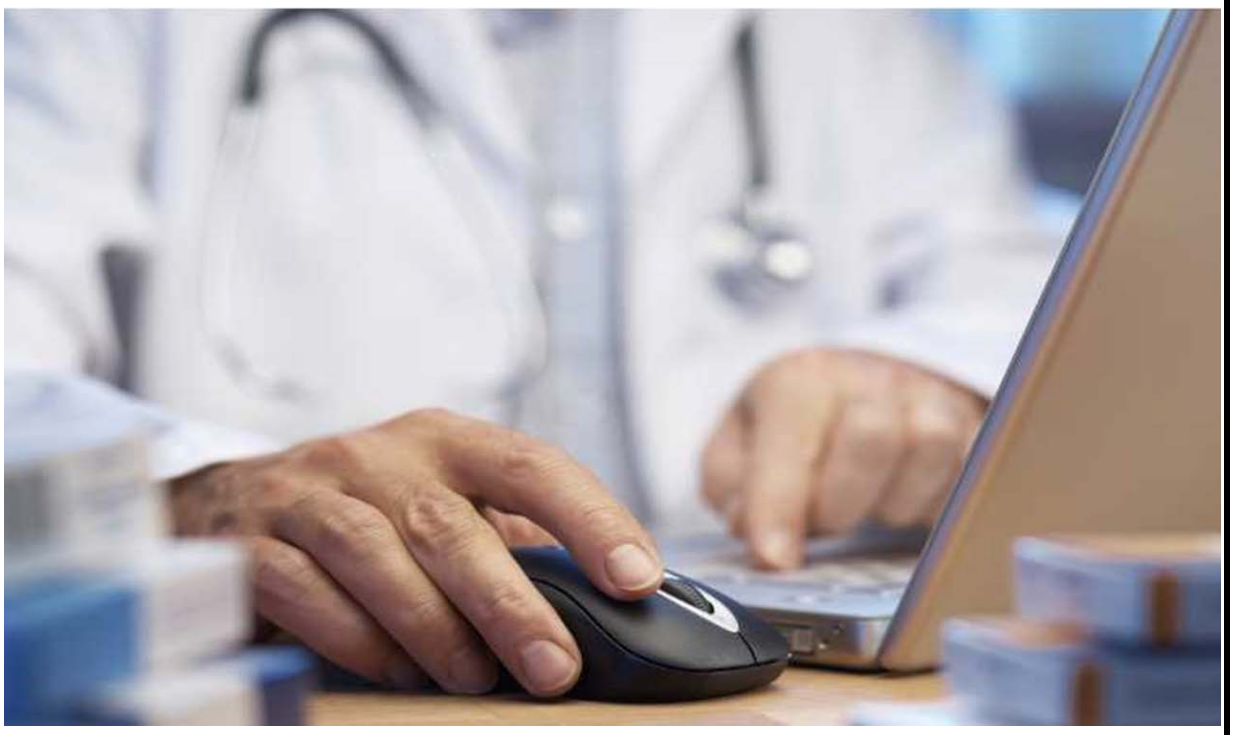
Gaps in Care Technical Specifications and PCP Billing Guide HEDIS 2019



Working together to enhance the Quality of Care provided to our Members

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Disclaimer

This material serves as a tool to assist providers, their clinical team, and billing staff with information to improve HEDIS performance.

HEDIS 2019 Volume 2 Technical Specifications for Health Plans was used to generate this Provider Billing Guide. The Technical Specifications were current at the time of publication (November 2018).

HEDIS indicators have been designed by NCQA to standardize performance measurement and do not necessarily represent the ideal standard of care.

ICD-9 codes have been removed from this guide. For measures with a look back period further than Oct. 2016, the ICD-9 codes used with claims during that time frame will continue to be pulled into the HEDIS software.

Information contained in this report is based on claims data only.

What is HEDIS?

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

Healthcare Effectiveness Data and Information Set (HEDIS)

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

- HEDIS is a registered trademark of the National Committee for Quality Assurance
- HEDIS is a performance measurement tool that is coordinated and administered by NCQA and used by the Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations
- Results from HEDIS data collection serve as measurements for quality improvement processes, educational initiatives, and preventive care programs
- All managed care companies who are NCQA accredited perform HEDIS reviews the same time each year
- HEDIS 2019 consists of 92 measures across six domains of care that address important health issues
- HEDIS is a retrospective review of services and performance of care from the prior calendar year

There are two types of HEDIS data reffered to in this guide:

- Administrative data – comes from submitted claims and encounters
- Hybrid data – comes from chart collection/review

Annual HEDIS Timeline

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

June

HEDIS results are certified and reported to NCQA

October

NCQA releases Quality Compass results nationwide for Medicaid

Remember that HEDIS is a retrospective process
HEDIS 2019 = Calendar Year 2018 Data

HEDIS Medical Record Review Process:

Data collection methods include: fax, mail, onsite visits for larger requests, and remote electronic medical record (EMR) system access if available

Medical record fax requests will include a member list identifying their assigned measure(s) and the minimum necessary information needed sent to the health plan

Due to the shortened data collection timeframe, a turnaround time of 3-5 days is appreciated

For on-site chart collections, the office will be contacted to schedule a time the abstractor can come to the office for chart review. A list of members charts being reviewed will be provided ahead of time

Tips and Best Practices

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

1. Use your member roster to contact patients who are due for an exam or are new to your practice

2. Take advantage of this guide, coding information, and the on-line resources that can assist the practice with HEDIS measure understanding, compliance, and requirements

3. Use your Gaps in Care member list to outreach to patients in need of services/procedures.

4. You can provide evidence of completed HEDIS services and attach the supporting chart documentation by contacting the Quality Management department.

5. Schedule the members' next well-visit at the end of the current appointment

6. Assign a staff member at the office knowledgeable about HEDIS to perform internal reviews and serve as a point of contact with plans and their respective Quality Management staff.

7. Set up your Electronic Health Records (EHRs) so that the HEDIS alerts and flags to alert office personnel of patients in need of HEDIS services.

HIPAA

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

1. HEDIS data collection and release of information is permitted under HIPAA since the disclosure is part of quality assessment and improvement activities

2. The records you provide us during this process helps us to validate the quality of care our members received

Importance of Documentation

Principles of the medical record and proper documentation:

1. Enable physician and other healthcare professionals to evaluate a patient's healthcare needs and assess the efficacy of the treatment plan

2. Serves as the legal document to verify the care rendered and date of service

3. Ensure date of care rendered is present and all documents are legible

4. Serves as communication tool among providers and other healthcare professionals involved in the patient's care for improved continuity of care

5. Facilitates timely claim adjudication and payment

7. Appropriately documented medical record can reduce many of the 'hassles' associated with claims processing and HEDIS chart requests

8. ICD-10 and CPT codes reported on billing statements should be supported by the documentation in the medical record

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

1. Missing or lack of all required documentation components

2. Service provided without claim/encounter data submitted

3. Lack of referral to obtain the recommended service (i.e. diabetic member eye exam to check for retinopathy)

4. Service provided but outside of the required time frame or anchor date (i.e. Lead screening performed after age 2)

5. Incomplete services (i.e.No documentation of anticipatory guidnace during a well visit for the adolescent well child measure)

6. Failure to document or code exclusion criteria for a measure

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

AAB Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

Measure Definition:

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

***Inverted Measure: Numerator identifies members prescribed an antibiotic; considered non-compliant for the intent of this measure.**

Billing Reference

Description	ICD-10 CM
Acute Bronchitis	J20.3-J20.9

Measure Exclusion Criteria:

The member is excluded from the measure if he/she has a diagnosis of pharyngitis or another competing diagnosis 30 days prior to or 7 days after the acute bronchitis diagnosis. The list of competing diagnosis includes all types of infections that would require treatment with an antibiotic.

Any member with a comorbid condition diagnosis in the 12 months prior to the acute bronchitis diagnosis would be excluded. The comorbid diagnoses for this measure include: HIV, malignant neoplasms, emphysema, COPD, cystic fibrosis, tuberculosis, and other lung diseases.

AAP Adults' Access to Preventive/Ambulatory Health Services

Measure Definition:

Members 20 year and older who had an ambulatory or preventive care visit during the measurement year.

Common Chart Deficiencies and Tips:

1. Each adult Medicaid or Medicare member should have a routine outpatient visit annually.

2.Utilize your Gaps in Care report to outreach members that have not had a visit.

Billing Reference

Description	CPT	
Ambulatory Visits	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429	
	HCPCS	UBREV
	G0402, G0438, G0439, G0463, T1015	051X, 052X, 0982, 0983
	ICD 10	
	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2	
Other Ambulatory Visits	CPT	
	92002, 92004, 92012, 92014, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337	
	UBREV	0524, 0525
Any of the above ambulatory visits with or without a telehealth modifier:		
	Telehealth CPT Modifier:	95, GT
Online Assessments	CPT	98969, 99444
Telephone Visits	CPT	98966-98968, 99441-99443

ABA Adult BMI Assessment

Measure Definition:

The percentage of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented in 2017 or 2018.

For members 20 years of age or older on the date of service: weight and BMI in 2017 or 2018 must be documented from the same data source.

For members younger than 20 years of age on the date of service: BMI percentile must be documented in 2017 or 2018. Chart documentation should include height, weight and BMI percentile (as a value e.g. 85th or plotted on a growth chart). Documentation of ranges or thresholds do not meet criteria for this indicator.

Common Chart Deficiencies and Tips:

1. **Common deficiency: Height and weight documented but no documentation of the BMI**
2. **ICD-10 Z68 codes can be used to make a member compliant without chart review.**
3. **ICD-9 codes should not be used for this service**

Billing Reference

Description	ICD-10
BMI	**Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45**
BMI Percentile	**Z68.51-Z68.54**

Measure Exclusion Criteria:

Optional Exclusion for this measure is pregnancy. Exclusionary evidence in the medical record must include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the 2017 or 2018.

ADD Follow-Up Care for Children Prescribed ADHD Medication

Measure Definition:

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

Initiation Phase. **The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.**

Continuation and Maintenance (C&M) Phase. **The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, whom remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.**

Common Chart Deficiencies and Tips

1. **No refills until the initial follow-up visit is complete**
2. **Conduct initial follow-up visit 2-3 weeks after member starts medication therapy**
3. **Schedule additional 2 visits within 9 months of medication at the time of the initial follow-up visit**
4. **If member cancels an appointment, reschedule appointment right away**

Billing Reference

ADHD Medications

Description	Prescriptions	
CNS stimulants	Amphetamine-dextroamphetamine	Lisdexamfetamine
	Dexmethylphenidate	Methamphetamine
	Dextroamphetamine	Methylphenidate
Alpha-2 receptor agonists	Clonidine	Guanfacine
Miscellaneous ADHD medications	Atomoxetine	

ADD continued

Codes to Identify Follow-Up Visits in the Initiation Phase

BH Stand Alone Visit Codes

CPT	HCPCS	UB Revenue
98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387	G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2010-H2011, H2013-H2020, M0064, T1015	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983

Observation Visit	CPT Codes	99217-99220

Intensive OP Encounter/Partial Hospital

HCPCS	UBREV
G0410-0411, H0035, H2001, H2012, S0201, S9480, S9484-9485	905, 907, 912, 913

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

Codes to Identify Follow-Up Visits - C&M Phase

All the codes listed above for the Initiation Phase

PLUS one follow-up visit can be telephonic in the C&M Phase

Description	CPT		
Telephone Visits	98966-98968, 99441-99443		
Telehealth Modifier	95, GT	Telehealth POS	2

Measure Exclusion Criteria:

Exclusion	ICD-10 CM
Diagnosis of Narcolepsy	G47.411, G47.419, G47.421, G47.429

ADV Annual Dental Visit

Measure Definition:

The percentage of members 2–20 years of age who had at least one dental visit in the measurement year. This measure applies only if dental care is a covered benefit in the organization's Medicaid contract.

Tips:

1. Educate parents/guardians about the importance of dental care starting when the child is young.

2. Ask when the last dental appointment was during every well visit

Billing Reference

Description	
Dental Visits	**All codes have been removed from this measure. Any claim with a dental practitioner during the measurement year meets criteria.**

AMM Antidepressant Medication Management

Measure Definition:

The percentage of 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. Two rates are reported.

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

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

Common Chart Deficiencies and Tips

1. Talk to patient about depression and their treatment plan. The stigma associated with a diagnosis of depression that may result in a patient declining medication or stopping the medication after they start

2. Explain what they can expect when starting the medication and how long it may take before they feel the effect

3. Stress the importance of staying on the medication. Patient should call if having problems with the medication and never stop the medication without consulting you

4. Schedule follow-up visits before patient leaves office and stress the need for follow-up visits.

Billing Reference

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

AMR Asthma Medication Ratio

Measure Definition:

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 0.50 or greater during the year.

Common Chart Deficiencies and Tips:

1. **Perform a thorough review of medications at each visit to ensure that prescribed controller medication is being utilized**
2. **Provide medication compliance education**

Billing Reference

Description	ICD-10 CM
Asthma	**J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998**

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

Acute Respiratory Failure, Chronic Respiratory Conditions Due to Fumes/Vapors, COPD, Cystic Fibrosis, Emphysema, Obstructive Chronic Bronchitis, or Other Emphysema

Also excluded are any members who had no asthma medications (controller or reliever) dispensed during the measurement year.

ART Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

Measure Definition:

The percentage of members 18 years of age and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD) during the measurement year.

Billing Reference

Description	ICD-10 CM
Rheumatoid Arthritis	M05.00-M06.9

DMARD Medications

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

Measure Exclusion Criteria:

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

Codes to Identify Exclusions

Description	ICD-10 CM
HIV	B20, Z21
HIV Type 2	B97.35
Pregnancy	O00.0-O9A53, Z03.71-Z36

Other Exclusions

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

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

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

AWC Adolescent Well-Care Visits

Measure Definition:

The percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

The comprehensive well care must visit include evidence of all of the following:

- **Health history -** Health history is an assessment of the member's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **Physical developemnt history -** Physical developmental history includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult.
- **Mental development history -** Mental developmental history includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult.
- **Physical exam**
- **Health education/anticipatory guidance -** Health education/anticipatory guidance is given by the health care provider to the member and/or parents or guardians in anticipation of emerging issues that a member and family may face.

Common Chart Deficiencies and Tips:

1. **Missing or undocumented anticipatory guidance**
2. **Sick visit in calendar year without well-child visit - turn a sick visit into a well-child visit**
3. **Schedule next visit at end of each appointment**

Examples of documentation that **DOES NOT** meet criteria:

- **Health history -** notation of allergies or medications or immunization status alone does not meet. If all three are documented this does meet criteria
- **Physical development history -** notation of "appropraite for age" without specific mention of development or "well-developed/nourished appearing" does not meet criteria
- **Mental development history -** notation of "appropriately responsive for age", "neurological exam" or "well-developed" does not meet criteria
- **Physical exam -** viatl signs alone or a visit to OB/GYN for OB/GYN topics only do not meet criteria
- **Health Education/Anticipatory Guidance -** information regarding medications or immunizations or their side effects do not meet criteria

Billing Reference

Description	CPT	HCPCS	ICD-10 CM
Office Visit	**99383-99385, 99393-99395**	**G0438, G0439**	**Z00.00-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9**

BCS Breast Cancer Screening

Measure Definition:

The percentage of women who are 52–74 years of age in 2018 and had a mammogram to screen for breast cancer from October 2016 through December 31, 2018.

Common Chart Deficiencies and Tips:

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

Billing Reference

Description	CPT	HCPCS	UB Revenue
Breast Cancer Screening	77055-77057, 77061-77067	G0202, G0204, G0206	0401, 0403

Measure Exclusion Criteria:

A female who had the following: Bilateral mastectomy or any combinaton of unilateral mastectomy codes that indicate a mastectomy on both the left and right side before December 31, 2018.

Exclusion Description	ICD-10 CM	ICD-10 PCS
Bilateral Mastectomy		0HTV0ZZ
Hx. Bilateral Mastectomy	Z90.13	

Unilateral Mastectomy with Bilateral Modifier

Exclusion Description	CPT
Unilateral Mastectomy	19180, 19200, 19220, 19240, 19303-19307

WITH LT (left) or RT (right) modifier

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

Additional Exclusion Criteria

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

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

CAP Children and Adolescents' Access to Primary Care Practitioners

Measure Definition:

The percentage of members 12 months- 19 years of age who had a visit with a PCP. Four separate percentages are reported:

- **Chidren 12-24 months and 25 months - 6 years who had a visit with a PCP during the measurement year**
- **Children 7-11 years and adolescents 12-19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year**

Common Chart Deficiencies and Tips:

1. Utilize your Gaps in Care report to outreach parents/guardians of children that have not had an appointment.
2. Stress importance of preventive visits during outreach

Billing Reference

Description	CPT	
Ambulatory Visits	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429	
	HCPCS	UBREV
	G0402, G0438, G0439, G0463, T1015	051X, 052X, 0982, 0983
	ICD 10	
	Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2	

CBP Controlling High Blood Pressure

Measure Definition:

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year

Common Chart Deficiencies and Tips:

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

Billing Reference

Description	ICD-10 CM
Essential Hypertension	I10
New for HEDIS 2019: Blood pressure CPT II codes are acceptable to meet compliance!	
Systolic BP CPT II Codes	<130 3074F; 130-139 3075F; >/= 140 3077F
Diastolic BP CPT II Codes	< 80 9078F; 80-89 3079F; >/- 90 3080F

CBP Controlling High Blood Pressure Exclusion Criteria

Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31 of the measurement year or a diagnosis of pregnancy during the measurement year.

Exclusion Description	CPT	ICD-10 PCS	UB Revenue	HCPCS
Evidence of ESRD	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90837, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512	3E1M39Z, 5A1D00Z, 5A1D60Z-5A1D90Z	0800-0804, 0809, 0820-0825, 0829-0835, 0839-0845, 0849-0855, 0859, 0880-0882, 0889	S9339, G0257
		ICD-10 CM	UB Type of Bill	POS
		N18.5, N18.6, Z91.15, Z99.2	0720-0725, 727, 728, 072A-072K, 072M, 072O, 072X-072Z	65
ESRD Obsolete	CPT			
	36145, 90919-90925		G0308-G0319, G0921-G0323, G0325-G0327, G0392-G0393	

Kidney Transplant	CPT	ICD-10 PCS	UB Revenue	HCPCS
	50300, 50320, 50340, 50360, 50365, 50370, 50380	0TY00Z0 - 0TY00Z2, 0TY10Z0 - 0TY10Z2	367	S2065
		ICD-10 CM		
		Z94.0		

Description	ICD-10 CM
Pregnancy	O00.0-O9A53, Z03.71-Z36.9

Additional Exclusion Criteria

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

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

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

CCS Cervical Cancer Screening

Measure Definition:

The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

Women age 21–64 who had cervical cytology performed within the last 3 years.

Women age 30–64 who had cervical cytology with human papillomavirus (HPV) co-testing performed within the last 5 years.

Common Chart Deficiencies and Tips:

1. Documentation of hysterectomy must include words such as 'complete', 'total', or 'radical'
2. Documentation of hysterectomy alone does not meet guidelines because it does not indicate the cervix was removed
3. Reflex testing (performing HPV test *after* determining cytology result) does NOT count
4. Cervical cytoloy and human papillomavirus test must be completed four or less

Billing Reference

Description	CPT	HCPCS	UB
Cervical Cancer Screening	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	0923
HPV Tests	87620 - 87622, 87624-87625	G0476	

Measure Exclusion Criteria:

A female who had a hysterectomy with no residual cervix on or before December 31, 2018.

Exclusion Description	CPT	ICD-10 PCS	ICD-10 CM
Absence of Cervix	51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 58956, 59135	0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ	Q51.5, Z90.710, Z90.712

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

Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) whose last blood pressure in the measurement year was less than 140/90.

Tips:

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

Billing Reference

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

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

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

Measure Exclusion Criteria:

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

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

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

Additional Exclusion Criteria

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

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

CDC Comprehensive Diabetes Care - Dilated Retinal Eye Exam

Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) who had a dilated retinal eye exam in the measurement year or a dilated retinal eye exam that was negative for retinopathy in the year prior to the measurement year.

Billing Reference

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

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

Unilateral Eye Enucleation	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114	Two with dates of service 14 or more days apart or same day with a bilateral modifier CPT: 50, 9950

Description	ICD-10 PCS
Unilateral Eye Enucleation, Left	08B10ZX, 08B10ZZ, 08B13ZX, 08B13ZZ, 08B1XZX, 08B1XZZ
Unilateral Eye Enucleation, Rt	08B00ZX, 08B00ZZ, 08B03ZX, 08B03ZZ, 08B0XZX, 08B0XZZ

Measure Exclusion Criteria:

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

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

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

Additional Exclusion Criteria

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

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

CDC Comprehensive Diabetes Care - HbA1c Testing

Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) who had an HbA1c test during the measurement year.

Common Chart Deficiencies and Tips:

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

Billing Reference

Description	ICD-10 CM
Diabetes	E10.10-E13.9, O24.011-O24.13, O24O311-24.33, O24.811-O24.83

Description	CPT
HbA1c Screening	83036, 83037

Description	Lab Result	CPT II
HbA1c Result	<7%	3044F
	7.0% - 9.0%	3045F
	>9.0%	3046F

Measure Exclusion Criteria:

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

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

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

Additional Exclusion Criteria

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

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

CDC Comprehensive Diabetes Care - Medical Attention for Nephropathy

Measure Definition:

Members 18 to 75 years of age with diabetes (type 1 and type 2) who received medical attention for nephropathy in during the measuremnet year through one of the following:

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

Common Chart Deficiencies and Tips:

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

Billing Reference

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

Medical Attention for Nephropathy			
Description	**CPT**		**CPT II**
Urine Protein Tests	81000-81003, 81005, 82042-82044, 84156		3060F, 3061F, 3062F
Description	**CPT II**	**ICD-10 CM**	
Treatment for Nephropathy	3066F, 4010-F	E08.21-E08.29, E09.21-E09.29, E10.21-E10.29, E11.21-E11.29, E13.21-E13.29, I12.0-I13.2, I15.0-I15.1, N00.0-N08, N14.0-N14.4, N17.0-N19, N25.0-N26.9, Q60.0-Q61.9, R80.0-R80.9	

CDC Medical Attention for Nephropathy continued

Medical Attention for Nephropathy					
Exclusion Description	**CPT**	**ICD-10 PCS**	**UB Revenue**		**HCPCS**
Evidence of ESRD	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90837, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512	3E1M39Z, 5A1D00Z, 5A1D60Z-5A1D90Z	0800-0804, 0809, 0820-0825, 0829-0835, 0839-0845, 0849-0855, 0859, 0880-0882, 0889		S9339, G0257
		ICD-10 CM	**UB Type of Bill**		**POS**
		N18.5, N18.6, Z91.15, Z99.2	0720-0725, 727, 728, 072A-072K, 072M, 072O, 072X-072Z		65
Kidney Transplant	**CPT**	**ICD-10 CM**	**ICD-10 PCS**	**UB Rev**	**HCPCS**
	50300, 50320, 50340, 50360, 50365, 50370, 50380	Z94.0	0TY00Z0- 0TY00Z2, 0TY10Z0- 0TY10Z2	367	S2065

Description	**ICD-10 CM**
Stage 4 Chronic Kidney Disease	N18.4

CDC Medical Attention for Nephropathy continued		
Medical Attention for Nephropathy		
Description	**ACE Inhibitors/ARBs**	
Angiotensin converting enzyme inhibitors	Benazepril	Moexipril
	Captopril	Perindopril
	Enalapril	Quinapril
	Fosinopril	Ramipril
	Lisinopril	Trandolapril
Angiotensin II inhibitors	Azilsartan	Losartan
	Candesartan	Olmesartan
	Eprosartan	Telmisartan
	Irbesartan	Valsartan
Anti-Hypertensive Combinations	Amlodipine-benazepril	Fosinopril-hydrochlorothiazide
	Amlodipine-hydrochlorothiazide-valsartan	Hydrochlorothiazide-irbesartan
	Amlodipine-hydrochlorothiazide-olmesartan	Hydrochlorothiazide-lisinopril
	Amlodipine-olmesartan	Hydrochlorothiazide-losartan
	Amlodipine-perindopril	Hydrochlorothiazide-moexipril
	Amlodipine-telmisartan	Hydrochlorothiazide-olmesartan
	Amlodipine-valsartan	Hydrochlorothiazide-quinapril
	Azilsartan-chlorthalidone	Hydrochlorothiazide-telmisartan
	Benazepril-hydrochlorothiazide	Hydrochlorothiazide-valsartan
	Candesartan-hydrochlorothiazide	Sacubitril-valsartan
	Captopril-hydrochlorothiazide	Trandolapril-verapamil
	Enalapril-hydrochlorothiazide	

Measure Exclusion Criteria:

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

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

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

Additional Exclusion Criteria

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

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

CHL Chlamydia Screening in Women

Measure Definition:

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia dueing the measurement year.

Billing Reference

Description	CPT
Chlamydia Test	87110, 87270, 87320, 87490-87492, 87810

Measure Exclusion Criteria:

	Exclusion: Exclude female members who qualified for the denominator based on a pregnancy test alone and who meet either of the following:	
		A pregnancy test in the measurement followed within seven days (inclusive) by a prescription for isotretinoin.
		A pregnancy test in the measurement year followed within seven days (inclusive) by an x-ray.

Exclusion Description	CPT	UB Revenue
Pregnancy Test Exclusion	81025, 84702, 84703	925
WITH		
Exclusion Description	**CPT**	**UB Revenue**
Diagnostic Radiology	70010-76499	0320-0324, 329
OR		
Retinoid	Isotretinoin Prescription	

CIS Childhood Immunization Status

Measure Definition:

The percentage of children turning 2 years of age during the measurement year who received recommended vaccinations prior to their second birthday. Recommended vaccinations and # in series to meet compliance listed below.

The measure calculates a rate for each vaccine and nine separate combination rates.

Common Chart Deficiencies and Tips:

1. **Vaccinations for DTaP, IPV, HiB, or PCV given before 42 days after birth date do not count towards vaccine compliance**
2. **Participate in State Immunization registries, where available**
3. **Devote time during each visit to review immunization record and look for opportunities to catch-up on missing immunizations**
4. **Document date of first hepatitis B vaccination if given at hospital and note the hospital**
5. **Document history of illness in chart if child has had Varicella Zoster, measles,**

Billing Reference

Immunization Description	# in Series	CPT	CVX
DTaP	4	90698, 90700, 90721, 90723	20, 50, 106, 107, 110, 120
IPV	3	90698, 90713, 90723	10, 89, 110, 120
MMR	1	90707, 90710	03, 94
Any Combination of the following to satisfy recommendation of 1 MMR			
Measles Only	1	90705	05
Mumps Only	1	90704	07
Rubella Only	1	90706	06
Measles and Rubella	1	90708	04

CIS Billing Reference continued				
Description	**# in Series**	**CPT**	**HCPCS**	**CVX**
Hib	3	90644-90648, 90698, 90721, 90748		17, 46-51, 120, 148
Hepatitis B	3	90723, 90740, 90744, 90747, 90748	G0010	08, 44, 45, 51, 110
VZV	1	90710, 90716		21, 94
Pneumococcal Conjugate	4	90669, 90670	G0009	100, 133, 152
Hepatitis A	1	90633		31, 83, 85
Rotavirus 2-dose or 3-dose vaccinations satisfy Rotavirus recommendations.				
Rotavirus 2-dose	2	90681		119
Rotavirus 3-dose	3	90680		116, 122
Influenza	2	90655, 90657, 90661, 90662, 90673, 90685-90688	G0008	88, 135, 140, 141, 150, 153, 155, 158, 161

ICD-10 CM Codes for Illnesses	
Hepatitis A	B15.0, B15.9
Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
Measles	B05.0-B05.4, B05.81, B05.89, B05.9
Mumps	B26.0-B26.3, B26.81-B26.85, B26.89-B26.9
Rubella	B06.00-B06.02, B06.09, B06.81-B06.82, B06.89, B06.9
Varicella Zoster	B01.0, B01.11-B01.2, B01.81-B01.9, B02.0, B02.1, B02.21-B02.29, B02.30-B02.39, B02.7-B02.9

CIS Measure Exclusion Criteria:	
Exclusion: Exclude children who had a contraindication for a specific vaccine.	
Exclusion Description	**ICD-10 CM**
Any particular vaccine - Anaphylactic Reaction	T80.52XA, T80.52XD, T80.52XS
DTaP - Encephalopathy with Adverse-Effect	G04.32
	WITH
	T50.A15A, T50.A15D, T50.A15S
For MRR, VZV and Influenza vaccines: Immunodeficiency, Lymphoreticular cancer, multiple myeloma or leukemia, or HIV	D80.0-D81.2, D81.4, D81.6-D82.4, D82.8- D83.2, D83.8-D84.1, D84.8-D84.9, D89.3, D89.810-D89.13, D89.82, D89.89, D89.9, B20, Z21, B97.35, C81.00-C86.6, C88.2-C88.9, C90 - C96.Z
Rotavirus - Severe combined immunodeficiency or a history of intussusception	D81.0-D81.2, D81.9, K56.1
Exclusion Description	**General Exclusion Criteria**
MRR, VZV and Influenza	Anaphylactic reaction to neomycin
IPV	Anaphylactic reaction to streptomycin, polymyxin B, or neomycin
Hepatitis B	Anaphylactic reaction to common baker's yeast

COA Care for Older Adults

Measure Definition:

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

- **Advance care planning.**
- **Medication review.**
- **Functional status assessment.**
- **Pain assessment.**

Common Chart Deficiencies and Tips

1. Advance Care Planning - document discussion and/or presence of advance directive or living will in chart

2. Medication Review - Medication list in chart and medication review by prescribing provider annually - signed and dated

3. Functional Status Assessment - address cognitive and ambulation status, sensory ability, and functional independence.

4. Pain Assessment - documentation of pain screening result (postiive or negative)

Billing Reference

Description	CPT	ICD10 CM	HCPCS	CPT Category II
Advance Care Planning	99497	Z66	S0257	1123F, 1124F, 1157F, 1158F
Medication List			G8427	1159F
With one of the following Medication Review codes on the same claim:				
Medication Review	90863, 99605, 99606,			1160F
Transitional Care Management Codes alone meet Medication Review compliance				
TCM codes:	99495, 99496			
Functional Status Assessment		G0438, G0439		1170F
Pain Assessment				1125F, 1126F

COL Colorectal Cancer Screening

Measure Definition:

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

Tips:

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

Billing Reference

Description	CPT	HCPCS
Fecal occult blood test (gFOBT - 3 samples- or iFOBT in 2018)	82270, 82274	G0328
FIT-DNA test (between 2016 and 2018)	81528	G0464
Flexible Sigmoidoscopy (between 2014 and 2018)	45330-45335, 45337-45342, 45345-45347, 45349-45350	G0104
Colonoscopy (between 2009 and 2018)	44388-44394, 44397,44401-44408, 45355, 45378-45393, 45398	G0105, G0121
CT Colonography (between 2014 and 2018)	74261-74263	

Measure Exclusion Criteria:

Evidence of Colorectal Cancer or Total Colectomy through December 31, 2018.

Exclusion Description	ICD-10 CM
Colorectal Cancer	C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048

	CPT	ICD-10 PCS
Total Colectomy	44150-44153, 44155-44158, 44210-44212	0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ

Additional Exclusion Criteria

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

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

CWP Appropriate Testing for Children With Pharyngitis

Measure Definition:

The percentage of members 2–18 years of age diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test.

Common Chart Deficiencies and Tips

1. **Perform a group A Strep Test on all children before treating with an antibiotic for pharyngitis**
2. **Submit the claim for the group A Strep Test**

Billing Reference

Description	ICD-10 CM
Pharyngitis	J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91
Description	**CPT**
Group A Strep Tests	87070, 87071, 87081, 87430, 87650-87652, 87880

Antibiotic Medications

Description	Prescriptions	
Aminopenicillins	Amoxicillin	Ampicillin
Beta-lactamase inhibitors	Amoxicillin-clavulanate	
First generation cephalosporins	Cefadroxil	Cephalexin
	Cefazolin	
Folate antagonist	Trimethoprim	
Lincomycin derivatives	Clindamycin	
Macrolides	Azithromycin	Erythromycin ethylsuccinate
	Clarithromycin	Erythromycin lactobionate
	Erythromycin	Erythromycin stearate
Natural penicillins	Penicillin G potassium	Penicillin V potassium
	Penicillin G sodium	
Penicillinase-resistant	Dicloxacillin	
Quinolones	Ciprofloxacin	Moxifloxacin
	Levofloxacin	Ofloxacin
Second generation cephalosporins	Cefaclor	Cefuroxime
	Cefprozil	
Sulfonamides	Sulfamethoxazole-trimethoprim	
Tetracyclines	Doxycycline	Tetracycline
	Minocycline	
Third generation cephalosporins	Cefdinir	Ceftibuten
	Cefixime	Cefditoren
	Cefpodoxime	Ceftriaxone

DAE Use of High-Risk Medications in the Elderly

Measure Definition:

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

For both rates, a lower rate represents better performance.

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

A dispensed prescription from High-Risk Medications table.

Dispensed prescriptions that meet days supply criteria from High-Risk Medications With Days Supply Criteria table.

A dispensed prescription that meets average daily dose criteria from High-Risk Medications With Average Daily Dose Criteria table.

Billing Reference

High-Risk Medications

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

High-Risk Medications continued		
Description	**Prescription**	
Central nervous system, barbiturates	Amobarbital	Pentobarbital
	Butabarbital	Phenobarbital
	Butalbital	Secobarbital
Central nervous system, vasodilators	Ergot mesylates	Isoxsuprine
Central nervous system, other	Meprobamate	
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	Conjugated estrogen	Estradiol
	Esterified estrogen	Estropipate
Endocrine system, sulfonylureas, long-duration	Chlorpropamide	Glyburide
Endocrine system, other	Desiccated thyroid	Megestrol
Pain medications, skeletal muscle relaxants	Carisoprodol	Metaxalone
	Chlorzoxazone	Methocarbamol
	Cyclobenzaprine	Orphenadrine
Pain medications, other	Indomethacin	Meperidine
	Ketorolac, includes parenteral	Pentazocine

High-Risk Medications With Days Supply Criteria			
Description	**Prescription**		**Days Supply Criteria**
Anti-Infectives, other	Nitrofurantoin	Nitrofurantoin macrocrystals-monohydrate	>90 days
	Nitrofurantoin macrocrystals		
Nonbenzodiazepine hypnotics	Eszopiclone	Zolpidem	>90 days
	Zaleplon		

High-Risk Medications With Average Daily Dose Criteria		
Description	**Prescription**	**Average Daily Dose Criteria**
Alpha agonists, central	Reserpine	>0.1 mg/day
Cardiovascular, other	Digoxin	>0.125 mg/day
Tertiary TCAs (as single agent or as part of combination products)	Doxepin	>6 mg/day

DDE Potentially Harmful Drug-Disease Interactions in the Elderly

Measure Definition:

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

Three individual rates and a total rate reported:

1. A history of falls and a prescription for anticonvulsants, SSRIs, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics or tricyclic antidepressants.

2. Dementia and a prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, H2 receptor antagonists or anticholinergic agents.

3. Chronic kidney disease and a prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs

Billing Reference

Description	ICD-10 CM
Falls	Any fall or hip fracture ICD10 or CPT code pulls the member into this measure
Dementia	F01.5, F01.51, F02.80, F02.81,F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83
Chronic Kidney Disease Stage 4	N18.4

Description	ICD-10 CM	ICD-10 PCS	HCPCS	CPT
ESRD	N18.5, N18.6, Z91.15, Z99.2	3E1M39Z, 5A1D00Z, 5A1D60Z-5A1D90Z	G0257, S9339	36147, 36800, 36810, 36815, 36818-36821, 36831-36833, 90935, 90937, 90940, 90945, 90947, 90951-90970, 90989, 90993, 90997, 90999, 99512
Kidney Transplant	Z94.0	0TY00Z0 - 0TY00Z2, 0TY10Z0 - 0TY10Z2	S2065	50300, 50320, 50340, 50360, 50365, 50370, 50380

Potentially Harmful Medications

Potentially Harmful Drugs - Rate 1

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

Potentially Harmful Drugs - Rate 1 and Rate 2

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

Potentially Harmful Medications continued

Potentially Harmful Drugs - Rate 2

Description	Prescription			
H2 receptor antagonists	Cimetidine	Famotidine	Nizatidine	Ranitidine
Anticholinergic agents, antihistamines	Prochlorperazine	Promethazine		
Anticholinergic agents, antihistamines	Carbinoxamine	Triprolidine	Dexbrompheniramine	
	Chlorpheniramine	Cyproheptadine	Dexchlorpheniramine	
	Hydroxyzine	Dimenhydrinate	Doxylamine	
	Brompheniramine	Diphenhydramine		
	Clemastine	Meclizine		
Anticholinergic agents, antispasmodics	Atropine	Dicyclomine	Scopolamine	
	Homatropine	Hyoscyamine	Clidinium-chlordiazepoxide	
	Belladonna alkaloids	Propantheline		
Anticholinergic agents, antimuscarinics (oral)	Darifenacin	Flavoxate	Solifenacin	Trospium
	Fesoterodine	Oxybutynin	Tolterodine	
Anticholinergic agents, anti-Parkinson agents	Benztropine	Trihexyphenidyl		
Anticholinergic agents, skeletal muscle relaxants	Cyclobenzaprine	Orphenadrine		
Anticholinergic agents, SSRIs	Paroxetine			
Anticholinergic agents, antiarrthymics	Disopyramide			

Potentially Harmful Drugs - Selective NSAIDs and Nonaspirin NSAIDs Rate 3

Description	Prescription		
Cox-2 Selective NSAIDs	Celecoxib		
Nonaspirin NSAIDs	Diclofenac potassium	Ketoprofen	Naproxen sodium
	Diclofenac sodium	Ketorolac	Oxaprozin
	Etodolac	Meclofenamate	Piroxicam
	Fenoprofen	Mefenamic acid	Sulindac
	Flurbiprofen	Meloxicam	Tolmetin
	Ibuprofen	Nabumetone	
	Indomethacin	Naproxen	

FUH Follow-Up After Hospitalization for Mental Illness

Measure Definition:

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses who had an outpatient visit, an intensive outpatient encounter or partial hospitalization *with a mental health practitioner*. Two rates are reported:

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

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

****Visits on the same day as discharge do not meet criteria.**

Billing Reference

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

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

OR

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

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

Observation

CPT	99217-99220

Partial Hospital/IOP

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

Electroconvulsive Therapy

CPT	ICD10PCS	UBREV
90870	GZB0ZZZ-GZB4ZZZ	901

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

IMA Immunizations for Adolescents

Measure Definition:

The percentage of adolescents turning 13 years of age in the measurement year who received one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates:

- **Tdap and Meningococcal conjugate**
- **Tdap, Meningococcal conjugate and HPV**

Common Chart Deficiencies and Tips:

1. **Participate in State Immunization registries, where available**
2. **Devote time during each visit to review immunization record and look for opportunities to catch-up on missing immunizations**
3. **Meningococcal recombinant serogroup B does NOT count**
4. **Educate teens and parents/guardians about the importance of these immunizations.**

Meningococcal Vaccine - At least one meningococcal serogroups A, C, W, Y vaccine administered between the 11th and 13th birthday

Tdap Vaccine - administered between the 10th and 13th birthday

HPV - two HPV vaccines between the 9th and 13th birthday with at least 146 days between the doses OR three doses with different dates of service between the 9th and 13th birthday.

Billing Reference

Description	CPT	CVX
Tdap	**90715**	**115**
Meningococcal	**90734**	**108, 114, 136, 147, 167**
Human Papillomavirus	**90649, 90650, 90651**	**62, 118, 137, 165**

Measure Exclusion Criteria:

Exclusion: Exclude children who had a contraindication for a specific vaccine.

Exclusion Description	ICD-10 CM
Anaphylactic Reaction	**T80.52XA, T80.52XD, T80.52XS**
DTaP - Encephalopathy with Adverse-Effect	**G04.32**
	WITH
	T50.A15A, T50.A15D, T50.A15S

LBP Use of Imaging Studies for Low Back Pain

Measure Definition:

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. This measure is for members aged 18-50 years old.

***Inverted Measure: Numerator identifies appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).**

Billing Reference

ICD-10 CM Diagnosis Uncomplicated Low Back Pain

M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.16-M54.18, M54.30-M54.32, M54340-M54.42, M54.5, M54.89, M54.9, M99.03-M99.04, M99.23 -M99.84, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS

Description	CPT	UB Revenue
Imaging Studies	72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220	0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972

Measure Exclusion Criteria:

Anytime in member's history:
Cancer, Major Organ Transplant, HIV
Any time during the 3 months prior to the diagnosis of low back pain:
Recent Trauma
Any time during the 12 months prior to low back pain diagnosis:
Neurological Impairment, Spinal Infection, IV Drug Use
Or 90 consecutive days of corticosteroid treatment any time during 12 months prior to the diagnosis of low back pain

LSC Lead Screening in Children

Measure Definition:

The percentage of children turning 2 years of age in the measruement year who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Common Chart Deficiencies and Tips:

1. **Lead screening is considered late if performed after the child turns 2 years of age**
2. **A lead risk assessment does not satisfy the venous blood lead requirement for Medicaid members regardless of the risk score**
3. **Options exist for in-office lead testing, including blood lead analyzer and MedTox filter paper testing**

Billing Reference

Description	CPT
Lead Tests	**83655**

MMA Medication Management for People With Asthma

Measure Definition:

The percentage of members 5–64 years of age in the measurement year who were identified as having persistent asthma and dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:

1. **The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.**
2. **The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period.**

Billing Reference

Description	ICD-10 CM
Asthma	J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998

Asthma Controller Medications

Description	Prescriptions		
Antiasthmatic Combinations	• Dyphylline-guaifenesin		
Antibody Inhibitor	• Omalizumab		
Anti-interleukin-5	• Mepolizumab		• Reslizumab
Inhaled Steroid Combinations	• Budesonide-formoterol		• Fluticasone-salmeterol
	• Mometasone-formoterol		• Fluticasone-vilanterol
Inhaled Corticosteroids	• Beclomethasone		• Flunisolide
	• Budesonide		• Fluticasone CFC free
	• Ciclesonide		• Mometasone
Leukotriene Modifiers	• Montelukast	• Zafirlukast	• Zileuton
Methylxanthines	• Theophylline		

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

Acute Respiratory Failure, Chronic Respiratory Conditions Due to Fumes/Vapors, COPD, Cystic Fibrosis, Emphysema, Obstructive Chronic Bronchitis, or Other Emphysema

Also excluded are any members who had no asthma controller medications dispensed during the measurement year.

OMW Osteoporosis Management in Women Who Had a Fracture

Measure Definition:

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

Billing Reference

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

FDA-Approved Osteoporosis Therapies

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

Additional Exclusion Criteria

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

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

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

PBH Persistence of Beta-Blocker Treatment After a Heart Attack

Measure Definition:

The percentage of members 18 years of age and older in the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Billing Reference

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

Beta-Blocker Medications

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

Measure Exclusion Criteria:

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

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

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

Other Exclusions

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

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

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

PCE Pharmacotherapy Management of COPD Exacerbation

Measure Definition:

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30, 2017 and who were dispensed appropriate medications. Two rates are reported:

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

Billing Reference

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

COPD Medications

Systemic Corticosteroids

Description	Prescriptions	
Glucocorticosteroids	Cortisone-acetate	Methylprednisolone
	Dexamethasone	Prednisolone
	Hydrocortisone	Prednisone

Bronchodilators

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

PPC Prenatal and Postpartum Care

Measure Definition:

The percentage of deliveries of live births between November 6, 2017 and November 5, 2018. For these women, the measure assesses the following facets of prenatal and postpartum care.

Timeliness of Prenatal Care. **The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester *or* within 42 days of enrollment in the organization.**

Postpartum Care. **The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.**

Common Chart Deficiencies and Tips

1. C-section suture/staple removal appointment prior to 21 days after delivery does not meet measure criteria

2. Schedule postpartum follow-up visit for C-section patients before they leave after suture/staple removal.

Billing Reference

Timeliness of Prenatal Care

Codes to Identify Prenatal Care Visit - Method 1

Description	CPT/CPT II	HCPCS
Prenatal Bundled Services	59400, 59425, 59426, 59510, 59610, 59618	H1005
Stand Alone Prenatal Visits	99500, 0500F, 0501F, 0502F	H1000-H1004

Codes to Identify Prenatal Care Visits - Method 2

CPT	HCPCS	UB Revenue
99201-99205, 99211-99215, 99241-99245	T1015, G0463	0514

WITH One of the Following Diagnosis or Procedure Codes:

Description	CPT	ICD-10 PCS
Obstetric Panel	80055, 80081	
Prenatal Ultrasound	76801, 76805, 76811, 76813, 76815-76821, 76825-76828	BY49ZZZ, BY4BZZZ-BY4DZZZ, BY4FZZZ, BY4GZZZ
Pregnancy Diagnosis	ICD10CM	O08.0-O9A519, Z03.71-Z36.9

OR

A provider visit code WITH Toxoplasma Antibody, Rubella Antibody, Cytomegalovirus, and Herpes Simplex CPT:

Toxoplasma Antibody	86777, 86778	Rubella Antibody	86762
Cytomegalo- virus Antibody	86644	Herpes Simplex Antibody	86694-86696

Codes to Identify Prenatal Care Visits - Method 2 continued				
OR				
Description	**CPT**		**HCPCS**	**UB Revenue**
Provider Visit Code WITH Rubella Antibody and ABO CPT Code:				
Rubella Antibody	86762	AND	ABO	86900
OR				
Provider Visit WITH Rubella Antibody and Rh CPT:				
Description	**CPT**			
Rubella Antibody	86762	AND	Rh	86901
OR				
Provider Visit WITH Rubella Antibody and ABO/Rh CPT/LOINC Code:				
Description	**CPT**			
Rubella Antibody CPT	86762	AND	ABO/Rh LOINC	77397-8, 882-1, 884-7

Identifying Prenatal Care Visits - Method 3 - PCP

A visit with the PCP during the first trimester can count as a prenatal visit if:
- a pregnancy diagnosis code is submitted on the same claim as the visit AND at least one of the services described above in method 2 is completed on the same or different date of service

Postpartum Visit - Any of the following Meet Criteria			
Description	**CPT/CPT II**	**ICD-10 CM**	**HCPCS**
Postpartum Visit	57170, 58300, 59430, 99501, 0503F	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	G0101

Description	**CPT**	**UB Rev**	**HCPCS**
Cervical Cytology	88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	0923	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

Description	**CPT**
Postpartum Bundled Services	59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622

PSA Non-Recommended PSA-Based Screening in Older Men

Measure Definition:

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

Billing Reference

Exclusions

Description	ICD-10 CM
Prostate Cancer	C61, D07.5, D40.0, Z15.03, Z85.46
Prostate Dysplasia	N42.3-N42.32, N42.39

Description	CPT	HCPCS
A PSA test during the year prior to them measurement year, where laboratory data indicate an elevated result (>4.0 ng/mL)	84153	G0103

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

SAA Adherence to Antipsychotic Medications for Individuals With Schizophrenia

Measure Definition:

The percentage of members 19-64 years of age during the measurement year with schizophrenia who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period.

Common Chart Deficiencies and Tips:

1. Discuss and assess for possible side effects at each visit and address if an issue.

Billing Reference

Diagnosis	ICD-10 CM
Schizophrenia	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Exclusions	**ICD-10 CM**
Dementia Dx during the measurement year	F01.50. F01.51, F02.80, F02.81, F03.90, F03.91, F04. F10.27, F10.97. F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1. G30.8, G30.9, G31.83,
Member did not have at least two antipsychotic medication dispensing events in the measurement year.	

Oral Antipsychotic Medications

Description	Prescription			
Miscellaneous antipsychotic agents (oral)	Aripiprazole	Clozapine	Lurisadone	Quetiapine
	Asenapine	Haloperidol	Molindone	Quetiapine fumarate
	Brexpiprazole	Iloperidone	Olanzapine	Risperidone
	Cariprazine	Loxapine	Paliperidone	Ziprasidone
Phenothiazine antipsychotics (oral)	Chlorpromazine	Perphenazine	Thioridazine	
	Fluphenazine	Prochlorperazine	Trifluoperazine	
Psychotherapeutic combinations (oral)	Amitriptyline-perphenazine			
Thioxanthenes (oral)	Thiothixene			

Antipsychotic Injections

Description	Prescription	
Long-acting injections 28-days supply	Aripiprazole	Olanzapine
	Fluphenazine decanoate	Paliperidone palmitate
	Haloperidol decanoate	
Long-acting injections 14-days supply	Risperidone	

SPC Statin Therapy for Patients with Cardiovascular Disease

Measure Definition:

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

1. *Received Statin Therapy* . Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.

2. *Statin Adherence 80%* . Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Common Chart Deficiencies and Tips:

1. Review medication list at every visit.

Diagnosis

Members are identified for this measure by event or diagnosis.

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

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

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

Exclusions	ICD-10 CM/PCS
ESRD	N18.5, N18.6, Z91.15, Z99.2, 3E1M39Z, 5A1D00Z, 5A1D60Z
Cirrhosis	K70.30, K70.31, K71.7, K74.3 - K74.5, K74.60, K74.69, P78.81
Myalgia, myopathy, myositis or rhabdomyolysis	G72.0, G72.2, G72.9, M62.82, M79.1
Pregnancy during the measure year or year prior	
In vitro fertilization in the measurement year or the year prior	
Dispensed a prescription for Clomiphene during the measurement year or the year prior	

Other Exclusions

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

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

High and Moderate-Intensity Statin Medications

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

SPD Statin Therapy for Patients With Diabetes

Measure Definition:

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

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

Common Chart Deficiencies and Tips:

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

Diagnosis

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

Exclusion Criteria

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

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

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

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

Other Exclusions

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

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

Statin Medications

High-intensity statin therapy	**Atorvastatin 40-80 mg**	**Rosuvastatin 20-40 mg**
	Amlodipine-atorvastatin 40-80 mg	**Simvastatin 80 mg**
	Ezetimibe-simvastatin 80 mg	
Moderate-intensity statin therapy	**Atorvastatin 10-20 mg**	**Pravastatin 40-80 mg**
	Amlodipine-atorvastatin 10-20 mg	**Lovastatin 40 mg**
	Rosuvastatin 5-10 mg	**Fluvastatin XL 80 mg**
	Simvastatin 20-40 mg	**Fluvastatin 40 mg bid**
	Ezetimibe-simvastatin 20-40 mg	**Pitavastatin 2–4 mg**
Low-intensity statin therapy	**Simvastatin 10 mg**	**Lovastatin 20 mg**
	Ezetimibe-simvastatin 10 mg	**Fluvastatin 20–40 mg**
	Pravastatin 10–20 mg	**Pitavastatin 1 mg**

SSD Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Measure Definition:

The percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed antipsychotic medication and had a diabetes screening test during the measurement year.

Common Chart Deficiencies and Tips:

1. Order a diabetes screening test every year and check every visit to ensure that it has been completed.
2. Educate patients about the importance of the test.
3. Check at each visit for the completed test and reorder if not done.

Billing Reference

Diagnosis	ICD-10 CM
Schizophrenia	F20.0-F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9
Bipolar Disorder	F30.10-F30.13, F30.2-F30.4, F30.8-F30.9, F31.0, F31.1-F31.13, F31.2-F31.32, F31.4-F31.64, F31.7-F31.78

Test Description	CPT/CPT II Code
Glucose Test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1C Test	83036, 83037, 3044F-3046F

URI Appropriate Treatment for Children With Upper Respiratory Infection

Measure Definition:

The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and *were not* dispensed an antibiotic.

***Inverted Measure: Numerator identifies members who received an antibiotic; considered non-compliant for the intent of this measure.**

Billing Reference

ICD-10-CM URI Diagnosis

J00, J06.0, J06.9

ICD-10 CM Pharyngitis Diagnosis

J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91

Measure Exclusion Criteria:

The member is excluded from the measure if he/she has a diagnosis of pharyngitis or another competing diagnosis 30 days prior to or 7 days after the acute bronchitis diagnosis. The list of competing diagnosis includes all types of infections that would require treatment with an antibiotic.

W15 Well-Child Visits in the First 15 Months of Life

Measure Definition:

The percentage of members who turned 15 months old in the measurement year and had the following number of well-child visits with a PCP during their first 15 months of life:

No well-child visits
One well-child visit
Two well-child visits
Three well-child visits
Four well-child visits
Five well-child visits
Six well-child visits (goal)

The comprehensive well care visit includes:

- **Health history - assessment of history of disease or illness and family health history**
- **Physical developmental history - assessment of specific age appropriate physical development milestones**
- **Mental development history - assessment of specific age appropriate mental development milestones**
- **Physical exam**
- **Health education/anticipatory guidance - guideance given in anticipation of emerging issues that a child/family may face**

Common Chart Deficiencies and Tips:

1. **Missing or undocumented anticipatory guidance**
2. **Sick visit in calendar year without well-child visit -turn a sick visit into a well-child visit**
3. **Schedule next visit at the end of each appointment**
4. **Call parent/guardian to reschedule when a visit is missed**
5. **Educate parent/guardian regarding the need for so many visits during**

Billing Reference

Description	CPT	HCPCS	ICD-10 CM
Office Visit	**99381-99382, 99391-99392, 99461**	**G0438, G0439**	**Z00.11-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9**

W34 Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Measure Definition:

The percentage of members 3–6 years of age who had one or more well-child visits with a PCP in 2017.

The comprehensive well care visit includes:

- **Health history - assessment of history of disease or illness and family health history**
- **Physical developmental history - assessment of specific age appropriate physical development milestones**
- **Mental development history - assessment of specific age appropriate mental development milestones**
- **Physical exam**
- **Health education/anticipatory guidance - guideance given in anticipation of emerging issues that a child/family may face**

Common Chart Deficiencies and Tips:

1. **Missing or undocumented anticipatory guidance**
2. **Sick visit in calendar year without well-child visit -turn a sick visit into a well-child visit**
3. **Schedule next visit at end of each appointment**
4. **Call parent/guardian to reschedule when a visit is missed**

Billing Reference

Description	CPT	HCPCS	ICD-10 CM
Office Visit	99382-99383, 99392-99393	G0438, G0439	Z00.121-Z00.129, Z00.5, Z00.8, Z02.0-Z02.9

WCC Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Measure Definition:

The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.

Common Chart Deficiencies and Tips:

1. **BMI percentile or BMI percentile plotted on growth chart for members 3-17 years of age required to meet measure. BMI value alone does NOT meet compliance**
2. **Must include documentation indicating counseling for nutrition and**

Billing Reference

Description	CPT	HCPCS	ICD-10 CM
BMI Percentile			**Z68.51-Z68.54**
Nutrition Counseling	**97802-97804**	**G0270, G0271, G0447, S9449, S9452, S9470**	**Z71.3**
Physical Activity Counseling		**G0447** (face to face behavioral counseling for obesity—15 minutes) , **S9451** (Exercise classes– non-physician provider)	**Z02.5** (Sports physical) **Z71.82** (Exercise counseling)

Measure Exclusion Criteria:

	Any diagnosis of pregnancy during the measurement year counts as an exclusion for this measure