Blue Cross Blue Shield Blue Care Network of Michigan

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2018 Quality Measure Descriptions

This guide provides additional reference material to help Blue Cross Blue Shield of Michigan and Blue Care Network providers achieve 2018 Quality Rewards incentives. The Quality Rewards program is designed to support Blue Cross and BCN in achieving the objectives of the Healthcare Effectiveness Data and Information Set, or HEDIS®, and the Centers for Medicare & Medicaid Services' star ratings program. The medical codes listed in this booklet are from the NCQA 2018 HEDIS Value Set Directory.

For more information, please reference:

- The *2018 Quality Rewards* booklet posted on Health e-Blue℠
- NCQA reference material available at **ncqa.org**.*
- CMS stars reference material available at **medicare.gov**.*

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NCQA is a private, nonprofit organization dedicated to improving health care quality.

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

Overview of Quality Initiatives of Blue Cross Blue Shield of Michigan and Blue Care Network

Blue Cross and 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*. 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. 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 Blue Cross and BCN offers. CMS compiles its overall score for quality of services based on measures such as:

- How Blue Cross/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 BlueCross/BCN help members manage chronic conditions
- Scores of member satisfaction with Blue Cross/BCN
- How often members filed a complaint against Blue Cross/BCN
- How well Blue Cross/BCN handles calls from members

In addition, because Blue Cross and BCN offer prescription drug coverage, CMS also evaluates Blue Cross' 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, **medicare.gov** to help beneficiaries choose a Medicare Advantage plan offered in their area.

Members in hospice are excluded from the eligible population for HEDIS measures.

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 2017 or 2018 and whose BMI OR BMI percentile (under 20 years old) was documented during the measurement year or the year prior to the measurement year (2017 or 2018). Weight, height and BMI percentile (under 20 years old) or BMI must come from the same data source. Continuous enrollment: The measurement year and the year prior to the measurement year. **EXCLUSIONS:** Female 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 BMI should be documented in their medical records.
WHAT TO REPORT **HEDIS 2018 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, 99429, 99455, 99456 • **HCPCS**: G0402, G0438, G0439, G0463, T1015 **Codes to identify BMI & BMI Percentile** **ICD10CM**: Z68.1, Z68.20 – Z68.39, Z68.41-Z68.45, Z68.51 – Z68.54 **EXCLUSIONS:** 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 2018 with a primary care physician or OB\GYN and who had documentation of BMI percentile, Counseling for Nutrition and Counseling for Physical Activity during the measurement year (2018). Note: Weight or obesity counseling count as numerator compliance for both the Counseling for Nutrition and Counseling for Physical Activity measures. Continuous enrollment: The measurement year. **EXCLUSIONS:** Female members with a diagnosis of pregnancy in 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 2018 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, 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** • **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** • **Nutrition Counseling** **ICD10CM**: Z71.3 **HCPCS**: G0447, S9449, S9452, S9470 **CPT®:** 97802, 97803, 97804 • **Physical Activity Counseling**

ICD10CM: Z02.5, Z71.82
HCPCS: G0447, S9451

EXCLUSIONS:

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

MEASURE	**Childhood Immunization Status (CIS)*** Members who turn two 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)*** 1. At least one measles, mumps and rubella vaccine with a date of service on or before the second birthday 2. 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 3. 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 second birthday or a documented history of chicken pox. **Polio (IPV)*** At least three IPV vaccinations with different dates of service on or before the second 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 second birthday. Do not count any vaccination administered prior to 42 days after birth. **Hepatitis B (HepB)*** At least three HepB vaccinations with different dates of service on or before the second 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 three HiB vaccinations with different dates of service on or before the second birthday. Do not count any HiB administered prior to 42 days after birth.

	Pneumococcal (PCV) At least four pneumococcal conjugate vaccinations with different dates of service on or before the second 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 second 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 six months after birth. **Combo 10*** ** Children who received all listed vaccines as described above.
WHAT TO REPORT **HEDIS 2018 Measurement Codes:**	**DTaP** **CPT®:** 90698, 90700, 90721, 90723 **Polio (IPV)** **CPT®:** 90698, 90713, 90723 **MMR** **CPT®:** 90710, 90707 **Measles and Rubella** **CPT®:** 90708 **Measles** **CPT®:** 90705 **ICD10CM:** B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9 **Mumps** **CPT®:** 90704 **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 **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
ICD10CM: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
ICD10PCS: 3E0234Z

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

Chicken Pox (VZV)
CPT®: 90710, 90716
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
ICD10CM: B15.0, B15.9

Rotavirus (2 dose)
CPT®: 90681

Rotavirus (3 dose)
CPT®: 90680

Influenza
CPT®: 90655, 90657, 90661, 90662, 90673, 90685, 90687, 90686, 90688
HCPCS: G0008

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

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's 11th and 13th birthdays **Tdap** One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the member's 10th and 13th birthdays. **HPV** At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays OR at least two HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays. There must be 146 days between the first and second dose of the HPV vaccine. **Combination #2 (Meningococcal, Tdap, HPV)** Adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV).
WHAT TO REPORT **HEDIS 2018 Measurement Codes:**	**Meningococcal Conjugate** **CPT®:** 90734 **Tdap** **CPT®:** 90715 **HPV** **CPT®:** 90649-90651 **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 as of December 31 of the measurement year 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 or MRIs because they are not appropriate methods for primary breast cancer screening. Continuous enrollment: October 1 two years prior to the measurement year through December 31 of the measurement year. **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 2018 Measurement Codes:**	**Codes to identify breast cancer screening (mammograms):** • **CPT®:** 77055-77057, 77061, 77062, 77063, 77065, 77066, 77067 • **HCPCS:** G0202, G0204, G0206 • **UB2 Revenue Codes:** 0401, 0403 • **ICD9PCS**: 87.36, 87.37 **EXCLUSIONS:** **Bilateral mastectomy** • **ICD9PCS:** 85.42, 85.44, 85.46, 85.48 • **ICD10PCS:** 0HTV0ZZ **Unilateral mastectomy with a bilateral modifier (50) –** *Must be on same claim* • **CPT®:** 1918050, 1920050, 1922050, 1924050, 1930350-1930750. • **ICD9PCS**: 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 age 24 – 64 years of age as of 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** a 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 2018 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 • **HCPCS:** G0476 **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, 618.5, 752.43 • **ICD9PCS:** 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 • **ICD10PCS**: 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ

MEASURE	**Colorectal Cancer Screening (COL)** Percentage of members who are between 51 and 75 years old as of December 31 of the measurement year 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 during the measurement year or the four years prior to the measurement year. • One or more colonoscopy procedures during the measurement year or the nine years prior to the measurement year. **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 2018 Measurement Codes:

Codes to identify Colorectal Cancer Screening:
FOBT Fecal occult blood test (FOBT) – **CANNOT** 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
- **ICD9PCS:** 45.24

Colonoscopy
- **CPT®:** 44388-44394, 44397, 44401-44408,45355, 45378-45393, 45398
- **HCPCS:** G0105, G0121
- **ICD9PCS**: 45.22, 45.23, 45.25, 45.42, 45.43

CT Colongraphy
- **CPT®:** 74261, 74262, 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
- **ICD9PCS:** 45,81, 45.82, 45.83
- **ICD10PCS:** 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 AND a prescription for isotretinoin on the date of the pregnancy test or the six days after the pregnancy test.
- A pregnancy test during the measurement year AND an X-ray on the date of the pregnancy test or the six days after the pregnancy test.

WHAT SERVICE IS NEEDED

At least one chlamydia test during the measurement year.

WHAT TO REPORT

HEDIS 2018 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 estradiol • Dienogest-estradiol multiphasic • Drospirenone-ethinyl estradiol • Drospirenone-ethinyl estradiol-levomefolate biphasic • Ethinyl estradiol-ethynodiol	• Ethinyl estradiol-norethindrone • Ethinylestradiol-norgestimate • Ethinyl estradiol-norgestrel • Etonogestrel • Levonorgestrel • Medroxyprogesterone

	• Ethinyl estradiol-etonogestrel • Ethinyl estradiol-levonorgestrel • Ethinyl estradiol-norelgestromin	• Mestranol-norethindrone • Norethindrone
Diaphragm	• Diaphragm	
Spermicide	• Nonoxynal-9	

Claim/Encounter data. Members who had at least one encounter during the measurement year with any code listed for Sexual Activity, Pregnancy or Pregnancy Tests.

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

- **Codes to identify exclusions:** Contact your medical care group administrator and/or provider consultant for complete code information

MEASURE	**Adult Health Maintenance Exam (HME)** Percent of adult members who had an HME 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 2018 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 one year
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, 99429 • **HCPCS:** G0402, G0438, G0439, G0463, T1015 General Medical Examination • **ICD9CM:** V70.0, V70.3, V70.5, V70.6, V70.8, V70.9, V20.2 • **ICD10CM**: 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 Cardiology Certified Nurse Practitioner

	Endocrinology	Endocrinology, Diabetes, Metabolism
	Family Nurse Practitioner	Family Practice
	General Practice	Geriatric Medicine-Family Practice
	Geriatric Medicine – Internal Medicine	Gynecology
	Internal Medicine	Internal Medicine - Pediatric
	Nephrology	Ob/Gyn Nurse Practitioner
	Obstetrics	Obstetrics & Gynecology
	Pediatric Cardiology	Pediatric Endocrinology
	Pediatric Nephrology	Pediatric Nurse Practitioner
	Pediatrics	Preventive Medicine
	Geriatric Nurse Practitioner	

MEASURE	**IMMUNIZATIONS: Influenza Vaccine (Age 3 years and older)*** Percent of members three 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®:** 90657, 90661, 90662, 90673, 90685, 90655, 90688, 90687, 90686. • **HCPCS:** Q2034, Q2035, Q2036, Q2037, Q2038, Q2039, G0008 **Codes to identify Exclusions:** • **ICD10CM:** T80.52XA, T80.52XD, T80.52XS

MEASURE	**IMMUNIZATIONS: Influenza Vaccine (before 2nd birthday)*** Members who turn two 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 second birthday.
WHAT TO REPORT	**Codes to identify Influenza Vaccine** • **CPT®:** 90655-90657,90661, 90662, 90673, 90685, 90686, 90687, 90688 • **HCPCS:** G0008 **Codes to identify Exclusions:** • **ICD10CM:** 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: Pneumococcal 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®:** 90670, 90669, 90732 • **HCPCS:** G0009 **EXCLUSIONS: ICD10-DIAGS:** T80.52XA, T80.52XD, T80.52XS

MEASURE	**Well-Child and Adolescent Well-Care Visits (W15, W34, AWC)*** Percentage of children with six 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.** • Six 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** • One or more well-care visits with a primary care physician during the measurement year. **Well-Care Visits: 12 – 21 years (Adolescent Well Care)** • One or more well-care visits with a primary care physician or OB/GYN practitioner during the measurement year.
WHAT TO REPORT **HEDIS 2018 Measurement Codes:**	**Codes to identify Well-Care Visits** • **ICD10CM:** 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 (two years) prior to the IESD (inclusive), when the member had no claims/encounters containing any diagnosis of COPD Continuous enrollment: 730 days (two 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 (two years) before the index episode start date of COPD to 180 days after the index episode start date of COPD.
WHAT TO REPORT **HEDIS 2018 Measurement Codes**	• **ICD10CM to Identify COPD for this measure** COPD – J44.0, J44.1, J44.9 Chronic Bronchitis – J41.0, J41.1, J41.8, J42 Emphysema – J43.0, J43.1, J43.2, J43.8, 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) within 30 days of the event. 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 2018 Measurement Codes**	• **ICD10CM Codes to identify COPD for this measure** COPD – J44.0, J44.1, J44.9 Chronic Bronchitis – J41.0, J41.1, J41.8, J42 Emphysema – J43.0, J43.1, J43.2, J43.8, J43.9

MEASURE	**Appropriate Treatment for Children With Upper Respiratory Infection (URI)*** Percentage of children three 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 January 1 of the year prior to the measurement year and ends on December 31 of the measurement year. **Blue Cross PPO Intake Period:** July 1 of prior measurement year to June 30 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. Excludes episodes dates when the member had any diagnoses other than those listed below for URI.
WHAT SERVICE IS NEEDED	None.
WHAT TO REPORT **HEDIS 2018 Measurement Codes:**	Codes to identify URI: **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 January 1 of the year prior to the measurement year and ends on December 31 of the measurement year. **Blue Cross PPO Intake Period:** July 1 of prior measurement year to June 30 of the measurement year. **EXCLUSIONS:** Claims/encounters with more than a diagnosis of pharyngitis. Exclude episodes when the members have any other diagnosis other than pharyngitis on the same day of service.
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 2018 Measurement Codes:**	**Codes to identify Pharyngitis** **ICD10CM:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 **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 24 of the measurement year. The Intake Period captures eligible episodes of treatment. Continuous enrollment: One year prior to the Episode Date through seven days after the Episode Date (373 total days). **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 2018 Measurement Codes:**	**Codes to identify Acute Bronchitis** **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 2018 definition of diabetes (type 1 and 2): **Members are identified having diabetes as follows:**

- One inpatient admission with a primary or secondary diagnosis of diabetes in the measurement year or the year prior to the measurement year **OR**
- Two outpatient visits, emergency department visits, observation visits or nonacute inpatient encounters with a primary or secondary diagnosis of diabetes in the measurement year or the year prior to the measurement year **OR**
- Members who were dispensed insulin or hypoglycemic/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year. (see table)

Diabetes Medications

Description	Prescription		
Alpha-glucosidase inhibitors	Acarbose	Miglitol	
Amylin analogs	Pramlintide		
Antidiabetic combinations	Alogliptin-metformin Alogliptin-pioglitazone Canagliflozin-metformin Dapagliflozin-metformin Empagliflozin-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 degludec 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	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 Sitagliptin

WHAT SERVICE IS NEEDED

Continuous Enrollment: The measurement year.

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
- **Medical Treatment/Monitoring for Nephropathy**
  A nephropathy screening test (urine protein test) during the measurement year *OR*
  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 Treatment for Nephropathy in the measurement year

WHAT TO REPORT

HEDIS 2018 Measurement Codes:

- **Hemoglobin (HbA1c) A1c tested**
  - **HbA1c Good Control <= 9 percent**
    The **most recent** HbA1c level performed during the measurement year is <= 9.0%
  - **HbA1c Control < 8.0 percent**
    The **most recent** HbA1c level performed during the measurement year is < 8.0%

Codes to identify members with diabetes

- **ICD10CM:** Contact your medical care group administrator and/or provider consultant for more complete ICD10 code 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
- **HCPCS:** G0402, G0438, G0439, G0463, T1015
- **UB-92 Revenue:** 051x, 0520-0523, 0526-0529, 0982, 0983

Codes to identify HbA1c Tests

- **CPT®:** 83036, 83037
- **CPT® Category II:** 3044F, 3045F, 3046F

Codes to identify Nephropathy Screening Tests

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

Codes to identify Evidence of Nephropathy

- **CPT®:** 81000-81003, 81005, 82042, 82043, 82044, 84156
- **CPT® CATEGORY II:** 3062F, 3061F, 3060F

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
- **ICD10CM:** Z992, Z9115, N186, N185, Z940

Evidence of:

- Chronic Kidney Disease
- ESRD
- Kidney Transplant

WHAT TO REPORT

HEDIS 2018 Measurement Codes:

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

Description	Prescription				
Angiotensin converting enzyme inhibitors	Benazepril Captopril	Enalapril Fosinopril	Lisinopril Moexipril	Perindopril Quinapril	Ramipril Trandolapril
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 Amlodipine-perindopril	Azilsartan-chlorthalidone Benazepril-hydrochlorothiazide Candesartan-hydrochlorothiazide Captopril-hydrochlorothiazide Enalapril-hydrochlorothiazide Eprosartan-hydrochlorothiazide Fosinopril-hydrochlorothiazide Hydrochlorothiazide-irbesartan Sacubitril-valsartan	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, 3079F, 3080F, 3078F (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:** S3000, S0620, S0621

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

MEASURE

Statin Therapy for Patients with Diabetes (SPD)

Members 40 to 75 years of age as of December 31 of the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria:

1. Received Statin Therapy: The number of members who had at least one dispensing event for a high-intensity, moderate intensity, or low-intensity statin medication during the measurement year.

2. Statin Adherence 80 percent: Remained on a statin medication of any intensity for at least 80 percent of the treatment period.

Continuous enrollment: The measurement year and the year prior to the measurement year.

See the Comprehensive Diabetes Care (CDC) specification for how to identify a diabetic member.

EXCLUSIONS:

- Members with CVD
- Females with a diagnosis of pregnancy during the measurement year or year prior to the measurement year
- In vitro fertilization in the measurement year or year prior to the measurement year
- Members dispensed at least one prescription for clomiphene during the measurement year or year prior to the measurement year
- ESRD during the measurement year or year prior to the measurement year
- Cirrhosis during the measurement year or the year prior to the measurement year
- Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.

High- and Moderate-Intensity Statin Medications

Description	Prescription	
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	• Atorvastatin 10–20 mg • Amlodipine-atorvastatin 10–20 mg • Ezetimibe-atorvastatin 10–20 mg • Rosuvastatin 5–10 mg • Simvastatin 20–40 mg • Ezetimibe-simvastatin 20–40 mg	• Sitagliptin-simvastatin 20–40 mg • Pravastatin 40–80 mg • Lovastatin 40 mg • Niacin-lovastatin 40 mg • Fluvastatin XL 80 mg • Fluvastatin 40 mg bid • Pitavastatin 2–4 mg

	• Niacin-simvastatin 20–40 mg

Low-Intensity Statin Medications

Description	Prescription	
Low-intensity statin therapy	• Simvastatin 10 mg • Ezetimibe-simvastatin 10 mg • Sitagliptin-simvastatin 10 mg • Pravastatin 10–20 mg	• Lovastatin 20 mg • Niacin-lovastatin 20 mg • Fluvastatin 20–40 mg • Pitavastatin 1 mg

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. However, blood pressures on the same date as the identification date of hypertension will not count.**
WHAT SERVICE IS NEEDED	Blood pressure as noted above

WHAT TO REPORT HEDIS 2018 Measurement Codes:	**Codes to identify Hypertension** **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.

MEASURE

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Male Members 21 to 75 years of age and females 40 to 75 years of age as of December 31 of the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and who met the following criteria:

3. Received Statin Therapy: The number of members who had at least one dispensing event for a high-intensity or moderate-intensity statin medication during the measurement year.
4. Statin Adherence 80 percent: the number of members in number one who remained on a high intensity or moderate intensity statin medication for at least 80 percent of the treatment period.

Treatment period: the period of time beginning on the IPSD (index prescription start date) through the last day of the measurement year.

Continuous enrollment: The measurement year and the year prior to the measurement year.

Members are identified as having ASCVD by the following methods:
EVENTS
Any of the following events in the year prior to the measurement year:

- Discharged from an inpatient setting with an MI
- A CABG in any setting
- A PCI in any setting
- Any other revascularization procedure in any setting

DIAGNOSIS
Identify members as having ischemic vascular disease (IVD) who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.

- At least one outpatient visit with an IVD diagnosis during the measurement year AND the year prior to the measurement year.
  OR
- At least one inpatient encounter with an IVD diagnosis

EXCLUSIONS:

- Females with a diagnosis of pregnancy during the measurement year or year prior to the measurement year
- In vitro fertilization in the measurement year or year prior to the measurement year
- Members dispensed at least one prescription for clomiphene during the measurement year or year prior to the measurement year
- ESRD during the measurement year or year prior to the measurement year
- Cirrhosis during the measurement year or the year prior to the measurement year
- Myalgia, myositis, myopathy or rhabdomyolysis during the measurement year.

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

WHAT SERVICE IS NEEDED

High- and Moderate-Intensity Statin Medications

Description	Prescription	
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	• Atorvastatin 10–20 mg • Amlodipine-atorvastatin 10–20 mg • Ezetimibe-atorvastatin 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 • Lovastatin 40 mg • Niacin-lovastatin 40 mg • Fluvastatin XL 80 mg • Fluvastatin 40 mg bid • Pitavastatin 2–4 mg

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 in a female anytime during the measurement year.
WHAT SERVICE IS NEEDED	One or more DMARD prescriptions during the measurement year.

WHAT TO REPORT

HEDIS 2018 Measurement Codes:

Codes to identify Rheumatoid Arthritis

- **ICD10CM**: M05.00, M05.29, 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

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

HIV:

- **ICD9CM:** 042, V08
- **ICD10CM:** Z21, B20

HIV Type II

- **ICD9CM:** 079.53
- **ICD10CM:** B97.35

Pregnancy: ICD9CM: 630–679**,** V20, V22, V28

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, 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 (two 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 (six 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 2018 Measurement Codes:**	**Codes for Fractures:** Fractures of finger, toe, face, skull and pathological fractures are NOT included in this measure. • **HCPCS:** S2360 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, 77086
- **ICD10CM**: BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
- **HCPCS**: G0130

MEASURE

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

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.

IESD – Index episode Start Date. The earliest date of service for an eligible encounter during the intake period with a principal diagnosis of low back pain.

Continuous enrollment: 180 days (six months) prior to the IESD through 28 days after the IESD.

	EXCLUSIONS: Exclude any member who had a diagnosis for which imaging is clinically appropriate. Any of the following meet the criteria: Malignant Neoplasm, Other Neoplasm, History of Malignant Neoplasme, Recent Trauma, Intravenous Drug Abuse, Neurologic Impairment, HIV, Spinal Infection, Organ Transplant, Prolonged Use of Corticosteroids.
WHAT SERVICE IS NEEDED	**None**
WHAT TO REPORT **HEDIS 2018 Measurement Codes:**	**Codes to identify Low Back Pain** • **ICD10CM:** Contact your medical care group administrator and/or provider consultant for more complete coding information **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)*** The percentage of children 6-12 years of age who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and 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 (four 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 (four-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-day 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 • **Rate 2:** Continuation: Children who remained on the medication for at least 210 days and had two follow-up visits on different dates of service with any practitioner between 31 and 300 days (9 months) after the IPSD. One of the two visits (during days 31-300) may be a telephone visit with any practitioner.

WHAT TO REPORT

HEDIS 2018 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, 99391-99394, 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

CPT®		POS
90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90875, 90876	***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

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 and Care Coordination

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

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.

WHAT TO REPORT

HEDIS 2018 Measurement Codes:

Codes to identify Physiologic Monitoring Tests for Members on ACE/ARBs 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

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, meglitinide, 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 percent 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 percent 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 percent 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.

MEASURE
MEDICARE ONLY

Follow Up after Medical Hospital Admission* (FUMA)

The number of acute inpatient stays during the measurement year (excluding mental and behavioral health principal diagnoses) for adult Medicare members (18 or older) who had a follow-up visit within seven days of discharge.

- Numerator: An outpatient visit (excluding mental health and behavioral health principal diagnoses) within 7 days after discharge. Include visits that occur on the date of discharge.

- Denominator: *The denominator for this measure is based on discharges, not members.* Includes all acute inpatient discharges for members who had one or more discharges on or between January 1 and December 1 of the measurement year (excluding mental and behavioral health primary diagnoses).

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.

Patient Demographics

Smoking – BCN only

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