

2024 MA HEDIS Measures Quick Tips

Measure	Requirement	Coding Assistance
<p>Controlling Blood Pressure (CBP)</p> <p>Percentage of patients aged 18-85, who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90) during the measurement year (MY).</p> <p>Exclusions:</p> <ul style="list-style-type: none"> ▪ Hospice, Palliative care, member death, or pregnancy – anytime in MY ▪ ESRD, Dialysis, Nephrectomy(total or partial), Kidney transplant- anytime in history thru 12/31/24 ▪ Members 81+ with Frailty on 2 diff. DOS in MY ▪ Members 66+ with Advanced Illness and Frailty: <ul style="list-style-type: none"> - Frailty diagnosis on 2 diff DOS in MY AND - Advanced Illness on 2 diff. DOS in PY or MY OR - Dispensed a dementia medication 	<p>Patients with essential hypertension (I10) on two different dates of service from January 1 of the prior year (PY) and June 30 of the (MY) place the member in the denominator.</p> <p>Medical record type – outpatient</p> <p>If multiple BPs are taken on the same day, combine the lowest systolic and diastolic.</p> <p>Example: 142/ 82 & 138/ 94 = 138/82</p> <p>Acceptable documentation: vital sign flowsheets, progress note, and consult notes</p> <p>Members self-reported BP’s are acceptable and must have been taken on a digital device, full dates.</p> <p>BP’s cannot be used from these events (not all inclusive):</p> <ul style="list-style-type: none"> ▪ Inpatient or ED visit ▪ Taken on the same day as a diagnostic test or procedure that requires a change in the diet or medication on or one day before the test or procedure, except for fasting labs (e.g., colonoscopy, nebulizer treatment with albuterol, lidocaine with epinephrine). 	<p>3074F – Systolic BP < 130 mmHg</p> <p>3075F – Systolic BP between 130 – 139mmHg</p> <p>3077F – Systolic BP ≥ 140 mmHg</p> <p>3078F – Diastolic BP < 80 mmHg</p> <p>3079F – Diastolic BP between 80 – 89 mmHg</p> <p>3080F – Diastolic BP ≥ 90 mmHg</p> <p>N18.5 – Chronic kidney disease, Stage 5</p> <p>N18.6 – ESRD</p> <p>Z99.2 – Dependence on renal dialysis</p> <p>Z94.0 – History of kidney/renal transplant</p>

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<p>Breast Cancer Screening (BCS-E)</p> <p>Females aged 52-74 who had a mammogram performed in the prior 27 months; Oct.1 two years prior to MY thru Dec. 31, MY.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> ■ Gender -affirming chest surgery (CPT code 19318) with a diagnosis of gender dysphoria – any time in history thru Dec. 31, MY ■ Hospice, Palliative care, Member death – Any time in MY ■ Bilateral Mastectomy; Transgender (female to male) w/ evidence of bil. Mastectomy – Anytime in members history thru Dec. 31, MY ■ Members 66+ with Advanced Illness and Frailty: <ul style="list-style-type: none"> - Frailty diagnosis on 2 diff DOS in MY AND - Advanced Illness on 2 diff. DOS in PY or MY OR - Dispensed a dementia medication 	<p>Acceptable mammograms: Screening, Diagnostic, Digital, Film, or Tomosynthesis 3D</p> <p>NEW! Unilateral mammogram meets criteria</p> <p>NEW! Transgender members (male to female) are eligible for BCS reporting.</p> <p>Can obtain from outpatient and inpatient records.</p> <p>In lieu of BCS radiology report, acceptable documentation notation of BCS complete with date.</p> <p>Documented BCS event in the past medical history, health maintenance or preventive care sections can be used for reporting.</p> <p>MRI's, Ultrasounds, and Biopsies do not meet criteria.</p>	<p>Z90.13 – Absence of breast bilaterally</p> <p>Z90.12 – Absence of left breast</p> <p>Z90.11 – Absence of right breast</p> <p>F64.1 – Dual role transvestism</p> <p>F64.2 – Gender identity disorder of childhood</p> <p>F64.8 – Other gender identity disorders</p> <p>F64.9 - Gender identity disorder, unspecified</p> <p>Z87.890 – Personal history of sex reassignment</p>
<p>Eye Exam for Patients with Diabetes (EED)</p> <p>Patients aged 18- 75 who have Type 1 or Type 2 diabetes and had a retinal eye exam, negative exam in prior year (PY) and / or negative or positive exam in measurement year (MY).</p> <p>Exclusions:</p> <ul style="list-style-type: none"> ■ Hospice, palliative care, members death- Anytime in MY ■ Patients 66+ with Advanced Illness and Frailty: <ul style="list-style-type: none"> - Frailty diagnosis on 2 diff. DOS in MY AND - Advanced Illness on 2 diff, DOS in PY or MY OR - Dispensed a dementia medication 	<p>Retinal eye exam must be interpreted by an eye care professional.</p> <p>A note or letter indicating that an eye exam was completed, must have date of exam, findings, with provider name and credentials.</p> <p>A chart or photograph indicating the date when the fundus photography was performed with evidence of review by an eye care professional, or that results were read by a qualified reading center or results were read by AI.</p>	<p>2022F – Dilated retinal eye exam interpreted by eye care professional documented/ reviewed: with evidence of retinopathy</p> <p>2023F – Dilated retinal eye exam interpreted by eye care professional documented/ reviewed without evidence of retinopathy</p> <p>3072F – Low risk for retinopathy (no evidence of retinopathy in prior year</p>

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<p>Colon Cancer Screening (COL-E)</p> <p>Patients aged 50 - 75 who had an appropriate screening for colon cancer.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> ■ Hospice, Palliative care, members death – Anytime in MY ■ Colon cancer, or Total colectomy – Anytime in member history thru Dec. 31, MY ■ Patients 66+ with Advanced Illness and Frailty: <ul style="list-style-type: none"> - Frailty diagnosis on 2 diff DOS in MY AND - Advanced Illness on 2 diff. DOS in PY or MY OR - Dispensed a dementia medication 	<table border="1" data-bbox="789 164 1367 626"> <thead> <tr> <th data-bbox="789 164 1119 201">Screening</th> <th data-bbox="1127 164 1367 201">Frequency</th> </tr> </thead> <tbody> <tr> <td data-bbox="789 207 1119 282">Fecal Occult Blood (FOBT)</td> <td data-bbox="1127 207 1367 282">Annually</td> </tr> <tr> <td data-bbox="789 289 1119 326">Cologuard/ FIT-DNA</td> <td data-bbox="1127 289 1367 326">Every three years</td> </tr> <tr> <td data-bbox="789 332 1119 370">Flexible Sigmoidoscopy</td> <td data-bbox="1127 332 1367 370">Every five years</td> </tr> <tr> <td data-bbox="789 376 1119 414">CT Colonography</td> <td data-bbox="1127 376 1367 414">Every five years</td> </tr> <tr> <td data-bbox="789 420 1119 626">Colonoscopy</td> <td data-bbox="1127 420 1367 626">Every ten years</td> </tr> </tbody> </table> <p>Documentation of the specific test and completion date are required.</p> <p>Documentation of pathology or incomplete tests or not specified, include:</p> <ul style="list-style-type: none"> ■ Evidence that the scope advanced beyond splenic flexure meets criteria for colonoscopy. ■ Evidence that the scope advanced into the sigmoid colon for a complete flexible sigmoidoscopy. <p>Specimens collected via digital rectal exam are <i>not</i> accepted.</p>	Screening	Frequency	Fecal Occult Blood (FOBT)	Annually	Cologuard/ FIT-DNA	Every three years	Flexible Sigmoidoscopy	Every five years	CT Colonography	Every five years	Colonoscopy	Every ten years	<p>Z85.038 - Personal history of other malignant neoplasm of large intestine</p> <p>Z85.048 - Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus</p> <p>C18.0 – C18.9, C19, C20, C21.2, C21.8, C78.5 - Colon cancer, active</p>
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<p>Glycemic Status Assessment for Patients With Diabetes (GSD) Formerly HBD</p> <p>Members aged 18 – 75 who have Type 1 or Type 2 diabetes and whose A1c or glucose management indicator (GMI) levels in the MY was ≤ 9.0%</p> <p>Exclusions:</p> <ul style="list-style-type: none"> ▪ Hospice, palliative care, patients’ death – Anytime in MY ▪ Patients 66+ with Advanced Illness and Frailty: <ul style="list-style-type: none"> - Frailty diagnosis on 2 diff. DOS in MY AND - Advanced Illness on 2 diff. DOS in PY or MY OR - Dispensed a dementia medication 	<p>Documentation must include a date when the glycemic status assessment (HbA1c or GMI) was performed/ resulted.</p> <p>GMI values must include documentation of the continuous glucose monitoring data date range used to derive the value. The terminal date in the range should be used to assign the assessment date.</p> <p>Member reported glycemic status assessments are eligible for reporting.</p>	<p>3044F – A1c < 7.0%</p> <p>3051F - A1c 7.0% - 7.9%</p> <p>3052F – A1c 8.0% - 9.0%</p> <p>3046F – A1c > 9.0%</p>
<p>Kidney Health Evaluation for Patient with Diabetes (KED)</p> <p>Members aged 18-85 years of age who have type 1 or type 2 diabetes and received a kidney health evaluation by both an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR) in the MY</p> <p>Exclusions:</p> <ul style="list-style-type: none"> ▪ Hospice, palliative care, members death – Anytime in MY ▪ ERSD, dialysis – Anytime in history thru Dec. 31, MY ▪ Patients 66+ with Advanced Illness and Frailty: <ul style="list-style-type: none"> - Frailty diagnosis on 2 diff. DOS in MY AND - Advanced Illness on 2 diff. DOS in PY or MY OR - Dispensed a dementia medication ▪ Patients 81+ with Frailty on 2 different DOS in MY 	<p>eGFR and a uACR can be completed on the same or different dates of service.</p> <ul style="list-style-type: none"> ▪ At least one eGFR ▪ At least one uACR identified by either of the following: <ul style="list-style-type: none"> - Both a quantitative urine albumin test and a urine creatinine test with service dates four days or less apart. - A uACR 	<p>N18.5 - Chronic kidney disease Stage 5</p> <p>N18.6 - End stage renal disease</p> <p>Z99.2 - Dependence on renal dialysis</p>

Measure	Requirement	Coding Assistance
<p>Follow-up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)</p> <p>Members aged 18 and older who have multiple high- risk conditions who had a follow-up service within 7 days of an ED visit.</p> <p>ED visits between January 1 – December 24, MY.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> ▪ Hospice, or members death – Any time in MY ▪ ED visit resulting in an acute or non-acute inpatient care on day of visit or within 7 days after the ED visit 	<p>Eligible chronic conditions diagnoses are those that the member was diagnosed with two or more times during the PY or MY prior to the ED visit:</p> <ul style="list-style-type: none"> ▪ Alzheimer’s disease and related disorders ▪ Chronic kidney disease ▪ COPD and asthma ▪ Depression ▪ Heart failure ▪ Acute myocardial infarction ▪ Stroke or TIA <p>The following visits meet criteria:</p> <ul style="list-style-type: none"> ▪ Outpatient, telephone, telehealth visit ▪ Transitional care management, case management, or complex case management visit ▪ Behavioral health visits and ECT ▪ Intensive outpatient, partial hospitalization, observation, or Community Mental Health Center visit 	
<p>Medication Adherence for Cholesterol (MAC)</p> <p>Members aged > 18 with two fills of a statin any intensity who remained adherent 80% or more through the end of the MY.</p> <p>Exclusions: Hospice, ESRD</p>	<p>Adherence rate begins on the date of the first fill and denominator eligible on the date of the second fill, with compliance then calculated thru 12/31/MY</p> <p>Members can switch between any one of the drug classifications for the respective measures and still be considered adherent while staying within their refill dates</p>	<p>Captured via pharmacy claims only</p>

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<p>Medication Adherence for Diabetes (MAD)</p> <p>Members with 2 fills of diabetic medication (Biguanides, DDP-4, Meglitinides, SGLT2 inhibitors, Sulfonylureas, Thiazolidinedione) who remained adherent 80% or more through the end of MY</p> <p>Exclusions: Hospice, ESRD, pharmacy claim for Insulin</p>	<p>Adherence rate begins on the date of the first fill and denominator eligible on the date of the second fill, with compliance the calculated thru 12/31/MY</p> <p>Members can switch between any one of the drug classifications for the respective measures and still be considered adherent while staying within their refill dates</p>	<p>Captured via pharmacy claims only</p>
<p>Medication Adherence for Hypertension (MAH)</p> <p>Members with 2 fills of ACE, ARB, or DRI medication who remained adherent 80% or more through the end of MY</p> <p>Exclusions: Hospice, ESRD, one or more prescription claim of Sacubitril / Valsartan (Entresto)</p>	<p>Adherence rate begins on the date of the first fill and denominator eligible on the date of the second fill, with compliance then calculated thru 12/31/MY</p> <p>Members can switch between any one of the drug classifications for the respective measures and still be considered adherent while staying within their refill dates.</p>	<p>Captured via pharmacy claims only</p>

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<p>Osteoporosis Management in Women who had a Fracture (OMW)</p> <p>Females aged 67 – 85 who suffered a fracture and had either within six months after the fracture:</p> <ul style="list-style-type: none"> ▪ Bone mineral density (BMD) test or utpatient, telephone, telehealth visit ▪ Received a prescription of an osteoporosis medication <p>Exclusions:</p> <ul style="list-style-type: none"> ▪ Hospice, Palliative care, members death – Anytime in MY ▪ Members 81+ with frailty on 2 diff. DOS in MY ▪ Members 66+ with Advanced Illness and Frailty: <ul style="list-style-type: none"> - Frailty diagnosis on 2 diff. DOS in MY AND - Advanced Illness on 2 diff. DOS in PY or MY OR - Dispensed a dementia medication 	<p>MY- is from July 1 prior year thru June 30 current year.</p> <p>Fractures of the fingers, toes, face, or skull are not included in this measure.</p> <p>Medical records – Inpatient and outpatient</p> <p>Must include the date the test was completed.</p> <p>BMD test 730 days (2 years) prior to the fracture date will remove member from the denominator.</p> <p>Members with a pharmacy claim or an active prescription of an osteoporosis medication during the 365 days prior to the fracture date will remove the member from the denominator.</p>	<table border="1"> <thead> <tr> <th colspan="2" data-bbox="1440 164 1961 201">Osyeporosis Medication</th> </tr> </thead> <tbody> <tr> <td data-bbox="1440 207 1684 282">J0897</td> <td data-bbox="1692 207 1961 282">Injection, denosumab, 1mg</td> </tr> <tr> <td data-bbox="1440 289 1684 402">J1740</td> <td data-bbox="1692 289 1961 402">Injection, ibandronate sodium, 1mg</td> </tr> <tr> <td data-bbox="1440 409 1684 483">J3110</td> <td data-bbox="1692 409 1961 483">Injection, teriparatide, 10mg</td> </tr> <tr> <td data-bbox="1440 490 1684 604">J3111</td> <td data-bbox="1692 490 1961 604">Injection, Romosozumab, 1mg</td> </tr> <tr> <td data-bbox="1440 610 1684 685">J3489</td> <td data-bbox="1692 610 1961 685">Injection, zoledronic acid, 1mg</td> </tr> <tr> <td data-bbox="1440 691 1684 922">Bisphosphonates</td> <td data-bbox="1692 691 1961 922"> <ul style="list-style-type: none"> ▪ Alendronate ▪ Alendronate-cholecalciferol ▪ Ibandronate ▪ Risedronate ▪ Zoledronic acid </td> </tr> <tr> <td data-bbox="1440 928 1684 1174">Other Agents</td> <td data-bbox="1692 928 1961 1174"> <ul style="list-style-type: none"> ▪ Abaloparatide ▪ Denosumab ▪ Raloxifene ▪ Romosozumab ▪ Teriparatide </td> </tr> </tbody> </table>	Osyeporosis Medication		J0897	Injection, denosumab, 1mg	J1740	Injection, ibandronate sodium, 1mg	J3110	Injection, teriparatide, 10mg	J3111	Injection, Romosozumab, 1mg	J3489	Injection, zoledronic acid, 1mg	Bisphosphonates	<ul style="list-style-type: none"> ▪ Alendronate ▪ Alendronate-cholecalciferol ▪ Ibandronate ▪ Risedronate ▪ Zoledronic acid 	Other Agents	<ul style="list-style-type: none"> ▪ Abaloparatide ▪ Denosumab ▪ Raloxifene ▪ Romosozumab ▪ Teriparatide
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<p data-bbox="98 142 653 178">Plan All-Cause Readmissions (PCR)</p> <p data-bbox="98 207 768 394">For members 18 years of age and older, the number of acute inpatient and observation stays between January 1st and December 1st of MY, that were followed by an unplanned acute readmission for any diagnosis, within 30 days of discharge.</p> <p data-bbox="98 431 247 456">Exclusions:</p> <ul data-bbox="98 467 768 971" style="list-style-type: none"> <li data-bbox="98 467 449 492">■ Hospice – Anytime in MY <li data-bbox="98 505 632 529">■ Hospital stays where the patient expired <li data-bbox="98 542 621 613">■ Principal diagnosis of pregnancy on the discharge claim <li data-bbox="98 626 768 698">■ Principal diagnosis of a condition originating in the perinatal period on the discharge claim <li data-bbox="98 711 768 971">■ Acute hospitalizations where the discharge claims has a diagnosis for: <ul style="list-style-type: none"> <li data-bbox="138 786 520 812">- Chemotherapy maintenance <li data-bbox="138 824 611 850">- Principal diagnosis of rehabilitation <li data-bbox="138 863 380 889">- Organ transplant <li data-bbox="138 902 667 971">- Potentially planned procedure without a principal acute diagnosis 	<p data-bbox="779 147 1310 219">This measure is based on discharges, not members.</p> <p data-bbox="779 248 1398 319">Behavioral health discharges are included in this measure.</p>	<p data-bbox="1430 147 1759 172">Captured via claims only.</p>

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<p>Statin Therapy for Patients with Cardiovascular Disease (SPC)</p> <p>Males aged 21 – 75 and females aged 40 – 75, who are identified as having clinical ASCVD and who had at least one high-intensity or moderate-intensity statin dispensed in the MY.</p> <p>Exclusions PY or MY: Pregnancy, In vitro fertilization, ESRD, Dialysis, Cirrhosis, one claim for clomiphene</p> <p>Exclusions MY: Hospice, Palliative care, Members death, Myalgia, Myositis, Myopathy, Rhabdomyolysis</p> <ul style="list-style-type: none"> ■ Members 66+ with Advanced Illness and Frailty: <ul style="list-style-type: none"> - Frailty diagnosis on 2 diff. DOS in MY AND - Advanced Illness on 2 diff. DOS in PY or MY OR - Dispensed a dementia medication 	<p>Inclusion event and/or diagnosis in the PY: MI, CABG, PCI or other revascularization, or IVD</p> <p>Inclusion diagnosis of IVD in the PY and MY</p> <table border="1" data-bbox="793 305 1381 1161"> <thead> <tr> <th data-bbox="793 305 1060 386">High-intensity Statin Therapy</th> <th data-bbox="1066 305 1381 386">Moderate-intensity Statin Therapy</th> </tr> </thead> <tbody> <tr> <td data-bbox="793 391 1060 472">■ Atorvastatin 40 – 80mg</td> <td data-bbox="1066 391 1381 472">■ Atorvastatin 10 – 20mg</td> </tr> <tr> <td data-bbox="793 477 1060 581">■ Amlodipine-atorvastatin 40 – 80mg</td> <td data-bbox="1066 477 1381 581">■ Amlodipine-atorvastatin 10 – 20mg</td> </tr> <tr> <td data-bbox="793 586 1060 667">■ Rosuvastatin 20 – 40mg</td> <td data-bbox="1066 586 1381 667">■ Rosuvastatin 5 – 10mg</td> </tr> <tr> <td data-bbox="793 672 1060 753">■ Simvastatin 80mg</td> <td data-bbox="1066 672 1381 753">■ Simvastatin 20 – 40mg</td> </tr> <tr> <td data-bbox="793 758 1060 846">■ Ezetimibe-simvastatin 80mg</td> <td data-bbox="1066 758 1381 846">■ Ezetimibe-simvastatin 20 – 40mg</td> </tr> <tr> <td data-bbox="793 850 1060 932"></td> <td data-bbox="1066 850 1381 932">■ Pravastatin 40 – 80mg</td> </tr> <tr> <td data-bbox="793 937 1060 1018"></td> <td data-bbox="1066 937 1381 1018">■ Lovastatin 40mg</td> </tr> <tr> <td data-bbox="793 1023 1060 1104"></td> <td data-bbox="1066 1023 1381 1104">■ Fluvastatin 40 – 80mg</td> </tr> <tr> <td data-bbox="793 1109 1060 1161"></td> <td data-bbox="1066 1109 1381 1161">■ Pitavastatin 1 – 4mg</td> </tr> </tbody> </table>	High-intensity Statin Therapy	Moderate-intensity Statin Therapy	■ Atorvastatin 40 – 80mg	■ Atorvastatin 10 – 20mg	■ Amlodipine-atorvastatin 40 – 80mg	■ Amlodipine-atorvastatin 10 – 20mg	■ Rosuvastatin 20 – 40mg	■ Rosuvastatin 5 – 10mg	■ Simvastatin 80mg	■ Simvastatin 20 – 40mg	■ Ezetimibe-simvastatin 80mg	■ Ezetimibe-simvastatin 20 – 40mg		■ Pravastatin 40 – 80mg		■ Lovastatin 40mg		■ Fluvastatin 40 – 80mg		■ Pitavastatin 1 – 4mg	<table border="1" data-bbox="1444 147 1982 1024"> <thead> <tr> <th data-bbox="1444 147 1686 188">Exclusion</th> <th data-bbox="1692 147 1982 188">ICD-10 Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="1444 193 1686 274">Myalgia</td> <td data-bbox="1692 193 1982 274">M79.10 - M79.12, M79.18</td> </tr> <tr> <td data-bbox="1444 279 1686 604">Myositis</td> <td data-bbox="1692 279 1982 604">M60.80-M60.819; M60.821-M60.829; M60.831-M60.839; M60.841-M60.849; M60.851-M60.859; M60.861-M60.869; M60.871-M60.879, M60.88, M60.89, M60.9</td> </tr> <tr> <td data-bbox="1444 609 1686 669">Myopathy</td> <td data-bbox="1692 609 1982 669">G72.0, G72.2, G72.9</td> </tr> <tr> <td data-bbox="1444 673 1686 755">Rhabdomyolysis</td> <td data-bbox="1692 673 1982 755">M62.82</td> </tr> <tr> <td data-bbox="1444 760 1686 922">Cirrhosis</td> <td data-bbox="1692 760 1982 922">K70.30, K70.31, K71.7, K74.3-K74.5, K74.60, K74.69, P78.81</td> </tr> <tr> <td data-bbox="1444 927 1686 1024">ESRD</td> <td data-bbox="1692 927 1982 1024">N18.5, N18.6, Z99.2</td> </tr> </tbody> </table>		Exclusion	ICD-10 Code	Myalgia	M79.10 - M79.12, M79.18	Myositis	M60.80-M60.819; M60.821-M60.829; M60.831-M60.839; M60.841-M60.849; M60.851-M60.859; M60.861-M60.869; M60.871-M60.879, M60.88, M60.89, M60.9	Myopathy	G72.0, G72.2, G72.9	Rhabdomyolysis	M62.82	Cirrhosis	K70.30, K70.31, K71.7, K74.3-K74.5, K74.60, K74.69, P78.81	ESRD	N18.5, N18.6, Z99.2
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<p data-bbox="96 155 779 196">Statin Use in Patients with Diabetes (SUPD)</p> <p data-bbox="96 220 747 293">Members aged 40 – 75 with diabetes, who receive at least one fill of a statin medication in MY.</p> <p data-bbox="96 318 247 342">Exclusions:</p> <p data-bbox="96 358 699 472">Hospice, ESRD, Dialysis, Pregnancy, Lactation, In vitro fertilization, Pre-diabetes, PCOS, Cirrhosis, Rhabdomyolysis, Myopathy</p>	<p data-bbox="800 155 1325 188">Any statin at any intensity meets criteria.</p>	<table border="1"> <thead> <tr> <th data-bbox="1409 155 1661 204">Exclusion</th> <th data-bbox="1661 155 2001 204">ICD-10 Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="1409 204 1661 326">Myopathy</td> <td data-bbox="1661 204 2001 326">G72.0, G72.89, G72.9</td> </tr> <tr> <td data-bbox="1409 326 1661 480">Myositis</td> <td data-bbox="1661 326 2001 480">M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9</td> </tr> <tr> <td data-bbox="1409 480 1661 570">Rhabdomyolysis</td> <td data-bbox="1661 480 2001 570">M62.82</td> </tr> <tr> <td data-bbox="1409 570 1661 732">Cirrhosis</td> <td data-bbox="1661 570 2001 732">K70.30, K70.31, K71.7, K74.3 -5, K74.60, K74.69</td> </tr> <tr> <td data-bbox="1409 732 1661 893">ESRD</td> <td data-bbox="1661 732 2001 893">I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2</td> </tr> </tbody> </table>	Exclusion	ICD-10 Code	Myopathy	G72.0, G72.89, G72.9	Myositis	M60.80, M60.819, M60.829, M60.839, M60.849, M60.859, M60.869, M60.879, M60.9	Rhabdomyolysis	M62.82	Cirrhosis	K70.30, K70.31, K71.7, K74.3 -5, K74.60, K74.69	ESRD	I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2	
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<p>Transition of Care (TRC)</p> <p>Members aged 18 and greater, who had an acute or non-acute inpatient discharge on or between January 1st and December 1st of MY and each of the following:</p> <ul style="list-style-type: none"> ■ Notification of Inpatient Admission (NIA) ■ Receipt of Discharge Information (RDI) ■ Patient Engagement after Inpatient Discharge (PED) ■ Medication Reconciliation Post-discharge (MRP) <p>Exclusions: Hospice or members death - Anytime in MY</p>	<p>NIA and RDI must have evidence that the documentation is added, scanned, or received in the outpatient medical record.</p> <p>Communication between inpatient providers, staff, emergency department and PCP/OCP.</p> <p>Communication from the health plan, specialists, or shared EMR to the PCP/OCP regarding the patients admission.</p> <p>NIA: Documentation/ evidence of notification of admission on the day of or up to two days after admission – total of 3 days</p> <p>Documentation of a pre-admission exam received communication of a planned inpatient admission is not limited to the NIA timeframe.</p> <p>RDI: Documentation must include:</p> <ul style="list-style-type: none"> ■ The practitioner responsible for care ■ Procedures or treatments provided ■ Diagnoses at discharge ■ Current medication list ■ Test results, pending tests or no tests pending ■ Instructions for patient care post discharge <p>PE: Office visit, Home visit, Telehealth visit within 30 days after discharge</p> <p>MRP: Medication reconciliation on date of D/C through 30 days after discharge; member does not need to be present for MRP to be completed.</p>	<p>1111F - discharge meds reconciled with current medication list</p> <p>99483, 99495, 99496 - Transitional Care Management Services (TCM) includes medication reconciliation</p>

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