

HEDIS[®] Adult 2021

Documentation and Coding Guidelines



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EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Measure/coding tips	Measure description	Documentation required	Coding
<p>Breast Cancer Screening (BCS)</p> <p><i>This is also a measure (BSC-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</i></p>	<p>Women 50 – 74 years of age who had a mammogram to screen for breast cancer.</p>	<p>A performed mammogram screening includes: All types and methods of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis) qualify for numerator compliance.</p> <p>Note: Biopsies, breast ultrasounds, and MRIs do not count toward this measure.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services in the measurement year (MY). • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> • Bilateral mastectomy or unilateral mastectomy with bilateral modifier any time during the member's history through the end of the MY. • Deceased in the MY. <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> • Documentation not clear if unilateral or bilateral mastectomy. • Missing clear documentation on transgender patients (not clear that member is appropriate for the screening or if screening ordered/ completed). 	<p>Mammography: CPT: 77061, 77062, 77063, 77065, 77066, 77067</p> <p>HCPCS: G0202, G0204, G0206</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: PREVENTION AND SCREENING			
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<p>Cervical Cancer Screening (CCS)</p> <p><i>This is also a measure (CCS-E) collected through Electronic Clinical Data Systems. Please discuss options for a direct data feed with your Account Executive. Direct data feeds can improve provider quality performance and reduce the burden of medical record requests.</i></p>	<p>Women 21 – 64 years of age who were screened for cervical cancer using the following criteria:</p> <ul style="list-style-type: none"> • Age 21 – 64: At least one cervical cytology (Pap) test within the last three years. • Age 30 – 64: At least one cervical high-risk human papillomavirus (hrHPV) test performed within the last five years. • Age 30 – 64: At least one cervical cytology (Pap) test/high-risk human papillomavirus (hrHPV) co-testing in the last five years. 	<p>Documentation using either of the following criteria:</p> <ul style="list-style-type: none"> • A note indicating the date when the cervical cytology was performed and the findings. • A note indicating the date hrHPV test was performed and the findings. <p>Note: Evidence of hrHPV testing within the last five years also captures patients who had co-testing.</p> <p>Do not count:</p> <ul style="list-style-type: none"> • Lab results that indicate the sample was inadequate or that “no cervical cells were present” are not a valid screening. • Biopsies are diagnostic and are not valid as a primary cervical cancer screening. <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following any time during the member’s history through December 31 of the MY:</p> <ul style="list-style-type: none"> • Evidence of a hysterectomy with no residual cervix. Must specify “complete,” “total,” “radical,” “abdominal,” or “vaginal” hysterectomy. • “Cervical agenesis” or “acquired absence of the cervix.” • Hysterectomy in combination with documentation that the patient no longer needs Pap testing/cervical cancer screening. • Deceased in the MY. <p>Gender exclusions:</p> <ul style="list-style-type: none"> • Evidence that a patient was born a male. • Documentation patient is “transitioning from male to female” or has undergone sex reassignment surgery from male to female. • Documentation of “binary,” “nonbinary,” “transgender,” or “transsexual” would not be considered an exclusion. <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> • Hysterectomy is not documented in the chart sufficiently to exclude member from measure. • Member-reported data not captured within history in chart with sufficient information to show the screening was completed in the measure time frame. • Pap/HPV test completed but results not documented. • Missing clear documentation on transgender patients (not clear that member is appropriate for the screening or if screening ordered/completed). 	<p>Cervical cytology (Pap): CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175 HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>High-risk HPV testing: CPT: 87624, 87625 HCPCS: G0476</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: PREVENTION AND SCREENING			
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<p>Chlamydia Screening in Women (CHL)</p>	<p>Women ages 16 – 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year (MY).</p>	<p>Perform chlamydia screening every year on every female ages 16 – 24 identified as sexually active. Offer member the option to have the chlamydia screening performed through a urine test.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions: Noncompliant members who qualified for the measure based solely on a pregnancy test maybe excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> A pregnancy test in the MY and a prescription for isotretinoin (retinoid) on the date of the pregnancy test or six days after the pregnancy test. A pregnancy test in the MY and an X-ray on the date of the pregnancy test or the six days after the pregnancy test. Deceased in the MY. <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> Not collecting/testing urine sample routinely at well visit. Criteria is not met by notation of parental/patient refusal. Criteria is not met by notation that patient is not sexually active. 	<p>Chlamydia tests: CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS			
Measure/coding tips	Measure description	Documentation required	Coding
<p>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</p>	<p>The percentage of members 40 years of age and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.</p>	<p>Documentation of at least one claim/encounter for spirometry during the 730 days (two years) prior to the index episode start date (IESD) through 180 days (six months) after the IESD.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Spirometry: CPT: 94010, 94014, 94015, 94016, 94060, 94070, 94375, 94620</p> <p>COPD: ICD-10: J44.0, J44.1, J44.9</p> <p>Chronic bronchitis: ICD-10: J41.0, J41.1, J41.8, J42</p> <p>Emphysema: ICD-10: J43.0, J43.1, J43.2, J43.8, J43.9</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS			
Measure/coding tips	Measure description	Documentation required	Coding
<p>Pharmacotherapy Management of COPD Exacerbation (PCE)</p>	<p>Members 40 years of age and older who had an acute inpatient discharge or ER visit on or between January 1 through November 30 of the MY and who had evidence of an active prescription or were dispensed one of the following appropriate medications:</p> <ul style="list-style-type: none"> A systemic corticosteroid within 14 days of the event. A bronchodilator within 30 days of the event. <p>This is an episode-based event so a member may be included multiple times.</p>	<p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>HEDIS rates are based on pharmacy claims.</p> <p>Systemic corticosteroid medications: Glucocorticoids: cortisone-acetate, dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone</p> <p>Bronchodilator medications: Anticholinergic agents: acclidinium bromide, ipratropium, tiotropium, umeclidinium Beta-2-agonists: albuterol, arformoterol, formoterol, indacaterol, levalbuterol, metaproterenol, salmeterol Bronchodilator combinations: albuterol-ipratropium, budesonide-formoterol, fluticasone-salmeterol, fluticasone-vilanterol, fluticasone furoate-umeclidinium-vilanterol, formoterol-aclidinium, formoterol-glycopyrrolate, formoterol-mometasone, indacaterol-glycopyrrolate, olodaterol hydrochloride, olodaterol-tiotropium, umeclidinium-vilanterol</p>
<p>Asthma Medication Ratio (AMR)</p>	<p>The percentage of members 5 – 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 50% or greater during the measurement year (MY).</p>	<p>Oral medication dispensing event: Multiple prescriptions for different medications dispensed on the same day are counted as separate dispensing events. If multiple prescriptions for the same medication are dispensed on the same day, sum up the day's supply and divide by 30. Use the drug ID to determine if the prescriptions are the same or different.</p> <p>Inhaler dispensing event: All inhalers (i.e., canisters) of the same medication dispensed on the same day count as one dispensing event. Medications with different drug IDs dispensed on the same day are counted as different dispensing events.</p> <p>Injection dispensing events: Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.</p> <p>Units of medications: When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or 30 days' or less supply of an oral medication.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. Members who had no asthma medications dispensed during the MY. Members who had a diagnosis anytime during the member's history through December 31 of the MY of any of the follow: emphysema, COPD, chronic respiratory conditions due to fumes/vapors. Cystic fibrosis, acute respiratory failure. <p>Common chart deficiencies: No documentation of review of medications at every visit.</p>	<p>Population includes ER, IP, and/or observation visits billed with asthma diagnosis or four non-controller asthma medication dispensing events during the MY and the year prior.</p> <p>Asthma diagnoses: ICD-10: J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998</p> <p>Asthma controller medications: Antiasthmatic combinations: dyphylline-guaifenesin Antibody inhibitors: omalizumab Anti-interleukin-4: dupilumab Anti-interleukin-5: benralizumab, mepolizumab, reslizumab Inhaled steroid combinations: budesonide-formoterol, fluticasone-salmeterol, fluticasone-vilanterol, formoterol-mometasone Inhaled corticosteroids: beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone Leukotriene modifiers: montelukast, zafirlukast, zileuton Methylxanthines: theophylline</p> <p>Asthma reliever medications: Short-acting, inhaled beta-2 agonists: albuterol, levalbuterol</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



ACCESS AND AVAILABILITY			
Measure/coding tips	Measure description	Documentation required	Coding
<p>Adults' Access to Preventive/Ambulatory Health Services (AAP)</p>	<p>Members 20 years and older who had an ambulatory or preventive care visit during the measurement year (MY).</p>	<p>One or more ambulatory or preventive care visits during the MY. Telephone and e-visits are acceptable.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Ambulatory visit: CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015 ICD-10-CM: Z00.00, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2</p> <p>Other ambulatory visits: CPT: 92002, 92004, 92012, 92014, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337 HCPCS: S0620, S0621 UBREV: 0524, 0525</p> <p>Telephone visits: CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online assessments: CPT: 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>
<p>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</p>	<p>Adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who received initiation of AOD treatment or engagement of AOD treatment.</p> <p>Two rates are reported:</p> <p>1. Initiation of AOD treatment: 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.</p> <p>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.</p>	<p>The MY is January 1 – December 31.</p> <p>Note:</p> <ul style="list-style-type: none"> Methadone is not included in the medication lists for the measure. Medication treatment meets criteria for members being treated for alcohol or opioid abuse or dependence. It does not meet the criteria for treatment of other drug abuse or dependence. <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Opioid use disorder (OUD) monthly office-based treatment (if service that bills monthly or diagnosis from opioid abuse or dependence): HCPCS: G2086, G2087</p> <p>IET stand-alone visits (with alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence): CPT: 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99483, 99510 HCPCS: G0155, G0176, G0177, G0396, G0397, G0409, G0410, G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H0047, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2035, H2036, S0201, S9480, S9484, S9485, T1006, T1012, T1015 UBREV: 0510, 0513, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0900, 0902, 0903, 0904, 0905, 0906, 0907, 0911, 0912, 0913, 0914, 0915, 0916, 0917, 0919, 0944, 0945, 0982, 0983</p> <p>Observation (with alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence): CPT: 99217, 99218, 99219, 99220</p> <p>Telephone visit (with alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence): CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Alcohol abuse or dependence: ICD-10-CM: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29</p>



ACCESS AND AVAILABILITY	
Measure/coding tips	Coding
<p>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)</p> <p>(Continued from page 5)</p>	<p>Opioid abuse or dependence: ICD-10-CM: F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29</p> <p>Other drug abuse or dependence: ICD-10-CM: F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288, F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29</p> <p>IET visits group 1 (with IET POS group 1 and alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence): CPT: 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p>IET POS group 1: POS: 02, 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 52, 53, 57, 58, 71, 72</p> <p>IET visits group 2 (with IET POS group 2 and alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence): CPT: 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255</p> <p>IET POS group 2: POS: 02, 52, 53</p> <p>Online assessments (with alcohol abuse or dependence, opioid abuse or dependence, or other drug abuse or dependence): CPT: 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</p> <p>OUD weekly nondrug service (if diagnosis from opioid abuse or dependence): HCPCS: G2071, G2074, G2075, G2076, G2077, G2080</p> <p>OUD weekly drug treatment service (if diagnosis from opioid abuse or dependence): HCPCS: G2067, G2068, G2069, G2070, G2072, G2073</p> <p>AOD medication treatment (if diagnosis from alcohol abuse or dependence or opioid abuse or dependence): HCPCS: H0020, H0033, J0570, J0571, J0572, J0573, J0574, J0575, J2315, Q9991, Q9992, S0109</p> <p>Alcohol use disorder treatment medications list (if diagnosis from alcohol abuse or dependence): Aldehyde dehydrogenase inhibitor: disulfiram (oral) Antagonist: naltrexone (oral and injectable) Other: acamprosate (oral, delayed-release tablet)</p> <p>Opioid use disorder treatment medications (if diagnosis from opioid abuse or dependence): Antagonist: Naltrexone (oral and injectable)</p> <p>Partial agonist: Buprenorphine (sublingual tablet, injection, implant), buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



ACCESS AND AVAILABILITY			
Measure/coding tips	Measure description	Documentation required	Coding
<p>Prenatal and Postpartum Care (PPC)</p>	<p>The percentage of deliveries of live births on or between October 8 of the year prior to the MY and October 7 of the MY. For these women, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Postpartum Care. The percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery. 	<p>Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> Documentation indicating pregnancy or reference to pregnancy (use of a standardized prenatal flow sheet, documentation of last menstrual period [LMP], estimated due date [EDD], gestational age [GA], a positive pregnancy test, gravidity and parity, a complete obstetrical history, prenatal risk assessment or counseling/education). A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height. Evidence that a prenatal care procedure was performed (e.g., OB panel, ultrasound). <p>Postpartum visit to an OB/GYN or other prenatal care practitioner or PCP. Documentation in the medical record must include a note indicating the date when the postpartum care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> Pelvic exam: colposcopy is not acceptable for a postpartum visit. Evaluation of weight, blood pressure (BP), breasts, and abdomen: Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component. Notation of postpartum care, including, but not limited to: notation of "postpartum care," "PP care," "PP checks," "six-week check." A preprinted postpartum care form in which information was documented during the visit. Perineal or cesarean incision/wound check. Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders. Glucose screening for women with gestational diabetes. Documentation of any of the following: infant care or breastfeeding; resumption of intercourse, birth spacing, family planning; sleep/fatigue; resumption of physical activity; attainment of healthy weight. <p>Note:</p> <ul style="list-style-type: none"> Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. Services that occur over multiple visits count toward Timeliness of Prenatal Care if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure. <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Non-live birth. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Deceased in the MY. <p>Common chart deficiencies: Missing signature on charts so unable to determine provider type of services. Only initials on charts so unable to determine provider type of services. Ultrasound and/or labs with no associated prenatal visit documentation in measure time frame. Initial prenatal visit documented as intake with RN but no visit with OBGYN or PCP. Diagnosis of pregnancy not documented in chart. Dates of service in progress notes do not align with dates on ONAF. ONAF not filled out completely.</p>	<p>Prenatal indicator: Stand-alone prenatal visits: CPT: 99500 CPT-CAT-II: 0500F, 0501F, 0502F HCPCS: H1000, H1001, H1002, H1003, H1004</p> <p>Bundled prenatal visits: CPT: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005</p> <p>Prenatal visits (with diagnosis of pregnancy): CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99483 HCPCS: G0463, T1015</p> <p>Telephone visit (with diagnosis of pregnancy): CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online assessment (with diagnosis of pregnancy): CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458 HCPCS: G2010, G2012, G2061, G2062, G2063</p> <p>Pregnancy diagnosis: ICD-10-CM: O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09.A2, O09.A3, O10.011, O10.012, O10.013, O10.019, O10.111, O10.112, O10.113, O10.119, O10.211, O10.212, O10.213, O10.219, O10.311, O10.312, O10.313, O10.319, O10.411, O10.412, O10.413, O10.419, O10.911, O10.912, O10.913, O10.919, O11.1, O11.2, O11.3, O11.9, O12.00, O12.01, O12.02, O12.03, O12.10, O12.11, O12.12, O12.13, O12.20, O12.21, O12.22, O12.23, O13.1, O13.2, O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12, O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.00, O15.02, O15.03, O15.1, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10, O22.11, O22.12, O22.13, O22.20, O22.21, O22.22, O22.23, O22.30, O22.31, O22.32, O22.33, O22.40, O22.41, O22.42, O22.43, O22.50, O22.51, O22.52, O22.53, O22.8X1, O22.8X2, O22.8X3, O22.8X9, O22.90, O22.91, O22.92, O22.93, O23.00, O23.01, O23.02, O23.03, O23.10, O23.11, O23.12, O23.13, O23.20, O23.21, O23.22, O23.23, O23.30, O23.31, O23.32, O23.33, O23.40, O23.41, O23.42, O23.43, O23.511, O23.512, O23.513, O23.519, O23.521, O23.522, O23.523, O23.529, O23.591, O23.592, O23.593, O23.599, O23.90, O23.91, O23.92, O23.93, O24.011, O24.012, O24.013, O24.019, O24.111, O24.112, O24.113, O24.119, O24.311, O24.312, O24.313, O24.319, O24.410, O24.414, O24.415, O24.419, O24.811, O24.812, O24.813, O24.819, O24.911, O24.912, O24.913, O24.919, O25.10, O25.11, O25.12, O25.13, O26.00, O26.01, O26.02, O26.03, O26.10, O26.11, O26.12, O26.13, O26.20, O26.21, O26.22, O26.23, O26.30, O26.31, O26.32, O26.33, O26.40, O26.41, O26.42, O26.43, O26.50, O26.51, O26.52, O26.53, O26.611, O26.612, O26.613, O26.619, O26.711, O26.712, O26.713, O26.719, O26.811, O26.812, O26.813, O26.819, O26.821, O26.822, O26.823, O26.829, O26.831, O26.832, O26.833, O26.839, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O26.86, O26.849, O26.851, O26.852, 26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891, O26.892, O26.893, O26.899, O26.90, O26.91, O26.92, O26.93, O28.0, O28.1, O28.2, O28.3, O28.4, O28.5, O28.8, O28.9, O29.011, O29.012, O29.013, O29.019, O29.021, O29.022, O29.023, O29.029, O29.091, O29.092, O29.093, O29.099, O29.111, O29.112, O29.113, O29.119, O29.121, O29.122, O29.123, O29.129, O29.191, O29.192, O29.193, O29.199, O29.211, O29.212, O29.213, O29.219, O29.291, O29.292, O29.293, O29.299, O29.3X1, O29.3X2, O29.3X3, O29.3X9, O29.40, O29.41, O29.42, O29.43, O29.5X1, O29.5X2, O29.5X3, O29.5X9, O29.60, O29.61, O29.62, O29.63, O29.8X1, O29.8X2, O29.8X3, O29.8X9, O29.90, O29.91, O29.92, O29.93, O30.001, O30.002, O30.003, O30.009, O30.011, O30.012, O30.013, O30.019, O30.021, O30.022, O30.023, O30.029, O30.031, O30.032, O30.033, O30.039, O30.041, O30.042, O30.043, O30.049, O30.091, O30.092, O30.093, O30.099,</p>



ACCESS AND AVAILABILITY	
Measure/coding tips	Coding
<p>Prenatal And Postpartum Care (PPC)</p> <p>(Continued from page 8)</p>	<p>Pregnancy diagnosis:</p> <p>ICD-10-CM: O41.1039, O41.1090, O41.1091, O41.1092, O41.1093, O41.1094, O41.1095, O41.1099, O41.1210, O41.1211, O41.1212, O41.1213, O41.1214, O41.1215, O41.1219, O41.1220, O41.1221, O41.1222, O41.1223, O41.1224, O41.1225, O41.1229, O41.1230, O41.1231, O41.1232, O41.1233, O41.1234, O41.35, O41.1239, O41.1290, O41.1291, O41.1292, O41.1293, O41.1294, O41.1295, O41.129, O41.1410, O41.144, O41.1412, O41.1413, O41.1414, O41.1415, O41.1419, O41.1420, O41.1421, O41.1422, O41.1423, O41.1424, O41.1425, O41.1429, O41.1430, O41.1431, O41.1432, O41.1433, O41.1434, O41.1435, O41.1439, O41.1490, O41.1491, O41.1492, O41.1493, O41.1494, O41.1495, O41.1499, O41.8X10, O41.1420, O41.8X11, O41.8X12, O41.8X13, O41.8X14, O41.8X15, O41.8X19, O41.8X20, O41.8X21, O41.8X22, O41.8X23, O41.8X24, O41.8X25, O41.8X29, O41.8X30, O41.8X31, O41.8X32, O41.8X33, O41.8X34, O41.8X35, O41.8X39, O41.8X90, O41.8X91, O41.8X92, O41.8X93, O41.8X94, O41.8X95, O41.8X99, O41.90X0, O41.90X1, O41.90X2, O41.90X3, O41.90X4, O41.90X5, O41.90X9, O41.91X0, O41.91X1, O41.91X2, O41.91X3, O41.91X4, O41.91X5, O41.91X9, O41.92X0, O41.92X1, O41.92X2, O41.92X3, O41.92X4, O41.92X5, O41.92X9, O41.93X0, O41.93X1, O41.93X2, O41.93X3, O41.93X4, O41.93X5, O41.93X9, O042.00, O42.011, O42.012, O42.013, O42.019, O42.02, O42.10, O42.111, O42.112, O42.113, O42.119, O42.12, O42.90, O42.911, O42.912, O42.913, O42.919, O42.92, O43.011, O43.012, O43.013, O43.019, O43.021, O43.022, O43.023, O43.029, O43.101, O43.102, O43.103, O43.0109, O43.111, O43.112, O43.113, O43.119, O43.121, O43.122, O43.123, O43.129, O43.191, O43.192, O43.193, O43.199, O43.211, O43.212, O43.213, O43.219, O43.221, O43.222, O43.223, O43.229, O43.231, O43.232, O43.233, O43.239, O43.811, O43.812, O43.813, O43.819, O43.891, O43.892, O43.893, O43.899, O43.90, O43.91, O43.92, O43.93, O44.00, O44.01, O44.02, O44.03, O44.10, O44.11, O44.12, O44.13, O44.20, O44.21, O44.22, O44.23, O44.30, O44.31, O44.32, O44.33, O44.40, O44.41, O44.42, O44.43, O44.50, O44.51, O44.52, O44.53, O45.001, O45.002, O45.003, O45.009, O45.011, O45.012, O45.013, O45.019, O45.021, O45.022, O45.023, O45.029, O45.091, O45.092, O45.093, O45.099, O45.8X1, O45.8X2, O45.8X3, O45.8X9, O45.90, O45.91, O45.92, O45.93, O46.001, O46.002, O46.003, O46.009, O46.011, O46.012, O46.013, O46.019, O46.021, O46.022, O46.023, O46.029, O46.091, O46.092, O46.093, O46.099, O46.8X1, O46.8X2, O46.8X3, O46.8X9, O46.90, O46.91, O46.92, O46.93, O47.00, O47.02, O47.03, O47.1, O47.9, O48.0, O48.1, O60.00, O60.02, O60.03, O71.00, O71.02, O71.03, O71.1, O71.2, O71.3, O71.4, O71.5, O71.6, O71.7, O71.81, O71.82, O71.89, O71.9, O88.011, O88.012, O88.013, O88.019, O88.111, O88.112, O88.113, O88.119, O88.211, O88.212, O88.213, O88.219, O88.311, O88.312, O88.313, O88.319, O88.811, O88.812, O88.813, O88.819, O91.011, O91.012, O91.013, O91.019, O91.03, O91.111, O91.112, O91.113, O91.119, O91.13, O91.211, O91.212, O91.213, O91.219, O91.23, O92.011, O92.012, O92.013, O92.019, O92.03, O92.111, O92.112, O92.113, O92.119, O92.13, O92.3, O92.4, O92.5, O92.6, O92.70, O92.79, O98.011, O98.012, O98.013, O98.019, O98.111, O98.112, O98.113, O98.119, O98.211, O98.212, O98.213, O98.219, O98.311, O98.312, O98.313, O98.319, O98.411, O98.412, O98.413, O98.419, O98.511, O98.512, O98.513, O98.519, O98.611, O98.612, O98.613, O98.619, O98.711, O98.712, O98.713, O98.719, O98.811, O98.812, O98.813, O98.819, O98.911, O98.912, O98.913, O98.919, O99.011, O99.012, O99.013, O99.019, O99.111, O99.112, O99.113, O99.119, O99.119, O99.210, O99.211, O99.212, O99.213, O99.280, O99.281, O99.282, O99.283, O99.310, O99.311, O99.312, O99.313, O99.320, O99.321, O99.322, O99.323, O99.330, O99.331, O99.332, O99.333, O99.340, O99.341, O99.342, O99.343, O99.350, O99.351, O99.352, O99.353, O99.411, O99.412, O99.413, O99.419, O99.511, O99.512, O99.513, O99.519, O99.611, O99.612, O99.613, O99.619, O99.711, O99.712, O99.713, O99.719, O99.810, O99.820, O99.830, O99.840, O99.841, O99.842, O99.843, O99.841, O9A.111, O9A.112, O9A.113, O9A.119, O9A.211, O9A.212, O9A.213, O9A.219, O9A.311, O9A.312, O9A.313, O9A.319, O9A.411, O9A.412, O9A.413, O9A.419, O9A.511, O9A.512, O9A.513, O9A.519, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z32.01, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9</p> <p>Postpartum indicator:</p> <p>Postpartum visits:</p> <p>CPT: 57170, 58300, 59430, 99501</p> <p>CPT-CAT-II: 0503F</p> <p>ICD-10-CM: Z01.411, Z01.419, Z01.42, Z430.430, Z39.1, Z39.2</p> <p>Bundled postpartum visits:</p> <p>CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p> <p>Cervical cytology lab test:</p> <p>CPT: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175</p> <p>HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS			
Measure/coding tips	Measure description	Documentation required	Coding
<p>Controlling High Blood Pressure (CBP)</p>	<p>Members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year (MY).</p>	<ul style="list-style-type: none"> BP must be latest reading in the MY and must occur on or after the second diagnosis of HTN. Do not include BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests. Do not include BP readings taken during an inpatient stay or ER visit. When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used. If no BP is recorded during the MY, the member is “not controlled.” Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. Member-reported data documented in medical record is acceptable if BP captured with a digital device. <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Receiving palliative care any time in the MY. 66 years of age and older with frailty and advanced illness during the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31 of the MY. Documentation must include a dated note indicating evidence of ESRD, kidney transplant, or dialysis. Diagnosis of pregnancy during the MY. A nonacute inpatient admission during the MY. Deceased in the MY. <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> Retake of BP that is 140/90 or above not documented. Member-reported BP is not documented with sufficient detail. Claim missing CPT II codes for BP results. BP rounded up before documented in medical record. BP documented as a range. No documentation of follow-up appointment scheduled if BP elevated. Cardiology visits with no BP documented in the chart. Flowsheets missing member name and second identifier such as date of birth. 	<p>Compliance = Both a representative (most recent during the MY) systolic BP <140 mm Hg and a representative diastolic BP <90 mm Hg (BP in the normal or high-normal range) identified in documentation via medical record review.</p> <p>Systolic and diastolic blood pressure: CPT-CAT-II:</p> <ul style="list-style-type: none"> Systolic less than 130: 3074F. Systolic 130 – 139: 3075F. Systolic greater than or equal to 140: 3077F. Diastolic less than 80: 3078F. Diastolic 80 – 89: 3079F. Diastolic greater than or equal to 90: 3080F. <p>Outpatient without UBREV (with systolic and diastolic): CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015</p> <p>Telephone visit (with systolic and diastolic): CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online assessments (with systolic and diastolic): CPT: 98969, 98970, 98971, 98972, 98972, 99421, 99422, 99423, 99444, 99457, 99458 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</p> <p>Nonacute inpatient (with systolic and diastolic): CPT: 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337</p> <p>Remote blood pressure monitoring (with systolic and diastolic): CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474</p> <p>Hypertension diagnosis: ICD-10-CM: I10</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS			
Measure/coding tips	Measure description	Documentation required	Coding
<p>Statin Therapy for Patients with Cardiovascular Disease (SPC)</p>	<p>Males 21 – 75 years of age and females 40 – 75 years of age during the MY, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria.</p> <p>Two rates are reported:</p> <p>1. Received statin therapy: Members who were dispensed at least one high- or moderate-intensity statin medication during the MY.</p> <p>2. Statin adherence 80%: Members who remained on a high- or moderate-intensity statin medication for at least 80% of the treatment period (TP).</p>	<p>The Index Prescription Start Date (IPSD) is the earliest dispensing date for any statin medication of at least moderate intensity during the MY.</p> <p>The TP is the period beginning on the IPSD through December 31 of the MY.</p> <p>Required exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. • Myalgia, myositis, myopathy, or rhabdomyolysis during the MY. • Pregnancy, in vitro fertilization (IVF) treatment, clomiphene Rx, cirrhosis, end-stage renal disease in the MY or the year prior to the MY. <p>Optional exclusions:</p> <p>Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> • Deceased in the MY. <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> • No documentation of review of medications at every visit. 	<p>High-intensity statin therapy: Atorvastatin 40 – 80 mg, amlodipine-atorvastatin 40 – 80 mg, rosuvastatin 20 – 40 mg, simvastatin 80 mg, ezetimibe-simvastatin 80 mg</p> <p>Moderate-intensity statin therapy: atorvastatin 10 – 20 mg, amlodipine-atorvastatin 10 – 20 mg, rosuvastatin 5 – 10 mg, simvastatin 20 – 40 mg, ezetimibe-simvastatin 20 – 40 mg, pravastatin 40 – 80 mg, lovastatin 40 mg, fluvastatin 40 – 80 mg, pitavastatin 1 – 4 mg</p> <p>Myocardial infarction (MI) diagnosis: ICD-10-CM: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0, I22.1, I22.2, I22.8, I22.9, I23.0, I23.1, I23.2, I23.3, I23.4, I23.5, I23.6, I23.7, I23.8, I25.2</p> <p>Coronary artery bypass grafting (CABG) diagnosis: CPT: 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536 HCPCS: S2205, S2206, S2207, S2208, S2209 ICD-10-PCS: 0210083, 0210088, 0210089, 0210093, 0210098, 0210099, 0211083, 0211088, 0211089, 0211093, 0211098, 0211099, 0212083, 0212088, 0212089, 0212093, 0212098, 0212099, 0213083, 0213088, 0213089, 0213093, 0213098, 0213099, 021008C, 021008F, 021008W, 021009C, 021009F, 021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 021108C, 021108F, 021108W, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC, 02110ZF, 021208C, 021208F, 021208W, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 021308C, 021308F, 021308W, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF</p> <p>PCI diagnosis: CPT: 92920, 92924, 92928, 92933, 92937, 92941, 92943 HCPCS: C9600, C9602, C9604, C9606, C9607 ICD-10-PCS: 0270346, 0270356, 0270366, 0270376, 0270446, 0270456, 0270466, 0270476, 0271346, 0271356, 0271366, 0271376, 0271446, 0271456, 0271466, 0271476, 0272346, 0272356, 0272366, 0272376, 0272446, 0272456, 0272466, 0272476, 0273346, 0273356, 0273366, 0273376, 0273446, 0273456, 0273466, 0273476, 02703E6, 02704E6, 02713E6, 02714E6, 02723E6, 02724E6, 02733E6, 02734E6, 027034Z, 027035Z, 027036Z, 027037Z, 02703D6, 02703DZ, 02703EZ, 02703F6, 02703FZ, 02703G6, 02703GZ, 02703T6, 02703TZ, 02703Z6, 02703ZZ, 027044Z, 027045Z, 027046Z, 027047Z, 02704D6, 02704DZ, 02704EZ, 02704F6, 02704FZ, 02704G6, 02704GZ, 02704T6, 02704TZ, 02704Z6, 02704ZZ, 027134Z, 027135Z, 027136Z, 027137Z, 02713D6, 02713DZ, 02713EZ, 02713F6, 02713FZ, 02713G6, 02713GZ, 02713T6, 02713TZ, 02713Z6, 02713ZZ, 027144Z, 027145Z, 027146Z, 027147Z, 02714D6, 02714DZ, 02714EZ, 02714F6, 02714FZ, 02714G6, 02714GZ, 02714T6, 02714TZ, 02714Z6, 02714ZZ, 027234Z, 027235Z, 027236Z, 027237Z, 02723D6, 02723DZ, 02723EZ, 02723F6, 02723FZ, 02723G6, 02723GZ, 02723T6, 02723TZ, 02723Z6, 02723ZZ, 027244Z, 027245Z, 027246Z, 027247Z, 02724D6, 02724DZ, 02724EZ, 02724F6, 02724FZ, 02724G6, 02724GZ, 02724T6, 02724TZ, 02724Z6, 02724ZZ, 027334Z, 027335Z, 027336Z, 027337Z, 02733D6, 02733DZ, 02733EZ, 02733F6, 02733FZ, 02733G6, 02733GZ, 02733T6, 02733TZ, 02733Z6, 02733ZZ, 027344Z, 027345Z, 027346Z, 027347Z, 02734D6, 02734DZ, 02734EZ, 02734F6, 02734FZ, 02734G6, 02734GZ, 02734T6, 02734TZ, 02734Z6, 02734ZZ</p>



EFFECTIVENESS OF CARE: CARDIOVASCULAR CONDITIONS			
Measure/coding tips	Coding		
<p>Statin Therapy for Patients with Cardiovascular Disease (SPC)</p> <p>(Continued from page 11)</p>	<p>Other revascularization diagnosis: CPT: 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231</p> <p>In vitro diagnostic (IVD) diagnosis: ICD-10-CM: I20.0, I20.8, I20.9, I24.0, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.2, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244, I70.245, I70.248, I70.249, I70.25, I70.261, I70.262, I70.263, I70.268, I70.269, I70.292, I70.293, I70.298, I70.299, I70.301, I70.302, I70.303, I70.308, I70.309, I70.311, I70.312, I70.313, I70.318, I70.319, I70.321, I70.322, I70.323, I70.328, I70.329, I70.331, I70.332, I70.333, I70.334, I70.335, I70.338, I70.339, I70.341, I70.342, I70.343, I70.344, I70.345, I70.348, I70.349, I70.35, I70.361, I70.362, I70.363, I70.368, I70.369, I70.391, I70.392, I70.393, I70.398, I70.399, I70.401, I70.402, I70.403, I70.408, I70.409, I70.411, I70.412, I70.413, I70.418, I70.419, I70.421, I70.422, I70.423, I70.428, I70.429, I70.431, I70.432, I70.433, I70.434, I70.435, I70.438, I70.439, I70.441, I70.442, I70.443, I70.444, I70.445, I70.448, I70.449, I70.45, I70.461, I70.462, I70.463, I70.468, I70.469, I70.491, I70.492, I70.493, I70.498, I70.499, I70.501, I70.502, I70.503, I70.508, I70.509, I70.511, I70.512, I70.513, I70.518, I70.519, I70.521, I70.522, I70.523, I70.528, I70.529, I70.531, I70.532, I70.533, I70.534, I70.535, I70.538, I70.539, I70.541, I70.542, I70.543, I70.544, I70.545, I70.548, I70.549, I70.55, I70.561, I70.562, I70.563, I70.568, I70.569, I70.591, I70.592, I70.593, I70.598, I70.599, I70.601, I70.602, I70.603, I70.608, I70.609, I70.611, I70.612, I70.613, I70.618, I70.619, I70.621, I70.622, I70.623, I70.628, I70.629, I70.631, I70.632, I70.633, I70.634, I70.635, I70.638, I70.639, I70.641, I70.642, I70.643, I70.644, I70.645, I70.648, I70.649, I70.65, I70.661, I70.662, I70.663, I70.668, I70.669, I70.691, I70.692, I70.693, I70.698, I70.699, I70.701, I70.702, I70.703, I70.708, I70.709, I70.711, I70.712, I70.713, I70.718, I70.719, I70.721, I70.722, I70.723, I70.728, I70.729, I70.731, I70.732, I70.733, I70.734, I70.735, I70.738, I70.739, I70.741, I70.742, I70.743, I70.744, I70.745, I70.748, I70.749, I70.75, I70.761, I70.762, I70.763, I70.768, I70.769, I70.791, I70.792, I70.793, I70.798, I70.799, I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89, T82.855A, T82.855D, T82.855S, T82.856A, T82.856D, T82.856S</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>		
Measure/coding tips	Measure description	Documentation required	Coding
<p>Cardiac Rehabilitation (CRE)</p> <p>First Year Measure (MY2020)</p>	<p>The percentage of members age 18 and older who attended cardiac rehabilitation following a qualifying cardiac event, including:</p> <ul style="list-style-type: none"> • Myocardial infarction. • Percutaneous coronary intervention. • Coronary artery bypass grafting. • Heart and heart/lung transplantation. • Heart valve replacement. <p>Four rates are reported as the percentage of members who attended the specified number of cardiac rehabilitation sessions within the specified time after a qualifying event:</p> <p>1. Initiation: Two or more sessions within 30 days.</p> <p>2. Engagement 1: 12 or more sessions within 90 days.</p> <p>3. Engagement 2: 24 or more sessions within 180 days.</p> <p>4. Achievement: 36 or more sessions within 180 days.</p>	<p>The MY is January 1 – December 31.</p> <p>The IP is a 12-month window that begins on July 1 of the year prior to the MY and ends on June 30 of the MY.</p> <p>The episode date (ED) is the most recent cardiac event during the IP, including myocardial infarction (MI), coronary artery bypass graft (CABG), percutaneous coronary intervention (PCI), heart or heart/lung transplant, or heart valve repair/replacement.</p> <p>For MI, CABG, heart or heart/lung transplant, or heart valve repair/replacement, the ED is the date of discharge.</p> <p>For PCI, the ED is the date of service. For inpatient claims, the ED is the date of discharge.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Receiving palliative care during the IP through the end of the MY. • 66 years of age and older with frailty and advanced illness during the MY. • 81 years of age and older with frailty during the IP through the end of the MY. • Discharged from an inpatient setting with the following during the 180 days after the EP: MI, CABG, heart or heart/lung transplant, heart valve repair or replacement. • PCI in any setting during the 180 days after the EP. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> • Deceased in the MY. 	<p>Cardiac rehabilitation: CPT: 93797, 93798 HCPGS: G0422, G0423, S9472</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: DIABETES			
Measure/coding tips	Measure description	Documentation required	Coding
<p>Comprehensive Diabetes Care (CDC) HbA1c Testing</p>	<p>Members ages 18 –75 with diabetes (type 1 or type 2) who had an HbA1c test done in the MY:</p> <ul style="list-style-type: none"> HbA1c poor control (>9.0%) HbA1c control (<8.0%) <p>A lower rate in poor control (>9.0%) indicates better performance.</p>	<p>At a minimum, the documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result or findings. Document most recent collection date of service in the MY.</p> <p>Ranges and thresholds do not meet criteria – a distinct numeric result is required.</p> <p>Terms below count with a note and result: A1c, hemoglobin A1c, glycated hemoglobin, HbA1c, glycohemoglobin A1c, glycosylated hemoglobin, HgA1c, glycohemoglobin, Hb1c</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Receiving palliative care any time in the MY. 66 years of age and older with frailty and advanced illness during the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> No diagnosis of diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior. Deceased in the MY. <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> A1c noted in the chart but without specific date. In-house A1c noted in visit but no result documented. Diabetes diagnosis and medication documented but missing documentation of treatment, follow-up and/or progress. Flowsheets missing member name and second identifier such as date of birth. Incomplete or missing information from specialists or consulting providers. 	<p>HbA1c lab test: CPT: 83036, 83037</p> <p>HbA1c test result or finding: CPT-CAT-II: 3044F, 3046F, 3051F, 3052F</p> <p>HbA1c level: CPT-CAT-II:</p> <ul style="list-style-type: none"> Less than 7.0: 3044F. Greater than or equal to 7.0 and less than 8.0: 3051F. Greater than or equal to 8.0 and less than or equal to 9.0: 3052F. Greater than 9.0: 3046F. <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: DIABETES			
Measure/coding tips	Measure description	Documentation required	Coding
<p>Comprehensive diabetes care (CDC) eye exam</p>	<p>Members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam during the measurement year (MY), or an exam with a negative result in the year prior to the MY or documentation of bilateral eye enucleation any time prior to 12/31 of the MY.</p>	<p>Documentation can include any of the following noted in the medical record:</p> <ul style="list-style-type: none"> A note or letter during the MY prepared by an ophthalmologist, optometrist, PCP, or other health care provider indicating that an ophthalmoscopic exam was completed by an eye care provider, the date when the procedure was performed and the results. Documentation of a negative (or normal) retinal or dilated exam by an eye care provider in the year prior to the MY, where results indicate retinopathy was not present and the date when the exam was performed. A chart or photograph indicating the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) or qualified reading center reviewed the results, or that results were read by a system that provides artificial intelligence (AI) interpretation. <p>Hypertensive retinopathy is handled the same as diabetic retinopathy when reporting the Eye Exam indicator.</p> <p>Positive for hypertensive retinopathy is counted as positive for diabetic retinopathy.</p> <p>An eye exam documented as negative for hypertensive retinopathy is counted as negative for diabetic retinopathy.</p> <p>Common abbreviations for Retinopathy:</p> <ul style="list-style-type: none"> NPDR Non-Proliferative Diabetic Retinopathy PDR Proliferative Diabetic Retinopathy BDR Background Diabetic Retinopathy Mild BDR Severe PDR <p>Examples of Negative Exam:</p> <p>Assessment of fundus and macula were “normal.”</p> <p>Diabetes Mellitus without Ophthalmic complication.</p> <p>Retinal exam documented as “normal” is considered negative for Retinopathy.</p> <p>Note: Notation limited to a statement that included “Diabetes without complications” does not meet criteria.</p> <p>Required Exclusions:</p> <p>Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Receiving palliative care any time in the MY. 66 years of age and older with frailty and advanced illness during the MY. <p>Optional Exclusions:</p> <p>Non-compliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> No diagnosis of Diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior. Deceased in the MY. <p>Blindness is not an exclusion for a diabetic eye exam.</p> <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> Documentation of diabetic exam without results; results and/or provider (including credentials) of the exam. Documentation is not clear that patient had a dilated or retinal exam. Documentation not specific as to presence of retinopathy. Documentation of ‘diabetes without complications’ does not meet criteria. Incomplete or missing information from specialists or consulting providers. 	<p>Diabetic Retinal Screening: CPT: 67028, 67030, 67031, 67036, 67039, 67040, 67041, 67042, 67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203, 99204, 99205, 99213, 99214, 99215, 99242, 99243, 99244, 99245 HCPCS: S0620, S0621, S3000</p> <p>Automated Eye Exam: CPT: 92229</p> <p>Diabetes Mellitus Without Complications (in year Prior to MY with Diabetic Retinal Screening): ICD10: E10.9, E11.9, E13.9</p> <p>Eye Exam Without Evidence of Retinopathy: CPT-CAT-II: CPT-CAT-II: 2023F, 2025F, 2033F</p> <p>Eye Exam With Evidence of Retinopathy (in the MY only): CPT-CAT-II: 2022F, 2024F, 2026F</p> <p>Diabetic Retinal Screening Negative In Prior Year (in the MY only): CPT-CAT-II: 3072F</p> <p>Unilateral Eye Enucleation (with Bilateral Modifier or 2 Unilateral Enucleations more than 14 days apart): CPT: 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p> <p>Bilateral Modifier: 50</p> <p>Unilateral Eye Enucleation Left (with Unilateral Right or Unilateral Enucleation more than 14 days apart): ICD10PCS: 08T1XZZ</p> <p>Unilateral Eye Enucleation Right (with Unilateral Left or Unilateral Enucleation more than 14 days apart): ICD10PCS: 08TOXZZ</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: DIABETES			
Measure/coding tips	Measure description	Documentation required	Coding
<p>Comprehensive Diabetes Care (CDC) Monitoring for Nephropathy</p>	<p>Members ages 18 –75 years with diabetes (type 1 and type 2) who had a nephropathy screening test during MY or evidence of nephropathy during MY.</p>	<p>Documentation must include one of the following:</p> <ul style="list-style-type: none"> Urine test for albumin or protein (may be normal) in MY. A visit to a nephrologist. Renal transplant. Evidence of angiotensin-converting enzyme (ACE)/angiotensin II receptor blocks (ARB) prescription in MY. Documentation of medical attention for diabetic nephropathy, ESRD, chronic renal failure (CRF), CKD, renal insufficiency, proteinuria, albuminuria, renal dysfunction/renal complication, acute renal failure (ARF), dialysis, hemodialysis, or peritoneal dialysis. <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Receiving palliative care any time in the MY. 66 years of age and older with frailty and advanced illness during the MY. <p>Optional exclusions:</p> <ul style="list-style-type: none"> Noncompliant members may be excluded from the measure with documentation of any of the following: <ul style="list-style-type: none"> No diagnosis of diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes during the MY or the year prior. Deceased in the MY. <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> In-house UA documented without results or result without protein listed. Urine drug screen documented but no routine UA/microalbumin screen or screened and not documented. Diabetes diagnosis and medication documented but missing documentation of treatment, follow-up and/or progress. Incomplete or missing information from specialists or consulting providers. A blood sample does not meet criteria for nephropathy screening. 	<p>Urine protein test: CPT: 81000, 81001, 81002, 81003, 81005, 82042, 82043, 82044, 84156 CPT-CAT-II: 3060F, 3061F, 3062F</p> <p>Nephropathy treatment: CPT-CAT-II: 3066F, 4010F ICD-10: E08.21, E08.22, E08.29, E09.21, E09.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0, N00.1, N00.2, N00.3, N00.4, N00.5, N00.6, N00.7, N00.8, N00.9, N00.A, N01.0, N01.1, N01.2, N01.3, N01.4, N01.5, N01.6, N01.7, N01.8, N01.9, N01.A, N02.0, N02.1, N02.2, N02.3, N02.4, N02.5, N02.6, N02.7, N02.8, N02.9, N02.A, N03.0, N03.1, N03.2, N03.3, N03.4, N03.5, N03.6, N03.7, N03.8, N03.9, N03.A, N04.0, N04.1, N04.2, N04.3, N04.4, N04.5, N04.6, N04.7, N04.8, N04.9, N04.A, N05.0, N05.1, N05.2, N05.3, N05.4, N05.5, N05.6, N05.7, N05.8, N05.9, N05.A, N06.0, N06.1, N06.2, N06.3, N06.4, N06.5, N06.6, N06.7, N06.8, N06.9, N06.A, N07.0, N07.1, N07.2, N07.3, N07.4, N07.5, N07.6, N07.7, N07.8, N07.9, N07.A, N08, N14.0, N14.1, N14.2, N14.3, N14.4, N17.0, N17.1, N17.2, N17.8, N17.9, N18.1, N18.2, N18.3, N18.30, N18.31, N18.32, N18.4, N18.5, N18.6, N18.9, N19, N25.0, N25.1, N25.81, N25.89, N25.9, N26.1, N26.2, N26.9, Q60.0, Q60.1, Q60.2, Q60.3, Q60.4, Q60.5, Q60.6, Q61.00, Q61.01, Q61.02, Q61.11, Q61.19, Q61.2, Q61.3, Q61.4, Q61.5, Q61.8, Q61.9, R80.0, R80.1, R80.2, R80.3, R80.8, R80.9</p> <p>CKD stage 4: ICD-10-CM: N18.4, 585.4</p> <p>ESRD diagnosis: ICD-10: N18.5, N18.6, Z99.2</p> <p>Dialysis procedure: CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512 HCPCS: G0257, S9339 ICD-10-PCS: 3E1M39Z, 5A1D00Z, 5A1D60Z, 5A1D70Z, 5A1D80Z, 5A1D90Z</p> <p>Nephrectomy: CPT: 50340, 50370 ICD-10-PCS: OTB00ZX, OTB00ZZ, OTB03ZX, OTB03ZZ, OTB04ZX, OTB04ZZ, OTB07ZX, OTB07ZZ, OTB08ZX, OTB08ZZ, OTB10ZX, OTB10ZZ, OTB13ZX, OTB13ZZ, OTB14ZX, OTB14ZZ, OTB17ZX, OTB17ZZ, OTB18ZX, OTB18ZZ</p> <p>Kidney transplant: CPT: 50360, 50365, 50380 HCPCS: S2065 ICD-10-PCS: OTY00ZO, OTY00Z1, OTY00Z2, OTY10ZO, OTY10Z1, OTY10Z2</p> <p>Dialysis procedure: CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512 HCPCS: G0257, S9339</p> <p>Kidney transplant: CPT: 50360, 50365, 50380 HCPCS: S2065</p> <p>ACE inhibitor and ARB medications: Angiotensin-converting enzyme inhibitors: benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril Angiotensin II inhibitors: azilsartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan Antihypertensive combinations: amlodipine-benazepril, amlodipine-hydrochlorothiazide-valsartan, amlodipine-hydrochlorothiazide-olmesartan, amlodipine-olmesartan, amlodipine-perindopril, amlodipine-telmisartan, amlodipine-valsartan, azilsartan-chlorthalidone, benazepril-hydrochlorothiazide, candesartan-hydrochlorothiazide, captopril-hydrochlorothiazide, enalapril-hydrochlorothiazide, fosinopril-hydrochlorothiazide, hydrochlorothiazide-irbesartan, hydrochlorothiazide-lisinopril, hydrochlorothiazide-losartan, hydrochlorothiazide-moexipril, hydrochlorothiazide-olmesartan, hydrochlorothiazide-quinapril, hydrochlorothiazide-telmisartan, hydrochlorothiazide-valsartan, nebivolol-valsartan, sacubitril-valsartan, trandolapril-verapamil</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: DIABETES			
Measure/coding tips	Measure description	Documentation required	Coding
<p>Comprehensive Diabetes Care (CDC) BP Control</p>	<p>Members 18 – 75 years of age with diabetes (type 1 and type 2) who had a controlled BP of <140/90 mm Hg during the MY.</p>	<ul style="list-style-type: none"> BP must be latest reading in the MY. Do not include BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of fasting blood tests. Do not include BP readings taken during an inpatient stay or ER visit. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the MY, assume that the member is “not controlled.” Member-reported data documented in medical record is acceptable if BP captured with a digital device. <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Receiving palliative care any time in the MY. 66 years of age and older with frailty and advanced illness during the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> No diagnosis of diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior. Deceased in the MY. <p>Common chart deficiencies:</p> <ul style="list-style-type: none"> Retake of BP that is 140/90 or above not documented. Member-reported BP is not documented with sufficient detail. BP rounded up before documented in medical record. BP documented as a range. Claim missing CPT II codes for BP results. Flowsheets missing member name and second identifier such as date of birth. Incomplete or missing information from specialists or consulting providers. 	<p>Compliance = both a representative (most recent during the MY) systolic BP <140 mm Hg and a representative diastolic BP <90 mm Hg (BP in the normal or high-normal range) identified in documentation via medical record review.</p> <p>Systolic and diastolic blood pressure: CPT-CAT-II:</p> <ul style="list-style-type: none"> Systolic less than 130: 3074F. Systolic 130 – 139: 3075F. Systolic greater than or equal to 140: 3077F. <p>Diastolic less than 80: 3078F.</p> <ul style="list-style-type: none"> Diastolic 80 – 89: 3079F. Diastolic greater than or equal to 90: 3080F. <p>Outpatient (with systolic and diastolic): CPT: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS: G0402, G0438, G0439, G0463, T1015 UBREV: 0510, 0511, 0512, 0513, 0514, 0515, 0516, 0517, 0519, 0520, 0521, 0522, 0523, 0526, 0527, 0528, 0529, 0982, 0983</p> <p>Telephone visit (with systolic and diastolic): CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Online assessments (with systolic and diastolic): CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99457 HCPCS: G0071, G2010, G2012, G2061, G2062, G2063</p> <p>Nonacute inpatient (with systolic and diastolic): CPT: 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337</p> <p>Remote blood pressure monitoring (with systolic and diastolic): CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



EFFECTIVENESS OF CARE: DIABETES			
Measure/coding tips	Measure description	Documentation required	Coding
<p>Statin Therapy for Patients with Diabetes (SPD)</p>	<p>The percentage of adults ages 40 – 75 during the measurement year (MY) with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria.</p> <p>Two rates are reported:</p> <p>1. Received statin therapy: Members who were dispensed at least one statin medication of any intensity during the MY.</p> <p>2. Statin adherence 80%: Remained on a statin medication of any intensity for at least 80% of the TP.</p>	<p>The Index Prescription Start Date (IPSD) is the earliest dispensing date for any statin medication of any intensity during the MY.</p> <p>The Treatment Period (TP) is the period beginning on the IPSD through 12/31 of the MY.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> • In hospice or using hospice services any time in the MY. • Receiving palliative care any time in the MY. • 66 years of age and older with frailty and advanced illness during the MY. • Any of the following during MY or the prior year: MI, CABG, PCI, other revascularization, pregnancy, IVF treatment, dispensed prescription of clomiphene, ESRD, cirrhosis. • Diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis during the MY. • Diagnosis of ischemic vascular disease during the MY or the year prior and at least one outpatient visit, telephone visit, online assessment, or acute inpatient encounter. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> • No diagnosis of diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior. • Deceased in the MY. 	<p>Low-, medium-, or high-intensity statin: amlodipine-atorvastatin, atorvastatin, ezetimibe-simvastatin, fluvastatin lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin</p>



EFFECTIVENESS OF CARE: DIABETES

Measure/coding tips	Measure description	Documentation required	Coding
<p>Kidney Evaluation for Patients With Diabetes (KED)</p> <p>First Year Measure (MY2020)</p>	<p>The percentage of members ages 18 – 85 with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ration (uACR), during the MY.</p>	<p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. Receiving palliative care any time in the MY. Evidence of ESRD or dialysis any time during the member's history through December 31 of the MY. 66 years of age and older with frailty and advanced illness during the MY. 81 years of age and older with frailty during the MY. Evidence of ESRD any time during the member's history through December 31 of the MY. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> No diagnosis of diabetes in any setting during the MY or the year prior and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes during the MY or the year prior. Deceased in the MY. 	<p>All three are required:</p> <p>Estimated glomerular filtration rate lab test (with urine albumin-to-creatinine ratio [uACR] or with quantitative urine albumin lab test and urine creatinine test four or fewer days apart): CPT: 80047, 80048, 80050, 80053, 80069, 82565</p> <p>Quantitative urine albumin lab test (with urine creatinine lab test): CPT: 82043</p> <p>Urine creatinine lab test (with quantitative urine albumin lab test): CPT: 82570</p> <p>Service dates of quantitative urine albumin lab test and urine creatinine lab test must be four or fewer days apart.</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Measure/coding tips	Measure description	Documentation required	Coding
<p>Antidepressant Medication Management (AMM)</p>	<p>Members 18 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.</p> <p>Two rates are reported:</p> <p>1. Effective acute phase treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>2. Effective continuation phase treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (six months).</p>	<p>The Intake Period (IP) is the 12-month window starting on 5/1 of the year prior to the Measurement Year (MY) and ending on 4/30 of the MY.</p> <p>The Index Prescription Start Date (IPSD) is the earliest dispensing date for an antidepressant medication in the IP.</p> <p>Required exclusions: Members who meet any of the following criteria are excluded from the measure:</p> <ul style="list-style-type: none"> In hospice or using hospice services any time in the MY. No encounter with diagnosis of major depression during the 121-day period from 60 days prior to the IPSD, through 60 days after the IPSD. <p>Optional exclusions: Noncompliant members may be excluded from the measure with documentation of any of the following:</p> <ul style="list-style-type: none"> Deceased in the MY. 	<p>Members are identified through administrative claims and pharmacy claims.</p> <p>Major depression diagnosis: ICD-10-CM: F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9</p> <p>Antidepressant medications: Miscellaneous antidepressants: bupropion, vilazodone, vortioxetine Monoamine oxidase inhibitors (MAOIs): iscorboxazid, phenelzine, selegiline, Tranylcypromine Phenylpiperazine antidepressants: nefazodone, trazodone Psychotherapeutic combinations: amitriptyline-chlordiazepoxide, amitriptyline-perphenazine, fluoxetine-olanzapine Serotonin and norepinephrine reuptake inhibitor (SNRI) antidepressants: desvenlafaxine, duloxetine, levomilnacipran, venlafaxine Selective serotonin reuptake inhibitor (SSRI) antidepressants: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline Tetracyclic antidepressants: maprotiline, mirtazapine Tricyclic antidepressants: amitriptyline, amoxapine, clomipramine, desipramine, doxepin (>6 mg), imipramine, nortriptyline, protriptyline, trimipramine</p> <p>Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your Account Executive for more information.</p>



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