HEDIS Documentation & Coding Guidelines 2017

Access & Availability

Measure/Coding Tips	Measure Description	Documentation Required	Coding
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Members 20 years and older who had an ambulatory or preventive care visit during the measurement year.	One or more ambulatory or preventive care visits during the measurement year. Documentation collection through administrative claims only. NOTE: Specialist visits do not count for this measure.	CPT Codes: 92002, 92004, 92012, 92014, 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429 HCPCS: G0402, G0438, G0439, G0463, S0620, S0621, T1015 ICD10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89-Z02.9 UB REV Codes: 0510-0517, 0519-0529, 0982-0983
Prenatal and Postpartum Care (PPC) *Timeliness of Prenatal Care*	Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. **Prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization*	Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following. • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height • Evidence that a prenatal care procedure was performed (Ob panel, Ultrasound, etc.) • Documentation of LMP or EDD in conjunction with either: Prenatal Risk Assessment and education/counseling or complete obstetrical history.	Prenatal visits CPT: 59400, 59425, 59426, 59510, 59610, 59618, 76820-76821, 76825-76828, 99201 – 99205, 99211 – 99215, 99241-99245, 99500 Cat II: 0500F-0502F UB REV: 0514 HCPCS: G0463, H1000, H1001, H1002, H1003, H1004, H1005, T1015 Pregnancy-related diagnosis ICD-10: O09.00-O09.93, O10.011-O10.919, O11.1-O11.9, O12.00-O12.23, O13.1-O13.9, O14.00-O14.93, O15.00-O15.9, O16.1-O16.9, O20.0-O20.9, O21.0-O21.9, O22.00-O26, O28-O36, O40-O48, O60, O71.O88, O91-O92, O98.011-O9A.519, Z03.7-Z36 OB Panel CPT: 80055, 80081 Prenatal Ultrasound CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828
Frequency of Ongoing Prenatal Care (FPC)	Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. Members who had ≥ 81% of expected visits.	Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following: • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height • Evidence that a prenatal care procedure was performed (Ob panel, Ultrasound, etc.) • Documentation of LMP or EDD in conjunction with either: Prenatal Risk Assessment and education/counseling or complete obstetrical history.	
Prenatal and Postpartum Care (PPC) *Postpartum Care*	Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. ** Postpartum visit on or between 21 and 56 days after delivery.*	Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following. • Pelvic exam. • Evaluation of weight, BP, breasts and abdomen. • Notation of postpartum care, including, but not limited to: – Notation of "postpartum care," "PP care," "PP check," "6-week check." or preprinted "postpartum Care" Form.	Postpartum visit CPT: 57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 99501 Cat II: 0503F ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 HCPCS: G0101 Cervical cytology (Pap) CPT: 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175 UB REV: 0923 Cervical cytology (Pap) HCPCS: G0123, G0124, G0141, G0143 - G0145, G0147-G0148, P3000, P3001, Q0091

Effectiveness of Care: Medication Management

Measure/Coding Tips	Measure Description	Documentation Required	Coding
Annual Monitoring for Patients on Persistent Medications (MPM)* ****Also applies to Medicare members.***	Members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. Additional rates reported separately and as a total rate. • Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB). • Annual monitoring for members on digoxin. • Annual monitoring for members on diuretics. • Total rate	At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year. Any of the following during the measurement year meet criteria: • A lab panel test. • A serum potassium test and a serum creatinine test. Note: The tests do not need to occur on the same service date, only within the measurement year (1/1-12/31).	Lab panel test: 80047, 80048, 80050, 80053, 80069 Serum Creatinine test: 82565, 82575 Potassium test: 80051, 84132

Effectiveness of Care: Musculoskeletal Conditions

Measure/Coding Tips	Measure Description	Documentation Required	Coding
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	Members 18 years and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).	Members who had at least one ambulatory prescription dispensed for a DMARD during the measurement year identified by: •Claim/encounter data. A DMARD prescription during the measurement year. •Pharmacy data. Members who were dispensed a DMARD during the measurement year on an ambulatory basis.	Rheumatoid Arthritis diagnosis ICD 10: M05.00-M06.9 Disease-Modifying Anti-Rheumatic drug HCPCS: J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310

EXCLUSIONS: A diagnosis of HIV any time during the member's history through December 31 of the measurement year or diagnosis of pregnancy any time during the measurement year.

Effectiveness of Care: Prevention & Screening

Measure/Coding Tips	Measure Description	Documentation Required	Coding
Adult BMI Assessment (ABA) *Code the visit + a ICD-10 BMI code*	Members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.	Weight and BMI value, dated during the measurement year or year prior to the measurement year for members ages of 20 AND over. The weight and BMI must be from the same data source. Members 0-19 years on the date of service, the following also meets criteria: BMI percentile documented as a value (e.g., 85th percentile) OR BMI percentile plotted on an age-growth chart. Common Chart Deficiencies: • Height and/or weight are documented but there is no calculation of the BMI • Ranges and thresholds are no longer acceptable for this measure. A distinct BMI value or percentile is required.	Outpatient CPT Codes: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456 HCPCS: G0402, G0438, G0439, G0463, T1015 UB REV CODE: 0510-0517, 0519-0523, 0526-0529, 0982-0983 Ages 20+ BMI ICD-10: Z68.1-Z68.45 Ages 0-19 BMI Percentile ICD-10: Z68.51-Z68.54
EXCLUSION: Pregnancy diagnosis during the measurement year or the year prior. Medical record must note pregnancy diagnosis.			
Breast Cancer Screening (BCS)	Women 50-74 years of age who had a mammogram to screen for breast cancer during the measurement year or the two years prior to the measurement year.	Administrative claim for a mammogram between 1/1/2014 and 12/31/2016. This measure evaluates primary screening. NOTE: Biopsies, breast ultrasounds, MRIs or diagnostic screenings are not included in this measure because they are not appropriate methods for primary breast cancer screening..	Mammography CPT: 77055 – 77057 HCPCS: G0202 UBREV: 0401, 0403
EXCLUSION: Bilateral mastectomy, two unilateral mastectomies, or absence of left and right breasts at any time during the member's history through December 31 of the measurement year.			
Cervical Cancer Screening (CCS)	Women 21–64 years of age who were screened for cervical cancer using either of the following criteria: • Women age 21–64 who had cervical cytology performed every 3 years. • Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.	Documentation in the medical record must include both of the following: • A note indicating the date when the cervical cytology was performed (ages 21-30). • A note indicating the date when the cervical cytology and the HPV test were performed. The cervical cytology and HPV test must be from the same data source (ages 30-64). • The result or finding.	Cervical Cytology (Pap) CPT: 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175 Cervical cytology (Pap) HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000-P3001, Q0091 Cervical Cytology LOINC Codes: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 UBREV: 0923 HPV Testing CPT: 87620-87622, 87624, 87625 HPV Testing HCPCS: G0476
EXCLUSION: Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the member's history through December 31 of the measurement year.			
Chlamydia screening in women (CHL)	Women age 16 – 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Administrative claim for at least one chlamydia test between 1/1/2016 – 12/31/2016 for women age 16 – 24 who are identified as sexually active. Two methods identify sexually active: pharmacy data (dispensed contraceptives* during the measurement year) and claim/encounter data. A simple urine test claim will meet this measure.	Chlamydia Test CPT: 87110, 87270, 87320, 87490 – 87492, 87810 LOINC: 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6

When coding E&M and vaccine administration services on the same date you must append modifier 25 to the E&M code effective 1/1/14.

Effectiveness of Care: Respiratory Conditions

Measure/Coding Tips	Measure Description	Documentation Required	Coding
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	Members 40 years of age and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.	At least one claim/encounter for spirometry during the two years prior to the event/diagnosis of COPD through 6 months afterward.	Compliance = Spirometry testing CPT: 94010, 94014 – 94016, 94060, 94070, 94375, 94620 COPD ICD-10: J44.0, J44.1, J44.9 Chronic bronchitis ICD-10: J41.0, J41.1, J41.8, J42 Emphysema ICD-10: J43.0-J43.2, J43.8, J43.9
Pharmacotherapy Management of COPD Exacerbation (PCE)	Members 40 years of age and older who had an acute inpatient discharge or ED visit on or between 1/1-11/30 of measurement year and who have evidence of and active prescription for or were dispensed the appropriate medications*: A Systemic Corticosteroid within 14 days of the event. A Bronchodilator within 30 days of the event.	Dispensed prescription for systemic corticosteroid (Table PCE-C) on or 14 days after the Episode Date. Measure includes systemic corticosteroids that are active on the relevant date. OR Dispensed prescription for a bronchodilator (Table PCE-D) on or 30 days after the Episode Date. Measure includes bronchodilators that are active on the relevant date.	Population = Any one of the following diagnoses sets received on an ED or IP visit: COPD ICD-10: J44.0, J44.1, J44.9 Chronic bronchitis ICD-10: J41.0, J41.1, J41.8, J42 Emphysema ICD-10: J43.0-J43.2, J43.8, J43.9
Medication Management for People With Asthma (MMA)	Members 5-64 years of age during the measurement year who were identified as having persistent asthma and who were dispensed and remained on appropriate medication* for at least: • 50% of their treatment period. • 75% of their treatment period.	A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma, in any setting, in the same year as the leukotriene modifier or antibody inhibitor (i.e., the measurement year or the year prior to the measurement year).	Population includes ED, IP and/or observation visits billed with asthma diagnosis or 4 non-controller asthma medication* dispensing events during the measurement year and the year prior: Asthma diagnoses ICD-10: J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998
Asthma Medication Ratio (AMR)	Members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications* to total asthma medications of 50% or greater during the measurement year.	Inhaler dispensing event: All inhalers* (i.e., canisters) of the same medication dispensed on the same day count as one dispensing event. Medications with different Drug IDs dispensed on the same day are counted as different dispensing events. Injection dispensing events: Each injection* counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events. Units of medications*: When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication.	Population includes ED, IP and/or observation visits billed with asthma diagnosis or 4 non-controller asthma medication* dispensing events during the measurement year and the year prior: Asthma diagnoses ICD-10: J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909, J45.990-J45.991, J45.998

Effectiveness of Care: Cardiovascular Conditions

Measure/Coding Tips	Measure Description	Documentation Required	Coding
Controlling High Blood Pressure (CBP)	Members 18–85 years of age who had a dx of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria: •Members 18-59 years of age whose BP was <140/90 mm Hg •Members 60-85 years of age with a dx of diabetes whose BP was <140/90 mm HG •Members 60-85 years of age without a dx of diabetes whose BP was <150/90 mm HG Use the Hybrid Method (Medical Record Review) for this measure	Confirmatory dx Documentation: Notation or Problem List of Diabetes, HTN, High BP, Elevated BP, Border HTN, Intermittent HTN, Hx of HTN, HVD, Hyperpiesia, or Hyperpiesis on or before June 30th of the measurement year. Representative or Most Recent BP Reading: The most recent BP reading noted during the measurement year. The reading must occur after the date when the dx was confirmed (after date of confirmatory documentation). The member is not compliant if the BP reading is ≥140/90 (for members 18-59 or 60-85 with diabetes), ≤150/90 (members 60-85 without dx of diabetes) or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). <u>Common Chart Deficiencies:</u> • Rechecked elevated pressures during the same visit not documented. • Diagnosis date of hypertension is not clearly documented. • It does not matter if hypertension was treated or is currently being treated. The notation indicating a diagnosis of hypertension may be recorded in any of the following documents: • Problem list (this may include a diagnosis prior to June 30 of the measurement year or an undated diagnosis that is not part of the office visit note; see the Note at the end of this section). • Office note. • Subjective, Objective, Assessment, Plan (SOAP) note. • Encounter form. • Diagnostic report. • Hospital discharge summary (BP's not acceptable when obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy).	Compliance = Both a representative (most recent during measurement year) systolic BP <140 mm Hg and a representative diastolic BP <90 mm Hg (BP in the normal or high–normal range) identified in documentation via medical record review. Outpatient CPT: 99201 – 99205, 99211 – 99215, 99241-99245, 99341-99345, 99347-99350, 99381 – 99387, 99391 – 99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456 Outpatient HCPCS: G0402, G0438, G0439, G0463, T1015 UB Rev Code: 0510-0517, 0519-0523, 0526-0529, 0982-0983 Hypertension diagnosis: ICD-10-CM: I10
Comprehensive Diabetes Care (CDC) HbA1c Testing	Members 18–65 years of age with diabetes (type 1 and type 2) who had the following during the measurement year (1/1-12/31) who had a Hemoglobin A1c (HbA1c) test during the measurement year.	HbA1c Test: Documentation in the medical record must include a note indicating the date when the HbA1c test was performed <u>and</u> the result or finding. Additional categories: • HbA1c poor control (>9.0%) • HbA1c control (<8.0%) • HbA1c control (<7.0%)	<u>Diabetes diagnosis</u>: ICD-10-CM: E10, E11, E13, O24 HbA1c/HbA1c level CPT: 83036-83037 Cat II: 3044F, 3045F, 3046F
Comprehensive Diabetes Care (CDC) Eye Exam	Members 18–75 years of age with diabetes (type 1 and type 2) who had the following during the measurement year: • Eye exam (retinal) performed (year prior to the measurement year is acceptable if exam was negative for retinopathy).	Any of the following noted in the medical record: • A note or letter during the measurement year prepared by an ophthalmologist, optometrist, PCP or other health care provider indicating that an ophthalmoscopic exam was completed by an eye care provider, the date when the procedure was performed and the results. • Documentation of a negative (or normal) retinal or dilated exam by an eye care provider in the year prior to the measurement year, where results indicate retinopathy was not present and the date when the exam was performed • A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results	<u>Eye Exam CPT</u>: 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 Eye Exam Cat II: 2022F,2024F, 2026F, 3072F Eye Exam HCPCS: S0620, S0621, S0625, S3000 <u>Monitoring for Nephropathy</u> Urine Protein Test CPT: 81000-81003, 81005, 82042-82044, 84156 Cat II: 3060F- 3062F Nephropathy Treatment ICD-10: E08.21-E08.22, E08.29, E09.21-.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-N08, N14.0-N14.4, N17.0-N17.2, N17.8-N18.6, N18.9-N19, N25.0-N25.1, N25.81, N25.89, N25.9, N26.1--N26.2, N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19, Q61.2-Q61.5, Q61.8-Q61.9, R80.0-R80.3, R80.8, R80.9 Cat II: 3066F, 4010F BP control Cat II: 3074F-3075F, 3377F – 3080F
Comprehensive Diabetes Care (CDC) Monitoring for Nephropathy	Members 18–75 years of age with diabetes (type 1 and type 2) who had the following during the measurement year: • Medical attention for nephropathy (nephropathy test, evidence of nephropathy, urine macro albumin tests, or at least one ACE inhibitor or ARB dispensing event).	Any of the following noted in the medical record: • Documentation during the measurement year indicating the date when the urine micro albumin test was performed and the results. • Documentation indicating evidence of nephropathy (i.e. Renal Transplant, ESRD, Nephrologist visit, or positive micro albumin test) or • Documentation with a note indicating that the member received a prescription for ACE inhibitors/ARBS in the measurement year.	
Comprehensive Diabetes Care (CDC) BP Control	Members 18–75 years of age with diabetes (type 1 and type 2) who had the following during the measurement year: • BP control reading.	The most recent BP reading noted during the measurement year. This measure is met if the member's BP is <140/90 mm Hg.	
Statin Therapy for Patients With Diabetes (SPD)	Members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported: 1. Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year. 2. Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.	The number of members who had at least one dispensing event for a high or moderate-intensity statin medication during the measurement year AND the proportion of days covered is ≥80%. High-intensity statin therapy: Atorvastatin 40-80 mg, Amlodipine-atorvastatin 40-80 mg, Ezetimibe-atorvastatin 40-80 mg, Rosuvastatin 20-40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg Moderate-intensity statin therapy: Atovastatin 10-20 mg, Amlodipine-atorvastatin 10-20 ng, Ezetimibe-atrvastatin 10-20 mg, Rosuvastatin 5-10 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Niacin-simvastatin 20-40 mg, Sitagliptin-simvastatin 20-40 mg, Pravastatin 40-80 mg, Aspirin-pravastatin 40-80 mg, Lovastatin 40 mg, Niacin-lovastatin 40 mg, Fluvastatin XL 80 mg, Fluvastatin 40 mg bid, Patavastatin 2-4 mg	

EXCLUSIONS: Gestational or Steroid induced diabetes during the measurement year or the year prior.

Medicare

Measure/Coding Tips	Measure Description	Documentation Required	Coding
Care for Older Adults (COA)	Members 66 years and older who had each of the following during the measurement year: • Advance care planning. • Medication review. • Functional status assessment. • Pain assessment.	• Evidence of advance care planning during the measurement year (i.e. advance directive, actionable medical orders, living will, surrogate decision maker). • Medication review (See criteria below). • At least one functional status assessment during the measurement year (i.e. ADL, IADL, result of assessment using a standardize functional assessment tool). • At least one pain assessment during the measurement year (i.e. documentation of assessment). Medication Review Criteria (any of the following meet criteria): • Both of the following on the same date of service during the measurement year: 1. At least one medication review conducted by a prescribing practitioner or clinical pharmacist. 2. The presence of a medication list in the medical record. • Transitional care management services where the reported date of service on the claim is on or between January 30 of the measurement year and January 22 of the year after the measurement year. • Transitional care management services where the reported data of service on	CPT Codes: 99495 – 99497, 90863, 99605, 99606, 1125F, 1126F, 1157F, 1158F, 1159F, 1160F, 1170F HCPCS: S0257, G8427
Colorectal Cancer Screening (COL)	Members 50-75 years of age who had appropriate screening for colorectal cancer.	• Fecal occult blood test (FOBT) during the measurement year. • Flexible sigmoidoscopy during the measurement year or four years prior to the measurement year. • Colonoscopy during the measurement year or nine years prior to the measurement year. The following are not included in this measure: digital rectal exams (DRE) and FOBT tests performed in an office setting or performed on a sample collected via DRE.	Colonoscopy CPT: 44388 – 44394, 44397, 44401 – 44408, 45355, 45378 – 45393, 45398 HCPCS: G0105, G0121 Flexible Sigmoidoscopy CPT: 45330 – 45335, 45337 – 45342, 45345 - 45347, ~~45347~~, 45349, 45350 HCPCS: G0104 FOBT CPT: 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,
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) Initiation of AOD Treatment	Members 18 years of age and older with a new episode of alcohol or other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis.	The earliest inpatient, intensive outpatient, partial hospitalization, outpatient detoxifications, or ED visit during the intake period with a diagnosis of AOD.	ICD-10CM: any ICD-10 code that signifies "AOD Dependence"
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET) Engagement of AOD Treatment	Members 18 years of age and older with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.		
Medication Reconciliation Post-Discharge (MRP)	Discharges from January 1 – December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled on or within 30 days of discharge (31 total days).	Note: A type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year. If the discharge is followed by a readmission or direct transfer to an acute or nonacute facility within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred.	Inpatient Stay: UBREV: 0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002 Medical Reconciliation: CPT: 99495, 99496, 1111F
Non-Recommended PSA-Based Screening in Older Men (PSA)	Male members 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)–based screening.	• Prostate cancer diagnosis any time during the member's history through December 31 of the measurement year. • Dysplasia of the prostate during the measurement year or the year prior to the measurement year. • A PSA test during the year prior to the measurement year where lab data indicate an elevated result (>4.0 nanograms/milliliter).	PSA Tests CPT: 84152-81454 HCPCS: G0103 LOINC: 10886-0, 12841-3, 2857-1, 33667-7, 35741-8
Osteoporosis Management in Women Who Had a Fracture (OMW)	Women 67-85 years of age who suffered a fracture and who had either a bone or mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.	• A BMD test on the IESD or in the 180-days period after the IESD. • A BMD test during the inpatient stay for the fracture (applies only to fractures requiring hospitalization). • Osteoporosis therapy on the IESD or in the 180-day period after the IESD. Note: Fractures of finger, toe, face, and skull are not included in this measure.	Bone Mineral Density Tests: CPT: 76977, 77078, 77080 – 77082, 77085, 77086 HCPCS: G0130 ICD-10: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)	Members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.	If a member has more than one episode of AMI from July 1 of the year prior to the measurement year through June 30 of the measurement year, include only the first discharge. Members identified as having an intolerance or allergy to beta-blocker therapy are excluded.	AMI: ICD-10: 121.01, 121.02, 121.09, 121.11, 121.19, 121.21, 121.29, 121.3, 121.4
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)	Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.	1. A history of falls and a prescription for anticonvulsants, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines, or tricyclic antidepressants. 2. Dementia and prescription for antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H2 receptor antagonists, nonbenzodiazepine hypnotics or anticholinergic agents. 3. Chronic kidney disease and prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs. Report each of the three rates separately and as a total rate. A lower rate represents better performance for all three rates.	Dementia ICD-10CM: F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F04, F10.27, F10.97, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.83

Medicare

Measure/Coding Tips	Measure Description	Documentation Required	Coding
Statin Therapy for Patients With Cardiovascular Disease (SPC)	Males 21–75 years of age and females 40–75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria (two rates are reported). • Received statin therapy. • Statin adherence 80%.	Received Statin Therapy: Members who were dispensed at least one high or moderate-intensity statin medication during the measurement year. Statin Adherence 80%: Members who remained on a high or moderate-intensity statin medication for at least 80% of the treatment period.	ICD-10CM: any ICD-10 code that signifies "Statin Therapy" and "Cardiovascular Disease"
Statin Therapy for Patients With Diabetes (SPD)		Received Statin Therapy: Members who were dispensed at least one statin medication of any intensity during the measurement year. Statin Adherence 80%: Members who remained on a statin medication of any intensity for at least 80% of the treatment period. Exclusions: 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 gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.	ICD-10CM: any ICD-10 code that signifies "Statin Therapy" and "Diabetes"
Use of High-Risk Medications in the Elderly (DAE)	Medicare members 66 years of age and older who (two rates are reported): • Received at least one high-risk medication. • Received at least two different high-risk medications.	For both rates, a lower rate represents better performance.	ICD-10CM: any ICD-10 code that signifies use of one or more high-risk medications.

Effectiveness of Care: Behavioral Health

Measure/Coding Tips	Measure Description	Documentation Required	Coding
Antidepressant Medication Management (AMM)	Members 18 years of age and older who were treated with an antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. -*Acute Phase Treatment:* Members who remained on an antidepressant medication for at least 84 days (12 weeks). -*Continuation Phase Treatment:* Members who remained on an antidepressant medication for at least 180 days (6 months).	Members dispensed an antidepressant medication with a dx of major depression who remained on their medication for at least 84 days (acute phase) or 180 days (continuation phase).	Compliance = At least 84 days of continuous treatment of antidepressant medication during the acute phase and at least 180 days of continuous treatment during the continuation phase. Major depression diagnoses ICD-10: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)	Members 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	At least one inpatient, outpatient, partial hospitalization, or ED encounter with any diagnosis of schizophrenia or bipolar disorder along with a claim for a glucose test or HbA1c test during the measurement year.	At least one inpatient, outpatient, partial hospitalization, or ED encounter with any diagnosis of schizophrenia or bipolar disorder along with a claim for a glucose test or HbA1c test during the measurement year.
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	Members 18–64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.	At least one claim or encounter of an HbA1c test and an LDL-C test during the measurement year.	At least one claim or encounter of an HbA1c test and LDL-C test during the measurement year.
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	Members 18–64 years of age with schizophrenia and cardiovascular disease who had an LDL-C test during the measurement year.	At least one claim or encounter of an LDL-C test during the measurement year.	LDL C Screen CPT: 80061, 83700, 83701, 83704, 83721 CPT Cat II: 3048F, 3049F, 3050F
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Members 19–64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.	Dispensed at least one antipsychotic medication from 1/1/2016 - 9/30/2016.	Dispensed at least one antipsychotic medication from 1/1/2016 - 9/30/2016.

Plan members are identified for measures through administrative claims and pharmacy claims received.

*Medication lists and NDC tables are updated annually on www.NCQA.org. **Lower rate indicates better performance