Blue Cross Blue Shield Blue Care Network of Michigan

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2017 HEDIS Measure Descriptions

Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

2017 HEDIS MEASURE DESCRIPTION

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NOTE: (*) Signifies a No Entry Measure in Health e-Blue

OVERVIEW OF QUALITY INITIATIVES OF BCBSM AND BCN

Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network (BCN) are continuously working on improving the quality of care for our members. One way quality of care can be verified is through industry standard performance measures. One of the more common quality measures is the Healthcare Effectiveness Data and Information Set (HEDIS®)*. It is a way to compare the quality of insurance plans based on the quality of care members receives using the same sets of standards.

HEDIS® requirements are established by the National Committee for Quality Assurance (NCQA). Annual reviews by NCQA are based on the same set of standards for all insurance companies. HEDIS® has become an integrated system that improves the accountability of the managed care industry with the ultimate goal of improving the quality of care for members. HEDIS® data is gathered by review of claims, medical records, supplemental data, and member surveys. It is valuable for providers and their staff to be aware of the standards that are measured for HEDIS® and how it is used to improve the quality of care for their patients. Providers are encouraged to assist in the quality of care for their patients by carefully and accurately coding claims for their patients, as well as assuring documentation is present in the medical records for the services provided. HEDIS® measures can be updated by NCQA in an effort to continue to improve the quality of care for members, and allow consumers the opportunity to compare plans with the same criteria being used.

CMS evaluates health insurance plans and issues **Star** ratings each year; these ratings may change from year to year. The CMS plan rating uses quality measurements that are widely recognized within the health care and health insurance industry to provide an objective method for evaluating health plan quality. The overall plan rating combines scores for the types of services BCBSM offers. CMS compiles its overall score for quality of services based on measures such as:

- How BCBSM/BCN help members stay healthy through preventive screenings, tests, and vaccines and how often our members receive preventive services to help them stay healthy
- How BCBSM/BCN help members manage chronic conditions
- Scores of member satisfaction with BCBSM/BCN
- How often members filed a complaint against BCBSM/BCN
- How well BCBSM/BCN handles calls from members

OVERVIEW OF QUALITY INITIATIVES OF BCBSM AND BCN (cont'd)

In addition, because BCBSM and BCN offer prescription drug coverage, CMS also evaluates BCBSM's and BCN's prescription drug plans for the quality of services covered such as:

- Drug plan customer service
- Drug plan member complaints and Medicare audit findings
- Member experience with drug plan
- Drug pricing and patient safety

What are CMS Star ratings?

CMS developed a set of quality performance ratings for health plans that includes specific clinical, member perception, and operational measures. Percentile performance is converted to Star ratings, based on CMS specifications, as one through five Stars, where five Stars indicate higher performance. This rating system applies to all Medicare lines of business: health maintenance organizations, preferred provider organizations, and prescription drug plans. In addition, their ratings are posted on the CMS consumers' website, www.medicare.gov to help beneficiaries choose an MA plan offered in their area.

NOTE: New in 2017 – For HEDIS Measures: Members in Hospice are excluded from the eligible population.

PREVENTION AND SCREENING

MEASURE	**Adult Body Mass Index Assessment (ABA)** Percentage of members between 18 and 74 years old who had an office visit in 2016 or 2017 and whose BMI OR BMI percentile (under 20 years old) was documented during the measurement year or the year prior to the measurement year (2016 or 2017). Weight, Height and BMI percentile (under 20 years old) or BMI must come from the same data source. EXCLUSIONS: Members with a diagnosis of pregnancy in the measurement year or the year prior to the measurement year.
WHAT SERVICE IS NEEDED	At least one BMI result recorded in the measurement year or the year prior to the measurement year. The Adult BMI (20 years or older) or BMI percentile (under 20 years old) assessment should be part of a patient's annual visit. The weight, height and BMI percentile or and BMI should be documented in their medical records.
WHAT TO REPORT **HEDIS® 2017 Measurement Codes:**	**Codes to identify office visits:** • **CPT®:** 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 **Codes to Identify BMI & BMI Percentile** **ICD9CM**: V85.0-V85.45, V85.51 - V85.54 **ICD10CM**: Z68.1, Z68.20 – Z68.45, Z68.51 – Z68.54 **EXCLUSIONS: ICD9CM**: 630-679, V22, V23, V28 **ICD10CM**: O00-O09, O10-O16,O20-O29, O30-O48, O60-O77, O80-O82, O85-O92, O94-O9A, Z03.71-Z03.79, Z33.1, Z33.2, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36 Contact your medical care group administrator and/or provider consultant for more complete coding information.

MEASURE	**Weight Assessment and Counseling for Nutrition And Physical Activity for Children/Adolescents (WCC)** The percentage of members, 3 - 17 years of age, who had an outpatient visit in 2017 with a PCP or OB\GYN and who had documentation of BMI Percentile, counseling for nutrition or counseling for physical activity during the measurement year (2017). Note: Weight or obesity counseling count as numerator compliant for both the Counseling for Nutrition and Counseling for physical activity indicators. EXCLUSIONS: Members with a diagnosis of pregnancy in the measurement year or the year prior to the measurement year.
WHAT SERVICE IS NEEDED	• BMI percentile documentation, including height and weight, (evaluates whether BMI percentile is assessed rather than an absolute BMI value), counseling for nutrition and counseling for physical activity during the measurement year.
WHAT TO REPORT **HEDIS® 2017 Measurement Codes:**	**Codes to Identify Outpatient Visits** • **CPT®:** 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 • **UB92 Revenue Codes:** 051x, 0520-0523, 0526-0529, 0982, 0983 **Codes to Identify BMI Percentile, Nutrition Counseling and Physical Activity Counseling** **Codes to Identify BMI Pediatric Percentile** • **ICD9CM:** V85.51 – Less than 5th percentile for age; V85.52 – 5th percentile to less than 85th percentile for age. V85.53 = 85th percentile to less than 95th percentile for age; V85.54 – Greater than or equal to 95 percentile for age. • **ICD10CM:** Z68.51 = Less than 5th percentile, Z68.52 = 5th percentile to less than 85th percentile, Z68.53 = 85th percentile to less than 95th percentile, Z68.54 = Greater than or equal to 95th percentile. **Codes to Identify counseling for nutrition and physical activity** • **ICD9CM** Nutrition Counseling – V65.3; Physical Activity Counseling - V65.41 • **ICD10CM** Nutrition Counseling – Z71.3; Physical Activity Counseling -No ICD10 CODE • **ICD10CM** Encounter for Exam for Participation in Sport – Z02.5

	• **HCPCS:** Nutrition Counseling - G0270, G0271, G0447, S9449, S9452, S9470;
	  • Physical Activity Counseling -G0447,S9451
	• **CPT®:** Nutrition Counseling - 97802, 97803, 97804
	
	EXCLUSIONS:
	  • **ICD9CM:** 630-679, V22.0 - V23.9, V28.0 – V28.9
	  • **ICD10CM**: O00-O09, O10-O16,O20-O29, O30-O48, O60-O77, O80-O82, O85-O92, O94-O9A, Z03.71-Z03.75, A03.79, Z33.1, Z33.2, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36
	
	Contact your medical care group administrator and/or provider consultant for more complete coding information.

MEASURE	**Childhood Immunization Status (CIS)*** • Members who turn 2 years of age during the measurement year • Continuous Enrollment: Twelve months prior to the child's second birthday. EXCLUSIONS: Members with anaphylactic reactions to any particular vaccine or its components, Immunodeficiency, HIV, Lymph reticular cancer, multiple myeloma or leukemia
WHAT SERVICE IS NEEDED	**Measles, Mumps and Rubella (MMR)*** At least one measles, mumps and rubella vaccine with a date of service on or before the second birthday 1. At least one measles and rubella vaccination AND at least one mumps vaccination OR history of the illness on the same date of service or on different dates of service 2. At least one measles vaccination OR history of the illness AND at least one mumps vaccination OR history of the illness AND at least one rubella vaccination OR history of the illness on the same date of service or on different dates of service. **Chicken Pox (VZV)*** At least one VZV vaccination on or before the child's 2nd birthday, or a documented history of chicken pox. **Polio (IPV)*** At least 3 IPV vaccinations with different dates of service on or before the 2nd birthday. Do not count any

	IPV administered prior to 42 days after birth. **DTaP*** At least four DTaP vaccinations, with different dates of service on or before the 2nd birthday. Do not count any vaccination administered prior to 42 days after birth. **Hepatitis B (HepB)*** At least 3 HepB vaccinations with different dates of service on or before the 2nd birthday, or a documented history of illness **Note:** One of the three vaccinations can be a newborn hepatitis B vaccination **Haemophilus Influenza B (HiB)*** At least 3 HiB vaccinations with different dates of service on or before the 2nd birthday. Do not count any HiB administered prior to 42 days after birth.
WHAT SERVICE IS NEEDED **WHAT TO REPORT** **HEDIS®2017 Measurement Codes:**	**Pneumococcal (PCV)** At least 4 pneumococcal conjugate vaccinations with different dates of service on or before the 2nd birthday. Do not count any vaccination administered prior to 42 days after birth. **Hepatitis A** At least one hepatitis A vaccination on or before the child's second birthday. **Rotavirus** Acceptable combinations are: Two doses of two-dose vaccine, three doses of the three-dose vaccine or one dose of the two-dose vaccine and two doses of the three-dose vaccine. The child must receive the required number of doses on different dates of service, on or before the 2nd birthday. Do not count any vaccination administered prior to 42 days after birth. **Influenza** Two influenza vaccinations with different dates of service on or before the child's second birthday. Do not count any vaccine administered prior to 6 months after birth. **Combo 2*** Children who received DTaP, IPV, MMR, HiB, HepB and VZV as described above. **Combo 3**** Children who received DTaP, IPV, MMR, HiB, HepB, VZV and PCV as described above. **Combo 10***** Children who received all listed vaccines as described above. **DTaP** **CPT®:** 90698, 90700, 90721, 90723 **Polio (IPV)** **CPT®:** 90698, 90713, 90723 **MMR** **CPT®:** 90710, 90707

Childhood Immunizations (continued)

Measles and Rubella
CPT®: 90708

Measles
CPT®: 90705
ICD9CM: 055.0, 055.1, 055.2, , 055.71, 055.79, 055.8, 055.9
ICD10CM: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9

Mumps
CPT®: 90704
ICD9CM: 072.0, 072.1, 072.2, 072.3, 072.71, 072.72, 072.79, 072.8, 072.9
ICD10CM: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82,B26.83, B26.84, B26.85, B26.89, B26.9

Rubella
CPT®: 90706
ICD9CM: 056.00, 056.01, 056.09, 056.71, 056.79, 056.8, 056.9
ICD10CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9

Hepatitis B
CPT®: 90723, 90740, 90744, 90747, 90748
HCPCS: G0010
ICD9CM: V02.61, 07020, 07021, 07022, 07023, 07030, 07031, 07032, 07033
ICD10CM: B16.0-B16.2, B16.9, B17.0, B18.0,B18.1, B19.10, B19.11, Z2251
ICD9CM: 995.5
ICD10CM: 3E0234Z

HIB
CPT®: 90644-90648, 90698, 90721, 90748

Chicken Pox (VZV)
CPT®: 90710, 90716
ICD9CM: 052.0, 052.1, 052.2, 052.7, 052.8, 052.9, 053.0, 053.10, 053.11, 053.12, 053.13, 053.14, 053.19, 053.20, 053.21, 053.22, 053.29, 053.71, 053.79, 053.8, 0539
ICD10CM: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9

Pneumococcal Conjugate
CPT®: 90669, 90670
HCPCS: G0009

Hepatitis A
CPT®: 90633
ICD9-DIAGS: 070.0, 070.1
ICD10-DIAGS: B15.0, B15.9

Rotavirus (2 dose)
CPT®: 90681

Rotavirus (3 dose)
CPT®: 90680

Influenza
CPT®: 90655, 90657, 90661, 90662, 90673, 90685, 90687
HCPCS: G0008

EXCLUSIONS:
ICD9CM: 999.42
ICD10CM: T80.52XS, T80.52XD, T80.52XA

MEASURE	**Adolescent Immunizations (IMA)*** • Members who turn 13 years of age during the measurement year. • Continuous Enrollment: Twelve months prior to the child's thirteenth birthday. • EXCLUSIONS: Members with anaphylactic reactions to any particular vaccine or its components if the contraindicated immunization was NOT rendered in its entirety. The exclusion must have occurred by the member's 13th birthday.
WHAT SERVICE IS NEEDED	**Meningococcal Conjugate** One meningococcal conjugate vaccine on or between the member's11th and 13th birthdays **Tdap** One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the member's10th and 13th birthdays. **HPV** At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.

	Combination #1 (Meningococcal, Tdap) Adolescents who received one meningococcal vaccine on or between the member's 11th and 13th birthdays, and one Tdap vaccine on or between the member's 10th and 13th birthdays. **Combination #2 (Meningococcal, Tdap, HPV)** Adolescents who received one Meningococcal vaccine on of between the member's 11th and 13th birthdays, one Tdap vaccine on or between the members 10th and 13th birthdays, and one HPV vaccine on or between the member's 9th and 13th birthdays.
WHAT TO REPORT **HEDIS® 2017 Measurement Codes:**	**Meningococcal Conjugate** **CPT®:** 90733, 90734 **Tdap** **CPT®:** 90715 **Tetanus** **CPT®:** 90703 **HPV** **CPT®:** 90649-90651 **Diptheria** **CPT®:** 90719 **EXCLUSIONS:** **ICD9CM:** 999.4, 999.42 **ICD10CM:** T80.52XA, T80.52XD, T80.52XS
MEASURE	**Breast Cancer Screening (BCS)** Percentage of women age 52 to 74 years old who have had a mammogram any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. **Note:** This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, MRIs or tomosynthesis (3D mammography), because they are not appropriate methods for primary breast cancer screening. EXCLUSIONS: Members with a bilateral mastectomy, Unilateral mastectomy ***with*** a bilateral modifier on the same claim, OR two unilateral mastectomies with two different laterality modifiers with service dates 14 or more days apart.

WHAT SERVICE IS NEEDED	One or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.
WHAT TO REPORT **HEDIS® 2017 Measurement Codes:**	**Codes to identify breast cancer screening (mammograms):** • **CPT®:** 77055-77057 • **HCPCS:** G0202, G0204, G0206 • **UB2 Revenue Codes:** 0401, 0403 • **ICD9CM**: 87.36, 87.37 **EXCLUSIONS:** **Bilateral mastectomy** • **ICD9CM** 85.42, 85.44, 85.46, 85.48, 87 .36, 87.37, 85. 41, 85.43, 85.45, 85.47 • **ICD10CM:** 0HTV0ZZ, 0HTU0ZZ, 0HTT0ZZ **Unilateral mastectomy with a bilateral modifier (50) –** *Must be on same claim* • **CPT®:** 1918050, 1920050, 1922050, 1924050, 1930350-1930750. • **ICD9CM**: 85.41, 85.43, 85.45, 85.47 **History of Bilateral Mastectomy** • **ICD10CM:** Z90.13 **Any combination of codes that indicate Left or Right Mastectomy** • **ICD10CM:** Z90.11-Z90.12
MEASURE	**Cervical Cancer Screening (CCS)** The percentage of women 24 – 64 years of age December 31 of the measurement year who were screened for cervical cancer. Continuous Enrollment: The measurement year and the two years prior to the measurement year. EXCLUSIONS: Women who have had a total 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. Documentation of "complete," "total" or "radical" abdominal or vaginal hysterectomy meets the criteria for hysterectomy with no residual cervix

WHAT SERVICE IS NEEDED	For women 24–64 years of age as of December 31 of the measurement year, a cervical cytology testing (PAP test). • Women age 24 – 64 who had cervical cytology performed in the measurement year or the two years prior to the measurement year. • Women age 35 – 64 who did not meet the first criteria who had cervical cytology **AND** human papillomavirus (HPV) **co-testing** with service dates **on the same day** during the measurement year or the 4 years prior to the measurement year and were 30 years or older on the date of both tests. **Note: Do not include reflex testing. If the medical record indicates the HPV test was performed only after determining the cytology result, this is considered reflex testing and does not meet criteria for the measure.**
WHAT TO REPORT **HEDIS® 2017 Measurement Codes:**	**Codes to Identify Cervical Cancer Screening (Pap Test)** • **CPT®:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 • **HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 • **UB2 REVENUE:** 0923 **Codes to Identify Human Papillomavirus Test** • **CPT®:** 87620, 87621, 87622, 87624, 87625 **EXCLUSIONS:** • **CPT®:** 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552- 58554, 58570 – 58573, 58951, 58953, 58954, 58956, 59135 • **ICD9CM:** V88.01, V88.03, 61.85, 752.43, 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8 • **ICD10CM**: Q51.5, Z90.710, Z90.712, 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ

MEASURE	**Colorectal Cancer Screening (COL)** Percentage of members who are between 51 and 75 years old who had appropriate colorectal cancer screening. Continuous Enrollment: The measurement year and the year prior to the measurement year. **EXCLUSIONS:** Members with a history of either a total colectomy or colon cancer.
WHAT SERVICE IS NEEDED	Members between 51 and 75 years old with appropriate colorectal cancer screening: • One or more fecal occult blood (FOBT, gFOBT, or FIT) tests during the measurement year. *Do not count* digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE. **OR** • One or more flexible sigmoidoscopy procedures in the past 5 years **OR** • One or more colonoscopy procedures in the past 10 years **NOTE:** Clear documentation of previous colonoscopy or sigmoidoscopy, including year performed, is required in medical record.

	• CT colonography during the measurement year or the four years prior to the measurement year. • FIT-DNA test during the measurement year or the two years prior to the measurement year.
WHAT TO REPORT **HEDIS® 2017 Measurement Codes:**	**Codes to identify Colorectal Cancer Screening:** **FOBT** Fecal occult blood test (FOBT) – **CAN NOT** be part of a digital rectal exam • **CPT®:** 82270, 82274 • **HCPCS:** G0328 **Flexible sigmoidoscopy** • **CPT®:** 45330-45335, 45337-45342, 45345 -45347, 45349- 45350 • **HCPCS:** G0104 • **ICD9CM:** 45.24, 45.81, 45.82, 45.83 **Colonoscopy** • **CPT®:** 44388-44394, 44397, 44401-44408,45355, 45378-45393, 45391, 45392 • **HCPCS:** G0105, G0121 • **ICD9CM**: 45.22, 45.23, 45.25, 45.42, 45.43 **CT Colongraphy** • **CPT®:** 74263 **FIT-DNA (Cologuard®)** • **CPT®:** 81528 • **HCPCS:** G0464
	EXCLUSIONS: Members with a history of either of the following: **Colorectal Cancer** • **HCPCS:** G0213-G0215, G0231 • **ICD9CM:** V10.05, V10.06, 153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9, 154.0, 154.1, 197.5 • **ICD10CM:** C18.0- C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 **Total Colectomy** • **CPT®:** 44150-44153, 44155-44158, 44210-44212 • **ICD9CM: 45,81, 45.82, 45,83** • **ICD10CM: 0DTE0ZZ, 0DTE4ZZ, 0DTE7ZZ, 0DTE8ZZ**

MEASURE

Chlamydia Screening in Women (CHL)

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

EXCLUSIONS: Members who qualified for the denominator by pregnancy test alone during the measurement year AND who meet either of the following:

- A pregnancy test during the measurement year followed within seven days (inclusive) by ***either*** a prescription for isotretinoin (Accutane) ***or*** an x-ray.

WHAT SERVICE IS NEEDED

Women age 16 - 24 years who have been identified as sexually active and tested for Chlamydia

Female members aged 16 - 24 years who were identified as sexually active as of December 31 of the measurement year.

WHAT TO REPORT

HEDIS® 2017 Measurement Codes:

Codes to Identify Chlamydia Screening

- **CPT®:** 87110, 87270, 87320, 87490, 87491, 87492, 87810

Identification of Sexually Active Women:
Two methods identify sexually active women: pharmacy data and claims/encounter data. A member only needs to be identified by one method to be eligible for the measure.

Pharmacy Data: Members who were dispensed prescription contraceptives during the measurement year.

Prescriptions to Identify Contraceptives

Description	Prescription	
Contraceptives	• Desogestrel-ethinyl estradol • Dienogest-estradiol multiphasic • Drospirenone-ethinyl estradiol • Drospireone-ethinty estradiol-levomefolate • Ethinyl estradiol-ethynodiol • Ethinyl estradiol-etonogestrel	• Ethinyl estradiol-norethindrone • Ethinylestradiol-norgestimate • Ethinyl estradiol-norgestrel • Etonogestrel • Levonorgestrel • Medroxyprogesterone • Mestranol-norethindrone

	• Ethinyl estradiol-levonorgestrel • Ethinyl estradiol-norelgestromin	• Norethindrone
Diaphragm	• Diaphragm	
Spermicide	• Nonxynal 9	

Claim/Encounter data. Members who had at least one encounter during the measurement year with any code listed below. Contact your medical care group administrator and/or provider consultant for more complete ICD10 information.

- **HCPCS:** G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, H1000, H1001, H1003-H1005, P3000, P3001, Q0091, S0199, S4981, S8055
- **CPT, ICD9-DIAGS & ICD10 -DIAGS :** Contact your medical care group administrator and/or provider consultant for more complete information.
- **UB Revenue:** 0112, 0122, 0132, 0142, 0152, 0720-0722, 0724, 0729, 0923
- **Codes/Medications to Identify Exclusions:**

Description **CPT®** **UB2 Revenue**

Pr**egnancy test**	**81025, 84702, 84703**	**0925**
WITH		
Diagnostic radiology	70010-76499	032x
Description	**Prescription**	
Retinoid	Isotretinoin	

MEASURE	**Adult Health Maintenance Exam (HME)** Percent of adult members who had an HME (health maintenance examination) with a specialty designated by BCN during the measurement year. • This is a BCN Clinical Guideline measure. • Reporting age ranges, 22-49, 50-64 and 65 and over, follow Michigan Quality Improvement Consortium (MQIC) and BCN Clinical Guidelines. • Members 22 years of age or older as of December 31 of the measurement year • Continuous Enrollment: The measurement year. HEDIS® 2017 Selected Adult Access to Preventive /Ambulatory Health Service and Adolescent Well Care Visit codes are used to identify HMEs. The servicing provider must have a specialty as outlined below.
WHAT SERVICE IS NEEDED	Adult members who had a HME (health maintenance examination) with a specialty designated by BCN during the measurement year. • 22-49 years 1 HME in the last five years • 50-64 years 1 HME in the last three years • 65 years or older 1 HME in the last 1 years
WHAT TO REPORT **This is a BCN Clinical Guideline Measure**	**Codes to Identify Health Maintenance Exams** Preventive Office Visits: • **CPT®:** 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429 • **HCPCS:** G0402, G0438, G0439, G0463 General Medical Examination • **ICD9-DIAGS:** V70.0, V70.3, V70.5, V70.6, V70.8, V70.9, V20.2, V20.31, V20.32 • **ICD10-DIAGS**: Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.89
	Designated Provider Specialties for HME Adolescent Medicine Cardiovascular Disease Endocrinology Cardiology Certified Nurse Practitioner Endocrinology, Diabetes, Metabolism

	Family Nurse Practitioner General Practice Geriatric Medicine – Internal Medicine Internal Medicine Nephrology Obstetrics Pediatric Cardiology Pediatric Nephrology Pediatrics Geriatric Nurse Practitioner Family Practice Geriatric Medicine-Family Practice Gynecology Internal Medicine - Pediatric Ob/Gyn Nurse Practitioner Obstetrics & Gynecology Pediatric Endocrinology Pediatric Nurse Practitioner Preventive Medicine
MEASURE	**IMMUNIZATIONS: Influenza Vaccine (Age 3 years and older)*** Percent of members 3 years of age or older during the measurement year, who had a flu shot between July and December of the measurement year. *NOTE: Influenza vaccines administered at pharmacies are billed to BCN and included.* EXCLUSIONS: Members with anaphylactic reactions due to vaccine.
WHAT SERVICE IS NEEDED	One influenza vaccine during the measurement year.
WHAT TO REPORT	**Codes to Identify Influenza Vaccine** • **CPT®:** 90630, 90653, 90655, 90656, 90657,90661, 90662, 90673, 90685, 90654, 90655, 90658, 90660, 90685, 90688, 90687, 90672, 90686 , • **HCPCS:** Q2034,Q2035, Q2036, Q2037, Q2038, Q2039, G0008 • **ICD9-PCS:** 99.52 **Codes to Identify Exclusions:** • **ICD9-DIAGS:** 999.42 • **ICD10-DIAGS:** T80.52XA, T80.52XD, T80.52XS

MEASURE	**IMMUNIZATIONS: Influenza Vaccine (before 2nd birthday)*** Members who turn 2 years of age during the measurement year, who received two flu vaccinations with different dates of service, on or before the second birthday. Continuous Enrollment: Twelve months prior to the child's second birthday. EXCLUSIONS: Members with anaphylactic reactions due to the vaccine or its components.
WHAT SERVICE IS NEEDED	Two influenza vaccines before the 2nd birthday.
WHAT TO REPORT	**Codes to Identify Influenza Vaccine** • **CPT®:** 90655-90657,90661, 90662, 90673, 90685, 90685, 90687, • **HCPCS:** G0008 **Codes to Identify Exclusions:** • **ICD9-DIAGS:** 999.42 • **ICD10-DIAGS:** T80.52XA, T80.52XD, T80.52XS

MEASURE **BCN Advantage Members ONLY**	**IMMUNIZATIONS: Pneumococcal Vaccination*** Percentage of BCN Advantage members who have ever received a pneumonia vaccine. *NOTE: Influenza vaccines administered at pharmacies are billed to BCN and included.* EXCLUSIONS: Members with an anaphylactic reaction due to vaccine.
WHAT SERVICE IS NEEDED	• One pneumococcal vaccine in a member's history.
WHAT TO REPORT	**Codes to Identify Pneumococcal Vaccine** • **CPT®:** 90732, 90670 • **HCPCS:** G0009 • **EXCLUSIONS:** 999.42 • **ICD10-DIAGS:** T80.52XA, T80.52XD, T80.52XS

MEASURE	**Well-Child and Adolescent Well-Care Visits (W15, W34, AWC)*** Percentage of children with 6 or more well-child visits in the first 15 months of life, one or more well child visits between 3 – 6 years and one or more well-child visits between 12 and 21 years of life. • Well child visits must be with a PCP or an OB/GYN for Adolescent Well Care. • First 15 months of life, 3-6 years of age, 12 - 21 years of age as of December 31 of the measurement year. • Continuous Enrollment: 31 days of age through 15 months, or the measurement year for 3 – 6 years and 12 – 21 years.
WHAT SERVICE IS NEEDED	**Well-Care Visits: First 15 mos.** • 6 or more well care visits with a primary care physician in the first 15 months of life with different dates of service. **Well-Care Visits: 3 – 6 years** • 1 or more well-care visits with a primary care physician during the measurement year. **Well-Care Visits: 12 – 21 years (Adolescent Well Care)** • 1 or more well-care visits with a primary care physician or OB/GYN practitioner during the measurement year.
WHAT TO REPORT **HEDIS® 2017 Measurement Codes:**	**Codes to Identify Well-Care Visits** • **ICD9-DIAGS:** V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 • **ICD10-DIAGS:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9 • **CPT®:** 99381, 99382, 99383, 99384, 99385, 99391, 99392-99395, 99461 • **HCPCS:** G0438, G0439

RESPIRATORY CONDITIONS

MEASURE	**Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease - COPD (SPR)*** The percentage of members 40 years of age and older with a new diagnosis or newly active COPD who received appropriate spirometry testing to confirm the diagnosis. • **Intake Period**: a 12 month window that begins January 1 of the measurement year and ends on December 31 of the measurement year. The intake period captures the first COPD diagnosis. • **Index episode start date (IESD):** The earliest date of service for an eligible visit during the intake period with any diagnosis of COPD. • **Negative diagnosis history**: A period of 730 days (2 years) prior to the IESD (inclusive), when the member had no claims/encounters containing any diagnosis of COPD • Continuous enrollment: 730 days (2 years) prior to the IESD through 180 days after the IESD. EXCLUSIONS**:** Members who do not meet the Negative diagnosis history criteria
WHAT SERVICE IS NEEDED	At least one spirometry testing in the 730 days (2 years) before the index episode start date of COPD to 180 days after the index episode start date of COPD.
WHAT TO REPORT **HEDIS® 2017 Measurement Codes**	• **ICD9-DIAGS to Identify COPD for this measure** COPD **-** 493.20, 493.21, 493.22, 496 Chronic Bronchitis **–** 491.0, 491.1, 491.20, 491.21, 491.22, 491.8, 491.9 Emphysema **–** 492.0, 492.8 • **ICD10-DIAGS to Identify COPD** COPD **–** J44.0 – J44.9 Chronic Bronchitis **–** J41.0 – J41.8, J42 Emphysema **–**J43.0 – J43.9 **Codes to Identify Spirometry Testing** **CPT®:** 94010, 94014-94016, 94060, 94070, 94375, 94620

MEASURE	**Pharmacotherapy Management of COPD Exacerbation (PCE)*** Percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1-November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported: Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event. Dispensed a bronchodilator (or there was evidence of an active prescription) Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.
WHAT SERVICE IS NEEDED	See above
WHAT TO REPORT **HEDIS® 2017 Measurement Codes**	**Codes to Identify COPD for this measure** **ICD9CM:** 491.0, 491.1, 491.20-491.22, 491.8, 491.9, 492.0, 492.8, 493.20-493.22, 496 **ICD10CM:** J41.0, J41.1, J41.8, J42, J43.0-J43.2, J43.8, J43.9, J44.0, J44.1, J44.9

MEASURE	**Appropriate Treatment for Children With Upper Respiratory Infection (URI)*** Percentage of children 3 months – 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were NOT dispensed an antibiotic prescription. A higher rate indicates appropriate treatment. **BCN Intake Period:** A 12-month window that begins on Jan 1 of the year prior to the measurement year and ends on Dec 31 of the measurement year. **BCBSM Commercial Intake Period:** July 1st of prior measurement year to June 30th of the measurement year. **EXCLUSIONS:** Episodes where the member had a claim/encounter with a competing diagnosis on or three days after another episode date.

WHAT SERVICE IS NEEDED	None.
WHAT TO REPORT **HEDIS® 2017 Measurement Codes:**	Codes to identify URI: **ICD9CM:** 460, 465.0, 465.8, 465.9 **ICD10CM:** J00, J06.0, J06.9

MEASURE	**Appropriate Testing for Children with Pharyngitis (CWP)*** Percentage of children 3-18 years of age, who were diagnosed only with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing) **BCN Intake Period:** A 12-month window that begins on Jan 1 of the year prior to the measurement year and ends on Dec 31 of the measurement year. **BCBSM Commercial Intake Period:** July 1st of prior measurement year to June 30th of the measurement year. EXCLUSIONS: Claims/encounters with more than a diagnosis of phayngitis.
WHAT SERVICE IS NEEDED	A strep test in the seven-day period, from three days prior through three days after the episode date.
WHAT TO REPORT **HEDIS® 2017 Measurement Codes:**	**Codes to Identify Pharyngitis** **ICD9CM:** 034.0, 462, 463 **ICD10CM:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J103.91 **Codes to Identify Appropriate Testing (Strep Test)** **CPT®:** 87070, 87071, 87081, 87430, 87650-87652, 87880

MEASURE	**Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)*** The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription on or three days after the episode. Intake Period: January 1-December 31 of the measurement year. The Intake Period captures eligible episodes of treatment. EXCLUSIONS: Exclude episodes when the member had a claim for a comorbid condition during the 12 months prior to an episode date. Comorbid conditions include: HIV, HIV type II, malignant neoplasm, emphysema, COPD, cystic fibrosis and disorders of the immune system.
WHAT SERVICE IS NEEDED	**None**
WHAT TO REPORT **HEDIS® 2017 Measurement Codes:**	**Codes to Identify Acute Bronchitis** **ICD9CM:** 466.0 **ICD10CM:** J20.3 – J20.9, Contact your medical care group administrator and/or provider consultant for more complete coding information.

DIABETES

MEASURE	**Comprehensive Diabetes Care (CDC)** The percentage of members, 18–75 years of age as of December 31 of the measurement year, with diabetes (type 1 and type 2) who had each of the following: Hemoglobin A1c (HbA1c) testing Good HbA1c Control (<= 9.0%) HbA1c Control (<8.0%) Eye exam (retinal) performed. Medical attention for nephropathy • HEDIS®2017 definition of diabetes (type 1 and 2) **Members are identified as having diabetes as follows:** • 1 inpatient admission with a primary or secondary diagnosis of diabetes in the measurement year or the year prior to the measurement year **OR** • 2 emergency department visit with a primary or secondary diagnosis of diabetes in the measurement year or the year prior to the measurement year **OR**

Diabetes con't

- 2 outpatient encounters on different dates of service, with a diagnosis of diabetes in the measurement year or year prior to the measurement year **OR**

A prescription for insulin or an oral hypoglycemic/antihyperglycemic, on an ambulatory basis during the measurement year or year prior to the measurement year. (see table)

Description	Prescription		
Alpha-glucosidase inhibitors	Acarbose	Miglitol	
Amylin analogs	Pramlinitide		
Antidiabetic combinations	Alogliptin-metformin Alogliptin-pioglitazone Canagliflozin-metformin Empaglifozin-linagliptin Empagliflozin-metformin Glimepiride-pioglitazone Glimepiride-rosiglitazone	Glipizide-metformin Glyburide-metformin Linagliptin-metformin Metformin-pioglitazone Metformin-repaglinide Metformin-rosiglitazone Metformin-saxagliptin	Metformin-sitagliptin Sitagliptin-simvastatin
Insulin	Insulin aspart Insulin aspart-insulin aspart protamine Insulin detemir Insulin glargine Insulin glulisine	Insulin isophane human Insulin isophane-insulin regular Insulin lispro Insulin lispro-insulin lispro protamine Insulin regular human Insulin human inhaled	
Meglitinides	Nateglinide	Repaglinide	
Glucagon-like peptide-1 (GLP1) agonists	Dulaglutide Exenatide	Liraglutide	Albiglutide
Sodium glucose cotransporter 2 (SGLT2) inhibitor	Canagliflozin	Dapagliflozin	Empagliflozin
Sulfonylureas	Chlorpropamide Glimepiride	Glipizide Glyburide	Tolazamide Tolbutamide
Thiazolidinediones	Pioglitazone	Rosiglitazone	
Dipeptidyl peptidase-4 (DDP-4) inhibitors	Alogliptin Linagliptin	Saxagliptin Sitaglipin	

Continuous Enrollment: The measurement year.

WHAT SERVICE IS NEEDED

EXCLUSIONS: Members who did 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.

- **Retinal Eye Exam** performed by an Eye Care Professional (Optometrist or Ophthalmologist)
  One exam in the measurement year or a negative exam in the previous year
- **Nephropathy Screening Test** (Micro Albumin test)
  A nephropathy screening test during the measurement year.
- **Evidence of Treatment for Nephropathy**
  A macroabluminuria test in the measurement year *OR*
  A microalbumin test in the measurement year *OR*
  A visit with a nephrologist in the measurement year *OR*
  Evidence of ACE inhibitor/ARB therapy during the measurement year OR
  Evidence of Nephropathy in the measurement year
- **Hemoglobin (HbA1c) A1c tested**
  - **HbA1c Good Control <= 9 %**
    The most recent HbA1c level performed during the measurement year is <= 9.0%
  - **HbA1c Control < 8.0%**
    The most recent HbA1c level performed during the measurement year is < 8.0%

WHAT TO REPORT

HEDIS®2017 Measurement Codes:

Codes to Identify members with diabetes

- **ICD9CM:** 250.xx, 357.2X, 362.0X, 366.41, 648.0X
- **ICD10CM:** Contact your medical care group administrator and/or provider consultant for more complete ICD10 information.

Codes for Disease Identification: Outpatient/Ambulatory Preventive Visits

- **CPT®:** 99201-99205, 99211-99215, 99315, 99241-99245, 99341- 99345, 99347-99350, 99381-99387, 99391-99397,99401-99404,99411, 99412, 99420, 99429, 99456, 99455
- **ICD9CM:** V70.0, V70.3, V70.5, V70.6, V70.8, V70.9, V20.2
- **HCPCS:** G0402, G0438, G0439
- **UB-92 Revenue:** 051x, 0520-0523, 0526-0529, 0982, 0983

Codes to Identify HbA1c Tests

- **CPT®:** 83036, 83037

Diabetes con't

- **CPT® Category II:** 3044F, 3045F, 3046F

Codes to Identify Nephropathy Screening Tests

- **CPT®:** 82042, 82043, 82044, 84156
- **CPT® CATEGORY II:** 3060F, 3061F

Codes to Identify Evidence of Nephropathy

Urine Macro albumin

- **CPT®:** 81000-81003, 81005
- **CPT® CATEGORY II:** 3062F

Evidence of Treatment for Nephropathy

- **CPT®:** 36147, 36800, 36810, 36815, 36818, 36819-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90935, 90937, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 90957-90962-90966, 90969, 90970
- **CPT® CATEGORY II:** 3066F, 4010F
- **HCPCS:** G0257, S9339, S2065
- **ICD9CM:** 250.4, 403, 404, 405.01, 405.11, 405.91, 580-588, 753.0, 753.1, 791.0, V45.11, V4512
- **ICD10CM:** Z992, Z9115, N186, N185, Z940

Diagnosis of:

- Chronic Kidney Disease
- ESRD
- Kidney Transplant
- **ICD9CM:** 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, 55.61, 55.69, 585.5, 585.6
- **UB2 REVENUE**: 0367, 080x, 082x-084x, 088x
- **PLACE OF SERVICE (POS)**: 65

ACE Inhibitors/ARB's CPT® CATEGORY II: 4010F

Description	Prescription				
Angiotensin converting enzyme inhibitors	Benazepril Captopril	Enalapril Fosinopril	Lisinopril Moexipril	Perindopril Quinapril	Ramipril Trandolapril

Diabetes con't

WHAT TO REPORT

HEDIS®2017 Measurement Codes:

Angiotensin II inhibitors	Azilsartan Candesartan	Eprosartan Irbesartan	Losartan Olmesartan	Telmisartan Valsartan
Antihypertensive combinations	Aliskiren-valsartan Amlodipine-benazepril Amlodipine-hydrochlorothiazide-valsartan Amlodipine-hydrochlorothiazide-olmesartan Amlodipine-olmesartan Amlodipine-telmisartan Amlodipine-valsartan	Azilsartan-chlorthalidone Benazepril-hydrochlorothiazide Candesartan-hydrochlorothiazide Captopril-hydrochlorothiazide Enalapril-hydrochlorothiazide Eprosartan-hydrochlorothiazide Fosinopril-hydrochlorothiazide Hydrochlorothiazide-irbesartan	Hydrochlorothiazide-lisinopril Hydrochlorothiazide-losartan Hydrochlorothiazide-moexipril Hydrochlorothiazide-olmesartan Hydrochlorothiazide-quinapril Hydrochlorothiazide-telmisartan Hydrochlorothiazide-valsartan Trandolapril-verapamil	

Codes to Identify Eye Exams for Diabetic Retinal Disease (Must be with or evaluated by an Eye Care Professional)

- **CPT®:** 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, 92226, 99227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245

- **CPT® CATEGORY II:** 2022F, 2024F, 2026F, 3072F (These codes can be billed by any provider type during the measurement year). **3072F** refers to a negative exam in the year PRIOR to the measurement year only.

- **HCPCS:** S0625, S3000, S0620, S0621

Exclusions: ICD9CM

- Gestational Diabetes – 648X
- Steroid-Induced Diabetes – 249.9, 249.0-249.9, 251.8

Contact your medical care group administrator and/or provider consultant for more complete coding information.

CARDIAC CONDITIONS

MEASURE	**Controlling High Blood Pressure (CBP)** Members 18 to 85 years of age who had a diagnosis of hypertension between January 1 and June 30 of the measurement year. Control is demonstrated by: • Members 18 to 59 years of age with BP < 140/90 mm Hg • Members 60 to 85 years of age with diagnosis of diabetes with BP < 140/90 mm Hg • Members 60 to 85 years of age without a diagnosis of diabetes with BP < 150/90 mm **The last blood pressure reading between January 1 and December 31 will be counted.**
WHAT SERVICE IS NEEDED	Blood pressure as noted above
WHAT TO REPORT **HEDIS® 2017 Measurement Codes:**	**Codes to Identify Hypertension** **ICD9CM:** 401.0, 401.1, 401.9 **ICD10CM:** I10 **Codes to indicate Blood Pressure:** **CPT® Cat II**: 3074F, 3075F, 3078F, 3079F **EXCLUSIONS:** • ESRD • Kidney Transplant • Pregnancy Contact your medical care group administrator and/or provider consultant for more complete coding information.

MUSCULOSKELETAL CONDITIONS

MEASURE	**Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)*** The percentage of members ages 18 and over diagnosed with Rheumatoid Arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD). • Continuous Enrollment: The measurement year. • Event/diagnosis: Two encounters with different dates of service in an outpatient or non-acute inpatient setting on or between January 1 and November 30 of the measurement year with any diagnosis of rheumatoid arthritis. EXCLUSIONS: A diagnosis of HIV anytime during the member's history through December 31 of the measurement year. A diagnosis of pregnancy anytime during the measurement year.
WHAT SERVICE IS NEEDED	One or more DMARD prescription during the measurement year.
WHAT TO REPORT	**Codes to Identify Rheumatoid Arthritis** • **ICD9CM:** 714.0, 714.1, 714.2, 714.81 • **ICD10CM**: M05.00, M05.29, M05.30, M05.311, M05.312, M05.319-M05.322, M05.329, M05.331-M05.332, M05.339, M05341-M05342, M05349, M05351- M05.352, M05.359, M05.361, M05.362, M05.369, M05.371, M05.372, M05.379, M05.39, M05.40, M05.411, M05.719, M05.721, M05.722 Contact your medical care group administrator and/or provider consultant for more complete ICD10 information. **Exclusions:** **HIV:** • **ICD9CM:** 042, V08 • **ICD10CM:** Z21, B20 **HIV Type II** • **ICD9CM:** 079.53 • **ICD10CM:** B97.35 **Pregnancy: ICD9CM:** 630–679**,** V20, V22, V28

WHAT TO REPORT

HEDIS® 2017 Measurement Codes:

DMARDs:

Description	Prescription			J Code
5-Aminosalicylates	Sulfasalazine			
Alkylating agents	Cyclophosphamide			
Aminoquinolines	Hydroxychloroquine			
Anti-rheumatics	Auranofin Gold sodium thiomalate	Leflunomide Methotrexate	Penicillamine	J1600, J9250, J9260
Immunomodulators	Abatacept Adalimumab Anakinra Certolizumab	Certolizumab pegol Etanercept Golimumab	Infliximab Rituximab Tocilizumab	J0129, J0135, J1438,J0718, J1745, J9310, J0717, J1602 J3262
Immunosuppressive agents	Azathioprine	Cyclosporine	Mycophenolate	J7502, J7515, J7516, J7517, J7518
Jnaus Kinase (JAK) inhibitor	Tofactinib			
Tetracyclines	Minocycline			

MEASURE	**Osteoporosis Management in Women Who Had a Fracture (OMW)** The percentage of women 67 – 85 years of age who suffered a fracture and who had **EITHER** a bone mineral density (**BMD**) test **OR** a prescription for a drug to treat or to prevent osteoporosis in the six months after the fracture. • Women 67 years – 85 years of age as of December 31 of the measurement year. • Continuous Enrollment: 12 months before the initial fracture date through 6 months after the initial fracture date. The member has to be negative for a diagnosis of fracture for 60 days (2 months) prior to the IESD and have appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria: • A BMD test in any setting on the index episode date (**IESD**) or in the 180-day period (6 months) after the initial fracture date. • 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 (6 month) period after the IESD. • If the IESD was an inpatient stay, long-acting osteoporosis therapy during the inpatient stay. • A dispensed prescription to treat osteoporosis on the initial fracture date or in the 180 day period after the initial fracture date. EXCLUSIONS: Exclude members who had a BMD 730 days (34 months) prior to IESD, or a claim/encounter for osteoporosis therapy or received a dispensed prescription to treat osteoporosis during the 365 days (12 months) prior to the IESD.
WHAT SERVICE IS NEEDED	One or more of the following: (1) a BMD test or (2) osteoporosis prevention/treatment prescription in the six months after the fracture.
WHAT TO REPORT **HEDIS®2017 Measurement Codes:**	**Codes for Fractures:** Fractures of finger, toe, face, skull and pathological fractures are NOT included in this measure. • **HCPCS:** S2360 • **ICD9CM:** 733.93-733.98, 805-806, 807.0-807.4, 808-815, 818-825, 827, 828 • **ICD10CM:** Contact your medical care group administrator and/or provider consultant for more complete ICD10 information.

- **ICD9CM:** 79.01-79.03, 79.05-79.07, 79.11-79.13, 79.15-79.17, 79.21-79.23, 79.25-79.27, 79.31-79.33, 79.35-79.37, 79.61- 79.63, 79.65-79.67, 81.65, 81.66, 88.98

Contact your medical care group administrator and/or provider consultant for more complete coding information.

Osteoporosis Therapies

Description	Prescription		J Code, HCPCS
Biphosphonates	• alendronate • alendronate-cholecalciferol • zoledronic acid	• ibandronate • risedronate	J3488, J3487, J1740, J3489 Q2051
Other Agents	• calcitonin • denosumab	• raloxifene • teriparatide	J0630, J3110, J0897

WHAT TO REPORT

Codes to Identify Bone Mineral Density Test

- **CPT®:** 76977, 77078, 77080-77082, 77085

- **ICD10CM**: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BQ00ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1

- **HCPCS**: G0130
- **ICD9CM:** 88.98

MEASURE

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

Note: PRP is using 2016 HEDIS Specification

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

Intake period: January 1 – December 3 of the measurement year. The Intake Period is used to identify the first

	outpatient or ED encounter with a primary diagnosis of low back pain. EXCLUSIONS: Exclude any member who had a diagnosis for which imaging is clinically appropriate. Any of the following meet the criteria: Malignant Neoplasm, Recent Trauma, Intravenous Drug Abuse, or Neurologic Impairment.
WHAT SERVICE IS NEEDED **WHAT TO REPORT** **HEDIS®2016 Measurement Codes:**	**None** **Codes to identify Low Back Pain** • **ICD9CM:** 721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.03, 724.2, 724.3, 724.5, 724.6, 724.70, 724.71, 724.79, 738.5, 739.3, 739.4, 846.0-846.9, 847.2 • **ICD10CM:** M46.46-M46.48, M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M51.16, M51.17, M51.26, M51.27, M51.36, M51.37, M51.46, M51.47, M51.86, M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.30-M54.32, M54.40-M-M54.42, M54.5, M54.89, M54.9, M99.83, M99.84, S33.100A, S33.100D, S33.100S, S33.110D, S33.110S, S33.120A, S33.120D, S133.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S33.5XXA, S33.6XXA, S33.8XXA, S33.9XXA, S39.002A, S39.002D, S39.012A, S39.12D, S39.012S, S39.092A, S39.092D, S39.092S, S39.82XA, S39.82XD, S39.92A, S39.92D, S39.92XS **Codes to Identify Imaging Studies** • **CPT®:** 72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72220, 72202 • **UBREV:** 0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972 **Exclusions:** Contact your medical care group administrator and/or provider consultant for more complete coding information.

BEHAVIORAL HEALTH

MEASURE

Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder Medication (ADD)*

HEDIS®2017– for more details on the medications in this measure, please reference the NCQA 2017 HEDIS®specifications@ncqa.org.

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

- **Rate 1:** *Initiation Phase***.** The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.(**IPSD = Index Prescription Start Date).** CONTINUOUS ENROLLMENT: Members must be continuously enrolled for 120 days prior to the IPSD through 30 days after the IPSD.

- **Rate 2:** *Continuation and Maintenance (C&M) Phase***.** The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. CONTINUOUS ENROLLMENT: Members must be continuously enrolled for 120 days prior to the IPSD and 300 days after the IPSD.

Definitions

Intake Period	The 12-month window starting January 1 of the measurement year and ending December 31 of the measurement year.
Negative Medication History	A period of 120 days (4 months) prior to the IPSD when the member had no ADHD medications dispensed for either new or refill prescriptions.
IPSD	Index Prescription Start Date. The earliest prescription dispensing date for an ADHD medication where the date is in the Intake Period and there is a Negative Medication History.

MEASURE

Initiation Phase	The 30 days following the IPSD.
C&M Phase	The 300 days following the IPSD (10 months).
New Episode	The member must have a 120-day (4-month) Negative Medication History on or before the IPSD.
Continuous Medication Treatment	The number of medication treatment days during the 10-month follow-up period must be ≥210 days (i.e., 300 treatment days – 90 gap days).
Treatment days (covered days)	The actual number of calendar days covered with prescriptions within the specified 300-day measurement interval (e.g., a prescription of a 90 days supply dispensed on the 220th day will have 80 days counted in the 300-day interval).

Rate 1 – Initiation Phase

Event	Follow the steps below to identify the eligible population for the Initiation Phase.
Step 1	Identify all children in the specified age range who were dispensed an ADHD medication (during the 12-month Intake Period.
Step 2	Test for Negative Medication History. For each member identified in step 1, test each ADHD prescription for a Negative Medication History. The IPSD is the dispensing date of the earliest ADHD prescription in the Intake Period with a Negative Medication History.
Step 3	Calculate continuous enrollment. Members must be continuously enrolled for 120 days (4 months) prior to the IPSD through 30 days after the IPSD.
Step 4	Exclude members who had an acute inpatient encounter for mental health or chemical dependency during the 30 days after the IPSD. An acute inpatient encounter in combination with any of the following meet criteria: • A principal mental health diagnosis. • A principal diagnosis of chemical dependency.

MEASURE

Rate 2 – C&M Phase

Event	Follow the steps below to identify the eligible population for the C&M Phase.
Step 1	Identify all members who meet the eligible population criteria for Rate 1—Initiation Phase.

Step 2 Calculate continuous enrollment. Members must be continuously enrolled in the organization for 120 days (4 months) prior to the IPSD and 300 days (10 months) after the IPSD.

Step 3 Calculate the continuous medication treatment. Using the members in step 2, determine if the member filled a sufficient number of prescriptions to provide continuous treatment for at least 210 days out of the 300-day period after the IPSD. The definition of "continuous medication treatment" allows gaps in medication treatment, up to a total of 90 days during the 300-day (10-month) period. (This period spans the Initiation Phase [1 month] and the C&M Phase [9 months].)

Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.
Regardless of the number of gaps, the total gap days may be no more than 90. The organization should count any combination of gaps (e.g., one washout gap of 14 days and numerous weekend drug holidays).

Step 4 Exclude members who had an acute inpatient encounter for mental health or chemical dependency during the 300 days (10 months) after the IPSD. An acute inpatient encounter in combination with any of the following meet criteria:

- A principal mental health diagnosis.
- A principal diagnosis of chemical dependency.

EXCLUSIONS**:** Exclude from the denominator for both rates, members with a diagnosis of narcolepsy any time during their history through December 31 of the measurement year.

WHAT SERVICE IS NEEDED

- **Rate 1:** Initiation: An outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the IPSD Members had follow-up care within 30 days following the IPSD with a prescribing practitioner.
- **Rate 2** Continuation: Children who remained on the medication for at least 210 days and had 2 follow-up visits with any practitioner between 31 and 300 days after the IPSD. One of the two visits (during days 31-300) may be a telephone visit with any practitioner.

WHAT TO REPORT

HEDIS® 2017 Measurement Codes:

Codes to Identify Follow-Up Visits:

CPT®	HCPCS	REVENUE
96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381- 99384, 99393, 99394, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015	0510, 0513, 0515-0517, 0519-0523, 0526-0529, , 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983, 0987, 0720-0729

CPT®		POS
90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840	***WITH***	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	***WITH***	52, 53

Codes to Identify Telephone Visits: CPT®: 98966-98968, 99441-99443

Codes to Identify Exclusions: Narcolepsy:
ICD9-DIAGS: 347, 347.01, 347.10, 347.11
ICD10-DIAGS: G47.411, G47.419, G47.421, G47.429

WHAT TO REPORT

HEDIS® 2017 Measurement Codes:

ADHD MEDICATIONS

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

MEDICATION MANAGEMENT

MEASURE

Annual Monitoring for Patients on Persistent Medications (MPM)*

- The percentage of 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.
- 18 years of age and older as of December 31 of the measurement year.
- Continuous Enrollment: The measurement year.
    - Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)
    - Annual monitoring for members on diuretics
    - Annual monitoring for members on digoxin

WHAT SERVICE IS NEEDED

Medication	Measure	Reporting Target
ACE Inhibitors or ARBs	• One Serum Potassium **AND** a Serum Creatinine therapeutic monitoring test.	• At least one serum potassium and a serum creatinine therapeutic monitoring test during the measurement year. The two tests do not need to occur on the same service date, only within the measurement year.
Diuretics	• Serum Potassium **AND** a Serum Creatinine therapeutic monitoring test.	• At least one serum potassium and a serum creatinine therapeutic monitoring test during the measurement year. The tests do not need to occur on the same service date, only within the measurement year.
Digoxin	• A Serum Potassium, a Serum Creatinine AND a serum digoxin therapeutic monitoring test.	• At least one serum potassium, at least one serum creatinine **AND** at least one serum digoxin therapeutic monitoring test during the measurement year. The tests do not need to occur on the same service date, only within the measurement year.

WHAT TO REPORT

HEDIS® 2017 Measurement Codes:

Codes to Identify Physiologic Monitoring Tests for Members on ACE/ARBs, Digoxin and Diuretics

Description	CPT®
• Lab Panel	80047, 80048, 80050, 80053, 80069 (Serum Potassium and serum Creatinine are included in each panel)
• Serum Potassium (K+	80051, 84132
• Serum Creatinine (SCr)	82565, 82575
• Serum Digoxin Level	80162

MEASURE

MEDICARE ONLY

Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)

Quality Summary Report Measure Only (No data entry in Treatment Opportunity by Condition/Measure**)**

- HEDIS®2017– MEDICARE only - for more detail on the medications in this measure, please reference the NCQA 2017 HEDIS® specifications at www.ncqa.org.
- Members 67 years of age or older as of December 31 of the measurement year 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.
- Continuous Enrollment: The measurement year and the year prior to the measurement year

Report each of the three rates separately and as a total rate.

- A history of falls and a prescription for anticonvulsants, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines or tricyclic antidepressants.
- Dementia and a prescription for antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H_2 Receptor Antagonists, nonbenzodiazepine hypnotics or anticholinergic agents.
- Chronic kidney disease and prescription for Cox-2 Selective NSAIDs or nonaspirin NSAIDs.
- Total rate (the sum of the three numerators divided by the sum of the three denominators).

Potentially Harmful Drug-Disease Interactions in the Elderly (cont'd)

Members with more than one disease or condition may appear in the measure multiple times (i.e., in each indicator for which they qualify). A lower rate represents better performance for all three rates.

These members will display as a **not met** because they are taking a potentially harmful drug. **There is NO data entry for this measure on Health e-Blue.**

Identification of members on potentially harmful medications with a history of falls and a prescription for tricyclic antidepressants, antipsychotics, or sleep agents; dementia and a prescription for tricyclic antidepressants or anticholinergic agents; or CRF and a prescription for nonaspirin NSAIDs or Cox-2 Selective NSAIDs.

Codes to identify falls or hip fractures:

Hip Fracture:

- **CPT®:** 27230, 27232, 27235, 27236, 27238, 27240, 27244-27246, 27248, 27254, 27267-27269, 27767-27769
- **ICD9CM:** 820- 820.XX, V54.13
- **ICD10CM:** Contact your medical care group administrator and/or provider consultant for more complete ICD10 information.
- **Falls:**
- **ICD9CM:** E880, E884, E885, E887, E888
- **ICD10CM:** Contact your medical care group administrator and/or provider consultant for more complete ICD10 information.

Codes to identify psychosis:

- **ICD9CM:** 293, 296, 297, 298
- **ICD10CM:** F060, F061, F062, F0630, F0631, F0632, F0633, F0634, F064, F068, F22, F23, F24, F28, F29, F302, F312, F315, F3164, F323, F333, F4489

Codes to identify dementia:

- **ICD9CM:** 290.0-290.13, 291.0-290.21, 294.0-290.21, 331.0-331.82
- **ICD10CM:** F0150, F0151, F0280, F0281, F0390, F0391, F04, F1027, F1097, F1327, F1397, F1817, F1827, F1897, F1917, F1927, F1997, G300, G301, G308, G309, G3183

Potentially Harmful Drug-Disease Interactions in the Elderly (cont'd)

WHAT TO REPORT

HEDIS® 2017 Measurement Codes:

Dementia in conditions classified elsewhere with behavioral disturbance:

- **ICD9CM:** 294.10, 294.11, 294.20, 294.21
- **ICD10CM:** Contact your medical care group administrator and/or provider consultant for more complete ICD10 information.

Codes to identify schizophrenic disorders:

- **ICD9CM:** 295X
- **ICD10CM:** Contact your medical care group administrator and/or provider consultant for more complete ICD10 information.

Codes to identify bipolar disorders

- **ICD9CM:** 296.
- **ICD10CM:** F3011, F309, F3013, F308, F304, F302, F303, F31.0-F31.78

Codes to Identify seizure disorders

- **ICD9CM:** 345

ICD10CM: Contact your medical care group administrator and/or provider consultant for more complete ICD10 information.

Codes to identify chronic renal failure (CRF): (Includes ESRD, CKD stage 4, Kidney Transplant)

- **CPT®:** 36147, 36800, 36810, 36815, 36818, 36819-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512
- **HCPCS:** G0257, S9339
- **ICD9CM:** 585.4**,** 585.5, 585.6, V42.0, V45.11, V45.12

MEASURE

MEDICARE ONLY

Medication Adherence to Oral Diabetes Medications*

The percentage of adult Medicare members who adhere to their prescribed drug therapy across the following classes of oral diabetes medications; biguanides, sulfonylureas, thiazolidinediones, incretin mimetic, meglititide, and DPP-IV inhibitors.

- Numerator: Number of adult members (18 or older) enrolled during the measurement period with a proportion of days covered (PDC) at 80% or over across the classes of oral diabetes medications. The PDC is the percent of days in the measurement period covered by prescription claims across the classes of diabetes meds. Members are *excluded* if they have one or more fills for insulin during the measurement period.

- Denominator: Number of adult members (18 or older) enrolled during the measurement period with at least two fills of medication(s) across any of the drug classes of oral diabetes drugs.

MEASURE

MEDICARE ONLY

Medication Adherence for Hypertension (RAS Antagonists)*

The percentage of adult Medicare members who adhere to their prescribed RAS antagonist drug therapy of an ACEI or ARB or a direct rennin inhibitor medication.

- Numerator: Number of adult members (18 or older) enrolled during the measurement period with a proportion of days covered (PDC) at 80% or over for RAS antagonist medications.

- Denominator: Number of adult members (18 or older) enrolled during the measurement period with at least two fills of either the same medication or medications in the same drug class.

MEASURE

MEDICARE ONLY

Medication Adherence for Cholesterol (Statins)*

The percentage of adult Medicare members who adhere to their prescribed drug therapy for statin cholesterol medications.

- Numerator: Number of adult members (18 or older) enrolled during the measurement period with a proportion

	of days covered (PDC) at 80% or over for statin cholesterol medications. • Denominator: Number of adult members (18 or older) enrolled during the measurement period with at least two fills of either the same statin medication or medications in the same drug class.

UTILIZATION

MEASURE **MEDICARE ONLY**	**Follow Up after Medical Hospital Admission*** The number of acute inpatient stays during the measurement year (excluding mental and behavioral health diagnoses) for adult Medicare members (18 or older) who had a follow-up visit within 3 days of discharge. • Numerator: An outpatient visit within 3 days after discharge. Include visits that occur on the date of discharge. • Denominator: *The denominator for this measure is based on discharges, not members.* Include all acute inpatient discharges for members who had one or more discharges on or between January 1, and December 1 of the measurement year. EXCLUSIONS: Exclude stays with a principal diagnosis of mental or behavioral health. **Codes to Identify Exclusions:** Contact your medical care group administrator and/or provider consultant for more complete coding information.

CMS MILLION HEARTS For Diabetes and Cardiovascular Disease (CVD)

OVERVIEW	Blue Care Network implemented a program to prevent cardiovascular disease. The program is designed for BCN Advantage HMO POS sm and BCNAdvantage HMO sm members, ages 40 and over, whom have a history of cardiovascular disease or diabetes. The focus of the program is to reduce the morbidity and mortality related to

cardiovascular disease in these members.

The program incorporates clinical practice guidelines for the management of ischemic heart disease and diabetes mellitus following the guiding principles behind the nations Million Hearts™ initiative. Million Hearts is a national initiative to prevent 1 million heart attacks and strokes over five years. It is led by the U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services in partnership with other federal agencies.

BCN Advantage℠ will participate in Million Hearts over five years with 2012 as the baseline measurement year. Results will be measured and reviewed annually. Interventions will be implemented as needed to improve results.

For Incentive detail please see the *2016 CMS Million Hearts Incentive Program* document located on the BCN Health e-Blue home page under the Resource/Incentive Documents

WHAT SERVICES ARE NEEDED

For both Diabetes and CVD the following services are needed in the measurement year:

1. A1c testing (diabetic members only)
2. LDL testing
3. BP control (<140/90)
4. Aspirin/anti-platelet therapy
5. Tobacco Counseling
6. BMI Adult
7. Statin therapy
8. ACE/ARB therapy for members with hypertension

WHAT TO REPORT

HEDIS® 2017 Measurement Codes:

TEST	CODES
A1c testing	CPT®: Like CDC
LDL testing	CPT®: Like CDC HEDIS 2014
BP Control (<140/90)	CPT® II codes:
Systolic	3074F SBP <130 3075F SBP 130 - 139
Diastolic	3078F DBP <80 3079F DBP 80 - 89

Asprin/anti-platelet therapy **Includes**: Clopidogrel, Brillinta, Effient	CPT® II code: 4086F
Tobacco Counseling	CPT® II code: 4000F, 4004F
BMI Adult	ICD9-DIAGS: V85-0-V85.54 ICD10CM-DIAGS: Z68.1, Z68.20-Z68.45
Statin therapy	CMS Part D list for Statins
ACE/ARB therapy for members with hypertension	CMS Part D list for ACE/ARBs

PATIENT DEMOGRAPHICS

Race Collection – Blue Care Network Only

- All Commercial members are included in this measure.
- Race must be the member reported race.
- The date race was documented in the member's medical record should be used and it should be associated with a visit date or an assessment date.
- If race is not documented in the chart of the patient refused to supply, then there is nothing to enter into Health e-Blue and the race measure will remain a "not met".

Smoking – Blue Care Network Only

- All Commercial members
- Ages 18 & over
- Enter tobacco status of the member (current, never or former)
- If status has changed, you may "Add New Service"