



Gaps in Care Technical Specifications and PCP Billing Guide HEDIS 2020

Aetna Better Health Illinois Premier Plan

*Working together to enhance
the Quality of Care provided for our members.*



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Annual HEDIS Timeline

Feb - Early May

Quality department staff collect and review HEDIS data (on-site provider office chart collecting occurs)



June

HEDIS results are certified and reported to NCQA

October

NCQA releases Quality Compass results nationwide for Medicaid



HEDIS Medical Record Review Process:

1. Data collection methods include: fax, mail, onsite visits for larger requests, and remote electronic medical record (EMR) system access if available.
2. Medical record fax requests will include a member list identifying their assigned measure(s) and the minimum necessary information needed sent to the health plan.
3. Due to the shortened data collection timeframe, a turnaround time of 3-5 days is appreciated.
4. For on-site chart collections, the office will be contacted to schedule a time the abstractor can come to the office for chart review. A list of members' charts being reviewed will be provided ahead of time.

Disclaimer

- This material serves as a tool to assist providers, their clinical team, and billing staff with information to improve HEDIS performance.
- HEDIS 2019 Volume 2 Technical Specifications for Health Plans was used to generate this Provider Billing Guide. The Technical Specifications were current at the time of publication.
- HEDIS indicators have been designed by NCQA to standardize performance measurement and do not necessarily represent the ideal standard of care.
- ICD-9 codes have been removed from this guide. For measures with a look back period further than Oct. 2016, the ICD-9 codes used with claims during that time frame will continue to be pulled into the HEDIS software.
- Information contained in this report is based on claims data only.

What is HEDIS?

HEDIS is a registered trademark of the National Quality Committee for Quality Assurance (NCQA).

Healthcare Effectiveness Data and Information Set (HEDIS)

NCQA defines HEDIS as *“a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of health care plans”*:

1. HEDIS is a registered trademark of the National Committee for Quality Assurance.
2. HEDIS is a performance measurement tool that is coordinated and administered by NCQA.
3. HEDIS is used by the Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations.
4. Results from HEDIS data collection serve as measurements for quality improvement processes, educational initiatives, and preventive care programs.
5. All managed care companies who are NCQA accredited perform HEDIS reviews at the same time each year.
6. HEDIS 2019 consists of 92 measures across six domains of care that address important health issues. HEDIS is a retrospective review of services and performance of care from the prior calendar year.
7. There are two types of HEDIS data referred to in this guide:
 - a. Administrative data – comes from submitted claims and encounters
 - b. Hybrid data – comes from chart collection/review

Tips and Best Practices

General tips and information that can be applied to most HEDIS measures:

1. Use your member roster to contact patients who are due for an exam or are new to your practice.
2. Take advantage of this guide, coding information, and the on-line resources that can assist the practice with HEDIS measure understanding, compliance, and requirements.
3. Use your Gaps in Care member list to outreach to patients in need of services/procedures.
4. You can provide evidence of completed HEDIS services and attach the supporting chart documentation by contacting the Quality Management department.
5. Schedule the members' next well-visit at the end of the current appointment.
6. Assign a staff member at the office knowledgeable about HEDIS to perform internal reviews and serve as a point of contact with plans and their respective Quality Management staff.
7. Set up your Electronic Health Records (EHRs) so that the HEDIS alerts and flags to alert office personnel of patients in need of HEDIS services.

HIPAA

Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS is permitted, and the release of this information requires no special patient consent or authorization. Please be assured our members' personal health information is maintained in accordance with all federal and state laws. HEDIS results are reported collectively without individual identifiers or outcomes. All the health plans' contracted providers' records are protected by these laws.

1. HEDIS data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities.
2. The records you provide us during this process helps us to validate the quality of care our members receive.

Importance of Documentation

Principles of the medical record and proper documentation:

1. Enable physician and other healthcare professionals to evaluate a patient's healthcare needs and assess the efficacy of the treatment plan.
2. Serves as the legal document to verify the care rendered and date of service.
3. Ensure date of care rendered is present and all documents are legible.
4. Serves as communication tool among providers and other healthcare professionals involved in the patient's care for improved continuity of care.
5. Facilitates timely claim adjudication and payment.
6. Appropriately documented medical record can reduce many of the 'hassles' associated with claims processing and HEDIS chart requests.
7. ICD-10 and CPT codes reported on billing statements should be supported by the documentation in the medical record.

Common reasons members with PCP visits continue to need recommended services/procedures:

1. Missing or lack of all required documentation components
2. Service provided without claim/encounter data submitted
3. Lack of referral to obtain the recommended service (i.e. diabetic member eye exam to check for retinopathy)
4. Service provided but outside of the required time frame or anchor date (i.e. Not completing FBOT every year.
5. Incomplete services (i.e. No documentation of documenting height and weight and not including BMI.
6. Failure to document or code exclusion criteria for a measure.

Look for the 'Common Chart Deficiencies and Tips' sections for guidance with some of the more challenging HEDIS measures.

Controlling High Blood Pressure (CBP)

Measure Definition:

The percentage of members 21–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.

Common Chart Deficiencies and Tips:

- Retake the blood pressure if elevated - HEDIS accepts lowest BP taken during a visit.
- Ensure that the BP cuff is the correct size for patient's arm.
- Check you BP cuffs to make sure they are providing accurate readings.
- If using an automatic BP machine, record actual number - Do Not Round Up.

Billing Reference:

Description	ICD-10 CM	
Essential Hypertension	I10	
Systolic BP CPT II Codes	<130	3074F
	130-139	3075F
	>= 140	3077F
Diastolic BP CPT II Codes	< 80	9078F
	80-89	3079F
	>/- 90	3080F

Measure Exclusion Criteria:					
Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31, of the measurement year or a diagnosis of pregnancy during the measurement year.					
Exclusion Description	CPT	ICD-10 PCS	UB Revenue	HCPCS	
Evidence of ESRD	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90837, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512	3E1M39Z, 5A1D00Z, 5A1D60Z-5A1D90Z	0800-0804, 0809, 0820-0825, 0829-0835, 0839-0845, 0849-0855, 0859, 0880-0882, 0889	S9339, G0257	
		ICD-10 CM	UB Type of Bill	POS	
		N18.5, 18.6, Z91.15, Z99.2	0720-0725, 727, 728, 072A-072K, 072M, 072O, 072X-072Z	65	
ESRD Obsolete	CPT				
	36145, 90919-90925		G0308-G0319, G0921-G0323, G0325-G0327, G0392-G0393		
Kidney Transplant	CPT	ICD-10 PCS	UB Revenue	ICD-10 CM	HCPCS
	50300, 50320, 50340, 50360, 50365, 50370, 50380	0TY00Z0 - 0TY00Z2 0TY10Z0 - 0TY10Z2	367	Z94.0	S2065
Description	ICD-10 CM				
Pregnancy	O00.0-O9A53, Z03.71-Z36.9				
Additional Exclusion Criteria:					
Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.					
Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.					
Exclude members age 81 and older as of 12/31 of the measurement year who had at least one frailty claim.					
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Care for Older Adults (COA)

Measure Definition:

The percentage of adults 66 years and older who had each of the following during the measurement year:

1. Advance care planning
2. Medication review
3. Functional status assessment
4. Pain assessment.

Common Chart Deficiencies and Tips:

- Advance Care Planning - document discussion and/or presence of advance directive or living will in chart.
- Medication Review - Medication list in chart and medication review by prescribing provider annually - signed and dated.
- Functional Status Assessment - address cognitive and ambulation status, sensory ability, and functional independence.
- Pain Assessment - documentation of pain screening result (positive or negative).

Billing Reference:

Description	CPT	ICD10 CM	HCPCS	CPT Category II
Advance Care Planning	99497	Z66	S0257	1123F, 1124F, 1157F, 1158F
Medication List	N/A	N/A	G8427	1159F

With one of the following Medication Review codes on the same claim

Medication Review	90863, 99605, 99606,	N/A	N/A	1160F
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Transitional Care Management Codes alone meet Medication Review compliance

TCM codes:	99495, 99496	N/A	N/A	N/A
Functional Status Assessment	N/A	G0438, G0439		1170F
Pain Assessment	N/A	N/A		1125F, 1126F

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Follow-Up After Hospitalization for Mental Illness (FUH)

Measure Definition:

The percentage of discharges for members who were hospitalized for treatment of selected mental illness diagnoses who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner.

Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days of discharge.
2. The percentage of discharges for which the member received follow-up within 7 days of discharge.

**visits on the same day as discharge are not acceptable for numerator compliance

Billing Reference:

Codes to Identify Follow-Up Visits with a Mental Health Practitioner

CPT	HCPCS
98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036-H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, T1015
UBREV	TCM CPT
510, 513, 515-517, 519-523, 526-529, 900, 902-904, 911, 914-917, 919, 982, 983	99495, 99496

OR

CPT		POS
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH	2, 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 52, 53, 71, 72

All of the Above With or Without Telehealth modifier CPT: 95, GT

Observation

CPT	99217-99220
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Partial Hospital/IOP

HCPCS	UBREV
G410, G411, H0035, H2001, H2012, S2021, S9480, S9484, S9485	905, 907, 912, 913

Electroconvulsive Therapy

CPT	ICD10PCS	UBRV
90870	GZB0ZZZ-GZB4ZZZ	901

Any ECT code with POS code: 3, 5, 7, 9, 11-20, 22, 23, 33, 49, 50, 52, 53, 71, 72

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Initiation and Engagement of AOD Abuse or Dependence Treatment (IET)

Measure Definition:

The percentage of members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following.

1. *Initiation of AOD Treatment.* The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.
2. *Engagement of AOD Treatment.* The percentage of members who initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit.

Billing Reference:

An acute or nonacute IP stay; Stand Alone Visits

CPT	HCPCS	UB REV	MAT visit HCPCS
98960-98962, 99078, 99201-99205, 99211- 99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408, 99409, 99411, 99412, 99510	G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034- H0037, H0039, H0040, H0047, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0907, 0911-0917, 0919, 0944, 0945, 0982, 0983	H0020, H0033, J0571-J0575, J2315, S0109
CPT Visits Group 1	CPT Visits Group 2	Telephone Visits CPT	Online Assessments CPT
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876 POS Group 1: 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 57, 71, 72	99221-99223, 99231-99233, 99238, 99239, 99251-99255 with POS Group 2: 02, 52, 53	98966-98968, 99441-99443	98969, 99444

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Adults Access to Preventive/Ambulatory Health Services (AAP)

Measure Definition:

The percentage of members 21 years and older who had an ambulatory or preventive care visit during the measurement year.

Common Chart Deficiencies and Tips:

- Each adult Medicaid or Medicare member should have a routine outpatient visit annually.
- Utilize your Gaps in Care report to outreach members that have not had a visit.

Billing Reference:

Description	CPT	
Ambulatory Visits	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429	
	HCPCS	UBREV
	G0402, G0438, G0439, G0463, T1015	051X, 052X, 0982, 0983
	ICD 10	
	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2	
Other Ambulatory Visits	CPT	
	92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337	
	UBREV	
	0524, 0525	

Any of the above ambulatory visits with or without a telehealth modifier:

	Telehealth CPT Modifier:	95, GT
Online Assessments	CPT	98969, 99444
Telephone Visits	CPT	98966-98968, 99441-99443

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Adult BMI Assessment (ABA)

Measure Definition:

The percentage of members 21–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year.

Billing Reference:

Description	ICD - 10
BMI	Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45

Optional Exclusion for this measure is pregnancy. Exclusionary evidence in the medical record must include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the measurement year.

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Disease-Modifying Anti-Rheumatic Drug Therapy for RA (ART)

Measure Definition:

The percentage of members 21 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).

Billing Reference:

Description	ICD-10 CM		
Rheumatoid Arthritis	M05.00M06.9		
DMARD Medications			
Description	Prescriptions		HCPCS J Codes
5-Aminosalicylates	Sulfasalazine		N/A
Alkylating agents	Cyclophosphamide		
Aminoquinolines	Hydroxychloroquine		
Anti-rheumatics	Auranofin	Methotrexate	J9250, J9260
	Leflunomide	Penicillamine	
Immunomodulators	Abatacept	Etanercept	J0129, J0135, J0717, J1438, J1602, J1745, J3262, J9310
	Adalimumab	Golimumab	
	Anakinra	Infliximab	
	Certolizumab	Rituximab	
	Certolizumab pegol	Tocilizumab	
Immunosuppressive agents	Azathioprine	Mycophenolate	J7502, J7515, J7516, J7517, J7518
	Cyclosporine	N/A	
Janus kinase (JAK) Inhibitor	Tofacitinib		N/A
Tetracyclines	Minocycline		N/A

Measure Exclusion Criteria:

A diagnosis of HIV any time during the member's history through December 31 of the measurement year OR a diagnosis of pregnancy any time during the measurement year.

Codes to Identify Exclusions

Description	ICD-10 CM
HIV	B20, Z21
HIV Type 2	B97.35
Pregnancy	000.0-09A53, Z03.71-Z36

Other Exclusions

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

Exclude members age 81 and older as of 12/31 of the measurement year who had at least one frailty claim.

Breast Cancer Screening (BCS)

Measure Definition:

The percentage of women who are 52–74 years of age and had a mammogram to screen for breast cancer during the measurement year.

Common Chart Deficiencies and Tips:

- Educate women regarding the benefit of early detection of breast cancer through routine mammograms.
- Assist with scheduling mammogram or refer to health plan for assistance with scheduling or other barrier resolution.

Billing Reference:

Description	CPT	HCPCS	UB Revenue
Breast Cancer Screening	77055-77057, 77061-77067	G0202, 0204, G0206	0401, 0403

Measure Exclusion Criteria:

A female who had the following: Bilateral mastectomy or any combination of unilateral mastectomy codes that indicate a mastectomy on both the left and right side during the measurement year.

Exclusion Description	ICD-10 CM	ICD-10 PCS
Bilateral Mastectomy	N/A	0HTVZZ
Hx. Bilateral Mastectomy	Z90.13	N/A

Unilateral Mastectomy with Bilateral Modifier

Exclusion Description	CPT
Unilateral Mastectomy	19180, 19200, 19220, 19240, 19303-19307 WITH LT (left) or RT (right) modifier

Exclusion Description	ICD-10 CM			
Unilateral Mastectomy	Left	0HTU0ZZ	Right	0HTT0ZZ
Absence of Breast	Left	Z90.12	Right	Z90.11

Additional Exclusion Criteria

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year

Exclude members age 66 and older as of 12/31 of the measurement year with Both advanced illness and fragility: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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Comprehensive Diabetes Care (CDC) - Blood Pressure Less Than (140/90)

Measure Definition:

The percentage of members 21 to 75 years of age with diabetes (type 1 and type 2) whose last blood pressure was less than 140/90.

Common Chart Deficiencies and Tips:

- CPT II codes for BP values are accepted for this measure.
- Retake blood pressure during the visit if it is initially elevated.
- Ensure that the BP cuff is the correct size for the patient's arm.
- If using an automated cuff, record actual numbers. Do not round up.

Billing Reference:

Description	ICD-10 CM
Diabetes	E10.10-E13.9, O24.011-O24.33, O24.811-O24.83

CPT II Codes to Identify Systolic and Diastolic BP Levels <140/90

Description	CPT II
Systolic <130	3074F
Systolic 130-139	3075F
Systolic > or = 140	3077F
Diastolic < 80	3078F
Diastolic 80-89	3079F
Diastolic > or = 90	3080F

Measure Exclusion Criteria:

Identify members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior and who meet either of the following criteria:

A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior, with no encounters in any setting with a diagnosis of diabetes.

Exclusion Description	ICD-10 CM
Diabetes Exclusions	E08.00-E09.9, O24.410-O24.439, O24.911-O24.93

Additional Exclusion Criteria:

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year

Exclude members age 66 and older as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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Comprehensive Diabetes Care (CDC) - Dilated Retinal Eye Exam

Measure Definition:

The percentage of members 21 to 75 years of age with diabetes (type 1 and type 2) who had a dilated retinal eye exam during the measurement year or a dilated retinal eye exam that was negative for retinopathy in the year prior to the measurement year.

Billing Reference:

Description	CPT	CPT II	HCPCS
Diabetic Retinal Screening	67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245	3072F, 2022F, 2024F, 2026F	S0620, S0621, S3000

Diabetes Mellitus without complications - ICD10CM - billed with a diabetic retinal screening code during the year prior to the measurement year meets compliance	ICD10 CM
	E10.9, E11.9, E13.9

Unilateral Eye Enucleation	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	Two with dates of service 14 or more days apart or same day with a bilateral modifier CPT: 50, 9950
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Description	ICD-10 PCS
Unilateral Eye Enucleation, Left	08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ
Unilateral Eye Enucleation, Rt	08B00ZX, 08B00ZZ, 08B03ZX, 08B03ZZ, 08B0XZX, 08B0XZZ

Measure Exclusion Criteria:

Identify members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior and who meet either of the following criteria:

A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, in the measurement year or the year prior

Exclusion Description	ICD-10 CM
Diabetes Exclusions	E08.00-E09.9, O24.410-O24.439, O24.911-O24.93

Additional Exclusion Criteria:

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year.

Exclude members age 66 and older as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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Comprehensive Diabetes Care (CDC) - HbA1c Testing

Measure Definition:

The percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had an HbA1c test in the measurement year.

Common Chart Deficiencies and Tips:

- Educate member on importance of completing A1C test.
- Lab results not documented in chart.
- Lab values show poor control(>9).

Billing Reference:

Description	ICD-10 CM	
Diabetes	E10.10-E13.9, O24.011-O24.13, O24O311-24.33, O24.811-O24.83	
Description	CPT	
HbA1c Screening	83036, 83037	
Description	Lab Result	CPT II
HbA1c Result	<7%	3044F
	7.0% - 9.0%	3045F
	>9.0%	3046F

Measure Exclusion Criteria:

Identify members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior and who meet the following criteria:

- A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior, with no encounters in any setting with a diagnosis of diabetes.

Exclusion Description	ICD-10 CM
Diabetes Exclusions	E08.00-E09.9, O24.410-O24.439, O24.911-O24.93

Additional Exclusion Criteria

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year.

Exclude members age 66 and older as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy

Measure Definition:

The percentage of members 21 to 75 years of age with diabetes (type 1 and type 2) who received medical attention for nephropathy during the measurement year through one of the following:

- A urine test for protein with minimum documentation of date and result
- Documentation of a visit to a nephrologist
- Documentation of a renal transplant
- Documentation of medical attention for any of the following: diabetic nephropathy, ESRD, CRF, CKD, renal insufficiency, proteinuria, albuminuria, renal dysfunction, ARF, dialysis, hemodialysis or peritoneal dialysis
- Evidence of ACE inhibitor/ARB therapy

Common Chart Deficiencies and Tips:

- Failure to order lab tests for Nephropathy screening.
- Failure to document monitoring for nephropathy.
- Incomplete or missing information from specialists who may be monitoring nephropathy.

Billing Reference:

Description	ICD-10 CM
Diabetes	E10.10-E13.9, O24.011-O24.33, O24.811-O24.83

Description	CPT	CPT II
Urine Protein Tests	81000-81003, 81005, 82042-82044, 84156	3060F, 3061F, 3062F

Description	CPT II	ICD-10 CM
Treatment for Nephropathy	3066F, 4010-F	E08.21-E08.29, E09.21-E09.29, E10.21-E10.29, E11.21-E11.29, E13.21-E13.29, I12.0-I13.2, I15.0-I15.1, N00.0- N08, N14.0-N14.4, N17.0-N19, N25.0-N26.9, Q60.0-Q61.9, R80.0- R80.9

Measure Exclusion Criteria:

Exclusion Description	CPT	ICD-10 PCS	UB Revenue	HCPCS
Evidence of ESRD	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90837, 90940, 90945, 90947, 90951-	3E1M39Z, 5A1D00Z, 5A1D60Z- 5A1D90Z	0800-0804, 0809, 0820-0825, 0829- 0835, 0839-0845, 0849-0855, 0859, 0880- 0882, 0889	S9339, G0257
		ICD-10 CM	UB Type of Bill	POS

	90970, 90989, 90993, 90997, 90999, 99512	N18.5, N18.6, Z91.15, Z99.2	0720-0725, 727, 728, 072A-072K, 072M, 072O, 072X-072Z			65
Kidney Transplant	CPT		ICD-10 CM	ICD-10 PCS	UB Rev	HCPCS
	50300, 50320, 50340, 50360, 50365, 50370, 50380		Z94.0	0TY00Z0- 0TY00Z2, 0TY10Z0- 0TY10Z2	367	S2065
Description		ICD-10 CM				
Stage 4 Chronic Kidney Disease		N18.4				
Medications for Attention to Nephropathy						
Description	ACE Inhibitors/ARBs					
Angiotensin converting enzyme inhibitors	Benazepril			Moexipril		
	Captopril			Perindopril		
	Enalapril			Quinapril		
	Fosinopril			Ramipril		
	Lisinopril			Trandolapril		
Angiotensin II inhibitors	Azilsartan			Losartan		
	Candesartan			Olmesartan		
	Eprosartan			Telmisartan		
	Irbesartan			Valsartan		
Anti- Hypertensive Combinations	Amlodipine-benazepril			Fosinopril-hydrochlorothiazide		
	Amlodipine-hydrochlorothiazide- valsartan			Hydrochlorothiazide-irbesartan		
	Amlodipine-hydrochlorothiazide- olmesartan			Hydrochlorothiazide-lisinopril		
	Amlodipine-olmesartan			Hydrochlorothiazide-losartan		
	Amlodipine-perindopril			Hydrochlorothiazide-moexipril		
	Amlodipine-telmisartan			Hydrochlorothiazide-olmesartan		
	Amlodipine-valsartan			Hydrochlorothiazide-quinapril		
	Azilsartan-chlorthalidone			Hydrochlorothiazide-telmisartan		
	Benazepril-hydrochlorothiazide			Hydrochlorothiazide-valsartan		
	Candesartan-hydrochlorothiazide			Sacubitril-valsartan		
	Captopril-hydrochlorothiazide			Trandolapril-verapamil		
Enalapril-hydrochlorothiazide						
Measure Exclusion Criteria:						
Identify members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior and who meet either of the following criteria:						

A diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior, with no encounters in any setting with a diagnosis of diabetes.

Exclusion Description	ICD-10 CM
Diabetes Exclusions	E08.00-E09.9, O24.410-O24.439, O24.911-O24.93

Additional Exclusion Criteria:

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year.

Exclude members age 66 and older as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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Colorectal Cancer Screening (COL)

Measure Definition:

The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

Common Chart Deficiencies and Tips:

- A fecal occult test done in the office via a digital rectal exam does not count

Billing Reference:

Description	CPT	HCPCS
Fecal occult blood test (gFOBT - 3 Samples; or iFOBT(FIT) every year)	82270, 82274	G0328
FIT-DNA test (every 2 years)	81528	G0464
Flexible Sigmoidoscopy (every 5 years)	45330-45335, 45337-45342, 45345-45347, 45349-45350	G0104
Colonoscopy (every 10 years)	44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398	G0105, G0121
CT Colonography (every 5 years)	74261-74263	N/A

Measure Exclusion Criteria:

Evidence of Colorectal Cancer or Total Colectomy

Exclusion Description	ICD-10 CM	
Colorectal Cancer	C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048	
	CPT	ICD-10 PCS
Total Colectomy	44150-44153, 44155-44158, 44210-44212	0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ

Additional Exclusion Criteria:

Exclude from Medicare reporting members age 66 and older as of December 31st of the measurement year who were enrolled in an Institutional SNP (I-SNP) any time during the measurement year or living long-term in an institution any time during the measurement year

Exclude members age 66 and older as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty during the measurement year required.

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Use of High-Risk Medications in the Elderly (DAE)

Measure Definition:

1. The percentage of Medicare members 66 years of age and older who received at least one high-risk medication dispensing event during the measurement year.
2. The percentage of Medicare members 66 years of age and older who received at least two different high-risk medications dispensing events in during the measurement year.

**For both rates, a lower rate represents better performance.

For both measures, a high-risk medication is defined as any of the following:

1. A dispensed prescription from High-Risk Medications table.
2. Dispensed prescriptions that meet days' supply criteria from High-Risk Medications with Days
3. Supply Criteria table.
4. A dispensed prescription that meets average daily dose criteria from High-Risk Medications
5. With Average Daily Dose Criteria table.

Billing Reference:

High-Risk Medications

Description	Prescription	
Anticholinergics, first-generation antihistamines	Brompheniramine	Diphenhydramine (oral)
	Carbinoxamine	Dimenhydrinate
	Chlorpheniramine	Doxylamine
	Clemastine	Hydroxyzine
	Cyproheptadine	Meclizine
	Dexbrompheniramine	Promethazine
	Dexchlorpheniramine	Triprolidine
Anticholinergics, anti-Parkinson agents	Benztropine (oral)	Trihexyphenidyl
Antispasmodics	Dicyclomine	Hyoscyamine
	Belladonna alkaloids	Propantheline
	Clidinium-chlordiazepoxide	Scopolamine
	Atropine (exclude ophthalmic)	
Antithrombotics	Dipyridamole, oral short-acting (does not apply to the extended-release combination with aspirin)	
	Ticlopidine	
Cardiovascular, alpha agonists, central	Guanfacine	Methyldopa
Cardiovascular, other	Disopyramide	Nifedipine, immediate release
Central nervous system, antidepressants	Amitriptyline	Trimipramine
	Clomipramine	Nortriptyline
	Amoxapine	Paroxetine
	Desipramine	Protriptyline
	Imipramine	

High-Risk Medications continued			
Description	Prescription		
Central nervous system, barbiturates	Amobarbital	Pentobarbital	
	Butabarbital	Phenobarbital	
	Butalbital	Secobarbital	
Central nervous system, vasodilators	Ergot mesylates	Isoxsuprine	
Central nervous system, other	Meprobamate		
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	Conjugated estrogen	Estradiol	
	Esterified estrogen	Estropipate	
Endocrine system, sulfonylureas, long-duration	Chlorpropamide	Glyburide	
Endocrine system, other	Desiccated thyroid	Megestrol	
Pain medications, skeletal muscle relaxants	Carisoprodol	Metaxalone	
	Chlorzoxazone	Methocarbamol	
	Cyclobenzaprine	Orphenadrine	
Pain medications, other	Indomethacin	Meperidine	
	Ketorolac, includes parenteral	Pentazocine	
High-Risk Medications With Days' Supply Criteria			
Description	Prescription		Days' Supply Criteria
Anti-Infectives, other	Nitrofurantoin	Nitrofurantoin macrocrystals-monohydrate	>90 days
	Nitrofurantoin macrocrystals		
Nonbenzodiazepine hypnotics	Eszopiclone	Zolpidem	>90 days
	Zaleplon		
High-Risk Medications With Average Daily Dose Criteria			
Description	Prescription	Average Daily Dose Criteria	
Alpha agonists, central	Reserpine	>0.1 mg/day	
Cardiovascular, other	Digoxin	>0.125 mg/day	
Tertiary TCAs (as single agent or as part of combination products)	Doxepin	>6 mg/day	
Central nervous system, barbiturates	Amobarbital	Pentobarbital	
	Butabarbital	Phenobarbital	
	Butalbital	Secobarbital	
Central nervous system, vasodilators	Ergot mesylates	Isoxsuprine	

Central nervous system, other	Meprobamate	
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	Conjugated estrogen	Estradiol
	Esterified estrogen	Estropipate
Endocrine system, sulfonylureas, long-duration	Chlorpropamide	Glyburide
Endocrine system, other	Desiccated thyroid	Megestrol
Pain medications, skeletal muscle relaxants	Carisoprodol	Metaxalone
	Chlorzoxazone	Methocarbamol
	Cyclobenzaprine	Orphenadrine
Pain medications, other	Indomethacin	Meperidine
	Ketorolac, includes parenteral	Pentazocine
Alpha agonists, central	Reserpine	>0.1 mg/day
Cardiovascular, other	Digoxin	>0.125 mg/day
Tertiary TCAs (as single agent or as part of combination products)	Doxepin	>6 mg/day
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Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)

Measure Definition:

The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.

Three individual rates and a total rate are reported:

1. A history of falls and a prescription for anticonvulsants, SSRIs, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics or tricyclic antidepressants.
2. Dementia and a prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, H2 receptor antagonists or anticholinergic agents.
3. Chronic kidney disease and a prescription for Cox-2 selective NSAIDs or non-aspirin NSAIDs

**Lower rate indicates better performance

Billing Reference:

Description	ICD-10 CM			
Falls	Any fall or hip fracture ICD10 or CPT code pulls the member into this measure			
Dementia	F01.5, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83			
Chronic Kidney Disease Stage 4	N18.4			
Description	ICD-10 CM	ICD-10 PCS	HCPCS	CPT
ESRD	N18.5, N18.6, Z91.15, Z99.2	3E1M39Z, 5A1D00Z, 5A1D60Z- 5A1D90Z	G0257, S9339	36147, 36800, 36810, 36815, 36818- 36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512
Kidney Transplant	Z94.0	0TY00Z0 - 0TY00Z2, 0TY10Z0 - 0TY10Z2	S2065	50300, 50320, 50340, 50360, 50365, 50370, 50380

Potentially Harmful Medications

Potentially Harmful Drugs - Rate 1

Description	Prescription			
Anticonvulsants	Carbamazepine	Felbamate	Methsuximide	Tiagabine HCL
	Clobazam	Fosphenytoin	Oxcarbazepine	Topiramate
	Divalproex sodium	Gabapentin	Phenytoin	Valproate sodium
	Ethosuximide	Lacosamide	Pregabalin	Valproic acid
	Ethotoin	Lamotrigine	Primidone	Vigabatrin
	Ezogabine	Levetiracetam	Rufinamide	Zonisamide
SSRIs	Citalopram	Fluoxetine	Paroxetine	N/A
	Escitalopram	Fluvoxamine	Sertraline	

Potentially Harmful Drugs - Rate 1 and Rate 2

Description	Prescription			
Antipsychotics	Aripiprazole	Fluphenazine	Olanzapine	Thioridazine
	Asenapine	Haloperidol	Paliperidone	Thiothixene
	Brexpiprazole	Iloperidone	Perphenazine	Trifluoperazine
	Cariprazine	Loxapine	Pimozide	Ziprasidone
	Chlorpromazine	Lurasidone	Quetiapine	N/A
	Clozapine	Molindone	Risperidone	
Benzodiazepines	Alprazolam	Estazolam	Quazepam	
	Chlordiazepoxide products	Flurazepam HCL	Temazepam	
	Clonazepam	Lorazepam	Triazolam	
	Clorazepate-dipotassium	Midazolam HCL	N/A	
	Diazepam	Oxazepam		
Nonbenzodiazepine hypnotics	Eszopiclone	Zaleplon	Zolpidem	
Tricyclic antidepressants	Amitriptyline	Desipramine	Nortriptyline	
	Amoxapine	Doxepin (>6 mg)	Protriptyline	
	Clomipramine	Imipramine	Trimipramine	

Potentially Harmful Drugs - Rate 2

Description	Prescription			
H2 receptor antagonists	Cimetidine	Famotidine	Nizatidine	Ranitidine
Anticholinergic agents, antihistamines	Prochlorperazine	Promethazine	N/A	

Potentially Harmful Medications continued				
Anticholinergic agents, antihistamines	Carbinoxamine	Triprolidine	Dexbrompheniramine	
	Chlorpheniramine	Cyproheptadine	Dexchlorpheniramine	
	Hydroxyzine	Dimenhydrinate	Doxylamine	
	Brompheniramine	Diphenhydramine	N/A	
	Clemastine	Meclizine		
Anticholinergic agents, antispasmodics	Atropine		Dicyclomine	Scopolamine
	Homatropine		Hyoscyamine	Clidinium-chlordiazepoxide
	Belladonna alkaloids		Propantheline	
Anticholinergic agents, antimuscarinics (oral)	Darifenacin	Flavoxate	Solifenacin	Trospium
	Fesoterodine	Oxybutynin	Tolterodine	N/A
Anticholinergic agents, anti-Parkinson agents	Benztropine	Trihexyphenidyl	N/A	
Anticholinergic agents, skeletal muscle relaxants	Cyclobenzaprine	Orphenadrine	N/A	
Anticholinergic agents, SSRIs	Paroxetine	N/A		
Anticholinergic agents, antiarrhythmics	Disopyramide	N/A		
Potentially Harmful Drugs - Selective NSAIDs and Non-aspirin NSAIDs Rate 3				
Description	Prescription			
Cox-2 Selective NSAIDs	Celecoxib			
Nonaspirin NSAIDs	Diclofenac potassium	Ketoprofen	Naproxen sodium	
	Diclofenac sodium	Ketorolac	Oxaprozin	
	Etodolac	Meclofenamate	Piroxicam	
	Fenoprofen	Mefenamic acid	Sulindac	
	Flurbiprofen	Meloxicam	Tolmetin	
	Ibuprofen	Nabumetone	N/A	
	Indomethacin	Naproxen		

Osteoporosis Management in Women Who Had a Fracture (OMW)

Measure Definition:

The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Billing Reference:

Description	CPT	HCPCS	ICD-10 PCS
Bone Mineral Density Test	76977, 77078, 77080-77082, 77085-77086	G0130	BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZI, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

FDA-Approved Osteoporosis Therapies

Description	Prescriptions	HCPCS J	
Biphosphonates	Alendronate	J1740, J3487, J3488, J3489, Q2051	
	Risedronate		
	Alendronate-cholecalciferol		Zoledronic acid
	Ibandronate		
Other agents	Abaloparatide	Raloxifene	N/A
	Calcitonin	Teriparatide	J0630, J0897, J3110
	Denosumab	N/A	

Additional Exclusion Criteria:

Exclude from Medicare reporting members age 67 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 67 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

Exclude members age 81 and older as of 12/31 of the measurement year who had at least one frailty claim.

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Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

Measure Definition:

The percentage of members who were hospitalized and discharged with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Billing Reference:

Description	ICD-10 CM
AMI	I21.01-I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9

Beta-Blocker Medications

Description	Prescriptions	
Noncardioselective beta-blockers	Carvedilol	Propranolol
	Labetalol	Timolol
	Nadolol	Sotalol
	Pindolol	
Cardioselective beta-blockers	Acebutolol	Bisoprolol
	Atenolol	Metoprolol
	Betaxolol	Nebivolol
Antihypertensive combinations	Atenolol-chlorthalidone	Hydrochlorothiazide-metoprolol
	Bendroflumethiazide-nadolol	Hydrochlorothiazide-propranolol
	Bisoprolol-hydrochlorothiazide	

Measure Exclusion Criteria:

Patients identified as having an intolerance or allergy to beta-blocker therapy. Any of the following anytime during the member's history through 179 days after discharge:

Members with any of these diagnoses, anytime in their history are excluded from this measure:

History of Asthma, Chronic Respiratory Conditions Due to Fumes/Vapors, COPD, Obstructive Chronic Bronchitis, Hypotension, Heart Block >1st degree, Sinus bradycardia, a medication dispensing event indicative of a history of asthma.

Other Exclusions:

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

Exclude members age 81 and older as of 12/31 of the measurement year who had at least one frailty claim.

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Non-Recommended PSA-Based Screening in Older Men (PSA)

Measure Definition:

The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

** A lower rate indicates better performance

Billing Reference:

Exclusions

Description	ICD-10 CM	
Prostate Cancer	C61, D07.5, D40.0, Z15.03, Z85.46	
Prostate Dysplasia	N42.3-N42.32, N42.39	
Description	CPT	HCPCS
A PSA test during the year prior to them measurement year, where laboratory data indicate an elevated result (>4.0 ng/mL)	84153	G0103

Dispensed a prescription for a 5-alpha reductase inhibitor (Finasteride or Dutasteride) during the measurement year.

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Antidepressant Medication Management (AMM)

Measure Definition:

The percentage of members 21 years of age and older who were treated with antidepressant medication had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:

1. *Effective Acute Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
2. *Effective Continuation Phase Treatment.* The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Common Chart Deficiencies and Tips

- Talk to patient about depression and their treatment plan. The stigma associated with a diagnosis of depression that may result in a patient declining medication or stopping the medication after they start.
- Explain what they can expect when starting the medication and how long it may take before they feel the effect.
- Stress the importance of staying on the medication. Patient should call if having problems with the medication and never stop the medication without consulting you.
- Schedule follow-up visits before patient leaves office and stress the need for follow-up visits.

Billing Reference:

Description	ICD-10 CM			
Major Depression	F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9			
Description	Medication			
Miscellaneous Antidepressants	Bupropion	Vilazodone	Vortioxetine	N/A
Monoamine Oxidase Inhibitors	Isocarboxazid	Phenelzine	Selegiline	Tranlycypromine
Phenylpiperazine Antidepressants	Nefazodone	Trazadone	N/A	
Psychotherapeutic Comb	Amitriptyline-chlordiazepoxide		Amitriptyline-perphenazine	
	Fluoxetine-olanzapine			
SNRI Antidepressants	Desvenlafaxine	Duloxetine	Levomilnacipran	Venlafaxine
SSRI Antidepressants	Citalopram	Escitalopram	Fluoxetine	Fluvoxamine
	Paroxetine	Sertraline	N/A	
Tetracyclic Antidepressants	Maprotiline	Mirtazapine	N/A	
Tetracyclic Antidepressants	Amitriptyline	Clomipramine	Doxepin (>6mg)	Nortriptyline
	Amoxapine	Desipramine	Imipramine	Protriptyline
	Trimipramine			

Pharmacotherapy Management of COPD Exacerbation (PCE)

Measure Definition:

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit and who were dispensed appropriate medications.

Two rates are reported:

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Billing Reference:

Description	ICD-10 CM
COPD	J44.0, J44.1, J44.9
Emphysema	J43.0-J43.2, J43.8, J43.9
Chronic Bronchitis	J41.0, J41.1, J41.8, J42

COPD Medications

Systemic Corticosteroids

Description	Prescriptions	
Glucocorticosteroids	Cortisone-acetate	Methylprednisolone
	Dexamethasone	Prednisolone
	Hydrocortisone	Prednisone

Bronchodilators

Description	Prescriptions	
Anticholinergic Agents	Albuterol-ipratropium	Ipratropium
	Aclidinium-bromide	Tiotropium
	Umeclidinium	
Beta 2-agonists	Albuterol	Indacaterol-glycopyrrolate
	Arformoterol	Levalbuterol
	Budesonide-formoterol	Mometasone-formoterol
	Fluticasone-salmeterol	Metaproterenol
	Fluticasone-vilanterol	Olodaterol-hydrochloride
	Formoterol	Olodaterol-tiotropium
	Formoterol-glycopyrrolate	Salmeterol
Indacaterol	Umeclidinium-vilanterol	
Antiasthmatic combinations	Dyphylline-guaifenesin	

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Statin Therapy for Patients with Cardiovascular Disease (SPC)

Measure Definition:

The percentage of males 21-75 years of age and females 40-75 years during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria.

The following rates are reported:

1. *Received Statin Therapy.* Members who were dispensed at least one high-intensity or moderate-intensity statin medication in during the measurement year.
2. *Statin Adherence 80%.* Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Common Chart Deficiencies and Tip:

Review medication list at every visit.

Diagnosis

Members are identified for this measure by event or diagnosis.

Events: Any of the following during the year prior to the measurement year:

Discharged from an inpatient setting with an MI diagnosis, CABG, PCI or other revascularization procedure.

Diagnosis: Members identified as having ischemic vascular disease during at least one OP visit or one IP encounter, during the measurement year and the year prior to the measurement year.

Measure Exclusion Criteria:

Description	ICD-10 CM/PCS
ESRD	N18.5, N18.6, Z91.15, Z99.2, 3E1M39Z, 5A1D00Z, 5A1D60Z
Cirrhosis	K70.30, K70.31, K71.7, K74.3 - K74.5, K74.60, K74.69, P78.81
Myalgia, myopathy, myositis or rhabdomyolysis	G72.0, G72.2, G72.9, M62.82, M79.1

Pregnancy, in vitro fertilization or dispensed a prescription for Clomiphene during the measure year or year prior

Other Exclusions:

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

High and Moderate-Intensity Statin Medications

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

Statin Therapy for Patients with Diabetes (SPD)

Measure Definition:

The percentage of members 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.

Two rates are reported:

1. *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity in during the measurement year.
2. *Statin Adherence 80%.* Members who remained on statin medication of any intensity for at least 80% of the treatment period.

Common Chart Deficiencies and Tips:

1. Review medication list at every visit.
2. Educate patients about the importance of medication compliance.

Diagnosis:

Members are identified for this measure claims/encounter data and pharmacy data. The members must have at least 2 outpatient visits or 1 acute inpatient encounter with the diagnosis of diabetes in the measurement year or the year prior. Or, the member was dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior.

Measure Exclusion Criteria:

During the year prior to the measurement year: Diagnosis of MI, CABG, PCI, other revascular procedure.

During the measurement year or year prior: Pregnancy, IVF, dispensed at least one Rx for Clomiphene, ESRD or Cirrhosis.

During the measurement year: Myalgia, Myositis, Myopathy or Rhabdomyolysis.

In both the measurement year AND the year prior to the measurement year: IVD

Other Exclusions

Exclude from Medicare reporting members age 66 and older as of 12/31 of the measurement year who were enrolled in an Institutional SNP or living long-term in an institution any time during the measurement year.

Exclude members age 66 to 80 as of 12/31 of the measurement year with BOTH advanced illness and frailty: a claim for an advanced illness condition from the measurement year or the year prior and a claim for frailty in the measurement year.

Statin Medications

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

Low-intensity statin therapy	Simvastatin 10 mg	Lovastatin 20 mg
	Ezetimibe-simvastatin 10 mg	Fluvastatin 20–40 mg
	Pravastatin 10–20 mg	Pitavastatin 1 mg

Medication Reconciliation Post Discharge (MRP)

Measure Definition:

The percentage of discharges from January 1-December 1 of the measurement year for members for whom medications were reconciled on the date of discharge through 30 days after discharge (31 total days).

Common Chart Deficiencies:

- Medical record needs to note that it is a post-discharge follow-up and that discharge medications were reviewed.

Billing Reference:

Description	Codes	
Medication Reconciliation Encounter	CPT	99483, 99495, 99496
Medication Reconciliation	CPT II Codes	1111F
	SNOMED	430193006, 428701000124107

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Transitions of Care (TRC)

Measure Definition:

The percentage of discharges for members who had each of the following:

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.
3. Patient Engagement After Inpatient Discharge. Documentation of patient engagement (office visit, home visit or telehealth) provided within 30 days after discharge.
4. Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after discharge

there are no billing codes for the first two submeasures: Notification of Inpatient Admission and Receipt of Discharge Information

Billing Reference:

PATIENT ENGAGEMENT AFTER INPATIENT DISCHARGE

Outpatient Visit	CPT	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483
	HCPCS	G0402, G0438, G0439, G0463, T1015,
	SNOMED	17436001, 30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 439740005, 3391000175108, 444971000124105
	UBREV	0510-0517, 0519-0523, 0526-0529, 0982, 0983
Telephone Visit	CPT	98966, 98967, 98968, 99441, 99442, 99443
	SNOMED	11797002, 185317003, 314849005, 386472008, 386473003, 386479004
Transitional care management services	CPT	99495, 99496

MEDICATION RECONCILIATION POST DISCHARGE

Medication Reconciliation Encounter	CPT	99483, 99495, 99496
Medication Reconciliation	CPT II Codes	1111F
	SNOMED	430193006, 428701000124107

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