



of Tennessee

QUALITY+

## Quality Program Measures

BLUEADVANTAGE (PPO)<sup>SM</sup>

BLUECARE PLUS (HMO SNP)<sup>SM</sup>





We value your partnership and participation in the 2018 Medicare Advantage Quality+ Partnership Program, and hope you will find this guide helpful. It will provide information and tips to assist you in maximizing your STAR rating with each measure included in the program.

The measures listed in the following pages are a combination of HEDIS® and CMS STAR measures for Medicare Advantage plans. If you would like additional assistance with any of these measures, please contact the Provider Engagement and Outreach Manager or Provider Service line listed below.

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# Healthcare Effectiveness Data and Information Set (HEDIS)

Developed by the National Committee for Quality Assurance (NCQA), HEDIS® is the most widely used set of performance measures in the managed care industry. It contains measures that show health plans those areas where a stronger focus could lead to improvements in member health. HEDIS reporting is mandated by NCQA for compliance and accreditation.

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Breast Cancer Screening (BCS)</b></p> <p>Percentage of women 50-74 years old who had a mammogram</p>	<p><b>Mammogram</b> between 10/1/2016 - 12/31/2018 for all women 52-74 years</p> <p><b>NOTE:</b> Do not count biopsies, breast ultrasounds or MRIs.</p>	<p><b>Encounter/Claim with Codes:</b></p> <p><b>CPT®:</b> 77055, 77056, 77057, 77061-77063, 77065-77067</p> <p><b>HCPCS:</b> G0202, G0204, G0206,</p>	<p>Any time during member’s history through 12/31/16:</p> <p><b>Bilateral mastectomy</b></p> <p><b>ICD-10-CM:</b> 0HTV0ZZ, Z90.13</p> <p><b>OR Unilateral mastectomy:</b></p> <p><b>CPT®:</b> 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307</p> <p><b>ICD-10-CM:</b> 0HTU0ZZ, 0HTT0ZZ</p> <p>Billed twice with service dates 14 days or more apart</p> <p>With bilateral modifier: 50, 09950 ; codes must be on the same claim</p>



**Helpful Tip:** Clearly document in the medical record the date the mammogram or mastectomy/mastectomies were performed.

Note: HEDIS codes can change from year to year. The codes in this document are from the 2018 specifications.

Colorectal Cancer Screening (COL)

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Colorectal Cancer Screening (COL)</b></p> <p>Percentage of members 50-75 years of age who had one of these screenings for colorectal cancer:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test</li> <li>• Flexible sigmoidoscopy</li> <li>• Colonoscopy</li> <li>• CT Colonography</li> <li>• FIT-DNA Test</li> <li>• Stool DNA Test (Cologuard®)</li> </ul>	<p><b>Fecal occult blood test</b> (gFOBT, iFOBT) during 2018</p> <ul style="list-style-type: none"> <li>• gFOBT requires 3 returned samples</li> <li>• iFOBT requires 1 returned sample</li> </ul> <p><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• <b>Flexible sigmoidoscopy</b> during 2018 or last 4 years</li> </ul> <p><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>• <b>Colonoscopy</b> during 2018 or last 9 years</li> <li>• <b>CT Colonography</b> during 2018 or during the last 4 years</li> <li>• <b>FIT-DNA Test</b> during 2018 or during the last 2 years</li> <li>• <b>FIT-DNA Test or Stool DNA Test</b> during 2018 or during the last two years</li> </ul> <p><b>NOTE: Clear documentation of colonoscopy, sigmoidoscopy, CT colonography or FIT-DNA/Stool DNA test, including year performed, is required.</b></p> <ul style="list-style-type: none"> <li>• Do not count FOBT screenings performed from sample collected in provider office.</li> <li>• Clearly document type of FOBT screening performed with exact date(s) of sample(s) returned.</li> </ul>	<p>Encounter/Claim with Codes:</p> <p><b>Fecal occult blood test</b> between 1/1/2018 - 12/31/2018</p> <p><b>CPT@:</b> 82270, 82274</p> <p><b>HCPCS:</b> G0328</p> <p><b>Flexible sigmoidoscopy</b> between 1/1/2018 - 12/31/2018</p> <p><b>CPT@:</b> 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45339, 45340, 45341, 45342, 45345, 45346, 45347, 45349, 45350</p> <p><b>HCPCS:</b> G0104</p> <p><b>Colonoscopy</b> between 1/1/2009 - 12/31/2018</p> <p><b>CPT@:</b> 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408, 45388, 45389, 45390, 45393, 45398</p> <p><b>HCPCS:</b> G0105, G0121</p> <p><b>CT Colonography</b> between 1/1/2014 and 12/31/2018</p> <p><b>CPT:</b> 74261-74263</p> <p><b>FIT-DNA/Stool DNA Test</b> between 1/1/2016 and 12/31/2018</p> <p><b>CPT:</b> 81528</p> <p><b>HCPCS:</b> G0464</p> <p><b>LOINC:</b> 77353-1, 77354-9</p>	<p>Any time during member's history through 12/31/2018:</p> <p><b>Colorectal cancer</b></p> <p><b>ICD-10-CM:</b> C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048</p> <p><b>HCPCS:</b> G0213-G0215, G0231</p> <p><b>AND/OR</b></p> <p><b>Total Colectomy</b></p> <p><b>CPT@:</b> 44150-44153, 44155-44158, 44210-44212</p> <p><b>ICD-10-CM:</b> 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ</p>

Note: HEDIS codes can change from year to year. The codes in this document are from the 2018 specifications.

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Osteoporosis Management in Women with Fracture (OMW)</b></p> <p>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.</p> <p><b>NOTE:</b> Fractures of finger, toe, face and skull are not included in this measure</p>	<ul style="list-style-type: none"> <li>Perform <b>bone mineral density testing</b> within <b>six</b> months on members 67-85 years old who experience a fracture</li> </ul> <p><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>Prescribe a <b>medication to treat osteoporosis</b> within six months of a fracture</li> </ul> <p><b>NOTE:</b> Calcium alone does not meet criteria to close the gap in care</p>	<p><b>Encounter/Claim with Codes:</b></p> <p><b>CPT®:</b> 76977, 77078, 77080, 77081, 77082, 77085, 77086</p> <p><b>HCPCS:</b> G0130</p> <p><b>ICD-10-PCS:</b> BP48ZZ1, BP49ZZ1, BP4GZZ1-BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1</p> <p>Coding done by health care provider completing testing</p> <p><b>AND/OR</b></p> <p><b>Pharmacy Claim for Osteoporosis Drug Therapy:</b></p> <p><b>HCPCS:</b> J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051</p> <p><b>Codes to Identify Fractures:</b></p> <p><b>CPT®:</b> 21800, 21805, 21810-21813, 21820, 21825, 22305, 22310, 22520, 22521, 22523, 22524, 23500, 23505, 23515, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575-24577, 24579, 24582, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605-25609, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25680, 25685, 26600, 26605, 26607, 26608, 26615, 27200, 27202, 27215, 27220, 27222, 27226-27228, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248, 27254, 27267-27269, 27500-27503, 27506-27511, 27513, 27514, 27520, 27524, 27530, 27532, 27535, 27536, 27538, 27540, 27750, 27752, 27756, 27758-27760, 27762, 27766-27769, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822-27828, 28400, 28405, 28406, 28415, 28420, 28430, 28435, 28436, 28445, 28450, 28455, 28456, 28465, 28470, 28475, 28476, 28485, 29850, 29851, 29855, 29856</p>	<p><b>Bone mineral density testing</b> during 24 months prior to fracture:</p> <p><b>CPT®:</b> 76977, 77078, 77080-77082</p> <p><b>HCPCS:</b> G0130</p> <p><b>ICD-10-PCS:</b> BP48ZZ1, BP49ZZ1, BP4GZZ1-BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, B104ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BROGZZ1</p> <p><b>AND/OR</b></p> <p><b>Osteoporosis therapy</b> during 12 months prior to fracture:</p> <p><b>Injectables</b></p> <p><b>HCPCS:</b> J0630, J0897, J1740, J3110, J3487-J3489</p> <p><b>AND/OR</b></p> <p><b>Dispensed or active oral prescription to treat osteoporosis</b> during 12 months prior to fracture:</p> <ul style="list-style-type: none"> <li>Listing of Approved therapies (next page)</li> </ul>

Note: HEDIS codes can change from year to year. The codes in this document are from the 2018 specifications.

Osteoporosis Screening in  
Women with a Fracture (CMW)

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<b>Osteoporosis Management in Women with Fracture (OMW) Continued</b>		<p><b>HCPCS:</b> S2360</p> <p><b>ICD-10-CM:</b> M48.40XA-M48.48XA, M80.00XA-M80.88XA, M84.311A-M84.38XA, M97.01XA-M97.42XA, S12.000A, S12.000B, S12.001A, S12.001B, S12.01XA, S12.01XB, S12.02XA, S12.02XB, S12.030A, S12.030B, S12.031A, S12.031B, S12.040A, S12.040B, S12.041A, S12.041B, S12.090A, S12.090B, S12.091A, S12.091B, S12.100A-S12.151B, S12.190A-S12.201B, S12.230A-S12.231B, S12.24XA, S12.24XB, S12.250A-S12.251B, S12.290A-S12.301B, S12.330A-S12.351B, S12.390A-S12.9XXA, S22.000A-S22.9XXB, S32.000A-S32.9XXB, S42.001A-S42.92XB, S49.001A-S49.199A, S52.001A-S52.92XC, S59.001A-S59.299A, S62.001A-S62.92XB, S72.001A-S72.92XC, S79.001A-S79.199A, S82.001A-S82.92XC, S89.001A-S89.399A, S92.001A-S92.909B</p>	



**Helpful Tip:** Approved osteoporosis therapies include:

- **Biphosphonates:** alendronate, alendronate-cholecalciferol, ibandronate, risedronate, zoledronic acid
- **Other agents:** calcitonin, denosumab, raloxifene, teriparatide

Note: HEDIS codes can change from year to year. The codes in this document are from the 2018 specifications.



Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Adult BMI (BMI)</b></p> <p>Percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented. The weight and BMI must be from the same data source.</p>	<p>Documented BMI for outpatient visit in 2017 or 2018</p> <p><b>NOTE:</b> Documentation in medical record must include date, weight and BMI value for members 20 and over; members 18 &amp; 19 must have date, weight, height and BMI percentile.</p>	<p><b>Encounter/Claim with Codes:</b></p> <p><b>ICD-10-CM:</b> Z68.1, Z68.20-Z68.45</p>	<p><b>Female members with pregnancy</b> in 2017 or 2018:</p> <p><b>ICD-10-CM:</b> O00.0-O04.89, O07.0-O16.9, O20.0-O26.93, O28.0-O36.93X9, O40.1XX0-O48.1, O60.00-O77.9, O80, O82, O85, O86.0-O92.79, O98.011-O99.89, O9A.111-O9A.113, O9A.119, O9A.12, O9A.13, O9A.211-O9A.53, Z03.71-Z03.75, Z03.79, Z33.1-Z33.3, Z34.00-Z34.93, Z36</p>



**Helpful Tip:** Document in the medical record the date, weight and BMI values for members 20 years of age and older. Members 18 and 19 years of age must have the date, weight, height and BMI percentile documented in the medical record.

Note: HEDIS codes can change from year to year. The codes in this document are from the 2018 specifications.

Controlling high  
blood pressure (CBP)

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Controlling High Blood Pressure (CBP)</b></p> <p>Percentage of members 18-85 years old who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during 2018</p>	<p><b>Chart documentation of: Hypertension diagnosis</b> on or before June 30, 2018</p> <p><b>AND</b></p> <p>The <b>most recent</b> BP in 2018 meeting one of the following:</p> <ul style="list-style-type: none"> <li>Members age <b>18-59</b> whose most recent BP was <math>\leq 139/89</math> mm Hg.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Members age <b>60-85</b> with a diagnosis of diabetes whose most recent BP was <math>\leq 139/89</math> mm Hg.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Members age <b>60-85</b> without a diagnosis of diabetes whose most recent BP was <math>\leq 149/89</math> mm Hg.</li> </ul> <p><b>Note: The last documented BP reading in the measurement year must be in one of the compliant ranges above in order to close the gap in care.</b></p>	<p><b>Chart Documentation of Member's Blood Pressure</b></p> <p>Document the <b>actual blood pressure</b> reading in the member's medical record</p> <p><b>ICD-10-CM</b> diagnosis code for identifying hypertension: <b>I10</b></p>	<p><b>ESRD or kidney transplant</b> anytime on or before 12/31/2018:</p> <p><b>CPT®:</b> 36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512; 50300, 50320, 50340, 50360, 50365, 50370, 50380</p> <p><b>HCPCS:</b> G0257, S9339; S2065</p> <p><b>ICD-10-CM (ESRD):</b> N18.5, N18.6, Z91.15, Z99.2, 3E1M39Z, 5A1D00Z, 5A1D60Z</p> <p><b>ICD-10-CM (kidney transplant):</b> Z94.0, 0TY00Z0-0TY00Z2, 0TY10Z0-0TY10Z2</p> <p><b>AND/OR</b></p> <p><b>Female members with pregnancy</b> anytime during 2018:</p> <p><b>ICD-10-CM:</b> O00.0-O04.89, O07.0-O16.9, O20.0-O26.93, O28.0-O36.93X9, O40.1XX0-O48.1, O60.00-O77.9, O80, O82, O85, O86.0-O92.79, O98.011-O99.89, O9A.111-O9A.113, O9A.119, O9A.12, O9A.13, O9A.211-O9A.53, Z03.71-Z03.75, Z03.79, Z33.1, Z33.2, Z34.00-Z34.93, Z36</p> <p><b>AND/OR</b></p> <ul style="list-style-type: none"> <li>A <b>non-acute inpatient admission</b> during 2018</li> </ul>

Note: HEDIS codes can change from year to year. The codes in this document are from the 2018 specifications.

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Disease-modifying Anti-rheumatic Drug (DMARD) Therapy for Rheumatoid Arthritis (ART)</b></p> <p>Percentage of members diagnosed with rheumatoid arthritis who were dispensed at least one DMARD during 2018</p> <p><b>NOTE:</b> DMARDs include:</p> <ul style="list-style-type: none"> <li>• Aminoquinolines: Hydroxychloroquine</li> <li>• 5-Aminosalicylates: Sulfasalazine</li> <li>• Alkylating agents: Cyclophosphamide</li> <li>• Anti-rheumatics: Auranofin, gold sodium thiomalate, leflunomide, methotrexate, penicillamine</li> <li>• Immunomodulators: Abatacept, adalimumab, anakinra, certolizumab, certolizumab pegol, etanercept, golimumab, infliximab, rituximab, tocilizumab</li> <li>• Immunosuppressive agents: Azathioprine, cyclosporine, mycophenolate</li> <li>• Tetracyclines: Minocycline</li> <li>• Janus kinase (JAK) inhibitor: Tofacitinib</li> </ul>	<p>Assess all members with diagnosis of rheumatoid arthritis for <b>DMARD treatment</b> in 2018</p>	<p><b>Encounter/Claim with Codes:</b></p> <p><b>ICD-10-CM:</b> M05.00-M06.89, M06.9</p> <p><b>AND/OR</b></p> <p><b>Pharmacy Claim for DMARD in 2018:</b></p> <p><b>HCPCS:</b> J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310</p>	<p><b>HIV</b> anytime on or before 12/31/2018:</p> <p><b>ICD-10-CM:</b> B20, Z21, B97.35, 079.53</p> <p><b>AND/OR</b></p> <p><b>Female members with Pregnancy</b> anytime during 2018:</p> <p><b>ICD-10-CM:</b> O00.0-O04.89, O07.0-O16.9, O20.0-O26.93, O28.0-O36.93X9, O40.1XX0-O48.1, O60.00-O77.9, O80, O82, O85, O86.0-O92.79, O98.011-O99.89, O9A.111-O9A.113, O9A.119, O9A.12, O9A.13, O9A.211-O9A.53, Z03.71-Z03.75, Z03.79, Z33.1, Z33.2, Z34.00-Z34.93, Z36</p>

Note: HEDIS codes can change from year to year. The codes in this document are from the 2018 specifications.

## COMPREHENSIVE DIABETES CARE (CDC)

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Diabetes Care - Retinal Eye Exam (CDC)</b></p> <p>Percentage of diabetic members 18-75 years old who have had an eye screening for diabetic retinal disease</p>	<p>A <b>retinal or dilated eye exam by an optometrist or ophthalmologist</b> in 2018</p> <p><b>OR</b></p> <p>A <b>retinal or dilated eye exam negative for retinopathy by an optometrist or ophthalmologist</b> in 2017</p> <p><b>OR</b></p> <p><b>Bilateral eye enucleation</b> anytime during the member's history through 12/31/2018</p> <p>Encourage and/or refer member to see an eye care professional for a comprehensive eye exam in 2018.</p> <p><b>Obtain and place copy of all 2017 or 2018 eye exams in the member's medical record.</b></p> <p><b>In order to count 2017 exams, documentation in the medical record must clearly indicate results were negative for retinopathy.</b></p>	<p><b>Encounter/Claim with Codes:</b></p> <p><b>Retinal or Dilated Eye Exams</b></p> <p><b>CPT®:</b> 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</p> <p><b>CPT® II:</b> 2022F, 2024F, 2026F, 3072F</p> <p><b>HCPCS:</b> S0620, S0621, S3000</p> <p><b>NOTE:</b> Providers performing retinal imaging in office and sending results to eye care professionals to review and interpret should use CPTII codes 2026F or 3072F.</p> <p><b>Unilateral Eye Enucleation with a bilateral modifier OR Left Unilateral Eye Enucleation and Right Unilateral Enucleation on the same or different dates of service OR Two Unilateral Eye Enucleations with service dates 14 days or more apart.</b></p> <p><b>CPT®:</b> 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114</p> <p><b>ICD10 PCS:</b> 08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ, 08B00ZX, 08B00ZZ, 08B03XZ, 08B03ZZ, 08B0XZX, 08B0XZZ</p>	<p><b>Non-diabetic members</b> during 2017 and 2018 with:</p> <p><b>Gestational or steroid-induced diabetes</b> during 2017 or 2018:</p> <p><b>ICD10 CM:</b> 024.410-024.439</p>

Note: HEDIS codes can change from year to year. The codes in this document are from the 2018 specifications.

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Diabetes Care - Nephropathy (CDC)</b></p> <p>Percentage of diabetic members 18-75 years old who received medical attention for nephropathy (nephropathy screening test or evidence of nephropathy)</p> <p><b>Note that approved ACE Inhibitors/ARBs are:</b></p> <ul style="list-style-type: none"> <li>• <b>Angiotensin converting enzyme inhibitors:</b> Benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril</li> <li>• <b>Angiotensin II inhibitors:</b> Azilsartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</li> <li>• <b>Combinations of these with antihypertensive(s)</b></li> </ul>	<p>Any of the following meet criteria for a nephropathy screening or monitoring test or evidence of nephropathy in 2018:</p> <p><b>A urine test for albumin or protein. At a minimum, documentation must include a note indicating the date when a urine test was performed, and the result or finding. Any of the following meet criteria:</b></p> <ul style="list-style-type: none"> <li>• 24-hour urine for albumin or protein</li> <li>• Timed urine for albumin or protein</li> <li>• Spot urine for albumin or protein</li> <li>• Urine for albumin/creatinine ratio</li> <li>• 24-hour urine for total protein</li> <li>• Random urine for protein/creatinine ratio</li> </ul> <p><b>Documentation of a visit to a nephrologist</b></p> <p><b>Documentation of a renal transplant</b></p> <p><b>Documentation of medical attention for any of the following:</b></p> <ul style="list-style-type: none"> <li>• Diabetic nephropathy</li> <li>• ESRD</li> <li>• Chronic renal failure (CRF)</li> <li>• Chronic kidney disease (CKD)</li> <li>• Renal insufficiency</li> <li>• Proteinuria</li> <li>• Albuminuria</li> <li>• Renal dysfunction</li> <li>• Acute renal failure (ARF)</li> <li>• Dialysis, hemodialysis or peritoneal dialysis</li> </ul> <p><b>Evidence of ACE inhibitor/ARB therapy.</b></p> <p>Documentation in the medical record must include evidence that the member received ACE inhibitor/ARB therapy during 2018. Documentation must show clear evidence that a prescription for an ACE inhibitor/ARB was written, filled or taken by the member during 2018.</p>	<p><b>Laboratory Claim/Encounter with Codes:</b></p> <p><b>CPT®:</b> 82042, 82043, 82044, 84156</p> <p><b>CPT® II:</b> 3060F, 3061F</p> <p><b>AND/OR</b></p> <p>Physician Encounter/Claim with Codes:</p> <p><b>CPT®:</b></p> <p><b>Urine macroalbumin test:</b> 81000-81003, 81005</p> <p><b>ESRD:</b> 36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512</p> <p><b>Kidney transplant:</b> 50300, 50320, 50340, 50360, 50365, 50370, 50380</p> <p><b>CPT® II:</b></p> <p><b>Positive urine macroalbumin test:</b> 3062F</p> <p><b>Nephropathy treatment:</b> 3066F, 4010F</p> <p><b>HCPCS:</b></p> <p><b>ESRD:</b> G0257, S9339</p> <p><b>Kidney transplant:</b> S2065</p> <p><b>ICD-10-CM:</b></p> <p><b>Nephropathy treatment:</b> 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</p> <p><b>CKD:</b> I12.0, I12.9, I13.0, I13.10, I13.11, I13.2</p> <p><b>CKD Stage 4:</b> N18.4</p> <p><b>ESRD:</b> N18.5, N18.6, Z91.15, Z99.2, 3E1M39Z, 5A1D00Z, 5A1D60Z</p> <p><b>Kidney Transplant:</b> Z94.0, 0TY00Z0-0TY00Z2, 0TY10Z0-0TY10Z2</p> <p><b>AND/OR</b></p> <p>Pharmacy Claim for <b>ACE/ARB Therapy</b></p> <p><b>All testing and results should be dated and documented in the member's medical record</b></p>	<p><b>Non-diabetic members</b> during 2017 and 2018 with:</p> <p><b>Gestational or steroid-induced diabetes</b> during 2017 or 2018:</p> <p><b>ICD CM:</b> 024.410-024.439</p>


Note: HEDIS codes can change from year to year. The codes in this document are from the 2018 specifications.

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Diabetes Care - HbA1c Control (CDC)</b></p> <p>Percentage of diabetic members 18-75 years old who have evidence of:</p> <ul style="list-style-type: none"> <li>HbA1c testing</li> <li>HbA1c controlled <math>\leq 8.9\%</math></li> </ul>	<p><b>HbA1c testing</b> on all diabetic patients in 2018</p> <p><b>AND</b></p> <p>Diabetes management so that all members have the most recent <b>HbA1c in 2018 <math>\leq 8.9\%</math></b></p>	<p><b>Encounter/Claim with Codes:</b></p> <p><b>CPT®:</b> 83036, 83037</p> <p><b>CPT® II:</b> 3044F, 3045F, 3046F</p> <p><b>NOTE:</b> In order to pass, HbA1c must be <math>\leq 8.9\%</math></p> <p>A copy of all lab results should be kept in member's medical record</p>	<p><b>Non-diabetic members</b> during 2017 and 2018 with:</p> <p><b>Gestational or steroid-induced diabetes</b> during 2017 or 2018:</p> <p><b>ICD CM:</b> 024.410-024.439</p>



**Helpful Tip:** The last documented A1C of the measurement year must be  $\leq 8.9\%$  in order to close the gap in care.

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Medication Reconciliation Post-Discharge</b></p> <p>Percentage of patients 18 years of age and older discharged from acute or non-acute inpatient facilities (hospital, rehab facility, LTACH or skilled nursing facility) to the community setting who had their <b>medications reconciled within 30 days of discharge</b>.</p> <p>Primary care practices have 30 days from the date of discharge (31 days total) to have a prescribing practitioner, clinical pharmacist or registered nurse review and reconcile a patient's medications.</p>	<p>The outpatient medical record must include documentation that the prescriber (or appropriate clinician) <b>reconciled current and discharged medications</b>, along with the date. Any of the following will meet the criteria <b>within 30 days after discharge</b>:</p> <ul style="list-style-type: none"> <li>• Documentation of the current medications with a notation that the provider reconciled the current and discharge medications.</li> <li>• Documentation of current medications with a notation that references the discharge medications (e.g. no changes, discontinued all discharge medications, no changes in medications since discharge).</li> <li>• Documentation of the patient's current medications with a notation that the discharge medications were reviewed.</li> <li>• Documentation of current medication list, discharge medication list, and notations that both lists were reviewed on the same date of service.</li> <li>• Documentation of current medications with evidence that the patient was seen for post-discharge hospital follow-up, and evidence of medication reconciliation or review.</li> <li>• Documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge or within 30 days after discharge (31 total days).</li> <li>• Notation that no medications were prescribed or ordered upon discharge.</li> </ul>	<p><b>Encounter/Claim with Codes:</b></p> <p><b>CPT® II: 1111F</b></p> <p><b>CPT®: 99495</b></p> <p><b>CPT®: 99496"</b></p> <ul style="list-style-type: none"> <li>• Clearly document <b>date of service and credentials</b> (prescribing practitioner, pharmacist, or registered nurse). Ensure that reconciliation matches pre-admission medications to discharge medications.</li> <li>• Use CPT Category II code 1111F for <b>medication reconciliation</b>. Use the <b>Transition of Care</b> CPT codes 99495-96 if the member was contacted within 48 hours of discharge and during the ensuing face-to-face visit medication reconciliation was performed (see TCM billing requirements for additional information and billing requirements).</li> <li>• Only patients <b>discharged home</b> are counted in this measure. Discharges between facilities are not tracked.</li> <li>• Medication reconciliation must clearly tie a patient's discharge medications to the medications they were taking <b>before</b> an inpatient admission. Simply documenting "medications reviewed" will not meet the compliance standard.</li> <li>• Only documentation in the <b>outpatient chart</b> meets the intent of the measure, but a face to face visit is not required. If medication reconciliation is performed over the phone or during a home visit, documentation of its completion must be included in the outpatient chart.</li> </ul>	<p><b>Members in Hospice</b></p>



**Helpful Tip:** Documentation in the medical record for ACE/ARB therapy must include evidence that the member received ACE inhibitor/ ARB therapy during 2018. Documentation must show clear evidence that a prescription for an ACE inhibitor/ARB was written, filled or taken by the member during 2018

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Medication Adherence  
(RASA/Statins/OAD)

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Medication Adherence for Cholesterol (Statins)</b></p> <p>Percentage of members 18 years and older with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.</p>	<p>Assess all members with a prescription for a <b>cholesterol medication</b> for adherence with prescription regimen. Identify any barriers to following their prescribed regimen and encourage compliance.</p>	<p>The data for this measure comes from Prescription Drug Event (PDE) data files submitted by drug plans to Medicare.</p>	
<p><b>Medication Adherence for Hypertension (RAS Antagonists)</b></p> <p>Percentage of members with a prescription for a blood pressure medication (ACE, ARB or direct renin inhibitor drug) who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.</p>	<p>Assess all members with a prescription for a <b>blood pressure medication</b> for adherence with prescription regimen. Identify any barriers to following their prescribed regimen and encourage compliance.</p>	<p>The data for this measure comes from Prescription Drug Event (PDE) data files submitted by drug plans to Medicare.</p>	
<p><b>Medication Adherence for Diabetes Medications</b></p> <p>Percentage of members with a prescription for diabetes medication (biguanide drug, sulfonylurea drug, thiazolidinedione drug, DPPIV inhibitor, incretin mimetic drug, meglitinide drug or SGLT2 inhibitor) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.</p> <p><b>Note: Members taking insulin are not included in this measure.</b></p>	<p>Assess all members with a prescription for <b>diabetes medication</b> for adherence with prescription regimen. Identify any barriers to following their prescribed regimen and encourage compliance.</p>	<p>The data for this measure comes from Prescription Drug Event (PDE) data files submitted by drug plans to Medicare.</p>	

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Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Plan All-Cause Readmissions</b></p> <p>Percentage of members 65 and older discharged from an acute hospital stay who were <b>readmitted</b> (acute, unplanned) to a hospital within 30 days, either for the same condition as their recent hospital stay or or a different reason. Patients may have been readmitted back to the same hospital or to a different one.</p> <p><b>Note: Members in Hospice are excluded from the eligible population.</b></p>	<p>Collaborate with hospitals in order to be notified of your patients' admissions and discharges.</p> <p>Ensure comprehensive follow up visit, including medication reconciliation is completed within 7-10 days post discharge.</p> <p>Arrange for post-hospital care as appropriate.</p>	<p>The data for this measure comes from HEDIS® calculation methodology. See technical specifications for details.</p>	<p><b>Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date</b></p> <p><b>Exclude hospital stays for the following reasons:</b></p> <ul style="list-style-type: none"> <li>• The member died during the stay</li> <li>• Female members with the principal diagnosis of pregnancy</li> <li>• The principal diagnosis of a condition originating in the perinatal period</li> </ul> <p><b>Exclude non-acute inpatient stays</b></p> <p><b>Exclude any hospital stay as an Index Hospital Stay if the admission date of the first stay within 30 days meets any of the following criteria:</b></p> <ul style="list-style-type: none"> <li>• A principal diagnosis of maintenance chemotherapy</li> <li>• A principal diagnosis of rehabilitation</li> <li>• An organ transplant</li> <li>• A potentially planned procedure without a principal acute diagnosis.</li> </ul>

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## The following measures apply to Medicare Special Needs Plans Only

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Care for Older Adults (COA) - Medication Review</b></p> <p>Percent of plan members whose doctor or clinical pharmacist has reviewed a list of everything they take (prescription and non-prescription drugs, vitamins, herbal remedies, other supplements) at least once a year.</p> <p><b>(This information about a yearly review of medications is collected for Medicare Special Needs Plans only.)</b></p>	<p><b>Medication Review</b> in 2018 includes any of the following:</p> <p><b>Medication list</b> in the record <b>AND notation in the medical record of medication review</b> in 2018 by the prescribing practitioner or clinical pharmacist <b>AND the date the medication review was performed</b></p> <p><b>OR</b></p> <p><b>Medication list signed and dated</b> in 2018 by practitioner or pharmacist in the medical record</p> <p><b>OR</b></p> <p>Notation in the medical record in 2018 that the member is <b>not taking any medication AND the date it was noted.</b></p>	<p><b>CPT®:</b></p> <p><b>Medication Review:</b> 1159F, 90863, 99605, 99606, 1160F</p> <p><b>Transitional Care Management:</b> 99495, 99496</p> <p><b>HCPCS: G8427</b></p>	<p><b>Members in Hospice</b></p>



**Helpful Tip:** A review of side effects for a single medication at the time of prescription alone is NOT sufficient to meet criteria of the medication review.

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Care for Older Adults (COA) - Functional Status Assessment</b></p> <p>Percent of plan members whose doctor has done a functional status assessment to see how well they are able to do “activities of daily living” (such as dressing, eating, and bathing).</p> <p><b>(This information about the yearly assessment is collected for Medicare Special Needs Plans only.)</b></p>	<p>Documentation of a Functional Status Assessment must include <b>evidence of a complete functional status assessment performed</b> in 2018 <b>AND the date the functional status assessment was performed.</b></p> <p>Any of the following can be considered a complete functional status assessment:</p> <p>Notation in the medical record that <b>Activities of Daily Living</b> (ADLs) were assessed or at least 5 of the following were assessed:</p> <ul style="list-style-type: none"> <li>• Bathing</li> <li>• Dressing</li> <li>• Eating</li> <li>• Transferring</li> <li>• Toileting</li> <li>• Walking</li> <li>• Continence</li> </ul> <p><b>OR</b></p> <p>Notation in the medical record that <b>Instrumental Activities of Daily Living</b> (IADLs) were assessed or at least 4 of the following were assessed:</p> <ul style="list-style-type: none"> <li>• Shopping for groceries</li> <li>• Driving or using public transportation</li> <li>• Using the telephone</li> <li>• Meal preparation</li> <li>• Housework</li> <li>• Home repair</li> <li>• Laundry</li> <li>• Taking medications</li> <li>• Handling finances</li> </ul> <p><b>OR</b></p>	<p><b>CPT@: 1170F</b></p>	<p><b>Members in Hospice</b></p>

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Care for Older Adults (COA)  
Functional Status

Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Care for Older Adults (COA) - Functional Status Assessment (cont.)</b></p>	<p>A <b>Standardized Functional Status Assessment Tool</b> including but not limited to:</p> <ul style="list-style-type: none"> <li>• SF-36®</li> <li>• ALSAR (Assessment of Living Skills and Resources)</li> <li>• Barthel ADL Index Physical Self-Maintenance (ADL) Scale</li> <li>• Bayer ADL (8-ADL) Scale</li> <li>• Barthel Index</li> <li>• EADL (Extended ADL Scale)</li> <li>• ILS (Independent Living Scale)</li> <li>• Katz Index of Independence in ADL</li> <li>• Kenny Self-Care Evaluation</li> <li>• Klein-Bell ADL Scale</li> <li>• KELS (Kohlman Evaluation of Living Skills)</li> <li>• Lawton &amp; Brody's IADL Scales</li> <li>• PROMIS (Patient Reported Outcome Measurement Information System) Global of Physical Function Scales</li> </ul> <p><b>OR</b></p> <p>Notation that <b>at least 3 of the following</b> 4 components were assessed:</p> <ul style="list-style-type: none"> <li>• Cognitive status</li> <li>• Ambulation status</li> <li>• Hearing, vision and speech (must have all 3)</li> <li>• -Other functional independence (exercise, ability to perform job)</li> </ul> <p><b>NOTE: The components of the functional status assessment may take place in separate visits in 2018.</b></p> <p><b>Functional status assessment related to a single condition, event or body system does not meet criteria for a comprehensive functional status assessment.</b></p> <p><b>Notation alone that cranial nerves were assessed does not meet criteria for the sensory component.</b></p> <p><b>Notation that the member spoke with the provider during a visit does not meet criteria for the speech component.</b></p>	<p><b>CPT®: 1170F</b></p>	<p><b>Members in Hospice</b></p>

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Measure	What Service Is Needed	What To Report (Sample Of Codes)	Exclusions
<p><b>Care for Older Adults (COA) - Pain Assessment”</b></p> <p>Percent of plan members who had a pain screening or pain management plan at least once during the year.</p> <p><b>(This information about pain screening or pain management is collected for Medicare Special Needs Plans only.)</b></p>	<p>Documentation in the medical record must include evidence of a <b>pain assessment</b> and the date it was performed in 2018.</p> <p>Either of the following will meet criteria for a pain assessment:</p> <p>Documentation in the medical record that the patient was <b>assessed for pain</b> (could be positive or negative findings)</p> <p><b>--OR--</b></p> <p><b>Results of a Standardized Pain Assessment Tool</b> not limited to:</p> <ul style="list-style-type: none"> <li>• Numeric rating scales (verbal or written)</li> <li>• Face, Legs, Activity, Cry, Consolability (FLACC) Scale</li> <li>• Verbal descriptor scales (5-7 Word Scales, Present Pain Inventory)</li> <li>• Pain Thermometer</li> <li>• Pictorial Pain Scales (Faces Pain Scale, Wong-Baker Pain Scale)</li> <li>• Visual Analogue Scale</li> <li>• Brief Pain Inventory</li> <li>• Chronic Pain Grade</li> <li>• PROMIS Pain Intensity Scale</li> <li>• Pain Assessment in Advanced Dementia (PAIN AD) Scale</li> </ul> <p><b>NOTE: The following do not meet criteria for a pain assessment:</b></p> <ul style="list-style-type: none"> <li>• Notation of a pain management plan alone</li> <li>• Notation of pain treatment alone</li> <li>• Notation of screening for chest pain alone</li> </ul>	<p>• <b>CPT®: 1125F, 1126F</b></p>	<p><b>Members in Hospice</b></p>

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