# BMI assessment (ABA)

Members age 18 – 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

- **Members ≥ 20 years on the date of service:** documentation must indicate weight and BMI value, dated between 1/1/201 – 12/31/2018.
- **Members < 20 years on the date of service:** documentation must indicate the height, weight and BMI percentile, dated between 1/1/2017 – 12/31/2018.

- Weight and BMI value or percentile must be from the same data source and BMI percentile must be documented as a value (e.g., 85th percentile) or plotted on an age-growth chart.

**Common chart deficiencies:**
- Height and/or weight are documented but there is no calculation of BMI.
- Ranges and thresholds are no longer acceptable for this measure. A distinct BMI value or percentile is required. Documentation of >99% or <1% meet criteria.

**ICD-9 CM:** V85.0 – V85.45  
**ICD-10 CM:** Z68.1 – Z68.45, Z68.51 – Z68.54

**Office/outpatient visit:**  

**HCPCS:** G0402, G0438, G0439, G0463, T1015

**Rev:** 510 – 517, 519 – 523, 526 – 529, 982 – 983

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# Childhood immunization status (CIS)

Children 2 years of age who had the following by their second birthday:
- 4 DTaP (Diphtheria, Tetanus and Pertussis)
- 3 HiB (Haemophilus Influenzae Type B)
- 1 Hepatitis A
- 3 Hepatitis B
- 1 Hepatitis C
- 2 Influenza
- 1 MMR (Measles, Mumps, Rubella)
- 4 PCV (Pneumococcal Conjugate)
- 2 or 3 RV (Rotavirus)
- 1 VZV (Varicella Zoster)

A note indicating the name of the specific antigen and the date of the immunization, or a certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.

**Common chart deficiencies:**
- Immunizations received after the 2nd birthday.
- PCP charts do not contain immunization records if received elsewhere, such as health departments.
- Immunizations given in the hospital at birth.
- No documentation of contraindications or allergies.

**DTaP CPT:** 90698, 90700, 90721, 90723  
**HiB CPT:** 90644 – 90648, 90698, 90721, 90723

**HepA CPT:** 90633

**HepB CPT:** 90723, 90740, 90744, 90747 – 90748

**HepB HCPCS:** G0010

**HepB (Newborn) ICD9 PCS:** 99.55  
**HepB (Newborn) ICD10 PCS:** 3E0234Z

**IPV CPT:** 90698, 90713, 90723

**Influenza HCPCS:** G0008

**Influenza CPT:** 90630, 90655, 90657, 90661 – 90662, 90673, 90685 – 90686, 90688

**MMR CPT:** 90707, 90710

**PCV CPT:** 90669 – 90670

**PCV HCPCS:** G0009

**RV CPT:** 90680 – 90681

**VZV CPT:** 90710, 90716

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# Immunizations for adolescents (IMA)

Adolescents age 13 who had:
- 1 MCV (Meningococcal) between 11th – 13th birthday.
- 1 Tdap (Tetanus, Diphtheria, Acellular Pertussis) between 10th-13th birthday
- 3 HPV (Human papillomavirus) between 9-13th birthday or 2 HPV with at least 146 days between 1st and 2nd dose

A note indicating the name of the specific antigen and the date of the immunization, or a certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.

**Common chart deficiencies:**
- Immunizations not administered during appropriate time frames.
- PCP charts don’t contain outside immunization records, such as from health departments.

**MCV CPT:** 90734

**MCV CVX:** 108, 136, 147

**Tdap CPT:** 90715

**Tdap CVX:** 115

**HPV CPT:** 90649 – 90651

**HPV CVX:** 62, 118, 137, 165

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<table>
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<tr>
<th>Measure</th>
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<th>Coding</th>
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</table>
| **Breast cancer screening (BCS)**   | Women age 50 – 74 who had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year. | Administrative claim for a mammogram between 10/1/2016 – 12/31/2018.                            | CPT: 77055 – 77057, 77061 – 77063, 77065 - 77077  
HCPCS: G0202, G0204, G0206  
ICD9 PCS: 87.36, 87.37  
UBREV: 401, 403 |
| **Cervical cancer screening (CCS)** | Women age 21 – 64 who were screened for cervical cancer using either of the following criteria:       | Documentation in the medical record must include both of the following:                           | Cervical cytology (Pap)      |
|                                     | • Age 21 – 64 who had cervical cytology performed every 3 years.                                           | For ages 21 – 64:                                                                                  | CPT: 88141 – 88143, 88147, 88148, 88150, 88152 – 88154, 88164 – 88167, 88174, 88175  
LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5  
HCPCS: G0123– G0124, G0141, G0143 – G0145, G0147 – G0148, P3000 – 3001, Q0091  
UBREV: 923 |
|                                     | • Age 30 – 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.  | Ages 30 – 64, who do not meet first requirement:                                                   | HPV Screening                |
|                                     |                                                                                                          | • Between 1/1/2014 – 12/31/2018: A note indicating the date of cervical cytology and HPV test performed and the result or finding. | CPT: 87620 – 87622  
LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5, 38372-9, 47527-7, 47528-5, 59420-0, 82354-2, 82456-5, 82675-0  
UBREV: 923 |
| **Colorectal cancer screening (COL)** | Individuals age 50 – 75 who were screened for Colorectal cancer using:                                     | Individuals 50 – 75 years of age who were screened for Colorectal cancer using either of the following criteria: | Fecal Occult Blood Testing (FOBT) |
|                                     | • Fecal occult blood testing during measurement year.                                                     | • Fecal occult blood testing between 1/1/2018 – 12/31/2018.                                       | CPT: 82270, 82274  
HCPCS: G0328 |
|                                     | • Colonoscopy during measurement year or 9 years prior to measurement year.                             | • Flexible sigmoidoscopy between 1/1/2014 – 12/31/2018.                                          | Colonscopy                  |
|                                     | • Flexible sigmoidoscopy during measurement year or 4 years prior to measurement year.                  | • Colonoscopy between 1/1/2009 – 12/31/2018.                                                       | CPT: 44388 – 44394, 44397, 44401 – 44408, 45355, 45378 – 45393, 45398 |
|                                     | • CT Colonoscopy between 1/1/2014 – 12/31/2018.                                                         | • CT Colonoscopy between 1/1/2014 – 12/31/2018.                                                   | ICD9 PCS: 45.22 – 45.23, 45.25, 45.42 – 45.43  
ICD10 CM: C18.0-C20, C21.2, C21.8, C78.5, Z85.039, 285.048  
HCPCS: G0105, G0121 |
|                                     | • FIT DNA between 1/1/2016 – 12/31/2018.                                                                | • FIT DNA between 1/1/2016 – 12/31/2018.                                                          | Flexible Sigigmoidoscopy    |
|                                     |                                                                                                          |                                                                                                   | CPT: 45330 – 45335, 45338 – 45342, 45345 – 45347, 45349 – 45350  
HCPCS: G0104 |
|                                     |                                                                                                          |                                                                                                   | CT Colonography CPT: 74261 - 74263 |
|                                     |                                                                                                          |                                                                                                   | FIT-DNA                    |
|                                     |                                                                                                          |                                                                                                   | CPT: 81528  
HCPCS: G0464  
LOINC: 77353-1, 77354-9 |
**Effectiveness of care: prevention and screening**

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| Chlamydia screening in women (CHL)          | Women age 16 – 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year. | Administrative claim for at least one chlamydia test between 1/1/2018 – 12/31/2018 for women age 16 – 24 who are identified as sexually active. Two methods identify sexually active: pharmacy data (dispensed contraceptives during the measurement year) and claim/encounter data. | CPT: 87110, 87270, 87320, 87490 – 87492, 87810  
LOINC: 14463-4, 14464-2, 14470-9, 14471-7, 14474-1, 14509-4, 14510-2, 16600-9, 21189-6, 21190-4, 1613-5, 23838-6, 31771-9, 31772-7, 31777-6, 36902-5, 36903-3, 43304-5, 43404-3, 43405-0, 43406-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 5100-5, 47211-8, 47212-6, 4993-2, 50378-0, 53926-2, 557-9, 560-3, 6349-5, 6354-5, 6355-2, 6356-0 |

**Effectiveness of care: utilization**

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| Well-child visits in the first 15 months of life (W15) | Members who turned 15 months old during 2018 and who had six or more well-child visits with a PCP during their first 15 months of life. | Documentation from the medical record must include a note indicating a visit with a PCP (PCP or OB/GYN for adolescent), the date when the well-child visit occurred and evidence of all of the following:  
• A health and developmental history (physical and mental).  
• A physical exam.  
• Health education and anticipatory guidance.  
**Common chart deficiencies:**  
• Lack of documentation of education and anticipatory guidance.  
• Children or adolescents being seen for sick visits only and no documentation related to well visits. | Use age-appropriate preventive E&M  
CPT: 99381 – 99385, 99391 – 99395, 99461  
ICD9 CM: V20.2, V20.3, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9  
ICD10 CM: Z00.00 – Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.6, Z02.71, Z02.79, Z02.81 – Z02.83, Z02.89, Z02.9  
HCPCS: G0438, G0439 |
## Effectiveness of care: access and availability

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<tbody>
<tr>
<td><strong>Children’s and adolescents’ access to primary care practitioners (CAP) 7-11 years</strong></td>
<td>Members age 7 – 11 who had a visit with a PCP during the measurement year or the year prior.</td>
<td>At least one visit with a PCP between 1/1/2017 – 12/31/2018.</td>
<td><strong>CPT:</strong> 99201 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99411 – 99412, 99429  &lt;br&gt; <strong>HCPCS:</strong> G0402, G0438 – G0439, G0463, T1015  &lt;br&gt; <strong>ICD10 CM:</strong> Z00.00 – Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0 – Z02.6, Z02.71, Z02.79, Z02.81 – Z02.83, Z02.89 – Z02.9  &lt;br&gt; <strong>UBREV:</strong> 510 – 517, 519 – 523, 526 -529, 982-983</td>
</tr>
</tbody>
</table>
| **Prenatal care (PPC) timeliness of prenatal care** | Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year.  
- **Prenatal care visit** as a member of the organization in the first trimester or within 42 days after enrollment. | Prenatal For children born between 11/6/2017 – 11/5/2018, prenatal documentation in the medical record includes a note indicating the visit date and evidence of one of the following:  
- A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height.  
- Evidence that a prenatal care procedure was performed (such as OB panel or ultrasound).  
- Documentation of LMP or EDD in conjunction with either a prenatal risk assessment and education and counseling, or a complete obstetrical history.  
- OB/GYN: Visit must be billed with one of the following: a pregnancy diagnosis, obstetric panel, prenatal ultrasound, rubella/RH or rubella/PBO. Or a prenatal visit billed with all of the following: toxoplasma antibody, rubella, cytomegalovirus and herpes simplex.  
- PCP: Visit must be billed with pregnancy diagnosis in addition to one of the other combinations listed above. | **Bundled CPT:** 59400 – 59410, 59510, 59610, 59614, 59618, 59622  <br> **Stand alone visit:** 99500, 0500F – 0502F, H1000 – H1004  <br> **Prenatal visit:** 99201 – 99205, 99211 – 99215, 99241 – 99245  <br> **Obstetric panel CPT:** 80055  <br> **Prenatal Ultrasound CPT:** 76801, 76805, 76811, 76813, 76815 – 76821, 76825 – 76828  <br> **Prenatal Ultrasound ICD10 PCS:** BY49ZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4GZZZ |
| **Postpartum care (PPC) timeliness of postpartum care** | Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year:  
- **Postpartum visit** on or between 21 and 56 days after delivery. | Postpartum  
- Pelvic exam.  
- Evaluation of weight, BP, breasts and abdomen.  
- Notation of postpartum care, including, but not limited to, notation of “postpartum care,” “PP care,” “PP check,” “6-week check,” or preprinted “postpartum care” form.  
**Common chart deficiencies:**  
- Incision check for post C-section does not constitute a postpartum visit. | **Bundled CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622  
**Postpartum visit**  
**CPT:** 57170, 58300, 59430, 99051, G0101, Z01.411, Z01.419, Z01.42, Z01.42, Z01.430, Z39.1, Z39.2  
**ICD10 PCS:** Z01.411, Z01.419, Z01.42, Z01.42, Z01.430, Z39.1, Z39.2  
**Cervical cytology (Pap)**  
**CPT:** 88141 – 88143, 88147, 88150, 88152 – 88154, 88164 – 88167, 88174, 88175  
**HCPCS:** G0123 – G0124, G0141, G0143 – G0145, G0147 – G0148, P3000 – P3001, Q0091 |
# Effectiveness of care: cardiovascular conditions

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<tr>
<td><strong>Controlling high blood pressure (CBP)</strong></td>
<td>Members age 18 – 85, who had at least one OP visit with a hypertension Dx during the first 6 months of measurement year, and whose BP was adequately controlled during the measurement year based on the following criteria:</td>
<td>Confirmatory dx documentation: Notation or problem list of diabetes, HTN, high BP, elevated BP, border HTN, intermittent HTN, Hx of HTN, HVD, hyperpiesia or hyperpiesis on or before 6/30/2018. Representative or most recent BP reading: The most recent BP reading noted between 1/1/2018 – 12/31/2018. The reading must occur after the date when the dx was confirmed (after date of confirmatory documentation). The member is not compliant if the BP reading is ≥ 140/90 (for members 18 – 59 or 60 – 85 with diabetes), ≤ 150/90 (members 60 – 85 without dx of diabetes), if there is no BP reading during the measurement year, or if the reading is incomplete (e.g., the systolic or diastolic level is missing).</td>
<td>Compliance = Both a representative (most recent during measurement year) systolic BP &lt; 140 mm Hg and a representative diastolic BP &lt; 90 mm Hg (BP in the normal or high–normal range) identified in documentation via medical record review. CPT: 99201 – 99205, 99211 – 99215, 99381 – 99387, 99391 – 99397, 99429</td>
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<td>• Members age 18 – 59 whose BP was &lt; 140/90 mm Hg.</td>
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<td>• Members age 60 – 85 with a dx of diabetes whose BP was &lt; 140/90 mm HG</td>
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<td></td>
<td>• Members age 60 – 85 without a dx of diabetes whose BP was &lt; 150/90 mm HG</td>
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<td>** Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)**</td>
<td>Members age 18 and older during 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.</td>
<td>Dispensed days’ supply of a beta blocker medication covers at least 135 calendar days (75%) within the 180-day period after discharge.</td>
<td>During the six months after discharge, dispensed Betablocker medications: Acebutolol, Atenolol, Atenolol-chlortalidone, Bendroflumethiazide-nadolol, Betaxolol, Bisoprolol, Bisoprolol-hydrochlorothiazide, Carvedilol, Hydrochlorothiazide-metoprolol, Hydrochlorothiazidepropranolol, Labetalol, Metoprolol, Nadolol, Nebivolol, Penbutolol, Pindolol, Propranolol, Sotalol, Timolol</td>
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<tr>
<td><strong>Statin Therapy for Patients With Cardiovascular Disease (SPC)</strong></td>
<td>Males age 21–75 and females age 40–75 as of Dec 31 of the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and.</td>
<td>Received Statin Therapy: At least one dispensing event for a high or moderate-intensity statin medication between 1/1/2018 – 12/31/2018. Statin Adherence 80%: Total days covered by a statin medication in the treatment period + total days in treatment period. Must equal at least 80%.</td>
<td>During the measurement year, were dispensed high or moderate-intensity statin medications: Amlodipine-atorvastatin 10-20 mg, Amlodipine-atorvastatin 40-80 mg, Atorvastatin 10–20 mg, Atorvastatin 40–80 mg, Ezetimibe-atorvastatin 10-20 mg, Ezetimibe-atorvastatin 40-80 mg, Ezetimibe-simvastatin 20-40 mg, Ezetimibe-simvastatin 80 mg, Fluvastatin 40 mg bid, Fluvastatin XL 80 mg, Lovastatin 40 mg, Niacin-lovastatin 40 mg, Niacin-simvastatin 20-40 mg, Pravastatin 40–80 mg, Rosuvastatin 20–40 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg, Sitagliptin-simvastatin 20-40 mg, Pitavastatin 2–4 mg</td>
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<td>• Received Statin Therapy: Dispensed at least one high or moderate-intensity statin medication during the measurement year.</td>
<td>Example: 90 days of medication dispensed Apr 1 (first date dispensed in measurement year) + 90 days of medication dispensed Sep 15 180 days of medication dispensed April 1 - Dec 31 = 274 days. 180 days covered + 274 day treatment period = 65.7%</td>
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<td>• Statin Adherence 80%: Remained on high or moderate intensity statin medication for at least 80% of treatment period.</td>
<td>Common issues: Patient instructions that are different than dispensing information can skew results. Accurate prescribing directions provided to pharmacy are critical.</td>
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</tbody>
</table>
### Comprehensive diabetes care (CDC) monitoring for nephropathy

*Members age 18 – 75 with diabetes (Type 1 and Type 2) who had the following during the measurement year:
  - Medical attention for nephropathy (nephropathy test, evidence of nephropathy, urine macro albumin tests, or at least one ACE inhibitor or ARB dispensing event).

Documentation during the measurement year indicating one of the following:
- Date of urine micro albumin test and the results
- Documentation indicating evidence of nephropathy (i.e., renal transplant, ESRD, nephrologist visit or positive micro albumin test)
- A claim for or documentation indicating that the patient received a prescription for ACE inhibitors/ARBs between 1/1/2018 – 12/31/2018.

**Common chart deficiencies:**
- Incomplete information from consultants in the PCP charts.
- Incomplete information related to yearly lab testing and results.

### Comprehensive diabetes care (CDC) HbA1c testing

*Members age 18 – 75 with diabetes (Type 1 and Type 2):
- **Testing:** who had an HbA1c test during the measurement year
- **HbA1c control (<8.0%):** whose most recent HbA1c test during measurement year is <8.0%
- **Poor control (>9.0%):** whose most recent HbA1c test during measurement year is >9.0%

Documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the distinct numeric result or finding.

If test is missing a result, or not performed, the patient is not considered for Control measures.

### Comprehensive diabetes care (CDC) eye exam

*Members age 18 – 75 with diabetes (Type 1 and Type 2) who had the following by an eye care professional (optometrist or ophthalmologist):
  - A retinal or dilated eye exam in the measurement year.
  - A negative retinal or dilated eye exam (negative for retinopathy) in the year prior to the measurement year.

- A note or letter during 2018 prepared by an ophthalmologist, optometrist, PCP or other health care provider indicating that an ophthalmoscopic exam was completed by an eye care provider, the date when the procedure was performed and the results.
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an eye care provider reviewed the results during 2018.
- Documentation of a negative (or normal) retinal or dilated exam by an eye care provider in 2017, where results indicate retinopathy was not present.
- Bilateral eye enucleation anytime during the member’s history through December 31, 2018.

**Eye Care Professional**
- **CPT:** 67028, 67030, 67031, 67036, 67039 – 67043, 67101, 67103, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67209, 67210, 67218, 67220, 67221, 67227, 67228, 90002, 90004, 90201, 90203, 90204, 92018, 92019, 92134, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 99203 – 99205, 99213 – 99215

**Any provider type**
- **CPT:** 2022F, 2024F, 2026F

**CPT (negative retinopathy):** 3072F

**HCPCS:** S0620, S0621, S3000

### Urine Protein Tests

**CPT:** 81000 – 81005, 82042 – 82044, 84156

**Cat II:** 3060F – 3062F

**LOINC:** 1128-5, 1753-3, 1754-1, 1755-8, 1757-4, 2887-8, 2888-6, 2889-4, 2890-2, 5804-0, 9318-7, 12842-1, 13705-9, 13801-6, 13992-3, 14956-7, 14957-5, 14958-3, 14959-1, 17819-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 29946-1, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49002-9, 49023-5, 50209-6, 50561-0, 50949-7, 51190-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 6941-9, 6942-7, 77940-5

### Comprehensive diabetes care (CDC) HbA1c Level 7.0-9.0

**CPT:** 3045F

### Comprehensive diabetes care (CDC) HbA1c Level Greater Than 9.0

**CPT:** 3046F

### Comprehensive diabetes care (CDC) HbA1c Level Less Than 7.0

**CPT:** 3044F

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**Effectiveness of care: diabetes**

**HEDIS® Coding Guidelines 2018**

- **Coding**
  - Urine Protein Tests
    - **CPT:** 81000 – 81005, 82042 – 82044, 84156
    - **Cat II:** 3060F – 3062F
    - **LOINC:** 1128-5, 1753-3, 1754-1, 1755-8, 1757-4, 2887-8, 2888-6, 2889-4, 2890-2, 5804-0, 9318-7, 12842-1, 13705-9, 13801-6, 13992-3, 14956-7, 14957-5, 14958-3, 14959-1, 17819-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 29946-1 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43606-3, 43607-1, 44292-1, 47558-2, 49002-9, 49023-5, 50209-6, 50561-0, 50949-7, 51190-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 6941-9, 6942-7, 77940-5

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**Kaiser Permanente | 6**
### Effectiveness of care: diabetes

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| Comprehensive diabetes care (CDC) BP control | Members age 18 – 75 with diabetes (Type 1 and Type 2) who had the following during the measurement year: BP control < 140/90 mm Hg | The most recent BP reading noted between 1/1/2018 – 12/31/2018. The member is not compliant if the BP reading is ≥ 140/90, if there is no BP reading during the measurement year, or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If initial reading is high, a second reading can be taken later in the same visit. The lowest diastolic and lowest systolic reading are used, not necessarily from the same reading. | Diastolic <80 CPT: 3078F  
Diastolic 80-89 CPT: 3079F  
Diastolic ≥ 90 CPT: 3080F  
Systolic <140 CPT: 3074F, 3075F  
Systolic ≥140 CPT: 3077F |

**Common chart deficiencies:**
- Rechecked elevated pressures during the same visit not documented.
- BP reading is incomplete (e.g., the systolic or diastolic level is missing).

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| Statin Therapy for Patients with Diabetes (SPD) | Members age 40 – 75 during the measurement year with diabetes who do not have ASCVD and:  
- **Received Statin Therapy:** Dispensed at least one high or moderate-intensity statin medication during the measurement year.  
- **Statin Adherence 80%:** Remained on a high or moderate-intensity statin medication for at least 80% of the treatment period. | Received Statin Therapy: At least one dispensing event for a high or moderate-intensity statin medication during the measurement year.  
Statin Adherence 80%: Total days covered by a statin medication in the treatment period ÷ total days in treatment period. Must equal at least 80%.  
**Example:**  
90 days of medication dispensed Apr 1 (first date dispensed in measurement year)  
+ 90 days of medication dispensed Sep 15  
180 days of medication dispensed  
April 1 - Dec 31 = 274 days.  
180 days covered ÷ 274 day treatment period = 65.7% | During 2018, a claim for at least one statin medication of any intensity:  
Amlodipine-atorvastatin 10–20 mg, Amlodipine-atorvastatin 40–80 mg, Atorvastatin 40–80 mg, Ezetimibe-atorvastatin 10–20 mg, Ezetimibe-atorvastatin 40–80 mg, Ezetimibe-simvastatin 10 mg, Ezetimibe-simvastatin 20–40 mg, Ezetimibe-simvastatin 80 mg, Fluvastatin 20–40 mg, Fluvastatin 40 mg bid, Fluvastatin XL 80 mg, Lovastatin 20 mg, Lovastatin 40 mg, Niacin-lovastatin 20 mg, Niacin-lovastatin 40 mg, Niacin-simvastatin 20–40 mg, Pitavastatin 1 mg, Pitavastatin 2–4 mg, Pravastatin 10–20 mg, Pravastatin 40–80 mg, Rosuvastatin 20–40 mg, Rosuvastatin 5–10 mg, Simvastatin 20–40 mg, Simvastatin 80 mg, Sitagliptin-simvastatin 10 mg, Sitagliptin-simvastatin 20–40 mg |

**Common issues:** Patient instructions that are different than dispensing information can skew results. Accurate prescribing directions provided to pharmacy are critical.

### Effectiveness of care: behavioral health

<table>
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<th>Measure</th>
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| Antidepressant medication management (AMM) | Members age 18 and older who were treated with an antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.  
- **Acute phase:** Remained on antidepressant medication for at least 84 days (12 weeks).  
- **Continuation phase:** Remained on antidepressant medication for at least 180 days (6 months). | Members with a dx of major depression between 5/1/2017– 4/30/2018 who were dispensed an antidepressant medication and who remained on their medication for at least 84 days (acute phase) or 120 days (continuation phase). | Compliance = At least 84 days of continuous treatment of antidepressant medication during the acute phase and at least 180 days of continuous treatment during the continuation phase.  
**Major depression diagnoses**  
ICD9 CM: 296.20 – 296.25, 296.30 – 296.35, 298.0, 311  
ICD10 CM: F32.0 – F32.4, F32.9 – F33.3, F33.41, F33.43, F33.9 |
Effectiveness of care: medication management

### Annual monitoring for patients on persistent medications (MPM)

**Treatment medications:**
- **Diuretics:**

**Documentation:** At least one serum potassium and a serum creatinine therapeutic monitoring test during the measurement year. At least one therapeutic agent in the monitoring event for the therapeutic agent in the therapeutic agent in the measurement year.

**Coding Guidelines 2018**

**CPT:** 80047 – 80048, 80050, 80053, 80069

**Lab panel test**

**CPT:** 82565, 82575

**LOINC:** 11041-1, 11042-9, 12195-4, 13441-1, 13442-9, 13443-7, 13446-0, 13447-8, 13449-4, 13450-2, 14682-9, 16188-5, 16189-3, 21232-4, 2160-0, 2163-4, 2164-2, 26752-6, 31045-8, 33558-8, 35203-9, 35591-7, 35592-5, 35593-3, 35594-1, 35595-0, 35956-8, 35957-6, 35958-4, 35959-2, 35960-0, 35961-8, 35962-6, 35963-4, 35964-2, 35965-9, 35966-7, 35967-5, 35968-3, 35969-1, 35970-9, 35971-7, 35972-5, 35973-3, 35974-1, 35975-8, 35976-6, 40112-5, 40113-3, 40114-1, 40115-8, 40116-6, 40117-4, 40118-2, 4119-90, 40120-8, 40121-6, 40122-4, 40123-2, 40124-0, 40125-7, 40126-5, 40127-3, 40128-1, 40248-7, 40249-5, 40250-3, 40251-1, 40252-9, 40253-7, 40254-5, 40255-2, 40256-0, 40257-8, 40258-6, 40264-4, 40265-1, 40266-9, 40267-7, 40268-5, 40269-3, 40270-1, 40271-9, 40272-7, 40273-5, 44784-7, 50380-5, 50381-3, 51619-5, 51620-3, 59826-8, 59834-2, 62972-0

**OR**

**A Serum potassium test...**

**CPT:** 82569, 82575

**LOINC:** 11041-1, 11042-9, 12195-4, 13441-1, 13442-9, 13443-7, 13446-0, 13447-8, 13449-4, 13450-2, 14682-9, 16188-5, 16189-3, 21232-4, 2160-0, 2163-4, 2164-2, 26752-6, 31045-8, 33558-8, 35203-9, 35591-7, 35592-5, 35593-3, 35594-1, 38483-4, 39955-0, 39956-8, 39957-6, 39958-4, 39959-2, 39960-0, 39961-8, 39962-6, 39963-4, 39964-2, 39965-9, 39966-7, 39967-5, 39968-3, 39969-1, 39970-9, 39971-7, 39972-5, 39973-3, 39974-1, 39975-8, 39976-6, 40112-5, 40113-3, 40114-1, 40115-8, 40116-6, 40117-4, 40118-2, 4119-90, 40120-8, 40121-6, 40122-4, 40123-2, 40124-0, 40125-7, 40126-5, 40127-3, 40128-1, 40248-7, 40249-5, 40250-3, 40251-1, 40252-9, 40253-7, 40254-5, 40255-2, 40256-0, 40257-8, 40258-6, 40264-4, 40265-1, 40266-9, 40267-7, 40268-5, 40269-3, 40270-1, 40271-9, 40272-7, 40273-5, 44784-7, 50380-5, 50381-3, 51578-9, 51580-0, 51619-5, 51620-3, 59826-8, 59834-2, 62425-4

### Medication Reconciliation Post-Discharge (MRP)

**Measure Description:** Members 18 year and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

**Documentation:**
- Medication Reconciliation medical record documentation includes any of the following by a prescribing practitioner, clinical pharmacist or registered nurse:
  - Documentation of the current medications with a note that the provider reconciled and/or reviewed both the current and discharge medications, including date.
  - A post-discharge hospital follow-up within 30 days with documentation of the current medications and evidence of medication reconciliation or review.
  - Documentation in the discharge summary that the discharge medications were reconciled with the current medications. There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).
  - Notation that no medications were prescribed or ordered upon discharge.

**Coding Guidelines 2018**

**CPT:** 99495, 99496, 1111F
### Effectiveness of Care: Musculoskeletal Conditions

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<tr>
<td><strong>Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis (ART)</strong></td>
<td>Members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).</td>
<td>Members who had at least one ambulatory prescription dispensed for a DMARD between 1/1/2018 – 12/31/2018.</td>
<td>HCPCS: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515, J7516, J7517, J7518, J9250, J9260, J9310&lt;br&gt;OR DMARD medication: Abatacept, Adalimumab, Anakinra, Auranofin, Azathioprine, Certolizumab, Cereltizumab pegol, Cyclophosphamide, Cyclosporine, Etanercept, Golimumab, Hydroxychloroquine, Infliximab, Leflunomide, Methotrexate, Minocycline, Mycophenolate, Penicillamine, Rituximab, Sulfasalazine, Tocilizumab, Tofacitinib</td>
</tr>
<tr>
<td><strong>Osteoporosis Management in Women Who Had a Fracture (OMW)</strong></td>
<td>Women age 67–85 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.</td>
<td>Women age 67-85 with a fracture date between 7/1/2017 – 6/30/2018 who had a bone mineral density test, osteoporosis therapy, or a dispensed prescription to treat osteoporosis in the 180-day (6-month) period after the fracture diagnosis. • If the fracture diagnosis was an inpatient stay, a bone mineral density test or long-acting osteoporosis therapy during the inpatient stay.</td>
<td>Bone mineral density test&lt;br&gt;CPT: 76977, 77078, 77080 – 77082, 77085 - 77086&lt;br&gt;HCPCS: G0130&lt;br&gt;ICD10 PCS: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1&lt;br&gt;ICD9 PCS: 88.98&lt;br&gt;Long-acting osteoporosis therapy&lt;br&gt;HCPCS: J0897, J1740, J3487, J3488, J3489, Q2051&lt;br&gt;Prescription to treat osteoporosis&lt;br&gt;HCPCS: J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051&lt;br&gt;Medications: Alendronate, Alendronate-cholecalciferol, Calcitonin, Denosumab, Ibundronate, Raloxifene, Risedronate, Teriparatide, Zoledronic acid</td>
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### Effectiveness of Care: Overuse/Appropriateness

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<tr>
<td><strong>Use of High-Risk Medications in the Elderly (DAE)</strong></td>
<td>Medicare members age 66 and older who received at least:&lt;br&gt;• One high-risk medication&lt;br&gt;• The same high-risk medication twice</td>
<td>A dispensed prescription for a high-risk medication that meet:&lt;br&gt;• The days supply criteria within a high-risk medication class&lt;br&gt;• Average daily dose high-risk criteria</td>
<td>Comprehensive updated list of medications and NDC codes available via NCQA at: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018/hedis-2018-ndc-license/hedis-2018-final-ndc-lists</a></td>
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<td><strong>Medication Management for People With Asthma (MMA)</strong></td>
<td>Members 5-64 who were identified as having persistent asthma who were dispensed appropriate medications that they remained on for at least 75% of their treatment period</td>
<td><strong>Members 5-64 with a proportion of days controlled (PDC) of at least 75% during 2018.</strong> Total days covered by a medication in the treatment period ÷ total days in treatment period. <em>Example:</em> 90 days of medication dispensed Apr 1 (first date dispensed in measurement year) + 90 days of medication dispensed Sep 15 180 days of medication dispensed April 1 - Dec 31 = 274 day treatment period 180 days covered ÷ 274 day treatment period = 65.7%, noncompliant</td>
<td><strong>Asthma Controller Medications:</strong> Dyphylline-guaifenesin, Guaifenesin-theophylline, Omalizumab, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilaterol, Mometasone-formoterol, Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone, Montelukast, Zafirlukast, Zileuton, Cromolyn, Dyphylline, Theophylline, Mepolizumab, Reslizumab</td>
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<td><strong>Persistent Asthma:</strong></td>
<td>Members who had at least one of the following during both the measurement year and the year prior. (Does need not be the same across both years.) • At least one encounter in an inpatient/emergency room setting with a principal diagnosis of asthma, or • Four office visits with any diagnosis of asthma and at least two asthma medication dispensing events, or • At least four asthma medication dispensing events</td>
<td><strong>Dispensing event:</strong> • Amount lasting 30 days or less. (For prescriptions longer than 30 days, divide days' supply by 30 and round down.) • Multiple prescriptions for different medications dispensed on same day counted separately • Inhalers of same med dispensed on same day = one dispensing event • Each injection counted separately</td>
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<td><strong>Dispensing event</strong></td>
<td><strong>Common chart deficiencies:</strong> Missing documentation of exclusions: COPD, emphysema, obstructive chronic bronchitis (interstitial emphysema, compensatory emphysema), cystic fibrosis, acute respiratory failure, chronic respiratory conditions due to fumes/vapors</td>
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<td><strong>Asthma Medication Ratio (AMR)</strong></td>
<td>Members 5-64 who were identified as having persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year</td>
<td><strong>Members who have medication ratio of 50% or greater during 2018</strong> Total controller medications dispenses ÷ Total asthma medication dispenses <em>Example:</em> January - 1 albuterol canister February - 1 albuterol canister, 1 QVAR canister March - 1 albuterol canister, 1 QVAR canister 2 controller medication units dispensed 5 total asthma medication units dispenses = 40%, noncompliant</td>
<td><strong>Asthma Controller Medications:</strong> Dyphylline-guaifenesin, Guaifenesin-theophylline, Omalizumab, Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilaterol, Mometasone-formoterol, Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone, Montelukast, Zafirlukast, Zileuton, Cromolyn, Dyphylline, Theophylline, Mepolizumab, Reslizumab</td>
</tr>
<tr>
<td><strong>Dispensing event</strong></td>
<td><strong>Common chart deficiencies</strong></td>
<td></td>
<td><strong>Asthma Reliever Medications:</strong> Albuterol, Levalbuterol, Pirbuterol</td>
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