### Annual Wellness Exam

**Measure ID:** AHA, PPE, COA  
**Description:** One Annual Wellness Visit documented  
**Documentation Requirements:** Measurement Year  

<table>
<thead>
<tr>
<th>Lines</th>
<th>Age</th>
<th>Medicare</th>
<th>CPT/CPTII Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18yrs &amp; Older</td>
<td></td>
<td>18-39 yrs old: 99385, 99395</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>40-64 yrs old: 99386, 99396</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>65+: 99387, 99397</td>
</tr>
</tbody>
</table>

**Initial NEW to Medicare:** G0402  
**Annual Wellness:** G0438, G0439  

**ICD-10:** Z00.00, Z00.01  

### Blood Pressure Control

**Measure ID:** CBP or CDC9  
**Description:** BP reading taken in the office. Compliant BP of Systolic >140, Diastolic >90 for hypertensive & diabetic patients.  
**Documentation Requirements:** EVERY VISIT  

<table>
<thead>
<tr>
<th>Lines</th>
<th>Age: 18yrs - 75yrs</th>
<th>Age: Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Systolic &lt;130</td>
<td>3074F</td>
</tr>
<tr>
<td></td>
<td>Systolic 130-139</td>
<td>3075F</td>
</tr>
<tr>
<td></td>
<td>Systolic &gt;=140</td>
<td>3077F</td>
</tr>
<tr>
<td></td>
<td>Diastolic &lt;80</td>
<td>3078F</td>
</tr>
<tr>
<td></td>
<td>Diastolic 80-89</td>
<td>3079F</td>
</tr>
<tr>
<td></td>
<td>Diastolic &gt;=90</td>
<td>3080F</td>
</tr>
</tbody>
</table>

**Telephone Visit:** 98966-68, 99441-43  

### Care for Older Adults

**MEDICATION REVIEW & LISTING**  
**Measure ID:** COA  
**Description:** Medication list must be signed and listed  
**Documentation Requirements:** Measurement Year  
**Star Weight:** 1  

<table>
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<tr>
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<th>Age: Medicare</th>
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<tbody>
<tr>
<td></td>
<td>66yrs &amp; Older</td>
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</tbody>
</table>

**1159F:** Medication Listing  
**1160F:** Medication Review  
**Med Review CPT:** 99605, 99606, 90863, 99483  
**HCPCS:** G8427  

### Care for Older Adults

**PAIN ASSESSMENT**  
**Measure ID:** COA  
**Description:** Notation of “no pain” or “no pain” in the medical record  
**Documentation Requirements:** Measurement Year  
**Star Weight:** 1  

<table>
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<th>Age: Medicare</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>66yrs &amp; Older</td>
</tr>
</tbody>
</table>

**1125F = Pain**  
**1126F = No Pain**  

**Telephone Visit:** 98966-68, 99441-43
### Medication Reconciliation Post-Discharge (Transitions of Care)

**Measure ID:** MRP  
**Description:** Medication reconciliation documented  
**Documentation Requirements:** Visit within 30 days of Hospital discharge  
*TELEHEALTH ENCOURAGED*  
**Star Weight:** 1  
**Medicare:** 18yrs - 75yrs  

- Progress Notes must clearly state that discharge and current medications were reconciled  
- Follow-up Visit must be held within 30 days from date of discharge. Patient engagement that takes place during a telephone visit, e-visit or virtual check-in meets numerator compliance.  
*TELEHEALTH ENCOURAGED*

| CPT/CPTII: | - 99483, 99495, 99496  
- 1111F and Follow up visit encounter code  
- or -  
Submit completed and signed MRP form |
| --- | --- |

### Comprehensive Diabetes Care

**HbA1c Control**  
**Measure ID:** CDC  
**Description:** Diabetes Monitoring - Complete Lab Requisition form and refer to Lab  
**Documentation Requirements:** Measurement Year  
**Star Weight:** 3  
**Medicare:** 18yrs - 75yrs  

- A1c, HbA1c, HgbA1c  
- Glycohemoglobin  
- Glycohemoglobin A1c  
- Glycated hemoglobin  
- Glycosylated hemoglobin  
- Hemoglobin A1c  

The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

| HbA1c CPT/CPTII: | Testing: 83036  
Result Values:  
Less than 6.9% = 3044F  
Between 7.0-7.9% = 3051F  
Between 8.0-9.0% = 3052F  
*Greater than 9.1% = 3046F*  
>9.1% = NOT in-control |
| --- | --- |

### Comprehensive Diabetes Care

**Microalbumin**  
**Measure ID:** CDC  
**Description:** Microalbumin - Complete Lab Requisition form and refer to Lab  
**Documentation Requirements:** Measurement Year  
**Star Weight:** 1  
**Medicare:** 18yrs - 75yrs  

- Consultation reports  
- Lab reports  

<table>
<thead>
<tr>
<th>CPT/CPTII:</th>
<th>81000-81003, 81005, 82042-82044, 84156, 3060F, 3061F, 3062F, 3066F, 4010F</th>
</tr>
</thead>
</table>

### Comprehensive Diabetes Care

**Kidney Health Evaluation for Patients with Diabetes**  
**Measured ID:** (KED) - Complete Lab Requisition form and refer to Lab  
**Documentation Requirements:** Measurement Year  
**Star Weight:** 1  
**Medicare:** 18yrs - 75yrs  

- Percentage of members ages 18-75 with diabetes (Type 1 and 2) who have had a kidney health evaluation in the measurement year. Both an eGFR and a UACR test are required on same or different dates of services.  

| CPT/CPTII: | 80047, 80048, 80050, 80053, 80069, 82565  
LOINC: 48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 96591-3, 96592-1 |
| --- | --- |
### Comprehensive Diabetes Care Eye Exam

**Measure ID:** CDC, DRE  
**Description:**  
Diabetes Monitoring - Refer to Optometrist or Ophthalmologist

**Documentation Requirements:**  
- Positive for Retinopathy = Annually  
- Negative for Retinopathy = Every 2yrs

**Star Weight:** 1

<table>
<thead>
<tr>
<th>Lines: Age:</th>
<th>Medicare 18yrs - 75yrs</th>
</tr>
</thead>
</table>

#### Breast Cancer Screening

**Measure ID:** BCS

**Description:**  
Cancer prevention screening.

**Documentation Requirements:**  
- Mammogram - Refer to Imaging Center between Oct. 1, 2020, and Dec. 31, 2022

**Star Weight:** 1

<table>
<thead>
<tr>
<th>Lines: Age:</th>
<th>Medicare 50yrs - 74yrs</th>
</tr>
</thead>
</table>

#### Colorectal Cancer Screening

**Measure ID:** COL

**Description:**  
Cancer prevention screening.

**Documentation Requirements:**  
- Colonoscopy = 10yrs  
- CT Colonography/Sigmoidoscopy = 5yrs  
- FIT-DNA test = 3yrs (LAB Test)  
- FOBT = Every Year (LAB Test)

**Star Weight:** 1

<table>
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<tr>
<th>Lines: Age:</th>
<th>Medicare 50yrs - 75yrs</th>
</tr>
</thead>
</table>
### Rheumatoid Arthritis Management

**Measure ID:** DMARD  
**Description:** Members ages 18 & older who were diagnosed with rheumatoid arthritis & were dispensed at least one ambulatory prescription(s) for a disease-modifying anti-rheumatic drug (DMARD).

**Documentation Requirements:** Measurement Year for Diagnosed Patients  
**Star Weight:** 1  
**Lines:**  
| Age: | Medicare | 65yrs & Older |

To comply with this measure, a member must have at least one prescription during the measurement year for any of the following:

- Alendronate
- Alendronate-cholecalciferol
- Ibandronate
- Risedronate
- Zoledronic acid
- Abaloparatide
- Calcitonin
- Denosumab
- Raloxifene
- Teriparatide

**CPT/CPTII:** 4187F  
**ICD-10 Diagnosis:** M06.9  
- Sulfasalazine
- Cyclophosphamide
- Hydroxychloroquine
- Auranofin
- Leflunomide
- Methotrexate
- Penicillamine
- Abatecept
- Infliximab
- Etanercept
- Adalimumab
- Anakinra
- Golimumab
- Certolizumab
- Rituximab
- Azathioprine
- Cyclosporine
- Mycophenolate
- Minocycline

### Osteoporosis Management in Women who Had a Fracture

**Measure ID:** OMW  
**Description:** Women ages 67–85 who suffered a fracture & who had a bone mineral density DEXA Scan or prescription drug to treat osteoporosis within 6mos of fracture.

**Documentation Requirements:** Within 6 months of Fracture  
**Star Weight:** 1  
**Lines:**  
| Age: | Medicare | Women 67-85 |

To comply with this measure, a member must have at least one prescription during the measurement year for any of the following:

- BMD Test
- Osteoporosis therapies identified through pharmacy data
- Lab results
- Medication list

**ICD-10 Diagnosis:** M84.40XA  
- Alendronate
- Alendronate-cholecalciferol
- Ibandronate
- Risedronate
- Zoledronic acid
- Abaloparatide
- Calcitonin
- Denosumab
- Raloxifene
- Teriparatide

**CPT/CPTII:**  
- Dexa: 76977, 77078, 77080-77082, 77085-77086
- Sexa: G0130

**Pharmacologic Therapy:** 4005F  
**Medications:** J0897, J1740, J3489, J0630, J0897, J3110, J3489