

**Medicare Advantage Prescription Plans (MAPD) & SNP Plans
2021 HEDIS AND FIVE-STAR QUALITY MEASURES REFERENCE GUIDE**



HEALTHSMART
MANAGEMENT SERVICES ORGANIZATION, INC.

HEDIS STAR MEASURE AND REQUIREMENTS

DOCUMENTATION NEEDED

CPT/CPTII CODES

| | | |
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| <p>Annual Wellness Exam Measure ID: AHA, PPE, COA <u>Description:</u> One Annual Wellness Visit documented <u>Documentation Requirements:</u> Measurement Year Lines: Medicare Age: 18yrs & Older</p> | <p>Medicare: One or more ambulatory or preventive care visits during the measurement year.</p> | <p>18-39 yrs old: 99385, 99395 40-64 yrs old: 99386, 99396 65+: 99387, 99397 Initial NEW to Medicare: G0402 Annual Wellness: G0438, G0439 ICD-10: Z00.00, Z00.01</p> |
| <p>Blood Pressure Control Measure ID: CBP or CDC9 <u>Description:</u> BP reading taken in the office. Compliant BP of Systoli >140, Diastolic>90 for hypertensive & diabetic patients. <u>Documentation Requirements:</u> EVERY VISIT Star Weight: 1 Lines: Medicare Age: 18yrs - 75yrs</p> | <ul style="list-style-type: none"> • Progress notes • Vitals sheet • The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in. | <p>Systolic <130 3074F Systolic 130-139 3075F Systolic >=140 3077F Diastolic <80 3078F Diastolic 80-89 3079F Diastolic >=90 3080F Telephone Visit: 98966-68, 99441-43</p> |
| <p>Care for Older Adults MEDICATION REVIEW & LISTING Measure ID: COA <u>Description:</u> Medication list must be signed and listed <u>Documentation Requirements:</u> Measurement Year Star Weight: 1 Lines: Medicare Age: 66yrs & Older</p> | <ul style="list-style-type: none"> • Health history & physical • Medication list • Progress notes • SOAP notes <p>Documentation that the medications aren't tolerated isn't an exclusion</p> <p>Member does not need to be present for Med Review.</p> | <p>1159F: Medication Listing 1160F: Medication Review Med Review CPT: 99605, 99606, 90863, 99483 HCPCS: G8427</p> |
| <p>Care for Older Adults PAIN ASSESSMENT Measure ID: COA <u>Description:</u> Notation of "no pain" or "no pain" in the medical record <u>Documentation Requirements:</u> Measurement Year Star Weight: 1 Lines: Medicare Age: 66yrs & Older</p> | <ul style="list-style-type: none"> • Health history & physical • Home health records • Occupational therapy notes • Pain assessment forms • Physical therapy notes • Progress notes • Skilled nursing facility minimum data set (MDS) form • SOAP notes | <p>1125F = Pain 1126F = No Pain Telephone Visit: 98966-68, 99441-43</p> |
| <p>Medication Reconciliation Post-Discharge (Transitions of Care) Measure ID: MRP <u>Description:</u> Medication reconciliation documented <u>Documentation Requirements:</u> Visit within 30 days of Hospital discharge *TELEHEALTH ENCOURAGED* Star Weight: 1 Lines: Medicare Age: 18yrs - 75yrs</p> | <ul style="list-style-type: none"> • Progress Notes must clearly state that <u>discharge and current medications were reconciled</u> • Follow up Visit must be held within 30 days from date of discharge. <p>Patient engagement that takes place during a telephone visit, e-visit or virtual check-in meets numerator compliance.</p> | <p>CPT/CPTII: - 99483, 99495, 99496 - 1111F and Follow up visit encounter code - or - Submit completed and signed MRP form *TELEHEALTH ENCOURAGED*</p> |

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| <p>Comprehensive Diabetes Care HbA1c Control Measure ID: CDC</p> <p><u>Description:</u> <i>Diabetes Monitoring - Complete Lab Requisition form and refer to Lab</i></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Star Weight: 3</p> <p>Lines: Age: Medicare 18yrs - 75yrs</p> | <ul style="list-style-type: none"> • A1c, HbA1c, HgbA1c • Glycohemoglobin • Glycohemoglobin A1c • Glycated hemoglobin • Glycosylated hemoglobin • Hemoglobin A1c <p>The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.</p> | <p>HbA1c CPT/CPTII: Testing: 83036</p> <p>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</p> |
| <p>Comprehensive Diabetes Care Microalbumin Measure ID: CDC</p> <p><u>Description:</u> <i>Microalbumin - Complete Lab Requisition form and refer to Lab</i></p> <p><u>Documentation Requirements:</u> Measurement Year</p> <p>Star Weight: 1</p> <p>Lines: Age: Medicare 18yrs - 75yrs</p> | <ul style="list-style-type: none"> • Consultation reports • Lab reports | <p>CPT/CPTII: 81000-81003, 81005, 82042-82044, 84156, 3060F, 3061F, 3062F,3066F, 4010F</p> |
| <p>Comprehensive Diabetes Care Eye Exam Measure ID: CDC, DRE</p> <p><u>Description:</u> <i>Diabetes Monitoring - Refer to Optometrist or Ophthalmologist</i></p> <p><u>Documentation Requirements:</u> Positive for Retinopathy = Annually Negative for Retinopathy = Every 2yrs</p> <p>Star Weight: 1</p> <p>Lines: Age: Medicare 18yrs - 75yrs</p> | <ul style="list-style-type: none"> • Bilateral eye enucleation or acquired absence of both eyes • Dilated or retinal eye exam • Fundus photography •Note: the presence or absence of retinopathy must be documented. • The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in. <p><u>Exclusion:</u></p> <ul style="list-style-type: none"> • Members who use hospice services or elect to use hospice benefit, regardless of when the services began in the measurement yr. • Members receiving palliative care | <p>CPT: 67028, 67030, 67031, 67036, 67039-67043,67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225, 92226, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245</p> <p>CPTII w/Retinopathy: 2022F, 2024F, 2026F</p> <p>Negative for Retinopathy: 2023F, 2025F, 2033F, 3072F</p> <p>Fundus Photography: 92250</p> |
| <p>Breast Cancer Screening Measure ID: BCS</p> <p><u>Description:</u> <i>Cancer prevention screening.</i></p> <p><u>Documentation Requirements:</u> Mammogram -Refer to Imaging Center between Oct. 1, 2019, and Dec. 31, 2021</p> <p>Star Weight: 1</p> <p>Lines: Age: Medicare 50yrs - 74yrs</p> | <ul style="list-style-type: none"> • Diagnostic reports • Health history and physical • Radiology Report <p><u>Exclusion:</u></p> <ul style="list-style-type: none"> • Bilateral Mastectomy • Two unilateral mastectomies • Absence of right or left breast • Advanced illness and Frailty | <p>CPT/CPTII: 77061-77063, 77065-77067</p> |

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| <p>Colorectal Cancer Screening</p> <p>Measure ID: COL</p> <p><u>Description:</u> Cancer prevention screening.</p> <p><u>Documentation Requirements:</u> Colonoscopy = 10yrs CT Colonography/Sigmoidoscopy = 5yrs FIT-DNA test = 3yrs (LAB Test) FOBT = Every Year (LAB Test)</p> <p>Star Weight: 1</p> <p>Lines: Medicare Age: 50yrs - 75yrs</p> | <ul style="list-style-type: none"> • Consultation reports • Diagnostic reports • Health history & physical • Lab reports • Pathology reports <p><u>Exclusion:</u></p> <ul style="list-style-type: none"> • Diagnosis of Colorectal Cancer or total Colectomy • Advanced illness and Frailty • Members who use hospice services or elect to use hospice benefit, regardless of when the services began in the measurement yr. • Members receiving palliative care | <p>CPT/CPTII: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398</p> <p>Fit-DNA Test: 81528, G0464</p> <p>FOBT: 82270, 82274, G0328</p> <p>Sigmoidoscopy: 45330-45335, 45337-45342, 45345-45347, 45349-45350</p> |
| <p>Rheumatoid Arthritis Management</p> <p>Measure ID: DMARD</p> <p><u>Description:</u> 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).</p> <p><u>Documentation Requirements:</u> Measurement Year for Diagnosed Patients</p> <p>Star Weight: 1</p> <p>Lines: Medicare Age: 65yrs & Older</p> | <p>To comply with this measure, a member must have at least one prescription during the measurement year for any of the following:</p> | <p>CPT/CPTII: 4187F</p> <p>ICD-10 Diagnosis: M06.9</p> <ul style="list-style-type: none"> • Sulfasalazine • Cyclophosphamide • Hydroxychloroquine • Auranofin • Leflunomide • Methotrexate • Penicillamine • Abatecept • Infliximab • Etanercept • Adalimumab • Anakinra • Golimumab • Certolizumab • Rituximab • Azathioprine • Cyclosporine • Mycophenolate • Minocycline |
| <p>Osteoporosis Management in Women who Had a Fracture</p> <p>Measure ID: OMW</p> <p><u>Description:</u> 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.</p> <p><u>Documentation Requirements:</u> Within 6 months of Fracture</p> <p>Star Weight: 1</p> <p>Lines: Medicare Age: Women 67-85</p> | <ul style="list-style-type: none"> • BMD Test • Osteoporosis therapies identified through pharmacy data • Lab results • Medication list <p>To comply with this measure, a member must be prescribed at least one of the following medications within 180 days of their discharge for a fracture:</p> | <p>CPT/CPTII: Dexa: 76977, 77078, 77080-77082, 77085-77086 Sexa: G0130 Pharmacologic Therapy: 4005F Medications: J0897, J1740, J3489, J0630, J0897, J3110, J3489</p> <p>ICD-10 Diagnosis: M84.40XA</p> <ul style="list-style-type: none"> • Alendronate • Alendronate-cholecalciferol • Ibandronate • Risedronate • Zoledronic acid • Abaloparatide • Calcitonin • Denosumab • Raloxifene • Teriparatide |