

2019 Summer/Fall Update

# HEDIS<sup>®</sup> Measures

Provider Matrix



## HEDIS MEASURES Provider Matrix



HEDIS measures are used to gauge the quality of care health plan members are receiving. This matrix provides measure-specific information for needed services and directions on how to close gaps in the care of your members. You should refer to this document to familiarize yourself with current HEDIS specifications and codes to close gaps in care. Submitting claims with HEDIS relevant codes is the **best way to close member gaps** in your Care Opportunity Report and reduces the need for medical record reviews.

If you have HEDIS-relevant information that you cannot code on a claim, then you can close the gap by submitting the medical record indicating the member has already received the relevant service or has a condition that excludes them from the measure. All medical records should be faxed to **AvMed Corporate Quality Improvement** at **1-800-331-3843**.

### PREVENTION AND SCREENING

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Adult BMI Assessment (ABA)	Adults age 18-74	<p><b>For members 18-20:</b> a BMI percentile, weight AND height documented every 1-2 years</p> <p><b>For members age 21+:</b> Documentation of BMI and weight every 1-2 years</p>	<p>Include appropriate diagnosis code on claim for every visit to indicate weight was measured and BMI or BMI percentile was documented:</p> <p><b>ICD-10</b> BMI: Z68.1 - Z68.45 BMI %tile: Z68.51 - Z68.54</p>	<p>Be sure to measure and document weight, height and BMI on every patient's record at least once a year. For members under 21, document BMI percentile</p> <p>Submit medical record showing weight, height and BMI measured during the current year, upon AvMed's request</p> <p>If not available for the current year, weight and BMI measured and documented in the prior year is acceptable</p>
Breast Cancer Screening (BCS)	Women age 50-74	<p>A mammogram every 1-2 years</p> <p>(Exclusion: members who had a bilateral or two unilateral mastectomies and members age 66+ with advanced illness or frailty (see table at the end of this document for codes))</p>	<p>Contact members on your Care Opportunity Report and provide a referral for a mammogram. Consider scheduling mammograms before the member's next appointment so that you have results at the appointment</p> <p><b>OR</b></p> <p><i>If the member already had a mammography in the current year or prior year, submit medical record with notation of the date of member's last mammography and results, if available (ex. Progress note showing member's last mammography was in 2016, WNL)</i></p> <p><b>OR</b></p> <p><i>If the member had one bilateral or two unilateral mastectomies, submit appropriate diagnosis codes to indicate a history of bilateral or two unilateral mastectomies:</i></p> <p>Absence of left breast: Z90.12 Absence of right breast: Z90.11 Hx of Bilateral Mastectomy: Z90.13</p> <p>Alternatively, you may submit medical record with notation of each mastectomy and the date (ex. medical history section noting member had a bilateral mastectomy in 2010)</p>	

## PREVENTION AND SCREENING (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Cervical Cancer Screening (CCS)	Women age 21-64	<p>A Pap test every 1-3 years</p> <p><b>OR</b></p> <p>If age 30-64, a Pap test &amp; HPV co-testing every 5 years (Note: Reflex HPV does not count)</p> <p>(Exclusion: members who had a hysterectomy with no residual cervix)</p>	<p>Contact members on your Care Opportunity Report and encourage them to have their Pap test done</p> <p><i>If member already had a Pap in the last 3 years, document date and result of the Pap. Submit medical record with notation of the date and result of the Pap to AvMed</i></p> <p><b>OR</b></p> <p><i>If member has not had a Pap, consider scheduling the member's OB/GYN visit while they are on the phone to increase the likelihood the member will receive a Pap</i></p> <p><i>If you conduct Pap tests in your practice, include the appropriate CPT code on the claim to indicate a Pap was done:</i> 88141-88143, 88147, 88148, 88150, 88152, 88164-88167, 88174, 88175</p> <p><b>OR</b></p> <p><i>If the member had a complete hysterectomy, or absence of cervix, submit appropriate diagnosis codes to indicate the member should be excluded from the measure:</i></p> <p><b>ICD-10</b> Q51.5: agenesis and aplasia of cervix Z90.710: acquired absence of both cervix and uterus Z90.711: acquired absence of uterus with remaining cervical stump Z90.712: acquired absence of cervix with remaining uterus</p> <p>You may also submit member's medical record with notation of member's complete hysterectomy or absence of cervix</p>	
Childhood Immunization Status (CIS) Combo 10	Children age 2	<p>Administered all doses of the following vaccines before child's 2<sup>nd</sup> birthday:</p> <p>4 DtaP 3 IPV 1 MMR 3 HiB 3 HepB 1 VzV 4 Pneumococcal conjugate 1 HepA 3 Rotavirus (2 if administer 2-dose version) 2 Influenza</p>	<p>Contact members on your Care Opportunity Report and schedule an appointment to come for a visit and get Immunizations. The following CPT codes indicate an Immunization:</p> <p>DtaP - 90700, 90721      VzV - 90710, 90716 90723, 90698      PCV - 90670 IPV - 90713, 90698,      Rotavirus - 90681, 90680 90723 MMR - 90707, 90710,      Influenza - 90655, 90657, 90661, 90662 HiB - 90644-90648,      90673, 90685, 90687 90721, 90748, 90698 Hep A - 90633 Hep B - 90723, 90740, 90744, 90747, 90748</p> <p>If the member already had vaccine(s) or has had an anaphylactic or other adverse reaction to a vaccine, document the date(s). Submit medical record with notation of vaccines to AvMed when requested</p>	



## PREVENTION AND SCREENING (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Chlamydia Screening in Women (CHL)	Sexually active women age 16-24	A Chlamydia test every year	<p>Consider routine Chlamydia screening using a urine sample for all sexually active female members in this age range</p> <p>Screen at least once a year during any visit (sick or well visit)</p> <p>Take the opportunity to counsel and educate all members, including adolescents, on STDs</p> <p>The following CPT codes indicate a Chlamydia screening: 87110, 87270, 87320, 87490-87492, 87810</p>	<p>Contact members on your Care Opportunity Report and confirm they've had their Well Women's visit</p> <p><i>If member had a screening in the current year, document the date and result, if available. Submit the medical record to AvMed</i></p> <p><i>If member has not had a screening, consider scheduling the member's OB/GYN visit while they are on the phone to increase likelihood the member receives a Chlamydia screening</i></p> <p>If the member is an adolescent due for a wellness visit, schedule visit and use it as an opportunity to screen for Chlamydia and educate on STDs</p>
Colorectal Cancer Screening (COL)	Adults age 50-75	<p>A colorectal cancer screening as defined below:</p> <p>A colonoscopy every 10 years (preferred)</p> <p><b>OR</b></p> <p>A flexible sigmoidoscopy every 5 years</p> <p><b>OR</b></p> <p>A CT colonography every 5 years</p> <p><b>OR</b></p> <p>A FIT-DNA test (ColoGuard) every 3 years * ColoGuard is non-par and will require a prior authorization for claims payment</p> <p><b>OR</b></p> <p>A fecal occult blood test (FOBT) every year * (Quest Insure) available without a prior authorization (Exclusion: members with hx of colorectal cancer, total colectomy, and members age 66+ with advanced illness or frailty - see table at end of document for illness/frailty codes)</p>	<p>Contact members on your Care Opportunity Report and provide a referral for a colorectal cancer screening</p> <p><i>If member already had a screening, document the type, date and result of screening, if available. If member had an FOBT, the medical record should also indicate number of samples taken. Submit medical record with notation of colorectal cancer screening to AvMed</i></p> <p><b>OR</b></p> <p><i>If member has not had a screening, consider scheduling member's GI visit while they are on the phone to increase likelihood the member will have a colonoscopy. If member refuses a colonoscopy or sigmoidoscopy, you can order a FOBT (CPT Code: 82270, 82274)</i></p> <p><b>OR</b></p> <p><i>If a member has a history of colorectal cancer or had a total colectomy, submit appropriate diagnosis codes to indicate the member should be excluded from the measure:</i></p> <p><b>ICD-10</b></p> <p>Z85.038: Personal Hx of malignant neoplasm of large intestine</p> <p>Z85.048: Personal Hx of malignant neoplasm of rectum, rectosigmoid junction, and anus</p>	

## PREVENTION AND SCREENING (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Immunizations for Adolescents (IMA)	Adolescents 9 - 13	Administer the following between member's 11 <sup>th</sup> and 13 <sup>th</sup> birthdays: <b>1 meningococcal vaccine</b> <b>AND</b> 1 tetanus, diphtheria toxoids and acellular pertussis vaccine ( <b>Tdap</b> ) <b>AND</b> between member's 9 <sup>th</sup> and 13 <sup>th</sup> birthdays: <b>3 HPV</b> vaccines on different dates of service <b>OR</b> <b>2 HPV</b> vaccines administered at least 146 days apart	Contact members on your Care Opportunity Report and schedule an appointment to come for a visit and get their Immunizations  The following CPT codes indicate an Immunization: Tdap - 90715 Meningococcal - 90734 HPV - 90649, 90650, 90651  If the member already had required vaccine or has had an anaphylactic or other adverse reaction to the vaccine, document the date. Submit medical record with notation of the vaccines to AvMed when requested	
Prenatal and Postpartum Care (PPC) - Prenatal	Women with deliveries of live births	A prenatal care visit during the first trimester of pregnancy  <b>OR</b>  For members who enrolled with AvMed after becoming pregnant, a prenatal care visit on or before the enrollment start date or within 42 days of enrollment	Make sure to submit separate claim for initial prenatal care visit with obstetrician, OB nurse practitioner or midwife  CPT: 99500  CPTII: 0500F-0502F  HCPCS: H1000-H1004	<i>Make sure member's prenatal care visit is within the correct time frame</i>  <i>Submit medical record to AvMed when requested</i>  <i>Documentation in the medical record must include a note indicating date prenatal visit occurred and one of the following:</i>  • <i>OB exam with documentation of fetal heart rate, pelvic exam or measurement of fundus height</i>  • <i>Seen by OB/NP/Midwife plus OB panel, TORCH panel, Rubella &amp; blood typing, or Ultrasound</i>  • <i>Documentation of OB hx, LMP, EDD and completed OB risk assessment with counseling</i>

## PREVENTION AND SCREENING (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Prenatal and Postpartum Care (PPC - Postpartum)	Women with deliveries of live births	A postpartum visit for a pelvic exam or postpartum care between 7 and 84 days after delivery (1-12 weeks after delivery)	<p>Make sure member's postpartum visit is within the correct time frame. Submit claim with an appropriate code indicating postpartum care occurred</p> <p><b>CPT:</b> 99501</p> <p><b>CPT II:</b> 0503F</p> <p><b>HCPCS:</b> G0101</p> <p><b>ICD-10</b> Z01.411 Z01.419 Z01.42 Z30.430 Z39.1 Z39.2</p>	<p>Make sure member's postpartum visit is within the correct time frame</p> <p>Submit medical record to AvMed when requested</p> <p>Documentation in the medical record must include a note indicating date postpartum visit occurred and one of the following:</p> <ul style="list-style-type: none"> <li>• Pelvic exam</li> <li>• Evaluation of weight, BP, breasts and abdomen <ul style="list-style-type: none"> <li>- Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component</li> </ul> </li> <li>• Notation of postpartum care, including, but not limited to: <ul style="list-style-type: none"> <li>- Notation of "postpartum care," "PP care," "PP check," "6-week check"</li> </ul> </li> <li>• A preprinted "Postpartum Care" form in which information was documented during the visit</li> </ul>
Flu Vaccination	Adults age 18 or older	Flu vaccination each season, beginning July 1st	<p>Administer flu vaccination to members during each flu season</p> <p>If you do not administer flu vaccines, encourage members to receive flu vaccine</p> <p>AvMed members can receive flu vaccinations at pharmacies</p>	
Pneumococcal Vaccination	Adults age 65 or older	At least one pneumococcal vaccination	<p>Administer pneumococcal vaccination to members who have yet to receive one</p> <p>If you do not administer pneumococcal vaccines, encourage members to receive vaccine. AvMed members can receive pneumococcal vaccinations at pharmacies</p>	

## PREVENTION AND SCREENING (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Children age 3-17	Conduct the following at least once a year: BMI percentile documentation  <b>AND</b> Counseling for nutrition  <b>AND</b> Counseling for physical activity	Submit the following codes on the claim: <b>BMI Percentile</b> <b>ICD-10:</b> Z68.51-Z68.54 <b>Nutritional Counseling</b> <b>Procedure Codes:</b> G0270 S9449 97802 G0271 S9452 97803 G0447 S9470 97804 <b>ICD-10:</b> Z71.3 <b>Physical Activity Counseling</b> <b>Procedure Code</b> S9451 G0447 <b>ICD-10:</b> Z02.5	Document all three components on the member's medical record at least once a year. Submit medical record to AvMed when requested

## RESPIRATORY CONDITIONS

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Appropriate Testing for Pharyngitis (CWP)	Members 3 years and older who were diagnosed with Pharyngitis and were dispensed an antibiotic	Administer a group A streptococcus (strep) test within three days of diagnosis	Administer or order a strep test with throat infections when prescribing an antibiotic. Include code for strep test on claim: 87070 87650 87071 87651 87081 87652 87430 87880	Administer or order a strep test with throat infections when prescribing an antibiotic  Document type, date and result of strep test on medical record Submit medical record to AvMed upon request
Appropriate Treatment for Upper Respiratory Infection (URI)	Members age 3 months and older with an upper respiratory infection	Avoid prescribing an antibiotic if the only diagnosis is an upper respiratory infection	<i>If an upper respiratory infection is the only condition, avoid writing an antibiotic prescription</i>	<i>If prescribing an antibiotic for a bacterial infection (or co-morbid condition), use diagnosis code for bacterial infection and/or co-morbid condition when submitting claim. Code any secondary conditions</i>
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Members age 3 months and older with acute bronchitis	<i>If uncomplicated acute bronchitis is the only condition, avoid writing an antibiotic prescription. Instead use the CDC's OTC Prescription Pad available at <a href="http://www.cdc.gov/getsmart/campaign-materials/print-materials/ViralRxPad-bw.pdf">www.cdc.gov/getsmart/campaign-materials/print-materials/ViralRxPad-bw.pdf</a></i>	<i>If uncomplicated acute bronchitis is the only condition, avoid writing an antibiotic prescription</i>	<i>If prescribing an antibiotic for a bacterial infection (or co-morbid condition) use diagnosis code for bacterial infection and/or co-morbid condition when submitting claim. Code any secondary conditions</i>
Asthma Medication Ratio (AMR)**	Members age 5-64 with persistent asthma	Ratio of controller to reliever medication fills should be $\geq 0.50$	Take the opportunity at every appointment to talk to your members about the importance of taking prescribed medications. Inquire about and address, where possible, any barrier to adherence the member may be experiencing such as side effects, costs, or perceptions toward medication.	

## RESPIRATORY CONDITIONS (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Medication Management for People with Asthma (MMA)**	Members age 5-64 with persistent asthma	Adherence to asthma controller medication for at least 75% of their treatment period  Treatment period starts the date of the first filled asthma prescription and ends the last day of the year	Take the opportunity at every appointment to talk to your members about the importance of taking prescribed medications  Inquire about and address, where possible, any barrier to adherence the member may be experiencing such as side effects, costs, perceptions toward medication, etc.	
Pharmacotherapy Management of COPD Exacerbation (PCE)**	Adults age 40 and older who had an inpatient discharge or ER visit with a principal diagnosis of COPD	<ul style="list-style-type: none"> <li>Dispensed a systemic corticosteroid within 14 days of the event</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>Dispensed a bronchodilator within 30 days of the event</li> </ul>	<ul style="list-style-type: none"> <li>Follow up with members after all ER and hospital discharges</li> <li>If necessary, schedule a follow-up appointment to confirm the COPD diagnosis</li> <li>Ensure member has a prescription for a systemic corticosteroid and bronchodilator if you deem it clinically appropriate</li> </ul>	

## CARDIOVASCULAR CONDITIONS

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Controlling High Blood Pressure (CBP)	Adults age 18-85 diagnosed with hypertension	<p>A final blood pressure reading of &lt;140/90 for the current year</p> <p>(Exclusion: members with a history of ESRD, or who are pregnant during the current year, or have advanced illness/frailty)</p>	<p>Ensure coding staff uses HTN diagnosis code appropriately to avoid incorrectly placing member in measure:</p> <ul style="list-style-type: none"> <li>Diagnosis code I10 should only be used if HTN has been formally diagnosed</li> </ul> <p>For members diagnosed with HTN, continue to manage member closely and encourage adherence to hypertension medication until their BP is under control</p> <p>Include appropriate CPT codes on claims to indicate member's BP reading on every visit:</p> <ul style="list-style-type: none"> <li>Systolic: 3074F, 3075F, 3077F</li> <li>Diastolic: 30778F, 3079F, 3080F</li> </ul> <p>If the most recent BP is <math>\geq</math> 140/90, member should have a follow-up visit to reassess BP</p>	<i>If member has ever been diagnosed with End Stage Renal Failure (ESRD) or is pregnant in the current year, be sure to document in medical record and submit record to AvMed if requested</i>



## CARDIOVASCULAR CONDITIONS (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Statin Therapy for Patients with Cardiovascular Disease (SPC)	Males age 21-75 and Females age 40-75 with atherosclerotic cardiovascular disease (ASCVD)	<p>Two rates measured</p> <ul style="list-style-type: none"> <li>Member dispensed at least one moderate or high intensity statin medication during the current year</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>Member remained on moderate or high intensity statin medication for at least 80% of treatment period</li> </ul> <p>(Exclusion: members with ESRD, pregnancy, cirrhosis, myalgia, myopathy, myalgia, rhabdomyolysis, or have advanced illness/frailty)</p>	<p>Take the opportunity at every appointment to talk to your members about the importance of taking prescribed medications and address common adherence barriers, such as cost and regimen complexity</p> <p><b>COST</b></p> <ul style="list-style-type: none"> <li>Switch members to less expensive and more convenient 90-day refill options, both retail and mail order</li> <li>Shift to lower-cost generic options, when available</li> <li>Refer members to the Social Security Administration to apply for Extra Help with Medicare</li> </ul> <p><b>Prescription Drug</b></p> <p>Plan Costs. Toll-free: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm</p> <p><b>REGIMEN COMPLEXITY</b></p> <ul style="list-style-type: none"> <li>Use long-acting drugs to reduce the number of daily doses, if available</li> <li>Use of combination drugs when possible</li> <li>Switch members to less expensive and more convenient 90-day refill options, both retail and mail order</li> <li>Encourage use of pillbox organizers</li> </ul>	

## DIABETES

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Comprehensive Diabetes Care (CDC)	<p>Adults age 18-75 with diabetes (type I or II)</p> <p>(Exclusion: member's gestational diabetes, steroid-induced diabetes, or have advanced illness/frailty)</p>	<p>The following screenings at least once every year:</p> <ul style="list-style-type: none"> <li>Hemoglobin A1c (HbA1c) test</li> <li>Medical attention for nephropathy - Urine Microalbumin test, Urine Test (Albumin/Protein), evidence of nephropathy, or ACE/ARB therapy</li> <li>Retinal/Dilated Eye Exam</li> <li>Blood pressure reading</li> </ul> <p>The final value of the year should be as follows:</p> <ul style="list-style-type: none"> <li>HbA1c : &lt; 7.0% (preferred) or &lt; 8.0%.</li> <li>Blood pressure control: &lt;140/90</li> </ul> <p>Final HbA1c value of the year should NOT be &gt;9% (Poor controlled)</p>	<p><b>Order</b> at least one <b>HbA1c and urine protein</b> screening annually. Include appropriate CPT codes on claims to indicate member's most recent results and relevant conditions:</p> <ul style="list-style-type: none"> <li>HbA1c : 3044F-3046F</li> <li>Urine Protein: 3060F-3062F</li> <li>Evidence of nephropathy: 3066F, 4010F</li> </ul> <p><b>Be sure to order a follow-up screening if:</b></p> <ul style="list-style-type: none"> <li>The most recent HbA1c level is &gt;8%:</li> </ul> <p><b>Refer</b> members to an eye care specialist (optometrist or ophthalmologist) for a Retinal/Dilated eye exam annually:</p> <ul style="list-style-type: none"> <li>Document name and specialty of member's eye care professional, date of last <b>eye exam</b> and result (+/- DM retinopathy) in medical record</li> <li>Submit appropriate CPT codes on claims</li> <li>- If member had eye exam during the current year: 2022F</li> <li>- If member had stereoscopic photo interpreted by an eye care specialist: 2024F, 2026F</li> <li>- If member's eye exam in the prior year was negative for retinopathy: 3072F</li> <li>- If member's had bilateral eye enucleation, document so in medical record</li> </ul> <p><b>Include</b> appropriate CPT codes on claims to indicate member's <b>BP</b> reading on every visit:</p> <ul style="list-style-type: none"> <li>Systolic: 3074F, 3075F, 3077F</li> <li>Diastolic: 3078F, 3079F, 3080F</li> <li>Submit medical record with relevant documentation to AvMed when requested</li> </ul>	

## DIABETES (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Statin Therapy for Patients with Diabetes (SPD)	Adults age 40-75 who with diabetes	<p>Two rates measured</p> <ul style="list-style-type: none"> <li>Member dispensed at least one statin medication of any intensity during the current year</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>Member remained on statin medication of any intensity for at least 80% of treatment period</li> </ul> <p>(Exclusion: members with dx of atherosclerotic cardiovascular disease – ASCVD, MI, CABG, PCI, IVD- ESRD, pregnancy, invitro fertilization, cirrhosis, myalgia, myopathy, myalgia, rhabdomyolysis, or have advanced illness/frailty)</p>	<p>Take the opportunity at every appointment to talk to your members about the importance of taking prescribed medications and address common adherence barriers, such as cost and regimen complexity</p> <p><b>COST</b></p> <ul style="list-style-type: none"> <li>Switch members to less expensive and more convenient 90-day refill options, both retail and mail order</li> <li>Shift to lower-cost generic options, when available</li> <li>Refer members to the Social Security Administration to apply for Extra Help with Medicare</li> </ul> <p><b>Prescription Drug</b> Plan Costs.Toll-free: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm</p> <p><b>REGIMEN COMPLEXITY</b></p> <ul style="list-style-type: none"> <li>Use long-acting drugs to reduce the number of daily doses, if available</li> <li>Use of combination drugs when possible</li> <li>Switch members to less expensive and more convenient 90-day refill options, both retail and mail order</li> <li>Encourage use of pillbox organizers</li> </ul>	

## MUSKULOSKELETAL CONDITIONS

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
DMARD Therapy for Rheumatoid Arthritis (ART)**	Adults age 18 years and older diagnosed with rheumatoid arthritis	<p>At least one DMARD prescription dispensed in the current year</p> <p>(Exclusion: member's diagnosed with HIV or pregnant during the current year or have advanced illness/frailty)</p>	<p>Ensure coding staff uses rheumatoid arthritis (RA) diagnosis codes appropriately to avoid incorrectly placing member in measure:</p> <ul style="list-style-type: none"> <li>Diagnosis codes for Rheumatoid Arthritis, Rheumatoid Nodule, Rheumatoid Bursitis, Felty's Syndrome, should only be used if diagnosis has been confirmed</li> <li>For rule-out, suspect, or possible RA, code the symptoms instead of RA</li> </ul> <p>For members with confirmed RA, DMARD therapy is the current standard of care</p> <p>Submit electronically or call in prescription to member's pharmacy whenever possible in order to ensure medication is filled</p>	<p>If member received DMARD from patient assistance program, VA or sample in the current year, <u>document in medical record</u> the medication <b>name, dose, route</b> and <b>date</b> patient <i>received</i> medication and submit record to AvMed</p> <p><i>If RA was erroneously coded on claim, fill out and return RA claim correction form provided by AvMed</i></p> <p><b>OR</b></p> <p><i>If member has a history of HIV or is pregnant during current year, document condition in medical record and submit record to AvMed</i></p>

## MUSKULOSKELETAL CONDITIONS (Cont.)

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Osteoporosis Management in Women Who Had a Fracture (OMW) **	Women 67-85 years of age who suffered a fracture	A bone mineral density test or osteoporosis prescription within 6 months (180 days) of fracture  (Exclusion: members with advanced illness/frailty)	Contact members on your Care Opportunity Report and order a bone density test, unless they've already had one completed since the fracture  Place member on osteoporosis medication if you deem it clinically appropriate  <b>If member was on osteoporosis medication within the 12 months</b> preceding the fracture, submit medical record to AvMed indicating date medication was dispensed, administered or sample given  <i>If member has had a bone density test within the 24 months preceding the fracture, submit medical record indicating date of bone density test to AvMed</i>	

## MEDICATION MANAGEMENT

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Follow-up Care for Children Prescribed ADHD Medication (ADD)	Children ages 6 - 12 who had prescription for ADHD	<i>Initiation Phase:</i> At least one follow-up visit with practitioner with prescribing authority during 30-day Initiation Phase  <i>Continuation and Maintenance (C&amp;M) Phase:</i> At least two follow-up visits with a practitioner within 270 days (9 months) after Initiation Phase ended	Contact members on your Care Opportunity Report and schedule appointments to come for follow-up visits Submit claims showing members had follow-up visits	
Use of High-Risk Medication in Older Adults (DAE)	Adults age 66 or older	Avoid prescribing high-risk medication to members in this age range	Avoid prescribing high-risk medications in the tables below to members in this age range. Submit claims showing members had follow-up visits	
Potentially Harmful Drug-Disease Interaction in Older Adults (DDE)	Adults age 65 and older with any of the following conditions: • History of Falls • Dementia • Chronic Kidney Disease	Avoid potentially harmful medications for members with these conditions	For members with <b>history of falls</b> , avoid prescribing anticonvulsants, SSRIs, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, and tricyclic antidepressants.  For members with <b>Dementia</b> , avoid prescribing antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants, H2 receptor antagonists, and anticholinergic agents.  For members with <b>Chronic Kidney Disease</b> , avoid prescribing Cox-2 selective NSAIDs or nonaspirin NSAIDs	

## APPROPRIATE UTILIZATION

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Emergency Department Utilization (EDU)	Adults age 18 or older	<p>Reduce unnecessary ED visits This is a risk-adjusted metric:</p> <ul style="list-style-type: none"> <li>Measures observed to expected number of ED visits</li> <li>Takes into account patient age, gender, and comorbidities</li> </ul>	<p>Consider offering flexible hours on evenings or weekends</p> <p>Promote use of AvMed's 24/7 Nurse-On-Call line (#)</p> <p>Encourage use of urgent care and retail clinics for after hours when appropriate</p> <p>Schedule more frequent visits for patients on your Care Opportunity Report who have had multiple ED visits</p> <p>Encourage patients to follow up with you upon discharge, and have scheduling availability for members recently discharged</p>	
Non Recommended PSA Based Screening in Older Men (PSA)	Men age 70 or older	<p>Avoid using PSA-based screening for prostate cancer</p> <p>(Exclusions: men with hx of prostate cancer, prostate dysplasia, elevated PSA levels in the prior year, or dispensed a 5-alpha reductase inhibitor– Finasteride, Dutasteride)</p>	<p>Discuss the harm and benefit of PSA-based screening with your members. Use PSA-based screening only for patients in which it may be clinically appropriate, such as those who meet measure exclusion criteria.</p> <p>If member meets exclusion criteria, submit appropriate code on claims:</p> <p><b>ICD-10:</b> Prostate Cancer - Z85.46, Z15.03, D40.0, D07.5, C61 Prostate Dysplasia – N42.3 –N42.32, N42.39</p>	
Readmission, Plan All-Cause (PCR)	Adults age 18 or older	<p>Reduce unplanned readmissions within 30 days acute inpatient discharges</p> <p>This is a risk-adjusted metric:</p> <ul style="list-style-type: none"> <li>Measures rate of readmissions</li> <li>Measures ratio of observed to expected rate of readmissions</li> <li>Takes into account patient age, gender, and comorbidities</li> </ul>	<p>Schedule more frequent visits for patients on your Care Opportunity Report who have had multiple admissions</p> <p>Encourage patients to follow up with you upon discharge, and have scheduling availability for members recently discharged</p>	
Use of Imaging Studies for Lower Back Pain (LBP)	Adults age 18-50 with a primary diagnosis of lower back pain	<p>Imaging study should be avoided within the first 28 days of initial diagnosis of lower back pain</p> <p>(Exclusion: cancer, trauma, IV drug use, neurologic impairment prolonged use of corticosteroids - 90 consecutive treatment days within last year)</p>	<p>Refrain from ordering imaging studies such as plain X-Ray, MRI, CT scan within 28 days of initial diagnosis, unless member has a condition that makes the imaging study clinically appropriate. Be sure to code any secondary/co-morbid condition on claims</p> <p>Conditions that exclude members from measure:</p> <ul style="list-style-type: none"> <li>Prior diagnosis of back pain in last 6 months</li> <li>Cancer – current or past diagnosis</li> <li>Trauma, IV drug abuse, or Neurologic impairment within the last 12 months</li> </ul> <p>If member has one of the conditions above that excludes them from this measure, submit medical record indicating the diagnosis and diagnosis date to AvMed</p>	

## STARS MEDICATION MANAGEMENT

Measure	Member Population	Screening, Test or Care Needed	How You Can Prevent or Close Gap*	
			Preferred Method	Acceptable Method
Medication Adherence to Diabetes Medications	Adults age 18 or older with two or more fills of diabetes medication	Adhere to their prescribed drug therapy with a proportion of days covered (PDC) at 80% across the following classes of diabetes medications: biguanides, sulfonylureas, thiazolidinediones, DPP-IV inhibitors, incretin mimetics, meglitinides, and SGLT2 inhibitors	<p>Take the opportunity at every appointment to talk to your members about the importance of taking prescribed medications and address common adherence barriers such as cost and regimen complexity</p> <p><b>COST</b></p> <ul style="list-style-type: none"> <li>Switch members to less expensive and more convenient 90-day refill options, both retail and mail order</li> <li>Shift to lower-cost generic options, when available</li> <li>Refer members to the Social Security Administration to apply for Extra Help with Medicare Prescription Drug Plan Costs. Toll-free: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm</li> </ul> <p><b>REGIMEN COMPLEXITY</b></p> <ul style="list-style-type: none"> <li>Use long-acting drugs to reduce the number of daily doses, if available</li> <li>Use of combination drugs when possible</li> <li>Switch members to less expensive and more convenient 90-day refill options, both retail and mail order</li> <li>Encourage use of pillbox organizers</li> </ul>	
Medication Adherence for Hypertension (Renin Angiotensin System (RAS) Antagonists)	Adults age 18 or older with two or more fills of a RAS antagonist	Adhere to their prescribed drug therapy with a proportion of days covered (PDC) at 80% for their RAS antagonist: ACE inhibitors, ARBs, or Direct Renin Inhibitors		
Medication Adherence for Cholesterol (Statins)	Adults age 18 or older with two or more fills of any statin medication	Adhere to their prescribed drug therapy with a proportion of days covered (PDC) at 80% for their statin cholesterol medications		
Medication Therapy Management (MTM)	Medicare members who were at least 18 years or older and meet MTM program targeting criteria	A Comprehensive Medication Review (CMR): an assessment of current medications which includes a discussion between the member and a pharmacist about all of the member's medications.	Refer members to AvMed's MTM Vendor, SinfoniaRx, at 1-844-866-3735 or TTY/TDD users: 1-800-367-8939	
Medication Reconciliation Post Discharge	Adults age 18 or older with an acute or non-acute inpatient discharge	Receive a follow-up visit within 30 days of discharge with a prescribing practitioner, clinical pharmacist, or registered nurse with documentation of current and discharge medications including notation medications were reconciled	<p>Contact the member within 30 days of the inpatient discharge for a follow-up visit. Be sure to document medications lists were reconciled</p> <p>Use the following codes to close the gap in care:</p> <ul style="list-style-type: none"> <li>Medication Reconciliation Encounter 99483, 99495, 99496</li> <li>Medication List 1159F</li> <li>Medication Reconciliation Intervention 1111F</li> </ul>	

\* This document represents only a set of recommendations to be implemented or acted upon by the physician as she/he deems appropriate. The physician and not AvMed is engaged in the practice of medicine. The physician maintains at all times the only physician/patient relationship with the Member. The judgments and decisions related to medical care, including but not limited to diagnosis, treatment, classification, identification, coding, etc., remain wholly within the province and control of the physician. Physicians must comply with all laws and regulations, including those related to fraud, waste, and abuse.

\*\* See Relevant Medications table on the next page

\*\*\* See Beta-Blocker exclusions table on the next page



## RELEVANT MEDICATIONS BY MEASURE

### DMARDs (ART)

Description	Prescription	J Codes
5-Aminosalicylates	• Sulfasalazine	
Alkylating agents	• Cyclophosphamide	
Aminoquinolines	• Hydroxychloroquine	
Anti-rheumatics	• Auranofin • Leflunomide • Penicillamine • Methotrexate	J1600, J9250, J1602, J9260
Immunomodulators	• Abatacept • Certolizumab • Infliximab • Adalimumab pegol • Rituximab • Anakinra • Etanercept • Tocilizumab • Certolizumab • Golimumab • Sarilumab	J0129, J0135, J0717, J1438, J1745, J3262, J9310
Immunosuppressive agents	• Azathioprine • Cyclosporine • Mycophenolate	J7502, J7515, J7516, J7517, J7518
Janus kinase(JAK) inhibitor	• Tofacitinib • Baricitinib	
Tetracyclines	• Minocycline	

### ADHD Medications

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

### Asthma Controller Medications

Description	Prescription
Antiasthmatic combinations	• Dyphylline-guaifenesin • Guaifenesin-theophylline
Antibody inhibitor	• Omalizumab
Inhaled steroid combinations	• Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol • Formoterol-mometasone
Inhaled corticosteroid	• Beclomethasone • Budesonide • Ciclesonide • Flunisolide • Fluticasone • Mometasone
Leukotriene modifiers	• Montelukast • Zileuton
Anti-interleukin-5	• Mepolizumab • Reslizumab • Benralizumab
Methylxanthines	• Dyphylline • Theophylline

### Asthma Reliever Medications

Description	Prescription
Short-acting inhaled beta-2 agonists	• Albuterol • Levalbuterol

## High-Risk Medications (DAE)

Description	Prescription		
Anticholinergics (excludes TCAs), First-generation antihistamines	<ul style="list-style-type: none"> <li>• Brompheniramine</li> <li>• Dexchlorpheniramine</li> <li>• Carbinoxamine</li> <li>• Diphenhydramine (oral)</li> <li>• Dimenhydrinate</li> <li>• Meclizine</li> <li>• Chlorpheniramine</li> </ul>	<ul style="list-style-type: none"> <li>• Doxylamine</li> <li>• Clemastine</li> <li>• Hydroxyzine</li> <li>• Cyproheptadine</li> <li>• Promethazine</li> <li>• Dexbrompheniramine</li> <li>• Triprolidine</li> </ul>	<ul style="list-style-type: none"> <li>• Pyrilamine</li> </ul>
Anticholinergics (excludes TCAs), anti-Parkinson agents	<ul style="list-style-type: none"> <li>• Benztropine (oral)</li> </ul>	<ul style="list-style-type: none"> <li>• Trihexyphenidyl</li> </ul>	
Antispasmodics	<ul style="list-style-type: none"> <li>• Atropine (excludes ophthalmic)</li> <li>• Belladonna alkaloids</li> <li>• Clidinium-chlordiazepoxide</li> <li>• Dicyclomine</li> </ul>	<ul style="list-style-type: none"> <li>• Hyoscyamine</li> <li>• Propantheline</li> <li>• Scopolamine</li> <li>• Methscopolamine</li> </ul>	
Antithrombotics	<ul style="list-style-type: none"> <li>• Dipyridamole, oral short-acting (does not apply to the extended-release combination with aspirin)</li> </ul>		
Cardiovascular, alpha agonists, central	<ul style="list-style-type: none"> <li>• Guanfacine</li> </ul>	<ul style="list-style-type: none"> <li>• Methyldopa</li> </ul>	
Cardiovascular, other	<ul style="list-style-type: none"> <li>• Disopyramide</li> </ul>	<ul style="list-style-type: none"> <li>• Nifedipine, immediate release</li> </ul>	
Central nervous system, antidepressants	<ul style="list-style-type: none"> <li>• Amitriptyline</li> <li>• Clomipramine</li> <li>• Imipramine</li> <li>• Paroxetine</li> <li>• Trimipramine</li> </ul>	<ul style="list-style-type: none"> <li>• Amoxapine</li> <li>• Desipramine</li> <li>• Nortriptyline</li> <li>• Protriptyline</li> </ul>	
Central nervous system, barbiturates	<ul style="list-style-type: none"> <li>• Amobarbital</li> <li>• Butalbital</li> <li>• Phenobarbital</li> </ul>	<ul style="list-style-type: none"> <li>• Butabarbital</li> <li>• Pentobarbital</li> <li>• Secobarbital</li> </ul>	
Central nervous system, vasodilators	<ul style="list-style-type: none"> <li>• Ergot mesylates</li> </ul>	<ul style="list-style-type: none"> <li>• Isoxsuprine</li> </ul>	
Central nervous system, other	<ul style="list-style-type: none"> <li>• Meprobamate</li> </ul>		
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	<ul style="list-style-type: none"> <li>• Conjugated estrogen</li> <li>• Estradiol</li> </ul>	<ul style="list-style-type: none"> <li>• Esterified estrogen</li> <li>• Estropipate</li> </ul>	
Endocrine system, sulfonylureas, long-duration	<ul style="list-style-type: none"> <li>• Chlorpropamide</li> </ul>	<ul style="list-style-type: none"> <li>• Glyburide</li> </ul>	<ul style="list-style-type: none"> <li>• Glimepiride</li> </ul>
Endocrine system, other	<ul style="list-style-type: none"> <li>• Desiccated thyroid</li> </ul>	<ul style="list-style-type: none"> <li>• Megestrol</li> </ul>	
Pain medications, skeletal muscle relaxants	<ul style="list-style-type: none"> <li>• Carisoprodol</li> <li>• Chlorzoxazone</li> <li>• Cyclobenzaprine</li> </ul>	<ul style="list-style-type: none"> <li>• Metaxalone</li> <li>• Methocarbamol</li> <li>• Orphenadrine</li> </ul>	
Pain medications, other	<ul style="list-style-type: none"> <li>• Indomethacin</li> <li>• Ketorolac, includes parenteral</li> </ul>	<ul style="list-style-type: none"> <li>• Meperidine</li> </ul>	

## Osteoporosis Therapies (OMW)

Description	Prescription		J Codes
Biphosphonates	<ul style="list-style-type: none"> <li>Alendronate</li> <li>Alendronate-cholecalciferol</li> <li>Risedronate</li> </ul>	<ul style="list-style-type: none"> <li>Ibandronate</li> <li>Zoledronic acid</li> </ul>	J1740, J3489
Other agents	<ul style="list-style-type: none"> <li>Abaloparatide</li> <li>Denosumab</li> </ul>	<ul style="list-style-type: none"> <li>Raloxifene</li> <li>Teriparatide</li> </ul>	J3110, J0897

## COPD MEDICATIONS (PCE)

### Systemic Corticosteroid Medications

Description	Prescription
Glucocorticoids	<ul style="list-style-type: none"> <li>Dexamethasone</li> <li>Methylprednisolone</li> <li>Prednisone</li> <li>Cortisone-acetate</li> <li>Hydrocortisone</li> <li>Prednisolone</li> </ul>

### Bronchodilator Medications

Description	Prescription
Anticholinergic agents	<ul style="list-style-type: none"> <li>Albuterol-ipratropium</li> <li>Aclidinium-bromide</li> <li>Umeclidinium</li> <li>Tiotropium</li> <li>Ipratropium</li> </ul>
Beta 2-agonist	<ul style="list-style-type: none"> <li>Albuterol</li> <li>Arformoterol</li> <li>Budesonide-formoterol</li> <li>Fluticasone-salmeterol</li> <li>Fluticasone-vilantero</li> <li>Formoterol</li> <li>Formoterol-glycopyrrolate</li> <li>Indacaterol</li> <li>Indacaterol-glycopyrrolate</li> <li>Levalubetrol</li> <li>Formoterol-mometasone</li> <li>Metaproterenol</li> <li>Olodaterol hydrochloride</li> <li>Olodaterol-tiotropium</li> <li>Salmeterol</li> <li>Umeclidinium-vilantero</li> </ul>
Antiasthmatic combinations	<ul style="list-style-type: none"> <li>Dyphylline-guaifenesin</li> <li>Guaifenesin-theophylline</li> </ul>

## 2018 Quality Medicare Star Measures Reminder

MEASURE CODE	MEASURE	WEIGHT	AGE	DATE RANGE
ABA	Body Mass Index (BMI)	1.0	18-74	Jan to Dec (2 yrs)
ART	Rheumatoid Arthritis (dx or RA w/DMARD dispensed at least once each year)	1.0	≥18	Jan to Dec (1 yr)
BCS	Breast Cancer Screening (Mammography or Exclusion)	1.0	50-74	Jan to Dec (2 yrs)
COL	iFOBT/ gFOBT OR Sigmoidoscopy OR Colonoscopy	1.0	50-75	Jan to Dec (1 yr) Previous 4 years or measurement yr Previous 9 years or measurement yr
OMW	Women 67 & older w/fx must have BMD test (DEXA) or prescription filled for med to treat/prevent osteoporosis within 6 months of fx.	1.0	67-85	Jul of prior year to Jun of current year
FLU	A flu vaccination between July of the current year through June of the following year.	1.0	≥65	July of current year through June of the following year
PCR	Plan All Cause Readmissions- members readmitted for any diagnosis within 30 days of an acute inpatient stay.	3.0	≥ 18	Jan to Dec (1 yr)
MRP	Medication Reconciliation Post-Discharge - a medication reconciliation or review on or within 30 days of discharge.	1.0	≥ 18	Jan to Dec (1 yr)
SPC	Statin Therapy for Patients with Cardiovascular Disease - statin medication of moderate or high intensity dispensed at least once.	1.0	≥ 18	Jan to Dec (1 yr)

### DIABETIC MEMBERS AGE 18-75 (CDC)

DRE	Retinal or Dilated Eye Exam performed in current year or "negative" DRE exam in prior year.	1.0	18-75	Jan to Dec (1 yr)
CDC_HbA1c	HBA1C (Test & Result) (≤ 9%)**	3.0	18-75	Jan to Dec (1 yr)
CDC_NPH	Attention to Nephropathy (i.e., Urine Test (Albumin / Protein)	1.0	18-75	Jan to Dec (1 yr)

### PART D MEASURES (No reporting required from Providers. The health plan evaluates prescription claims data for this measures).

PartD_MTM	A Comprehensive Medication Review (CMR): an assessment of current medications which includes a discussion between the member and a pharmacist about all of the member's medications.	1.0	≥ 18	Jan to Dec (1 yr)
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### MEDICATION ADHERENCE: Prescriptions filled 80% or > of the time(during 2015) for oral meds for high cholesterol, HPB, and diabetes (Medication Compliance)

PART D _MA_DM	Taking oral diabetes medications as directed - "Oral diabetes medication" is defined as a biguanide drug, a sulfonylurea drug, a thiazolidinedione drug or a DPP-IV inhibitor. Plan members who take insulin are not included.	3.0	≥ 18	Jan to Dec (1 yr)
PART D _MA_RAS	Taking blood pressure medications as directed - "blood pressure medication" is defined as an ACE (angiotensin converting enzyme) inhibitor or an ARB (angiotensin receptor blocker) drug.	3.0	≥ 18	Jan to Dec (1 yr)
PART D _MA Statin	Taking cholesterol medication as directed - "Cholesterol medication" is defined as a statin drug.	3.0	≥ 18	Jan to Dec (1 yr)

(\*) Last BP documented in patient's medical record during the measurement year/Hybrid Measure

(\*\*) Last laboratory result of the measurement year.

# HEDIS ENCOUNTER CODING CHEAT SHEET

## ADULT BMI:

<input type="checkbox"/> Z68.1	Body Mass Index 19 or less	<input type="checkbox"/> Z68.30	Body Mass Index 30.0 - 30.9, adult
<input type="checkbox"/> Z68.20	Body Mass Index between 20.0 -20.9	<input type="checkbox"/> Z68.31	Body Mass Index 31.0 - 31.9, adult
<input type="checkbox"/> Z68.21	Body Mass Index 21.0 - 21.9, adult	<input type="checkbox"/> Z68.32	Body Mass Index 32.0 - 32.9, adult
<input type="checkbox"/> Z68.22	Body Mass Index 22.0 - 22.9, adult	<input type="checkbox"/> Z68.33	Body Mass Index 33.0 - 33.9, adult
<input type="checkbox"/> Z68.23	Body Mass Index 23.0 - 23.9, adult	<input type="checkbox"/> Z68.34	Body Mass Index 34.0 - 34.9, adult
<input type="checkbox"/> Z68.24	Body Mass Index 24.0 - 24.9, adult	<input type="checkbox"/> Z68.35	Body Mass Index 35.0 - 35.9, adult
<input type="checkbox"/> Z68.25	Body Mass Index 25.0 - 25.9, adult	<input type="checkbox"/> Z68.36	Body Mass Index 36.0 - 36.9, adult
<input type="checkbox"/> Z68.26	Body Mass Index 26.0 - 26.9, adult	<input type="checkbox"/> Z68.37	Body Mass Index 37.0 - 37.9, adult
<input type="checkbox"/> Z68.27	Body Mass Index 27.0 - 27.9, adult	<input type="checkbox"/> Z68.38	Body Mass Index 38.0 - 38.9, adult
<input type="checkbox"/> Z68.28	Body Mass Index 28.0 - 28.9, adult	<input type="checkbox"/> Z68.39	Body Mass Index 39.0 - 39.9, adult
<input type="checkbox"/> Z68.29	Body Mass Index 29.0 - 29.9, adult	<input type="checkbox"/> Z68.41	Body Mass Index 40.0 – 44.9, adult
<input type="checkbox"/> Z68.42	Body Mass Index 45.0 – 49.9, adult		
<input type="checkbox"/> Z68.43	Body Mass Index between 50.0 -59.9		
<input type="checkbox"/> Z68.44	Body Mass Index 60.0 - 69.9, adult		
<input type="checkbox"/> Z68.45	Body Mass Index 70.0 or greater adult		

## BLOOD PRESSURE LEVELS:

<input type="checkbox"/> 3074F	Most recent Systolic LESS than 130 mm Hg
<input type="checkbox"/> 3075F	Most recent Systolic between 130 and 139 mm Hg
<input type="checkbox"/> 3077F	Most recent Systolic GREATER THAN OR EQUAL TO 140 mmHg
<input type="checkbox"/> 3078F	Most recent Diastolic LESS than 80 mm Hg
<input type="checkbox"/> 3079F	Most recent Diastolic between 80-89 mm Hg
<input type="checkbox"/> 3080F	Most recent Diastolic GREATER THAN OR EQUAL TO 90mm Hg

## LABORATORY RESULTS:

<input type="checkbox"/> 3044F	Most recent hemoglobin A1c (HbA1c) level < 7.0% (DM)
<input type="checkbox"/> 3045F	Most recent hemoglobin A1c (HbA1c) level 7.0% to 9.0% (DM)
<input type="checkbox"/> 3046F	Most recent hemoglobin A1c (HbA1c) level > 9.0% (DM)
<input type="checkbox"/> G0328	Fecal occult blood test, immunoassay, 1-3 simultaneous determination (FOBT performed in PCP office/lab)
<input type="checkbox"/> 3060F	Positive microalbuminuria test results documented and reviewed (DM)
<input type="checkbox"/> 3061F	Negative microalbuminuria test results documented and reviewed (DM)
<input type="checkbox"/> 3062F	Positive macroalbuminuria test results documented and reviewed (DM)
<input type="checkbox"/> 4010F	ACE/ARB Therapy RXD/Taken

## RETINAL EXAM REPORT:

<input type="checkbox"/> 2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (DM)
<input type="checkbox"/> 3072F	Low risk for retinopathy (no evidence of retinopathy in prior year) (DM)

## OTHER:

<input type="checkbox"/> 1111F	Medication Reconciliation
<input type="checkbox"/> 90654	Seasonal Influenza Virus Vaccine Administration



## Notes



You may have relevant information regarding a member that you are unable to submit via claim. In this case, you can close the gap by submitting the medical record indicating the member has already received the relevant service or has a condition that excludes them from the measure. All medical records should be faxed to **AvMed Corporate Quality Improvement** at **1-800-331-3843**.