

# Comprehensive Care Gap Documentation Guide

**For Medicare and Medicaid  
All 2023 Measures**



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*(this document is interactive)*



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## Introduction

Preventive and chronic care management are critical steps along the pathway to helping your patients, our members, achieve optimal health. Sentara Health Plans is proud to partner with you to accomplish this very achievable goal. Electronic medical records may provide a means to track gaps in care and reminders of needed services. The Care Gap Documentation Guide is designed to help providers easily document the closure of care gaps.

### **This resource is organized for ease of use as follows:**

- measure definition
- identification of applicable quality program(s)
- helpful tips to achieve performance measure
- codes recommended to document gap closure

For additional information or assistance, you may contact your network management trainer.

### **Key:**

VBC Measure – Value-Based Care Program Contractual Measure

STARS 2022 Focus Measure



# Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)

**Definition:** Adults ages 18 and older.

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Members with diagnoses of schizophrenia or schizoaffective disorder who were prescribed and remained on an antipsychotic medication for at least 80% of their treatment period (days between the earliest prescription fill in 2023 and the end of the year).



**Exclusion Criteria:** Exclusions include members with a diagnosis of dementia; those who did not have at least two antipsychotic medication-dispensing events; members in hospice or using hospice services during the measurement year and/or members who died anytime during the measurement year.

# Adults' Access to Preventive/Ambulatory Health Services (AAP)

**Definition:** Adults ages 20 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

An ambulatory or preventive care visit

- in the measurement year (2023) **for Medicaid and Medicare members**
- in the measurement year or two years prior (2021–2023) **for commercial members**



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year. Members who died anytime during the measurement year.

## Adult Immunization Status (AIS-E)

**Definition:** Adults ages 19 and older

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Received recommended routine vaccines:

- **influenza vaccine** on or between July 1, 2022–June 30, 2023, or members with anaphylaxis due to influenza anytime before or during the measurement year
- **Td or Tdap vaccine** on or between January 1, 2014–December 31, 2023, or members with a history of anaphylaxis or encephalitis due to diphtheria, tetanus, or pertussis vaccine
- **zoster vaccine** (one dose of herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine, at least 28 days apart anytime on or after the member's 50th birthday and before or during 2023), or had anaphylaxis due to herpes zoster vaccine anytime before or during 2023
- **pneumococcal vaccine** on or after the member's 19th birthday, or had anaphylaxis due to pneumococcal vaccine



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year.

## Advance Care Planning (ACP) \*Medicare Only

**Definition:** Adults ages 66–80 with advanced illness, an indication of frailty, or receiving palliative care; and adults ages 81 years and older who had advance care planning during the measurement year (2023)

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Advance Care Planning is the discussion or documentation about preferences for resuscitation, life-sustaining treatment, or end-of-life care.



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year.

### Codes

#### CPT Codes To Identify Advance Care Planning:

99483, 99497

# Antibiotic Utilization for Respiratory Conditions (AXR)

**Definition:** Ages 3 months and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Diagnosis of a respiratory condition that resulted in a prescription for an antibiotic medication (AXR) on or three days after the episode from July 1, 2022–June 30, 2023.



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year.

# Antidepressant Medication Management (AMM)

**Definition:** Adults ages 18 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Treated with antidepressant medication, diagnosed with major depression, and remained on antidepressant medication treatment.



## Two rates are reported:

- **Effective Acute Phase Treatment:** remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase Treatment:** remained on an antidepressant medication for at least 180 days (six months)

**Exclusion Criteria:** Members who had an acute or nonacute inpatient stay with any diagnosis of major depression on the discharge claim. Members who had an intensive outpatient encounter or partial hospitalization with any diagnosis of major depression. Members who had a community mental health center visit or transcranial magnetic stimulation visit with any diagnosis of major depression. Members who had a telehealth visit, an observation visit, an ED visit, a telephone visit, or an e-visit or virtual check-in with any diagnosis of major depression. Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

## Codes

**ICD-10 Codes To Identify Major Depression:** F32.0–F32.4, F32.9, F33.0–F33.3, F33.41, F33.9



## Appropriate Testing for Pharyngitis (CWP)

**Definition:** Ages 3 years and older

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

- diagnosis of pharyngitis
- prescribed an antibiotic
- received a group A Streptococcus (strep) in the seven-day period from three days prior to, through three days after the episode date



**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

### Codes

#### ICD-10 Codes To Identify Pharyngitis:

J02.0, J02.8–J02.9, J03.00–J03.01, J03.80–J03.81, J03.90–J03.91

## Appropriate Treatment for Upper Respiratory Infection (URI)

**Definition:** Ages 3 months and older

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Diagnosis of upper respiratory infection (URI) and not prescribed an antibiotic



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year. Members who died anytime during the measurement year.

### Codes

#### ICD-10 Codes To Identify URI:

J00, J06.0, J06.9, J40

#### Pharyngitis:

J02.0, J02.8–J02.9, J03.00–J03.01, J03.80, J03.81, J03.90, J03.91



# Asthma Medication Ratio (AMR)

**Definition:** Ages 5–64

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Members identified as having persistent asthma with a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year (2023)



**Exclusion Criteria:** Members who had any diagnosis of the following during the member's history through December 31 of the measurement year: emphysema, COPD, obstructive chronic bronchitis, chronic respiratory condition due to fumes or vapors, cystic fibrosis, or acute respiratory failure. Members who had no asthma controller or reliever medications prescribed during the measurement year. Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

## Codes

### ICD-10 Codes To Identify Asthma:

J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998

# Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

**Definition:** Ages 3 months and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Diagnosis of acute bronchitis/bronchiolitis and not prescribed an antibiotic



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year. Members with a diagnosis of any of the following comorbid conditions: emphysema, COPD, immune system disorder, HIV, or malignant neoplasms. Members who died anytime during the measurement year.

# Avoidance Of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) - continued

## Codes

### ICD-10 Codes To Identify Acute Bronchitis:

J20.3–J20.9, J21.0–J21.1, J21.8–J21.9

## Blood Pressure Control for Patients With Diabetes (BPD) VBC Measure

**Definition:** Adults ages 18–75

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Diagnosis of diabetes (type 1 or type 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year (2023)



**Exclusion Criteria:** Members who did not have a diagnosis of diabetes in any setting during the measurement year or the year prior but did have:

- polycystic ovarian syndrome
- gestational diabetes
- steroid-induced diabetes

Members in hospice, using hospice services, or receiving palliative care anytime during the measurement year. Members who died anytime during the measurement year.

## Codes

### ICD-10 Codes To Identify Diabetes:

E10.10, E10.11, E10.21, E10.22, E10.29, E11.00–E11.9, E13.00–E13.9

### CPT/CPT II Codes for BP Values:

Systolic less than 140: 3074F, 3075F

Systolic greater than/equal to 140: 3077F

Diastolic less than 80: 3078F

Diastolic 80–89: 3079F

Diastolic greater than/equal to 90: 3080F

# Breast Cancer Screening (BCS-E)

## VBC Measure

**Definition:** Women 50–74 years of age (denominator) who had a mammogram to screen for breast cancer (numerator) during measurement year

**Applicable Quality Program(s):** HEDIS, CMS Medicare Advantage Star Rating

### Helpful Tips To Achieve Performance Measure:

Request results of breast cancer screenings from OB/GYN provider.



**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year.  
Bilateral mastectomy anytime during the member's history through the end of the measurement year.  
Members receiving palliative care anytime during the measurement year.

### Codes

#### ICD-10-CM Codes:

Absence of left breast: Z90.12  
Absence of right breast: Z90.11  
Bilateral mastectomy: OHTV0ZZ  
History of bilateral mastectomy: Z90.13  
Unilateral mastectomy: OHTU0ZZ (left), OHTT0ZZ (right)

- CPT/CPT II: 77061–77063, 77065–77067
- HCPCS: G0202, G0204, G0206

**STARS  
2022  
Focus  
Measure**



# Cardiac Rehabilitation (CRE)

**Definition:** Adults ages 18 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Members who attended cardiac rehabilitation following a qualifying cardiac event, (myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement)



## Four rates are reported:

1. **Initiation:** percentage of members who attended two or more sessions of cardiac rehabilitation within 30 days after a qualifying event
2. **Engagement 1:** percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event
3. **Engagement 2:** percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event
4. **Achievement:** percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event

**Exclusion Criteria:** Members in hospice or using hospice services, receiving palliative care, had PCI, or died anytime during the measurement year. Discharged from an inpatient setting with any of the following on the discharge claim 180 days after the episode date: MI, CABG, heart or heart/lung transplant, or heart valve repair or replacement.

## Codes

### CPT Codes:

93797–93798

# Care for Older Adults (COA) \*Medicare Only

## VBC Measure

**Definition:** Adults ages 66 and older

**Applicable Quality Program(s):** HEDIS, CMS Medicare Advantage Star Rating

### Helpful Tips To Achieve Performance Measure:

Members who had each of the following during the measurement year (2023):

- **Medication Review** – A review of all a member’s medications, including prescription medications, OTC medications, and herbal or supplemental therapies
- **Functional Status Assessment** – A complete functional assessment and the date when it was performed
- **Pain Assessment** – Notation of a pain assessment and the date it was performed
  - Do not include pain assessments performed in an acute inpatient setting.
  - The Functional Status Assessment and Pain Assessment indicators do not require a specific setting; therefore, services rendered during telephone visit, e-visit, or virtual check-in meet criteria.
  - Notation alone of a pain management or treatment plan does not meet criteria.



**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year.  
Members receiving palliative care anytime during the measurement year.

### Codes

#### CPT Codes for COA:

**Medication review:** 1160F, 90863, 99483, 99605, 99606

**Medication list:** 1159F

**Transition care management:** 99495, 99496

**Functional Status Assessment:** 1170F, 99483

**Pain Assessment:** 1125F, 1126F

STARS  
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Focus  
Measure

# Cervical Cancer Screening (CCS)

**Definition:** Women ages 21–64

- PAP test (cervical cytology) within the last three years (2021–2023) for women ages 21–64
- cervical high-risk human papillomavirus (hrHPV) testing within the last five years (2019–2023) for women ages 30–64
- cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years (2019–2023) for women ages 30–64

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Documentation in the record must include both of the following:

- date the test was performed
- the result or finding



**Exclusion Criteria:** Members in hospice or using hospice services or receiving palliative care anytime during the measurement year. Documentation of hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix. Members who died anytime during the measurement year.

## Codes

### CPT Codes To Identify Cervical Cancer Screening:

**Cervical Cytology:** 88141–88143, 88147–88148, 88150, 88152, 88153, 88164–88167, 88174–88175

**HPV Tests:** 87624–87625



# Child and Adolescent Well-care Visits (WCV)

## VBC Measure

**Definition:** Members ages 3–21 as of December 31

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

At least one (1) comprehensive well-care visit with a PCP or OB/GYN during the measurement year



**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

### Codes

#### CPT Codes:

99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461

#### ICD-10 Codes:

Z00.0, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z00.5, Z76.1, Z76.2

#### Telehealth Visit Codes:

Telehealth requires real-time interactive audio and video telecommunications. Telehealth is billed using standard CPT and HCPCS codes for professional services along with a telehealth modifier (GT or GQ).

A telephone visit is real-time interactive audio communication. CPT codes for telephone visits are: 98966–98968 and 99441–99443.

An e-visit or virtual check-in is not real-time, but still requires two-way interaction between the member and provider. For example, a patient portal, secure text messaging or email (such as MyChart). CPT codes for these online assessments are: 98969–98972, 99421–99423, 99444, and 99458.





# Childhood Immunization Status (CIS)

## VBC Measure

**Definition:** Members who turn 2 years old during the measurement year with the following vaccines completed on or before the second birthday:

- 4 DTaP (do not count any before 42 days of age)
- 3 IPV (do not count any before 42 days of age)
- 1 MMR
- 3 HiB (do not count any before 42 days of age)
- 3 hepatitis B
- 1 VZV, positive serology, or documented chicken pox disease
- 4 pneumococcal conjugates (do not count any before 42 days of age)
- 1 hepatitis A
- 2 or 3 rotavirus vaccines - depends on the vaccine administered (do not count any before 42 days of age)
- 2 influenza with different dates of service. One of the two vaccinations can be a live attenuated influenza vaccine (LAIV) if administered on the child's second birthday (do not count any given prior to 6 months of age).

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

- Documentation of "immunizations are up-to-date" is not acceptable.
- Documentation of an immunization (such as the first Hep B) received "at delivery" or "in the hospital" may be counted.



**Exclusion Criteria:** Contraindication for a specific vaccine (e.g., anaphylactic reaction to the vaccine or its components). Parental refusal is not an exclusion. Members in hospice or using hospice services anytime during the measurement year. Members who had any of the following on or before their second birthday: severe combined immunodeficiency, immunodeficiency, HIV, lymphoreticular cancer, multiple myeloma or leukemia, or intussusception. Members who died anytime during the measurement year.

# Childhood Immunization Status (CIS) - continued

## VBC Measure

### Codes

#### 42 Days of Age Through Second Birthday:

- (4) DTaP - Recommended Codes - CPT: 90697, 90698, 90700, 90723
- (3) IPV - Recommended Codes - CPT: 90697, 90698, 90713, 90723
- (3) HiB - Recommended Codes - CPT: 90644, 90647, 90648, 90697, 90698, 90748
- (4) Pneumococcal Conjugate - Recommended Code - CPT: 90670
- (2 or 3) Rotavirus - Recommended Codes- (2 Dose) CPT: 90681 or (3 Dose) CPT: 90680

#### On or Between First and Second Birthdays:

- (1) VZV - Recommended Codes - CPT: 90710, 90716
- (1) MMR - Recommended Codes - CPT: 90707; MMRV - 90710
- (1) Hepatitis A - Recommended Code - CPT: 90633

#### On or Before Second Birthday:

- (3) Hepatitis B - Recommended Codes - CPT: 90697, 90723, 90740, 90744, 90747, 90748

#### 6 Months of Age Through Second Birthday:

- (2) Influenza - Recommended Codes - CPT: 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689

#### On or Between Ninth and Thirteenth Birthdays:

- LAIV - Recommended Codes - 90660, 90672

# Colorectal Cancer Screening (COL)

## VBC Measure

**Definition:** Adults ages 45–75

**Applicable Quality Program(s):** HEDIS, CMS Medicare Advantage Star Ratings

### Helpful Tips To Achieve Performance Measure:

One or more of the following screenings:

- colonoscopy in past 10 years (measurement year and nine years prior)
- flexible sigmoidoscopy in past five years (measurement year and four years prior)
- CT colonography (e.g., virtual colonoscopy) in the past five years (measurement year and four years prior)
- FIT-DNA (e.g., Cologuard) test in the past three years (measurement year and two years prior)
- fecal occult blood test (iFOBT or gFOBT) annually (measurement year)



**Exclusion Criteria:** Diagnosis of colorectal cancer or total colectomy, hospice enrollment.

### Codes

#### FOBT:

CPT/CPT II: 82270, 82274

HCPCS: G0328

LOINC: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6

#### FIT-DNA Test:

CPT/CPT II: 81528. This code is specific to the Cologuard® FIT-DNA test.

HCPCS: G0464. This code was retired and replaced with CPT/CPT II code 81528 on January 1, 2016.

LOINC: 77353-1, 77354-9

#### Flexible Sigmoidoscopy:

CPT/CPT II: 45330–45335, 45337–45342, 45346, 45347, 45349, 45350

HCPCS: G0104

#### Computed Tomography (CT) Colonography:

CPT/CPT II: 74261-74263

#### Colonoscopy:

CPT/CPT II: 44388–44394, 44397, 44401–44408, 45355, 45378–45393, 45398

HCPCS: G0105, G0121

# Controlling High Blood Pressure (CBP)

## VBC Measure

**Definition:** Adults ages 18–85

*Adequate control* is defined as: <140/90

**Applicable Quality Program(s):** HEDIS, CMS Medicare Advantage Star Ratings

### Helpful Tips To Achieve Performance Measure:

Diagnosis of hypertension (HTN)

- most recent blood pressure reading in the medical record for 2023



**Exclusion Criteria:** Members in hospice or receiving palliative care anytime during the measurement year. Members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant anytime during the member's history on or prior to December 31 of the measurement year. Members with a diagnosis of pregnancy anytime during the measurement year. Members who died anytime during the measurement year.

### Codes

**ICD-10 Codes To Identify HTN:** I10

### CPT II Codes for BP Values:

Systolic less than 140: 3074F, 3075F

Systolic greater than/equal to 140: 3077F

Diastolic less than 80: 3078F

Diastolic 80–89: 3079F

Diastolic greater than/equal to 90: 3080

# Deprescribing of Benzodiazepines in Older Adults (DBO)

## \*Medicare Only

**Definition:** Adults ages 67 and older

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Members who were dispensed benzodiazepines and experienced a 20% decrease or greater in benzodiazepine dose (diazepam milligram equivalent [DME] dose) during the measurement year (2023)



**Exclusion Criteria:** Members with a diagnosis of seizure disorder, REM sleep behavior disorder, benzodiazepine withdrawal, or ethanol withdrawal on or before January 1 of the year prior to the measurement year and the ITE start date. Members in hospice using hospice services, or palliative care. Members who died anytime during the measurement year.

# Depression Remission or Response for Adolescents and Adults (DRR-E)

**Definition:** Ages 12 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Diagnosis of major depression with an elevated PHQ-9 (total score  $\geq 9$ ) or dysthymia who had evidence of response or remission within four to eight months of the elevated score.



## Three rates are reported:

1. **Follow-up PHQ-9** within four to eight months after the initial elevated PHQ-9 score.
2. **Depression Remission:** achieved remission within four to eight months after the initial elevated PHQ-9 score of  $<5$
3. **Depression Response:** showed a response within four to eight months after the initial elevated PHQ-9 score, with PHQ-9 score reduction of at least 50%.

**Exclusion Criteria:** Members with any of the following anytime during the member's history through the end of the measurement year: bipolar disorder, personality disorder, psychotic disorder, or pervasive developmental disorder. Members in hospice or using hospice services anytime during the measurement year.

## Codes

### ICD-10 Codes To Identify Major Depression and Dysthymia:

F32.0–F32.5, F32.9, F33.0–F33.3, F43.40–F43.42, F33.9, F34.1

### CPT Codes To Identify Interactive Outpatient Encounters:

90791, 90792, 90832, 90834, 90837, 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99483, 99510

# Depression Screening and Follow-up for Adolescents and Adults (DSF-E)

**Definition:** Ages 12 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Screened for clinical depression using a standardized tool and, if screened positive, received follow-up care within 30 days (e.g., an outpatient or telephone follow-up visit, depression case management encounter, behavioral health encounter, or dispensed antidepressant medication) following a positive depression screen finding.



**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year (2023). Members with a history of bipolar disorder anytime during the member's history through the end of the year prior to the measurement year (2022). Members with depression that starts in the prior year (2022) through the measurement year (2023).

# Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

**Definition:** Adults ages 18–64

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Members with diagnosis of schizophrenia or schizoaffective disorder and diabetes who had both an LCL-C test and HbA1c test during the measurement year (2023)



**Exclusion Criteria:** Members who did not have a diagnosis of diabetes in any setting, during 2022 or 2023. Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

## Codes

### CPT Codes To Identify:

**HBA1c Tests:** 83036, 83037

**LDL-C Screening:** 80061, 83700, 83701, 83704, 83721



# Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

**Definition:** Adults ages 18–64

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

- diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder
- dispensed an antipsychotic medication on an ambulatory basis
- diabetes screening (glucose or HbA1c) test during the measurement year (2023)



**Exclusion Criteria:** Members with diabetes or who were dispensed insulin or oral hypoglycemics/ antihyperglycemics during the measurement year or the year prior to the measurement year. Members who had no antipsychotic medications dispensed during the measurement year. Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

## Codes

### ICD-10 Codes To Identify Diagnosis:

**Bipolar:** F30.10–F30.13, F30.2–F30.4, F30.8–F30.9, F31.0, F31.10–F31.13, F31.2, F31.30–F31.32, F31.4–F31.5, F31.60–F31.64, F31.70–F31.78, F31.81, F31.89, F31.9

**Schizophrenia:** F20.0–F20.3, F20.5, F20.81, F20.89, F20.9, F25.0–F25.1, F25.8–F25.9

### CPT Codes To Identify Diabetes Screening:

**Glucose Tests:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951

**HbA1c Tests:** 83036, 83037



# Diabetes Screening for People With Diabetes and Schizophrenia (SMD)

**Definition:** Adults ages 18–64

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Members with a diagnosis of schizophrenia or schizoaffective disorder and diabetes who had both an LCL-C test and an HbA1c test during the measurement year (2023)



**Exclusion Criteria:** Members who did not have a diagnosis of diabetes in any setting during 2022 or 2023. Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

## Codes

### CPT Codes To Identify:

**HbA1c Tests:** 83036, 83037

**LDL-C Screening:** 80061, 83700, 83701, 83704, 83721

# Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes (EDH) \*Medicare Only

**Definition:** Members 67 years of age or older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Members with diabetes (types 1 and 2) who had an ED visit for hypoglycemia during the measurement year (2023).

### Two rates are reported:

1. Members with diabetes (types 1 and 2) who had an ED visit for hypoglycemia during the measurement year
2. Members with diabetes (types 1 and 2) who had at least one dispensing event of insulin within each six-month treatment period from July 1 of the year prior to the measurement year through December 31 of the measurement year



**Exclusion Criteria:** Members who do not have a diagnosis of diabetes in any setting during the measurement year or the year prior to the measurement year and who had a diagnosis of polycystic ovarian syndrome, gestational diabetes, or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year. Members in hospice or using hospice services during the measurement year.

# Eye Exam for Patients With Diabetes (EED)

## VBC Measure

**Definition:** Adults ages 18–75

**Applicable Quality Program(s):** HEDIS, CMS Medicare Advantage Star Ratings

### Helpful Tips To Achieve Performance Measure:

- retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in 2023
- negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional (optometrist or ophthalmologist) in 2022, **or**
- bilateral eye enucleation anytime during the member's history through December 31 of the measurement year



### Exclusion Criteria: Members without a diagnosis of diabetes, but with either:

- gestational diabetes (up to two years prior to measurement year), **or**
- steroid-induced diabetes (up to two years prior to measurement year), **or**
- hospice enrollment

## Codes

### ICD-10 Codes To Identify Diabetes:

E10.10, E10.11, E10.21, E10.22, E10.29, E11.00–E11.9; E13.00–E13.9

### CPT/CPT II Codes for Diabetic Retinal Screening:

67028, 67030, 67031, 67036, 67039–67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202, 92225–92228, 92230, 92235, 92240, 92250, 92260, 99203–99205, 99213–99215, 99242–99245, 2022F–2026F, 2033F, 3072F

### Telehealth Visit Codes:

Telehealth requires real-time interactive audio and video telecommunications. Telehealth is billed using standard CPT and HCPCS codes for professional services along with a telehealth modifier (GT or GQ).

A telephone visit is real-time interactive audio communication. CPT codes for telephone visits are: 98966–98968 and 99441–99443.

An e-visit or virtual check-in is not real-time, but still requires two-way interaction between the member and provider. For example, a patient portal, secure text messaging or email (such as MyChart). CPT codes for these online assessments are: 98969–98972, 99421–99423, 99444, and 99458.

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## Fall Risk Management (FRM) \*Medicare Only

**Definition:** Adults ages 65 and older.

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Two components of this measure that assess different facets of fall risk management:

#### 1. discussing fall risk

- seen by a practitioner in the past 12 months
- discussed falls or problems with balance or walking with their current practitioner

#### 2. managing fall risk

- had a fall or problems with balance or walking in the past 12 months
- seen by a practitioner in the past 12 months
- received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner



# Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)

## VBC Measure

**Definition:** Ages 13 and older. ED visit with principal diagnosis of alcohol or other drug (AOD) abuse/dependence who had a follow-up visit for AOD.

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

- follow-up visit with any practitioner with a principal diagnosis of AOD within seven days of discharge (eight total days)
- follow-up visit with any practitioner with a principal diagnosis of AOD within 30 days of discharge (31 total days)



**Exclusion Criteria:** ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit, or within the 30 days after the ED visit, regardless of the principal diagnosis for the admission.

## Codes

### ICD-10:

F10.10, F10.120, F10.121, F10.129–F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180–F10.182, F10.188, F10.19

### CPT:

98960–98962, 99201–99205, 99211–99215

### Telehealth Visit Codes:

Telehealth requires real-time interactive audio and video telecommunications. Telehealth is billed using standard CPT and HCPCS codes for professional services along with a telehealth modifier (GT or GQ).

A telephone visit is real-time interactive audio communication. CPT codes for telephone visits are: 98966–98968 and 99441–99443.

An e-visit or virtual check-in is not real-time, but still requires two-way interaction between the member and provider. For example, a patient portal, secure text messaging or email (such as MyChart). CPT codes for these online assessments are: 98969–98972, 99421–99423, 99444, and 99458.

# Follow-up After Emergency Department Visit for Mental Illness (FUM)

## VBC Measure

**Definition:** Members 6 years and older with an ED visit and a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

- follow-up visit within seven days after the ED visit (eight total days)
  - includes visits that occur on the date of the ED visit
- follow-up visit within 30 days after the ED visit (31 total days)
  - includes visits that occur on the date of the ED visit



**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

### Codes

#### Observation:

CPT: 99217–99220

#### Behavioral Health Outpatient Visit:

CPT: 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411, 99412, 99483, 99492–99494, 99510

#### Telehealth Visit Codes:

Telehealth requires real-time interactive audio and video telecommunications. Telehealth is billed using standard CPT and HCPCS codes for professional services along with a telehealth modifier (GT or GQ).

A telephone visit is real-time interactive audio communication. CPT codes for telephone visits are: 98966–98968 and 99441–99443.

An e-visit or virtual check-in is not real-time, but still requires two-way interaction between the member and provider. For example, a patient portal, secure text messaging or email (such as MyChart). CPT codes for these online assessments are: 98969–98972, 99421–99423, 99444, and 99458.





# Follow-up After Emergency Department Visit for People With Multiple High-risk Chronic Conditions (FMC)

## \*Medicare Only - VBC Measure

**Definition:** Ages 18 and older

**Applicable Quality Program(s):** HEDIS, CMS Medicare Advantage Star Rating

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### Helpful Tips To Achieve Performance Measure:

Members with emergency department (ED) visits who have multiple (two or more) high-risk chronic conditions such as COPD/asthma, dementia, CKD, major depression, heart failure, MI, atrial fibrillation, or stroke who had a follow-up service within seven days of the ED visit (eight total days)



**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

# Follow-up After Emergency Department Visit for Substance Use (FUA)

**Definition:** Ages 13 and older

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

ED visit with principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose for which there was a follow-up

### Two rates are reported:

1. follow-up visit within seven days of the ED visit (eight total days)
2. follow-up visit within 30 days of the ED visit (31 total days)



**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

## Follow-up After Emergency Department Visit for Substance Use (FUA) - continued

### Codes

#### Observation:

CPT: 99217–99220

#### Behavioral Health Outpatient Visit:

CPT: 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99408, 99409, 99411, 99412, 99483, 99492–99494, 99510

#### Telehealth Visit Codes:

Telehealth requires real-time interactive audio and video telecommunications. Telehealth is billed using standard CPT and HCPCS codes for professional services along with a telehealth modifier (GT or GQ).

A telephone visit is real-time interactive audio communication. CPT codes for telephone visits are: 98966–98968 and 99441–99443.

An e-visit or virtual check-in is not real-time, but still requires two-way interaction between the member and provider. For example, a patient portal, secure text messaging or email (such as MyChart). CPT codes for these online assessments are: 98969–98972, 99421–99423, 99444, and 99458.

## Follow-up After High-intensity Care for Substance Use Disorder (FUI)

**Definition:** Ages 13 and older

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

- acute inpatient hospitalization, residential treatment, or detoxification visit
- diagnosis of substance use disorder
- follow-up visit or event with any practitioner for a principal diagnosis of substance use disorder



### Two rates are reported:

1. follow-up visit within seven days of discharge
2. follow-up visit within 30 days of discharge

**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

# Follow-up After Hospitalization for Mental Illness (FUH)

**Definition:** Ages 6 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

- hospitalized for treatment of selected mental illness or intentional self-harm, **and**
- one follow-up outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health provider



## Two rates are reported:

1. follow-up visit within seven days of discharge
2. follow-up visit within 30 days of discharge

**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

# Follow-up Care for Children Prescribed ADHD Medication (ADD)

**Definition:** Children ages 6–12

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

An initial prescription for ADHD medication and 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 prescribed



## Two rates are reported:

1. **Initiation Phase:** one follow-up visit with a prescribing practitioner within 30 days
2. **Continuation and Maintenance Phase:** remained on the medication for at least 210 days and had two additional visits with a practitioner within 270 days (nine months) after the initiation phase ended

**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members with a diagnosis of narcolepsy anytime during their history through the measurement year. Members who died anytime during the measurement year.

# Hemoglobin A1c Control for Patients With Diabetes (HBD)

## VBC Measure

**Definition:** Adults ages 18–75

**Applicable Quality Program(s):** HEDIS, CMS Medicare Advantage Star Ratings

### Helpful Tips To Achieve Performance Measure:

Diagnosis of diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels from measurement year (2023):

- HbA1c Control (<8.0%)
- HbA1c Poor Control (>9.0%)



**Exclusion Criteria:** Members who did not have a diagnosis of diabetes in any setting during the measurement year or the year prior but had one of the following:

- polycystic ovarian syndrome
- gestational diabetes
- steroid-induced diabetes

Members in hospice or using hospice services or palliative care anytime during the measurement year.  
Members who died anytime during the measurement year.

### Codes

#### ICD-10 Codes To Identify Diabetes:

E10.10, E10.11, E10.21, E10.22, E10.29, E11.00–E11.9, E13.00–E13.9

#### CPT/CPT II for HbA1c:

83036, 83037, 3044F, 3046F, 3051F, 3052F

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# Immunizations for Adolescents (IMA-E)

**Definition:** Children who turn 13 years old during the measurement year (2023)

- 1 dose meningococcal vaccine between the 11th and 13th birthdays, or anaphylaxis due to the vaccine anytime on or before the member's 13th birthday, and
- 1 tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine between the 10th and 13th birthdays; or anaphylaxis or encephalitis due to the vaccine anytime on or before the 13th birthday, and
- 2-dose or 3-dose HPV vaccination series between the 9th and 13th birthdays, or anaphylaxis due to the vaccine anytime on or before the 13th birthday

**\*Note:** This measure includes the human papillomavirus vaccine (HPV) for both males and females.

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

- All vaccines must be completed on or before the 13th birthday.
- For documented history of anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the member's 13th birthday.



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year. Members who died anytime during the measurement year.

- Parental refusal is not an exclusion.
- Documentation of "immunizations are up-to-date" is not acceptable.
- For meningococcal, do not count meningococcal recombinant (serogroup B) (MenB) vaccines.

## Codes

### CPT Codes:

**Meningococcal CPT:** 90619, 90733, 90734

**Tdap CPT:** 90715

**HPV-CPT:** 90649–90651

# Initiation and Engagement of Substance Use Disorder Treatment (IET)

## VBC Measure

**Definition:** Ages 13 and older

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

New substance use disorder (SUD) episodes (194 days negative diagnosis history) that results in treatment initiation and engagement



### Two rates are reported:

1. **Initiation of SUD Treatment:** within 14 days of the diagnosis through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment
2. **Engagement of SUD Treatment:** evidence of treatment engagement within 34 days of the initiation

**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

### Codes

#### Observation:

CPT: 99217-99220

#### Behavioral Health Outpatient Visit:

CPT: 98960–98962, 99078, 99201–99205, 99211–99215, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99408, 99409, 99411, 99412, 99483, 99492–99494, 99510

#### Telehealth Visit Codes:

Telehealth requires real-time interactive audio and video telecommunications. Telehealth is billed using standard CPT and HCPCS codes for professional services along with a telehealth modifier (GT or GQ).

A telephone visit is real-time interactive audio communication. CPT codes for telephone visits are: 98966–98968 and 99441–99443.

An e-visit or virtual check-in is not real-time, but still requires two-way interaction between the member and provider. For example, a patient portal, secure text messaging or email (such as MyChart). CPT codes for these online assessments are: 98969–98972, 99421–99423, 99444, and 99458.



# Kidney Health Evaluation for Patients With Diabetes

**Definition:** Adults ages 18–85

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Diagnosis of diabetes (type 1 and type 2) who received a kidney health evaluation during the measurement year (2023), defined by:

- an estimated glomerular filtration rate (eGFR) **and**
- a urine albumin-creatinine ratio (uACR)



**Exclusion Criteria:** Members who did not have a diagnosis of diabetes in any setting during the measurement year or year prior but did have:

- polycystic ovarian syndrome
- gestational diabetes
- steroid-induced diabetes

Members with evidence of ESRD or dialysis anytime during the member's history on or prior to December 31 of the measurement year. Members in hospice or using hospice services or receiving palliative care anytime during the measurement year. Members who died anytime during the measurement year.

## Codes:

### ICD-10 Codes To Identify Diabetes:

E10.10, E10.11, E10.21, E10.22, E10.29, E11.00–E11.9, E13.00–E13.9

### CPT Codes:

eGFR: 80047–80048, 80050, 80053, 80069, 82565

uACR: 82043, 82570



## Lead Screening in Children \*Medicaid Only

**Definition:** Children who turn 2 years old during the measurement year (2023)

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

At least one capillary or venous lead blood test by their second birthday.

Documentation in the record must include both of the following:

- date the test was performed
- result of finding



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year.  
Members who died anytime during the measurement year.

### Codes

**CPT:** 83655



# Management of Urinary Incontinence in Older Adults (MUI) \*Medicare Only

**Definition:** Adults ages 65 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Three components that assess the management of urinary incontinence in older adults:



### 1. discussing urinary incontinence

- reported having urine leakage in the past six months
- discussed their urinary leakage problem with a healthcare provider

### 2. discussing treatment of urinary incontinence

- reported having urine leakage in the past six months
- discussed treatment options for their current urine leakage problem

### 3. impact of urinary incontinence

- reported having urine leakage in the past six months
- reported that urine leakage made them change their daily activities or interfered with their sleep a lot

# Medical Assistance With Smoking Cessation and Tobacco Use Cessation (MSC)

**Definition:** Current smoker/tobacco user ages 18 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

This measure assesses **three different components** of providing medical assistance with smoking and tobacco use cessation:

- **Advising smokers and tobacco users to quit**
  - received advice to quit during the measurement year (2023)
- **Discussing Cessation Medications**
  - discussed or were recommended cessation medications during the measurement year (2023)
- **Discussing cessation strategies**
  - discussed or were provided cessation methods or strategies during the measurement year (2023)



# Medication Adherence for Cholesterol (Statins)

## VBC Measure

**Definition:** Any member 18 years or older who has at least two fills of a designated medication(s) as defined in each measure. The measurement is calculated using Proportion of Days Covered (PDC) using Pharmacy Data Encounter (PDE) data. PDC is the number of days the member has medication on hand/is covered by the medication based on the dates of prescription fills (numerator) compared to the number of days in the time period (denominator).

**Applicable Quality Program(s):** CMS Medicare Advantage Star Ratings

### Helpful Tips To Achieve Performance Measure:

The measurement is calculated using Proportion of Days Covered (PDC) using Pharmacy Data Encounter (PDE) data. PDC is the number of days the member has medication on hand/ is covered by the medication based on the dates of prescription fills (numerator) compared to the number of days in the time period (denominator). Members will only be recognized when filling medication through Sentara Health Plans.



This measure is calculated daily and is not a “gap” that can be closed.

- **Write for 90-day supplies:** This will ensure that a member is “covered” for 90 days. This gives the member a better chance to make the 80% PDC threshold throughout the year.
- **Update prescriptions:** If the dose changes, make sure to update the prescription with the new directions.
- **Ask members about barriers to medication use:** Cost of medications is well-known as a barrier, but other factors are just as prevalent. Can members get to the pharmacy? Can members read the small labels? Do members know how to take the medications?

**MAC Medication Inclusion:** Statin medications

**Exclusion Criteria:** Hospice enrollment, ESRD diagnosis or coverage dates.

STARS  
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Focus  
Measure



# Medication Adherence for Diabetes Medications

## VBC Measure

**Definition:** Any member 18 years or older who has at least two fills of a designated medication(s) as defined in each measure

The measurement is calculated using Proportion of Days Covered (PDC) with Pharmacy Data Encounter (PDE) data. PDC is the number of days the member has medication on hand/is covered by the medication based on the dates of prescription fills (numerator) compared to the number of days in the time period (denominator).

**Applicable Quality Program(s):** CMS Medicare Advantage Star Ratings

### Helpful Tips To Achieve Performance Measure:

This measure is calculated daily and is not a “gap” that can be closed.

- **Write for 90-day supplies:** This will ensure that a member is “covered” for 90 days. This gives the member a better chance to make the 80% PDC threshold throughout the year.
- **Update prescriptions:** If the dose changes, make sure to update the prescription with the new directions.
- **Ask members about barriers to medication use:** Cost of medications is well-known as a barrier, but other factors are just as prevalent. Can members get to the pharmacy? Can members read the small labels? Do members know how to take the medications?
- Only medications filled through Sentara Health Plans will be recognized.
- This measure is calculated daily and is not a “gap” that can be closed.

**Medication Inclusion:** biguanides, sulfonylureas, thiazolidinediones, and dipeptidyl peptidase (DPP)-IV inhibitors, incretin mimetics, meglitinides, and sodium glucose cotransporter 2 (SGLT2) inhibitors.



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# Medication Adherence for Hypertension (RAS Antagonists)

## VBC Measure

**Definition:** The measurement is calculated using Proportion of Days Covered (PDC) with Pharmacy Data Encounter (PDE) data. PDC is the number of days the member has medication on hand/is covered by the medication based on the dates of prescription fills (numerator) compared to the number of days in the time period (denominator).

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**Applicable Quality Program(s):** CMS Medicare Advantage Star Ratings

### Helpful Tips To Achieve Performance Measure:



Any member 18 years or older who has at least two fills of a designated medication(s) as defined in each measure. The measurement is calculated using PDC with PDE data. PDC is the number of days the member has medication on hand/ is covered by the medication based on the dates of prescription fills (numerator) compared to the number of days in the time period (denominator). Only medications filled through Sentara Health Plans will be recognized.

This measure is calculated daily and is not a “gap” that can be closed.

- **Write for 90-day supplies:** This will ensure that a member is “covered” for 90 days. This gives the member a better chance to make the 80% PDC threshold throughout the year.
- **Update prescriptions:** If the dose changes, make sure to update the prescription with the new directions.
- **Ask members about barriers to medication use:** Cost of medications is well-known as a barrier, but other factors are just as prevalent. Can members get to the pharmacy? Can members read the small labels? Do members know how to take the medications?

**Medication Inclusion:** angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor medications

**Exclusion Criteria:** Hospice enrollment, ESRD diagnosis or coverage dates, one or more prescriptions for sacubitril/valsartan.

# Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

**Definition:** Children and adolescents ages 1–17

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

At least two antipsychotic prescriptions (same or different medications) on different dates and had metabolic testing during the measurement year (2023)

- blood glucose or HbA1c test during the measurement year (2023), **and**
- LDL-C or cholesterol test during the measurement year (2023)



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year. Members who died anytime during the measurement year.

## Codes

**CPT Codes To Identify Cholesterol Tests Other Than LDL:** 82465, 83718, 83722, 84478

# Non-recommended Cervical Cancer Screening in Adolescent Females (NCS)

**Definition:** Adolescent females ages 16–20

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Screened unnecessarily for cervical cancer during the measurement year (2023)



**Exclusion Criteria:** History of cervical cancer, HIV, or immunodeficiency anytime during the member's history through December 31 of the measurement year. Members in hospice or using hospice services during the measurement year. Members who died anytime during the measurement year.

## Codes

**CPT Codes To Identify Cervical Cancer Screening:**

**Cervical Cytology:** 88141–88143, 88147–88148, 88150, 88152, 88153, 88164–88167, 88174–88175

**HPV tests:** 87624–87625

## Non-recommended PSA-based Screening in Older Men (PSA)

### \*Medicare Only

**Definition:** Men ages 70 and older

**Applicable Quality Program(s):** HEDIS

#### Helpful Tips To Achieve Performance Measure:

Screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening during the measurement year (2023)



**Exclusion Criteria:** Prostate cancer diagnosis anytime during the member's history through December 31 of the measurement year. Dysplasia of the prostate anytime during the measurement year or the year prior to the measurement year. A PSA test during the year prior to the measurement year (2022) where laboratory data indicate an elevated ( $>4.0$  ng/ml) or abnormal result. Dispensed prescription for a 5-alpha reductase inhibitor during the measurement year. Members in hospice or using hospice services during the measurement year. Members who died anytime during the measurement year.

#### Codes

##### CPT codes for PSA-based Screening:

84152–84154

## Oral Evaluation Dental Services (OED)

**Definition:** Members 21 years of age and younger

**Applicable Quality Program(s):** HEDIS

#### Helpful Tips To Achieve Performance Measure:

Members who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year (2023)



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year. Members who died anytime during the measurement year.

# Osteoporosis Screening in Older Women (OSW)

## \*Medicare Only

**Definition:** Women ages 65–75

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Received one or more osteoporosis screening tests on or between the member's 65th birthday and December 31 of the measurement year (2023)



**Exclusion Criteria:** Members who had a claim/encounter for osteoporosis therapy anytime in the member's history through December 31 of the year prior to the measurement year. Members who were prescribed a prescription to treat osteoporosis anytime on or between January 1, 2020–December 31, 2023. Hospice enrollment.

### Codes

#### CPT Codes:

76977, 77078, 77080–77081, 77085





# Osteoporosis Management in Women Who Had a Fracture (OMW) \*Medicare Only

## VBC Measure

**Definition:** Women ages 65–75

**Applicable Quality Program(s):** HEDIS, CMS Medicare Advantage Star Ratings

### Helpful Tips To Achieve Performance Measure:

Suffered a fracture and had one of the following in the six months after the fracture:

- a bone mineral density (BMD) test **or**
- a prescription for a drug to treat osteoporosis in the six months after the fracture



**Exclusion Criteria:** Hospice enrollment. Members who had an encounter for osteoporosis therapy or were prescribed or had an active prescription to treat osteoporosis during the 12 months prior to the episode date. Members who received palliative care anytime during the intake period through the end of the measurement year. Members who died anytime during the measurement year.

### Codes

#### Bone Mineral Density Tests:

- CPT/CPT II: 76977, 77078, 77080, 77081, 77085, 77086
- ICD-10 Procedure: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

#### Osteoporosis Medications:

HCPCS: J0897, J1740, J3110, J3111, J3489

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# Pediatric Quality Indicator 14: Asthma Admission Rate (PDI)

## VBC Measure

**Definition:** Members ages 2 through 17 with a principal ICD-10-CM diagnosis code for asthma (ACSASTD)

**Applicable Quality Program(s):** AHRQ

### Helpful Tips To Achieve Performance Measure:

- development of a written asthma action plan in partnership with patient/family
- monitor medication compliance



**Exclusion Criteria:** Excludes cases with a diagnosis code for cystic fibrosis and anomalies of the respiratory system, obstetric admissions, and transfers from other institutions.

### Codes

#### Asthma Diagnosis Codes:

J4521, J4552, J4522, J45901, J4531, J45902, J4532, J45990, J4541, J45991, J4542, J45998, J4551

# Pharmacotherapy Management of COPD Exacerbation (PCE)

**Definition:** Adults ages 40 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Discharged from an acute inpatient admission or an ED visit with a primary diagnosis of COPD on or between January 1–November 30, 2023, **and**

prescribed appropriate medications (or already had an active prescription for):

- a systemic corticosteroid within 14 days of the event
- a bronchodilator within 30 days of the event



**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

## Codes

### ICD-10 Codes To identify COPD:

J44.0, J44.1, J44.9

# Pharmacotherapy for Opioid Use Disorder (POD)

**Definition:** Ages 16 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

- Diagnosis of opioid use disorder
- Dispensed an opioid use disorder treatment medication (e.g., Naltrexone, buprenorphine) taken for 180 days or more without a gap in treatment of eight or more consecutive days



**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

## Physical Activity in Older Adults (PAO) \*Medicare Only

**Definition:** Adults ages 65 and older

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Two components of this measure that assess different facets of promoting physical activity in older adults:



#### 1. Discussing Physical Activity

- had a doctor's visit in the past 12 months
- spoke with a doctor or other healthcare provider about their level of exercise or physical activity

#### 2. Advising Physical Activity

- had a doctor's visit in the past 12 months
- received advice to start, increase, or maintain their level of exercise or physical activity

## Postpartum Depression Screening and Follow-up (PDS-E)

**Applicable quality program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Screened for clinical depression during the postpartum period, and if screened positive, received follow-up care



#### Two rates are reported:

1. **Depression Screening:** screened for clinical depression using a standardized instrument during the postpartum period (7–84 days following date of delivery)
2. **Follow-up on Positive Screen:** received follow-up care within 30 days of a positive depression screen finding

**Exclusion Criteria:** Deliveries in which members were in hospice or using hospice services anytime during the measurement period.

# Potentially Harmful Drug-Disease Interactions in Older Adults (DDE) \*Medicare Only

**Definition:** Adults ages 65 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Members with 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 rates are reported:

1. **a history of falls** and a prescription for antiepileptics, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, or antidepressants (SSRIs, tricyclic antidepressants, SNRIs)
2. **dementia** and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents
3. **chronic kidney disease** and a prescription for COX-2 selective NSAIDs or nonaspirin NSAIDs

**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members receiving palliative care during the measurement year. Members with a diagnosis of psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1, 2022, to December 1, 2023. Members who died anytime during the measurement year.

# Prenatal and Postpartum Care (PPC)

## VBC Measure

**Definition:** Members who delivered a live infant between October 8, 2022, and October 7, 2023, specified by NCQA HEDIS® for the measurement year (as adopted by DMAS), and who received a prenatal visit within the first trimester, on or before the enrollment start date, or within 42 days of enrollment

Pregnant members who delivered a live infant during the time period specified by NCQA HEDIS® for the measurement year (as adopted by DMAS), and who had a postpartum visit on or between 7 and 84 days after delivery

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Documentation of a prenatal visit within first trimester (on or before the enrollment start date, or within 42 days of enrollment), and evidence of one of the following:

- documentation indicating the woman is pregnant or references to the pregnancy
  - for example:
    - documentation in standardized prenatal flowsheet
    - documentation of LMP, EDD, or gestational age
    - a positive pregnancy test result
    - documentation of gravidity and parity
    - documentation of a complete obstetrical history
    - documentation of prenatal risk assessment and counseling/education
- a basic physical obstetrical examination that includes auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus' height (a standard prenatal flow sheet may be used)
- documentation of a postpartum visit on or between 7 and 84 days after delivery
- evidence that a prenatal care procedure was performed, such as:
  - screening test in the form of an obstetric panel (must include all the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, RH and ABO blood typing) **or**
  - a rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing **or**
  - TORCH antibody panel alone **or**
  - ultrasound of a pregnant uterus

Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner.



# Prenatal and Postpartum Care (PPC) - continued

## VBC Measure

**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.

### Codes

#### Timeliness of Prenatal Care Recommended Codes:

CPT: 99201–99205, 99211–99215, 99241–99245, 99483

#### Postpartum Care Recommended Codes:

CPT: 57170, 58300, 59430, 99501

#### Telehealth Visit Codes:

Telehealth requires real-time interactive audio and video telecommunications. Telehealth is billed using standard CPT and HCPCS codes for professional services along with a telehealth modifier (GT or GQ).

A telephone visit is real-time interactive audio communication. CPT codes for telephone visits are: 98966–98968 and 99441–99443.

An e-visit or virtual check-in is not real-time, but still requires two-way interaction between the member and provider. For example, a patient portal, secure text messaging or email (such as MyChart). CPT codes for these online assessments are: 98969–98972, 99421–99423, 99444, and 99458.

# Prenatal Depression Screening and Follow-up (PND-E)

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Screened for clinical depression while pregnant and, if screening is positive, received follow-up care

#### Two rates are reported:

1. **Depression Screening:** screened for clinical depression during pregnancy using a standardized instrument
2. **Follow-up on Positive Screen:** received follow-up care within 30 days of a positive depression screening finding



**Exclusion Criteria:** Deliveries in which members were in hospice or using hospice services anytime during the measurement period. Deliveries that occurred at less than 37 weeks gestation.

## Prenatal Immunization Status (PRS-E)

**Definition:** Deliveries in the measurement year (2023)

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Received the following recommended vaccines during the measurement year (2023):

- influenza
- tetanus, diphtheria toxoids, and acellular pertussis (Tdap) during the pregnancy (including on the delivery date)



**Exclusion Criteria:** Deliveries in which members were in hospice or using hospice services anytime during the measurement period. Deliveries that occurred at less than 37 weeks gestation.

## Prevention Quality Indicator 05 (as calculated by DMAS): COPD or Asthma in Older Adults Admission Rate (PQI)

### VBC Measure

**Definition:** Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older

**Applicable Quality Program(s):** AHRQ

### Helpful Tips To Achieve Performance Measure:

Discharges, for patients ages 40 years and older, with either

- principal ICD-10-CM diagnosis code for COPD (ACCOPDD\*) (excluding acute bronchitis) **or**
- principal ICD-10-CM diagnosis code for asthma (ACSASTD\*)



**Exclusion Criteria:** Excludes obstetric admissions and transfers from other institutions.

### Codes

#### Primary Diagnosis Codes for COPD and Asthma:

J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0, J44.1, J44.9, J47.0, J47.1, J47.9, J45.21, J45.22, J45.31, J45.32, J45.41, J45.42, J45.51, J45.52, J45.901, J45.902, J45.990, J45.991, J45.998



# Prevention Quality Indicator 08 (as calculated by DMAS): Heart Failure Admission Rate (PQI)

## VBC Measure

**Definition:** Admissions with a principal diagnosis of heart failure per 100,000 population, ages 18 years and older

**Applicable Quality Program(s):** AHRQ

### Helpful Tips To Achieve Performance Measure:

Discharges, for patients ages 18 years and older, with a principal ICD-10-CM diagnosis code for heart failure



**Exclusion Criteria:** Discharges, for patients ages 18 years and older, with a principal ICD-10-CM diagnosis code for heart failure.

## Codes

### Primary Diagnosis Codes for Heart Failure:

I09.81, I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.4, I50.41, I50.42, I50.43, I50.9, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89

# Risk of Continued Opioid Use (COU)

**Definition:** Adults ages 18 and older

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

A new episode of opioid use that puts them at risk for continued opioid use

### Two rates are reported:

1. the percentage of members with at least 15 days of prescription opioids in a 30-day period
2. the percentage of members with at least 31 days of prescription opioids in a 62-day period



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year. Members who had at least one of the following during the 12 months (1 year) prior to the prescription start date through 61 days after the prescription start date: cancer, sickle cell disease, or palliative care. Members who died anytime during the measurement year.

# Social Need Screening and Intervention (SNS-E)

**Definition:** Members  $\leq$  17–65 years

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Members who were screened, using prespecified instruments, at least once during the measurement year (2023) for unmet food, housing, and transportation needs, and received a corresponding intervention within one month if they screened positive.

Interventions may include any of the following intervention categories: assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision, or referral.



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year. Medicare members 66 years of age and older by the end of the measurement year who meet either of the following:

- enrolled in Institutional SNP (I-SNP) during the measurement year
- living long-term in an institution during the measurement year, as identified by the LTI flag in the Monthly Membership Detail Data File (use the run date of the file to determine if a member had an LTI flag during the measurement year)

# Statin Therapy for Patients With Cardiovascular Disease (SPC)

## VBC Measure

**Definition:** Males ages 21–75; females ages 40–75

**Applicable quality program(s):** CMS Medicare Advantage Star Ratings

### Helpful Tips To Achieve Performance Measure:

Identified as having clinical atherosclerotic cardiovascular disease (ASCVD) during the measurement year (2023)



### Two rates are reported:

- 1. Received Statin Therapy:** Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year
- 2. Statin Adherence 80%:** Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period (from prescription date through end of year)

**Exclusion criteria:** Diagnosis of pregnancy or had IVF during the measurement year or the year prior. Diagnosis of ESRD, dialysis, or cirrhosis during the measurement year or the year prior. Diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year. Member in hospice or using hospice services or receiving palliative care anytime during the measurement year. Member died anytime during the measurement year.

## Codes

### Moderate or High-intensity Statin Therapy:

Atorvastatin: 10–80mg  
Amlodipine-atorvastatin: 10–80mg  
Rosuvastatin: 5–40mg  
Simvastatin: 20–80mg  
Ezetimibe-simvastatin: 20–80mg  
Pravastatin: 40–80mg  
Lovastatin: 40mg  
Fluvastatin 40–80mg  
Pitavastatin 1–4mg

### ICD-10 Codes for Myalgia/Myositis/Myopathy:

G72.0, G72.2, G72.9, M60.80–M60.812, M60.819, M60.821–M60.822, M60.829, M60.831–M60.832, M60.839, M60.841–M60.842, M60.849, M60.851–M60.852, M60.859, M60.861–M60.862, M60.869, M60.871–M60.872, M60.879, M60.88–M60.89, M60.9, M62.82, M79.1–M79.12, M79.18

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# Statin Therapy for Patients With Diabetes (SUPD)

## VBC Measure

**Definition:** Adults ages 40–75

**Applicable Quality Program(s):** CMS Medicare Advantage Star Ratings

### Helpful Tips To Achieve Performance Measure:

Identified as having diabetes and does not have clinical atherosclerotic cardiovascular disease who met the following criteria:



### Two rates are reported:

1. **Received Statin Therapy:** Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year
2. **Statin Adherence 80%:** Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period (from prescription date through end of year)

**Exclusion criteria:** Members who did not have a diagnosis of diabetes in any setting during the measurement year or the year prior but did have polycystic ovarian syndrome, gestational diabetes, or steroid induced diabetes. Members diagnosed with myalgia, myositis, myopathy, or rhabdomyolysis (in 2023). Any of the following (in 2022 or 2023): IVD diagnosis, pregnancy/IVF, prescribed clomiphene, ESRD or dialysis, cirrhosis. Members diagnosed with one of the following during the year prior to the measurement year: MI, CABG, PCI, or another revascularization. Hospice enrollment, ESRD diagnosis, or ESRD coverage during measurement period.

### Codes

#### Myalgia/Myositis/Myopathy:

G72.0, G72.2, G72.9, M60.80-M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.11, M79.18

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Measure



# Topical Fluoride for Children (TFC)

**Definition:** Members ages 1–4 years

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Members who received at least two fluoride varnish applications during the measurement year (2023)

*\*This measure has been included in and/or adapted for HEDIS with the permission of the Dental Quality Alliance (DQA) and American Dental Association (ADA).*



**Exclusion Criteria:** Members in hospice or using hospice services anytime during the measurement year. Members who died anytime during the measurement year.



# Transitions of Care (TRC) \*Medicare Only

## VBC Measure

**Description:** The percentage of discharges for members 18 years of age and older who had each of the following four rates reported:

1. Notification of Inpatient Admission
2. Receipt of Discharge Information
3. Patient Engagement After Inpatient Discharge
4. Medication Reconciliation



### Definitions:

- **Medication Reconciliation:** a type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record
- **Medication List:** a list of medications in the medical record. The medication list may include medication names only or may include medication names, dosages, and frequency; over-the-counter (OTC) medications; and herbal or supplemental.

**Applicable Quality Program(s):** HEDIS, CMS Medicare Advantage Star Rating

### Helpful Tips To Achieve Performance Measure:

#### 1. Notification of Inpatient Admission

- documentation of receipt of notification of inpatient admission on the day of admission through two days after the admission (three total days)
- documentation in the outpatient medical record must include evidence of receipt of notification of inpatient admission on the day of admission through two days after the admission (three total days)
- documentation in the outpatient medical record must include evidence of receipt of notification of inpatient admission that includes evidence of the date when the documentation was received. Any of the following examples meet criteria:
  - communication between inpatient providers or staff and the member's PCP or ongoing care provider (e.g., phone call, email, fax)
  - communication about admission between emergency department and the member's PCP or ongoing care provider (e.g., phone call, email, fax)
  - communication about admission to the member's PCP or ongoing care provider through a health information exchange, an automated admission, or discharge and transfer (ADT) alert system



# Transitions of Care (TRC) - continued \*Medicare Only

## VBC Measure

- communication about admission with the member's PCP or ongoing care provider through a shared electronic medical record (EMR) system
  - When using a shared EMR system, documentation of a "received date" is not required to meet criteria. Evidence that the information was filed in the EMR and is accessible to the PCP or ongoing care provider on the day of admission through two days after the admission (three total days) meets criteria.
- communication about admission to the member's PCP or ongoing care provider from the member's health plan
- indication that the member's PCP or ongoing care provider admitted the member to the hospital
- indication that a specialist admitted the member to the hospital and notified the member's PCP or ongoing care provider
- indication that the PCP or ongoing care provider placed orders for tests and treatments anytime during the member's inpatient stay
- documentation that the PCP or ongoing care provider performed a pre-admission exam or received communication about a planned inpatient admission
  - The time frame that the planned inpatient admission must be communicated is not limited to the day of admission through two days after the admission (three total days); documentation that the PCP or ongoing care provider performed a pre-admission exam or received notification of a planned admission prior to the admit date also meets criteria. The planned admission documentation or pre-admission exam must clearly pertain to the denominator event.

### 2. Receipt of Discharge Information

- Documentation of receipt of discharge information on the day of discharge through two days after the discharge (three total days) must be received.
- Documentation in the outpatient medical record must include evidence of receipt of discharge information on the day of discharge through two days after the discharge (three total days) with evidence of the date when the documentation was received. Discharge information may be included in, but not limited to, a discharge summary or summary of care record, or be located in structured fields in an EHR. At a minimum, the discharge information must include all the following:
  - the practitioner responsible for the member's care during the inpatient stay
  - procedures or treatment provided
  - diagnoses at discharge
  - current medication list
  - testing results, or documentation of pending tests or no tests pending
  - instructions for patient care post-discharge

## Transitions of Care (TRC) - continued \*Medicare Only

### VBC Measure

#### 3. Patient Engagement After Inpatient Discharge

- Documentation of patient engagement (e.g., office visits, visits to the home, or telehealth) provided within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge.
- Documentation in the outpatient medical record must include evidence of patient engagement within 30 days after discharge. Any of the following meet criteria:
  - an outpatient visit, including office visits and home visits
  - a telephone visit
  - a synchronous telehealth visit where real-time interaction occurred between the member and provider using audio and video communication
  - an e-visit or virtual check-in (asynchronous telehealth where two-way interaction, which was not real-time, occurred between the member and provider)

#### 4. Medication Reconciliation Post Discharge

- Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist, physician assistant, or registered nurse, as documented through either administrative data or medical record review on the date of discharge through 30 days after discharge (31 total days)
- Documentation in the outpatient medical record must include evidence of medication reconciliation and the date when it was performed. Any of the following meet criteria:
  - documentation of the current medications with a notation that the provider reconciled the current and discharge medications
  - documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications)
  - documentation of the member's current medications with a notation that the discharge medications were reviewed
  - documentation of a current medication list, a discharge medication list, and notation that both lists were reviewed on the same date of service documentation of the current medications with evidence that the member was seen for post-discharge hospital follow-up and evidence of medication reconciliation or review
    - Evidence that the member was seen for post-discharge hospital follow-up requires documentation that indicates the provider was aware of the member's hospitalization or discharge



## Transitions of Care (TRC) - continued \*Medicare Only

### VBC Measure

- documentation in the discharge summary that the discharge medications were reconciled with the most recent medication list in the outpatient medical record
  - There must be evidence that the discharge summary was filed in the outpatient chart on the date of discharge through 30 days after discharge (31 total days).
- notation that no medications were prescribed or ordered upon discharge

**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year. Members who died during the measurement year.

#### Codes

#### CPT Codes for Transitional Care Management Services and Medication Reconciliation:

99483, 99495, 99496, 111F

## Unhealthy Alcohol Use Screening and Follow-up (ASF-E)

**Definitions:** Adults ages 18 and older

**Applicable Quality Program(s):** HEDIS

#### Helpful Tips To Achieve Performance Measure:

- screened for unhealthy alcohol use using a standardized tool (AUDIT, Single-question Screen), **and**
- if screened positive, received brief counseling or other follow-up care within two months (e.g., feedback on alcohol use and harms, identification of high-risk situations for drinking and coping strategies, development of a personal plan to reduce drinking, and documentation of receiving alcohol misuse treatment)



**Exclusion Criteria:** Members with alcohol use disorder that starts during the year prior to the measurement year. Members with a history of dementia anytime during the member's history through the end of the measurement year. Members in hospice or using hospice services during the measurement year.

# Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

**Definitions:** Ages 1–17 years

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Members who had a **new** prescription (four-month negative medication history) for an antipsychotic medication and had documentation of psychosocial care as first-line treatment during the period from 90 days prior to 30 days after the prescription fill.



**Exclusion Criteria:** At least one acute inpatient encounter or at least two visits in an outpatient, intensive outpatient, or partial hospitalization setting with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder during the measurement year (2023). Members in hospice or using hospice services during the measurement year. Members who died anytime during the measurement year.

## Codes:

### CPT Codes To Identify Psychosocial Care:

90832–90834, 90836–90840, 90845–90847, 90849, 90853, 90875–90876, 90880

# Use of High-risk Medications in Older Adults (DAE)

## \*Medicare Only

**Definitions:** Adults ages 67 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Received at least two dispensing events for high-risk medications to avoid from the same drug class (except for appropriate diagnoses)



**Exclusion Criteria:** Members in hospice or using hospice services or receiving palliative care during the measurement year. Members who died anytime during the measurement year.

# Use of Imaging Studies for Low Back Pain (LBP)

**Definitions:** Adults ages 18–75

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Members with primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT) within 28 days of the diagnosis.



**Exclusion Criteria:** An imaging study in the presence of low back pain is considered clinically indicated in patients with a diagnosis of:

- fragility fracture
- cancer
- HIV
- spinal infection
- major organ transplant
- palliative care/advanced illness fragility
- recent trauma
- lumbar surgery
- prolonged use of corticosteroids
- osteoporosis
- IV drug use
- neurologic impairment
- spondylopathy

## Codes

### ICD-10 Codes To Identify Uncomplicated Low Back Pain:

M47.26–M47.28, M47.816–M47.818, M47.896–M47.898, M48.061–M48.07, M48.08, M51.16– M51.17, M51.26, M51.27–M51.36, M51.37, M51.86, M51.87, M53.2X6–M53.2X8–M53.88, M54.16– M54.9, M99.03–M99.84, S33.100A–S33.9XXA, S39.002A–S39.92XS



## Use of Opioids at High Dosage (HDO)

**Definitions:** Adults ages 18 and older

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Members who received a prescription for opioids at a high dosage (average morphine milligram equivalent dose [MME]  $\geq 90$ ) for  $\geq 15$  days during the measurement year (2023)



**Exclusion Criteria:** Members with cancer or sickle cell disease anytime during the measurement year.  
Members in hospice or using hospice services or receiving palliative care during the measurement year.  
Members who died anytime during the measurement year.

## Use of Opioids From Multiple Providers (UOP)

**Definitions:** Adults ages 18 and older

**Applicable Quality Program(s):** HEDIS

### Helpful Tips To Achieve Performance Measure:

Members who received a prescription for  $\geq 15$  days from multiple providers during the measurement year (2023).



**Three rates are reported:** Opioid prescriptions received from and/or filled at:

1. **Multiple Prescribers** (four or more different prescribers)
2. **Multiple Pharmacies** (four or more different pharmacies)
3. **Multiple Prescribers and Multiple Pharmacies** (both four or more different prescribers and four or more different pharmacies)

**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year.  
Members who died anytime during the measurement year.

# Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

**Definitions:** Adults ages 40 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

- diagnosis of a new, or newly active, COPD between July 1, 2022–June 30, 2023 **and**
- spirometry testing to confirm the diagnosis in the two years prior through six months after the diagnosis.



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year.  
Members who died anytime during the measurement year.

## Codes:

### CPT Codes for Spirometry Testing:

94010, 94014–94016, 94060, 94070, 94375, 94620



# Utilization of the PHQ-9 To Monitor Depression Symptoms for Adolescents and Adults (DMS-E)

**Definitions:** Ages 12 and older

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Members with diagnosis of major depression or dysthymia, and had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.



## Two rates are reported:

- 1. Inclusion in ECDS Rate:** The percentage of members 12 and older with a diagnosis of major depression or dysthymia, who are included in an electronic clinical data system (ECDS)
- 2. Utilization of PHQ-9 Rate:** The percentage of PHQ utilization. Members with diagnosis of major depression or dysthymia who are covered by an ECDS and, if they had an outpatient encounter, have a PHQ-9 score present in their record

**Exclusion criteria:** Members with any of the following anytime during the member's history through the end of the measurement year: bipolar disorder, personality disorder, psychotic disorder, or pervasive developmental disorder. Members in hospice or using hospice services during the measurement year.

## Codes:

### ICD-10 Codes To Identify Major Depression and Dysthymia:

F32.0–F32.5, F32.9, F33.0–F33.3, F43.40–F43.42, F33.9, F34.1

### CPT Codes To Identify Interactive Outpatient Encounters:

90791, 90792, 90832, 90834, 90837, 98960–98962, 99078, 99201–99205, 99211–99215, 99217–99220, 99241–99245, 99341–99345, 99347–99350, 99381–99387, 99391–99397, 99401–99404, 99411–99412, 99483, 99510

### LOINC Codes To Identify PHQ Administered:

44261–6, 89204–2

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

**Definitions:** Members 3–17 years of age who had an outpatient visit with a PCP or an OB/GYN during the measurement year (2023) and had evidence of the following documented:

- BMI percentile
- counseling for nutrition
- counseling for physical activity

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

BMI Percentile documentation must include date, height, and weight.

- **BMI percentile** - may be plotted on age-growth chart
- **weight and height** - must be taken during the measurement year (2023)



Counseling for nutrition documentation must include a note indicating the **date** and **at least one of the following**:

- discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors)
- checklist indicating nutrition was addressed
- counseling or referral for nutrition education
- educational materials on nutrition during a face-to-face visit
- anticipatory guidance for nutrition
- weight or obesity counseling
- referral to WIC

Counseling for physical activity documentation includes a note indicating the **date** and **at least one of the following**:

- discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation)
- checklist indicating physical activity was addressed
- counseling or referral for physical activity
- member received educational materials on physical activity during a face-to-face visit
- anticipatory guidance specific to the child's physical activity
- weight or obesity counseling

## Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - continued

Documentation of meeting Developmental Milestones only does not meet HEDIS® criteria for Physical Activity Counseling.

Services specific to an acute or chronic condition do not count toward the counseling indicators for either nutrition or physical activity.

**Exclusion Criteria:** Members in hospice or using hospice services. Have a diagnosis of pregnancy during the measurement year. Members who have a diagnosis of pregnancy anytime during the measurement year. Members who died anytime during the measurement year.

### Codes

#### ICD-9 Codes:

BMI Percentile: Z68.51\*Z68.54

Counseling for Nutrition: Z71.3

Counseling for Physical Activity: Z02.5, Z71.82

#### CPT Codes:

Counseling for Nutrition: 97802–97804



# Well-child Visits in the First 30 Months of Life (W30)

**Definitions:** Children who turned 15 months or 30 months during 2023

**Applicable Quality Program(s):** HEDIS

## Helpful Tips To Achieve Performance Measure:

Well-child visits with a PCP/pediatrician during the last 15 months.

## Two rates are reported:

1. **six (6)** or more well-child visits on different dates of service **on or before the 15-month birthday**
2. **two (2)** or more well-child visits on different dates of service **between the child's 15-month birthday plus one day and the 30-month birthday**



**Exclusion Criteria:** Members in hospice or using hospice services during the measurement year.  
Members who died anytime during the measurement year.

## Codes

### CPT Codes To Identify Well-child Visits:

99381–99385, 99391–99395, 99461

### ICD-10 Codes:

Z00.00–Z00.01, Z00.110–Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z00.5, Z76.1–Z76.2



# Glossary

**Attributed Member:** member for whom the provider is held accountable in regards to care.

**CPT Category II Code:** tracking codes, ending with an "F," which facilitate data collection related to quality and performance measurement.

**CPT Code:** medical code set used to report medical, surgical, diagnostic procedures, and other services by physicians/providers/facilities to health insurance companies and accreditation organizations.

**Denominator:** the number of members who qualify for the measure criteria.

**Drug Tiers:** a way for insurance providers to determine medicine costs. The higher the tier, the higher the cost of the medicine for the member in general.

**HCPCS Code:** Healthcare Common Procedure Coding System (often pronounced hick picks). A set of codes, beginning with a letter, used to report supplies, materials, drugs, procedures, and other services.

**HEDIS:** Health Care Effectiveness Data and Information Set. Standardized performance measures developed by NCQA (National Committee for Quality Assurance).

**ICD-10-CM (Diagnosis Code):** a code system used by physicians and other healthcare providers to classify and code all diagnoses, signs, and symptoms.

**ICD-10 (Procedure Code):** a code system used to report procedures performed by physicians and other healthcare providers in a facility/hospital setting.

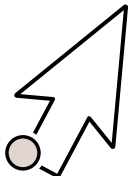
**Numerator:** the number of members who meet compliance criteria.

**PMPM:** per member per month. Usual unit of measure that payers remit to providers.

**Measurement Year:** January 1 through December 31.

**Stars:** CMS rating system used to measure how well Medicare Advantage and Part D plans perform in several areas, including quality of care and customer satisfaction. Stars ratings range from one to five, with one being the lowest score and five being the highest.

**Step Therapy:** trying less expensive options before "stepping up" to drugs that cost more.



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