP ≥140 mm Hg: 3077F • DBP <80 mm Hg: 3078F • DBP 80–89 mm Hg: 3079F • DBP ≥90 mm Hg: 3080F
Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)	Medicare members 18 years old and older with multiple high-risk chronic conditions who visit an ED on or between Jan. 1 and Dec. 24 of the measurement year (see Measurement booklet for eligible chronic conditions and event criteria)	A follow-up service via case management, transitional care management, complex care management, e-visit/virtual check-in	On or within 7 days of the ED visit (8 total days)	<ul style="list-style-type: none"> • Patients in hospice or using hospice services any time during the measurement year. • Any ED visit resulting in an inpatient admission on the day of, or within 7 days following, the ED visit regardless of the principal diagnosis for admission. • ED visits occurring within the same 8-day period. <p>Example: An ED visit on April 1 is in scope, but subsequent visits occurring April 2–8 are not. If the same patient visits an ED on April 9, this would be a new event requiring follow up.</p>	See FMC Coding Guide

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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	Select Health Medicare members (ages 18 and older) with 2 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	Select Health Medicare members (ages 18 and older) with 2 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 One or more prescriptions for insulin 	
Med Adherence: HTN (MA)²/MAH	Select Health Medicare members (ages 18 and older) with 2 fills of any RAS antagonist	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 One or more prescriptions for sacubitril/valsartan 	
Diabetes: Glycemic Status in Control/GSD	Members (ages 18 to 75) with a diagnosis of diabetes through medical or pharmacy claim	Hemoglobin A1c or glucose management indicator <8%	Annual, most recent A1c used for measurement	Members who: <ul style="list-style-type: none"> Are enrolled in hospice or palliative care any time during the measurement year Died any time during the measurement year Medicare members 66 years and older: <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 Have been prescribed dementia medications For EED Measure Only: Note that blindness does not remove patient from the measure.	A1C CPT II Codes: <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 optometrist or ophthalmologist 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 		Eye Exam Inclusion CPT II Codes: 2022F, 2023F, 2024F, 2025F, 2026F Low Risk of Retinopathy: 3072F

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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 • Died any time during the measurement year <p>Medicare members:</p> <ul style="list-style-type: none"> • Have been prescribed dementia medications • (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 2 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 <p>Requires the use of both uACR codes and any one of the eGFR codes for compliance</p>
Statin Therapy: Diabetes (MA)²/SUPD	Select Health Medicare members (ages 40 to 75) with diabetes	Dispensed one statin	Annual	<p>Any of the following diagnosis any time during the measurement year:</p> <ul style="list-style-type: none"> • Hospice enrollment • ESRD diagnosis or dialysis coverage dates • Rhabdomyolysis and myopathy • Pregnancy, lactation, and fertility • Cirrhosis • Pre-Diabetes • Polycystic Ovary Syndrome 	<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, O92.03, O92.13, 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

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 between 11th and 13th birthday) • HPV (2-dose or 3-dose series between 9th and 13th birthdays); 2-dose series must be 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 immuno-deficiency, 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

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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/W30_15	Members turning age 15 months during the measurement year	Six or more well-child visits with a PCP on or before 15-month birthday	N/A	Members who: <ul style="list-style-type: none"> • Use hospice services • Die any time during the measurement year 	99381, 99382	99391, 99392
Well Care: 15 to 30 months/W30_30	Members turning age 30 months during the measurement year	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/MDS	Babies between the age of 1 day to 1st birthday	Parent/guardian screened for clinical depression in a primary care setting, using a standardized tool, up to 3 times in a baby's 1st year of life	3 times within the baby's first 12 months		96161	
Screening: Childhood Lead/LSC⁴	Children 2 years of age during the measurement year	At least one lead capillary or venous blood test on or before the child's 2nd birthday.	Completed on or by 2nd birthday		83655	
					NOTE: This code is not specific to women and can be for administration of caregiver-focused health risk assessment.	

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.