HEDIS SPECIFICATION OVERVIEW 2019

Cigna.

STAR METRIC	CRITERIA	COMPLIANCE ATTRIBUTION
Adult BMI Assessment (ABA) ★ **Eligible (denominator)** Patients age 18-74 with an outpatient visit during the measurement year or year prior to the measurement year **Compliant (numerator)** Body Mass Index (BMI) documented through either administrative data or medical record review	• Patients 20 years and older, BMI and weight documented in the medical record in the measurement year or year prior • Patients younger than 20 years, BMI percentile, height, and weight documented in the medical record in the measurement year or year prior • The weight, height, and BMI or BMI percentile must come from the same source **Exclude:** Female Patients with a diagnosis of pregnancy during the measure year or year prior	**To identify BMI (Adult):** **ICD-10CM:** Z68.1, Z68.20-Z68.39, Z68.41-Z68.45 **To identify BMI (Pediatric):** **ICD-10CM:** Z68.51-Z68.54
Breast Cancer Screening (BCS) **Eligible (denominator)** Female patients age 52-74 **Compliant (numerator)** Mammogram completed any time on or between October 1, two years prior to the measurement year, and December 31 of the measurement year	• Mammogram or digital breast tomosynthesis during the measure year or year prior. • Biopsies, breast ultrasounds, or MRIs are not included for this measure. **Exclude:** Patients with a history or bilateral mastectomy or two unilateral mastectomies, patients 66 and older with frailty and advanced illness (see *Note below)	**To identify Mammogram:** **CPT:** CPT 77055-77057, 77061-77063, 77065-77067 **HCPCS:** G0202, G0204, G0206 **ICD-9-PCS:** 87.36, 87.37 **UBREV:** 0401, 0403 **To identify Double Mastectomy Exclusion:** Appropriate coding for bilateral or two unilateral mastectomies must be received
Colorectal Cancer Screening (COL) ★ **Eligible (denominator)** Patients age 51-75 **Compliant (numerator)** Appropriate screening for colorectal cancer completed	**One or more of the following screenings:** • FOBT during measure year • Flexible sigmoidoscopy in measure year or prior 4 years • Colonoscopy in measure year or prior 9 years • Stool DNA FIT in measure year or prior 2 years • CT colonography in measure year or prior 4 years **Exclude:** Patients with a history of colorectal cancer or total colectomy, patients 66 and older with frailty and advanced illness (see *Note below)	**To identify FOBT:** **CPT:** 82270, 82274; **HCPCS:** G0328; **LOINC:** 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 56491-4, 57905-2, 58453-2, 80372-6 **To identify Flexible Sigmoidoscopy:** **CPT:** 45330-45335, 45337-45342, 45345-45347, 45349, 45350; **HCPCS:** G0104; **ICD9PCS:** 45.24 **To identify Colonoscopy: CPT:** 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398; **HCPCS:** G0105, G0121; **ICD9PCS:** 45.22, 45.23, 45.25, 45.42, 45.43 **To identify Stool DNA FIT: CPT:** 81528; **LOINC:** 77353-1, 77354-9; **HCPCS:** G0464; **To identify CT Colonography: CPT:** 74261, 74262, 74263
Comprehensive Diabetes Care (CDC) ★ **Eligible (denominator)** Patients age 18-75 with type I or type II diabetes defined as: • Diagnosis or dispensed prescription in the measure year or year prior • 2 outpatient, obs, ED, or non-acute inpatient visits on different dates of service (1 of 2 visits may be telehealth or online assessment) • **OR** 1 acute inpatient encounter • **OR** 1 dispensed prescription for insulin or hypoglycemic/antihyperglycemics **Compliant (numerator)** who received the following during the measurement year: • HbA1c screen with controlled result <9 ❸ • Retinal eye exam • Medical Attention for Nephropathy	**HbA1c screen with result <9: ❸** • Most recent lab value during the year will be representative value • Patients without screening are considered non-compliant **Eye Exam (DRE):** • Retinal exam during the year or negative exam during the year prior • Eye exam must be completed by eye care provider • Bilateral eye enucleation **NOTE**: Any provider type may complete retinal exam using retinal scanner. Results must be interpreted by an eye care provider. Provider should bill one of the following CPT codes: 92250, 92227, or 92228; along with one of the following CPT II codes: 2022F, 2024F, or 2026F. • Any provider can submit retinopathy status using CPT II 3072F in the year following eye exam to indicate "no retinopathy" **Attention for Nephropathy:** • Urine test for protein or albumin • Dispensed ACE/ARB medication • Documentation of visit to Nephrologist • Documentation of renal transplant • Documentation of medical attention for: ESRD, diabetic nephropathy, CRF, CKD, ARF, renal insufficiency, proteinuria, albuminuria, renal dysfunction, dialysis **Exclude:** Patients 66 and older with frailty and advanced illness (see *Note below)	**To identify HbA1c Screening and Value:** **CPT:** 83036, 83037 **CPT II:** (7.0-9.0 use 3045F),(>9 use 3046F),(< 7 use 3044F) **LOINC:** 17856-6, 4548-4, 4549-2 **To identify Kidney Function Test**: **CPT:** 81000-81003, 81005, 82042-82044, 84156; **CPT II:** 3060F-3062F, 3066F, 4010F (ACE/ARB treatment) **LOINC examples (all codes are not listed):** 11218-5, 12842-1, 13705-9, 13801-6, 14956-7, 14957-5, 14958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43605-5, 43607-1, 44292-1, 47558-2, 49023-5, 50561-0, 50949-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 59159-4, 60678-0, 63474-1, 76401-9, 77253-3, 77254-1, 9318-7 **To identify Diabetic Retinal Screening** **NOTE: The following codes must be filed by eye care provider:** **CPT:** 67028, 67030, 67031, 67036, 67039, 67040 -67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225- 92228, 92230, 92235, 92240, 92250, 92260, 99203- 99205, 99213-99215, 99242-99245 **HCPCS:** S0620, S0621, S3000 **The following codes can be filed by any provider type:** **CPT II:** 3072F, 2022F, 2024F, 2026F
Rheumatoid Arthritis Mgmt (ART) **Eligible (denominator)** Patients 18 and older with Rheumatoid Arthritis defined as: • 2 or more diagnoses of RA on 2 different dates of service during the measure year (1 of 2 visits may be telehealth or online assessment) **Compliant (numerator)** Patients dispensed one or more prescriptions for a DMARD during measure year	• Patients who had at least one ambulatory prescription dispensed for a DMARD during the measure year • Patients identified by claim/encounter or pharmacy data **Exclude:** Patients with a diagnosis of HIV any time during the patient's history, or female patients with a diagnosis of pregnancy	**To identify Rheumatoid Arthritis Diagnosis**: **ICD-10CM:** • RA Dx codes from categories M05 and M06 • Please code to highest specificity • For a complete code set, contact the Cigna-HealthSpring Stars Clinical Operations team, or your CHS representative
Care for Older Adults (COA) ★ **Eligible (denominator)** Special Needs Plan (SNP) patients 66 and older **Compliant (numerator)** Patients who have had the following during the measure year: • Functional Status Assessment • Medication Review • Pain Assessment	• **Functional Status Assessment (FSA):** Documentation of at least 5 ADL's, 4 IADL's, completion of a standardized FSA tool, or notation of at least 3 of the following 4 components: Cognitive Status, Ambulation Status, Sensory Ability (hearing, vision and speech) and one other functional independence • **Medication Review:** Notation patient is not on any meds or med list in medical record, along with evidence of medication review conducted by clinical pharmacist or prescribing practitioner • **Pain Assessment:** Documentation that patient was assessed for pain during the measure year	**To identify Functional Status Assessment:** **CPT II:** 1170F **To identify Medication Review and List:** NOTE: Med Review code and List code must appear on the same claim to meet measure specifications **CPT (Med Review):** 90863, 99605, 99606 **CPT II (Med Review):** 1160F **CPT II (Med List):** 1159F or HCPCS G8427 **To identify Pain Assessment:** **CPT II:** 1125F, 1126F

STAR METRIC	CRITERIA	COMPLIANCE ATTRIBUTION
Controlling High Blood Pressure (CBP) ❸ ★ **Eligible (denominator)** Patient age 18-85 who had at least 2 visits on different dates of service with a Dx of hypertension during measurement year or prior year **Compliant (numerator)** Final BP reading of the year defined as: • < 140/90 (Goal 139/89)	• Identify the most recent BP reading noted during the measure year • The reading must occur on or after the date when the second diagnosis of hypertension was confirmed • Multiple readings can be documented for the same DOS, with lowest systolic and diastolic from different readings combined as representative BP • Do not count patient reported BP's, BP taken during an ED or inpatient visit, or obtained the same day as an outpatient visit where a diagnostic test or surgical procedure was performed • Include BP readings from remote monitoring devices that are digitally stored and transmitted to the provider **Exclude:** Patients with evidence of ESRD, kidney transplant, dialysis, diagnosis of pregnancy, non-acute inpatient admission, patients 81 and older with frailty, and 66-80 with frailty and advanced illness (see *Note below)	**To identify Hypertension:** **ICD-10CM:** I10 **Systolic < 130:CPT II:**3074F **Systolic 130- 139: CPT II:** 3075F **Systolic >= to 140: CPT II:** 3077F **Diastolic < 80: CPT II:** 3078F **Diastolic 80-90: CPT II:** 3079F **Diastolic >= to 90: CPT II:** 3080F **NOTE:** BP can be submitted via claims CPT II codes and P4Q data entry. A new administrative method for reporting has been added so the measure can be reported administratively and from HEDIS MRR.
Osteoporosis Fracture Mgmt (OMW) **Eligible (denominator)** Female patients 67-85 who had a fracture during the intake period (July 1 of year prior to June 30 of measure year) **Compliant (numerator)** Bone mineral density (BMD) test or dispensed prescription to treat osteoporosis within 180 days or 6 months post fracture.	• BMD completed on date of fracture or 180 day (6 mo.) period after • Dispensed prescription to treat osteoporosis on date of fracture or 180 day (6 mo.) period after • Fractures of finger, toe, face, and skull not included **Exclude:** Patients who had a BMD test within 730 days (24 mo.) prior to fracture, patients with active prescription for osteoporosis within the 365 days or (12 mo.) prior to fracture, patients enrolled in I-SNP or living long-term in any institution during measurement year, patients 81 and older with frailty, and 66-80 with frailty and advanced illness (see *Note below)	**To identify BMD test:** **CPT:** 76977, 77078, 77080-77082, 77085, 77086 **HCPCS:** G0130 **ICD-9PCS:** 88.98 **ICD-10PCS:** BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BQ03ZZ1, BQ04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1 **To identify Osteoporosis Meds:** **HCPCS:** J0630, J0897, J1740, J3110, J3487-J3489, Q2051
Medication Reconciliation Post-Discharge (MRP) ★ **Eligible (denominator)** Patients 18 years and older who had an acute or non-acute inpatient discharge on or between January 1 and December 1 of the measure year **Compliant (numerator)** Medication reconciliation conducted by prescribing practitioner, clinical pharmacist, or registered nurse on the date of discharge through 30 days after discharge	• Documentation of current meds with notation that discharge meds were reviewed • Documentation of current med list, and discharge med list, and that both were reviewed on same date • Documentation of current med list with evidence that patient was seen for discharge follow up and evidence of med review or reconciliation • Documentation in discharge summary that discharge meds were reconciled with current meds and that summary was filed in chart within 30 days of discharge • Note that no meds were ordered upon discharge • Documentation of the current medications with a notation that references the discharge medications (e.g., no changes in medications since discharge, same medications at discharge, discontinue all discharge medications)	**To identify Medication Reconciliation:** **CPT:** 99495, 99496 **CPT II:** 1111F
Statin Therapy for Patients with Cardiovascular Disease (SPC) **Eligible (denominator)** Males 21-75 and females 40-75 identified as having clinical atherosclerotic cardiovascular disease (ASCVD) **Compliant (numerator)** Patients dispensed at least one high-intensity or moderate-intensity statin during measurement year	• Identify patients as having ischemic vascular disease (IVD) who met at least one of the following criteria during both the measurement year and prior year › At least one outpatient visit with an IVD diagnosis › A telephone visit with an IVD diagnosis › An online assessment with an IVD diagnosis › At least one acute inpatient encounter with an IVD diagnosis without telehealth • Patients identified by claim/encounter or pharmacy data as having ASCVD **Exclude:** Patients with diagnosis of Pregnancy, ESRD, Cirrhosis, Myalgia, Myositis, Myopathy, or Rhabdomyolysis, patients who had in vitro fertilization or have taken clomiphene in the measurement year or year prior, patients 66 and older with frailty and advanced illness (see *Note below)	**To identify ASCVD:** Any of the following during the year prior to the measurement year: • Any diagnosis of myocardial infarction • CABG, PCI or other revascularization procedure • Any diagnosis of ischemic vascular disease (IVD) during the measurement year or year prior

***NOTE:** The codes below apply to the BCS, COL, CDC, ART, CBP, OMW, and SPC.

To identify Frailty:

CPT: 99504, 99509

ICD-10PCS: L89.119, L89.139, LIIIIIII89.149, L89.159, L89.209, L89.309, L89.899, L89.90, M62.50, M62.81, M62.84, R26.0, R26.1, R26.2, R26.89, R26.9

HCPCS: E0100, E0105, E0130, E0135, E0140, E0141, E0143

To identify advanced illness:

ICD-10PCS: A81.00, A81.01, A81.09, C25.0, C25.1, C25.2, C25.3, C25.4, C25.7, C25.8, C25.9, C71.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9, C78.00, C78.2, C78.39, C78.4

KEY: ★ Denotes HEDIS hybrid Medical Record Review (MRR) measure
❸ Indicates triple weight measure

NOTE: Hospice is an exclusion for all measures
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