

2025 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>

Measure	Requirement	Coding Assistance
<p>Breast Cancer Screening (BCS-E)</p> <p>The percentage of members 50-74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.(add I as superscript after cancer).</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>Unilateral mammogram meets criteria</p> <p>Transgender members (female to male) 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>

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<p>Colon Cancer Screening (COL-E)</p> <p>Members 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="789 162 1365 626"> <thead> <tr> <th data-bbox="789 162 1117 199">Screening</th> <th data-bbox="1125 162 1365 199">Frequency</th> </tr> </thead> <tbody> <tr> <td data-bbox="789 206 1117 282">Fecal Occult Blood (FOBT)</td> <td data-bbox="1125 206 1365 282">Annually</td> </tr> <tr> <td data-bbox="789 289 1117 326">Cologuard/ FIT-DNA</td> <td data-bbox="1125 289 1365 326">Every three years</td> </tr> <tr> <td data-bbox="789 332 1117 370">Flexible Sigmoidoscopy</td> <td data-bbox="1125 332 1365 370">Every five years</td> </tr> <tr> <td data-bbox="789 376 1117 414">CT Colonography</td> <td data-bbox="1125 376 1365 414">Every five years</td> </tr> <tr> <td data-bbox="789 420 1117 620">Colonoscopy</td> <td data-bbox="1125 420 1365 620">Every ten years</td> </tr> </tbody> </table> <p data-bbox="789 662 1415 727">Documentation of the specific test and completion date are required.</p> <p data-bbox="789 766 1344 831">A pathology report that indicates the type of screening and the date meets criteria.</p> <p data-bbox="789 870 1377 935">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 • Patients 81+ with Frailty on 2 different DOS in MY 	<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 GMI is to be derived from at least 12 days of CGM data. 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 	<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 where the member was 18 years or older on the date of the visit.</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:</p> <p>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="1442 164 1959 201">Osyeporosis Medication</th> </tr> </thead> <tbody> <tr> <td data-bbox="1442 207 1682 282">J0897</td> <td data-bbox="1690 207 1959 282">Injection, denosumab, 1mg</td> </tr> <tr> <td data-bbox="1442 289 1682 402">J1740</td> <td data-bbox="1690 289 1959 402">Injection, ibandronate sodium, 1mg</td> </tr> <tr> <td data-bbox="1442 409 1682 483">J3110</td> <td data-bbox="1690 409 1959 483">Injection, teriparatide, 10mg</td> </tr> <tr> <td data-bbox="1442 490 1682 604">J3111</td> <td data-bbox="1690 490 1959 604">Injection, Romosozumab, 1mg</td> </tr> <tr> <td data-bbox="1442 610 1682 685">J3489</td> <td data-bbox="1690 610 1959 685">Injection, zoledronic acid, 1mg</td> </tr> <tr> <td data-bbox="1442 691 1682 928">Bisphosphonates</td> <td data-bbox="1690 691 1959 928"> <ul style="list-style-type: none"> • Alendronate • Alendronate-cholecalciferol • Ibandronate • Risedronate • Zoledronic acid </td> </tr> <tr> <td data-bbox="1442 935 1682 1172">Other Agents</td> <td data-bbox="1690 935 1959 1172"> <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="100 142 653 180">Plan All-Cause Readmissions (PCR)</p> <p data-bbox="100 207 768 394">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="100 431 247 456">Exclusions:</p> <ul data-bbox="100 472 768 1214" style="list-style-type: none"> <li data-bbox="100 472 436 496">• Hospice – Anytime in MY <li data-bbox="100 532 625 557">• Hospital stays where the patient expired <li data-bbox="100 592 747 662">• Principal diagnosis of pregnancy on the discharge claim <li data-bbox="100 698 768 768">• Principal diagnosis of a condition originating in the perinatal period on the discharge claim <li data-bbox="100 803 768 873">• The Index Admission Date is the same as the Index Discharge Date <li data-bbox="100 909 768 1214">• Acute hospitalizations where the discharge claims has a diagnosis for: <ul style="list-style-type: none"> <li data-bbox="121 998 495 1023">- Chemotherapy maintenance <li data-bbox="121 1052 583 1076">- Principal diagnosis of rehabilitation <li data-bbox="121 1105 352 1130">- Organ transplant <li data-bbox="121 1159 768 1214">- Potentially planned procedure without a principal acute diagnosis 	<p data-bbox="779 147 1310 217">This measure is based on discharges, not members.</p> <p data-bbox="779 253 1398 323">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 1386 1161"> <thead> <tr> <th data-bbox="793 305 1060 386">High-intensity Statin Therapy</th> <th data-bbox="1066 305 1386 386">Moderate-intensity Statin Therapy</th> </tr> </thead> <tbody> <tr> <td data-bbox="793 391 1060 472"> <ul style="list-style-type: none"> Atorvastatin 40 – 80mg </td> <td data-bbox="1066 391 1386 472"> <ul style="list-style-type: none"> Atorvastatin 10 – 20mg </td> </tr> <tr> <td data-bbox="793 477 1060 581"> <ul style="list-style-type: none"> Amlodipine-atorvastatin 40 – 80mg </td> <td data-bbox="1066 477 1386 581"> <ul style="list-style-type: none"> Amlodipine-atorvastatin 10 – 20mg </td> </tr> <tr> <td data-bbox="793 586 1060 667"> <ul style="list-style-type: none"> Rosuvastatin 20 – 40mg </td> <td data-bbox="1066 586 1386 667"> <ul style="list-style-type: none"> Rosuvastatin 5 – 10mg </td> </tr> <tr> <td data-bbox="793 672 1060 753"> <ul style="list-style-type: none"> Simvastatin 80mg </td> <td data-bbox="1066 672 1386 753"> <ul style="list-style-type: none"> Simvastatin 20 – 40mg </td> </tr> <tr> <td data-bbox="793 758 1060 846"> <ul style="list-style-type: none"> Ezetimibe-simvastatin 80mg </td> <td data-bbox="1066 758 1386 846"> <ul style="list-style-type: none"> Ezetimibe-simvastatin 20 – 40mg </td> </tr> <tr> <td data-bbox="793 850 1060 932"></td> <td data-bbox="1066 850 1386 932"> <ul style="list-style-type: none"> Pravastatin 40 – 80mg </td> </tr> <tr> <td data-bbox="793 937 1060 1018"></td> <td data-bbox="1066 937 1386 1018"> <ul style="list-style-type: none"> Lovastatin 40mg </td> </tr> <tr> <td data-bbox="793 1023 1060 1104"></td> <td data-bbox="1066 1023 1386 1104"> <ul style="list-style-type: none"> Fluvastatin 40 – 80mg </td> </tr> <tr> <td data-bbox="793 1109 1060 1161"></td> <td data-bbox="1066 1109 1386 1161"> <ul style="list-style-type: none"> Pitavastatin 1 – 4mg </td> </tr> </tbody> </table>	High-intensity Statin Therapy	Moderate-intensity Statin Therapy	<ul style="list-style-type: none"> Atorvastatin 40 – 80mg 	<ul style="list-style-type: none"> Atorvastatin 10 – 20mg 	<ul style="list-style-type: none"> Amlodipine-atorvastatin 40 – 80mg 	<ul style="list-style-type: none"> Amlodipine-atorvastatin 10 – 20mg 	<ul style="list-style-type: none"> Rosuvastatin 20 – 40mg 	<ul style="list-style-type: none"> Rosuvastatin 5 – 10mg 	<ul style="list-style-type: none"> Simvastatin 80mg 	<ul style="list-style-type: none"> Simvastatin 20 – 40mg 	<ul style="list-style-type: none"> Ezetimibe-simvastatin 80mg 	<ul style="list-style-type: none"> Ezetimibe-simvastatin 20 – 40mg 		<ul style="list-style-type: none"> Pravastatin 40 – 80mg 		<ul style="list-style-type: none"> Lovastatin 40mg 		<ul style="list-style-type: none"> Fluvastatin 40 – 80mg 		<ul style="list-style-type: none"> Pitavastatin 1 – 4mg 	<table border="1" data-bbox="1444 147 1992 899"> <thead> <tr> <th data-bbox="1444 147 1686 188">Exclusion</th> <th data-bbox="1692 147 1992 188">ICD-10 Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="1444 193 1686 261">Myalgia</td> <td data-bbox="1692 193 1992 261">M79.10 - M79.12, M79.18</td> </tr> <tr> <td data-bbox="1444 266 1686 586">Myositis</td> <td data-bbox="1692 266 1992 586">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 591 1686 634">Myopathy</td> <td data-bbox="1692 591 1992 634">G72.0, G72.2, G72.9</td> </tr> <tr> <td data-bbox="1444 639 1686 683">Rhabdomyolysis</td> <td data-bbox="1692 639 1992 683">M62.82</td> </tr> <tr> <td data-bbox="1444 688 1686 821">Cirrhosis</td> <td data-bbox="1692 688 1992 821">K70.30, K70.31, K71.7, K74.3-K74.5, K74.60, K74.69, P78.81</td> </tr> <tr> <td data-bbox="1444 826 1686 899">ESRD</td> <td data-bbox="1692 826 1992 899">N18.5, N18.6, Z99.2</td> </tr> </tbody> </table> <table border="1" data-bbox="1444 935 1992 1388"> <thead> <tr> <th data-bbox="1444 935 1686 976">Condition</th> <th data-bbox="1692 935 1992 976">SNOMED Codes</th> </tr> </thead> <tbody> <tr> <td data-bbox="1444 980 1686 1073">Hx of myalgia caused by statin (situation)</td> <td data-bbox="1692 980 1992 1073">16524291000119105</td> </tr> <tr> <td data-bbox="1444 1078 1686 1203">Hx of rhabdomyolysis due to statin (situation)</td> <td data-bbox="1692 1078 1992 1203">16524331000119104</td> </tr> <tr> <td data-bbox="1444 1208 1686 1284">Myalgia caused by statin (finding)</td> <td data-bbox="1692 1208 1992 1284">16462851000119106</td> </tr> <tr> <td data-bbox="1444 1289 1686 1388">Rhabdomyolysis due to statin (disorder)</td> <td data-bbox="1692 1289 1992 1388">787206005</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	Condition	SNOMED Codes	Hx of myalgia caused by statin (situation)	16524291000119105	Hx of rhabdomyolysis due to statin (situation)	16524331000119104	Myalgia caused by statin (finding)	16462851000119106	Rhabdomyolysis due to statin (disorder)	787206005
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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																																													
Condition	SNOMED Codes																																													
Hx of myalgia caused by statin (situation)	16524291000119105																																													
Hx of rhabdomyolysis due to statin (situation)	16524331000119104																																													
Myalgia caused by statin (finding)	16462851000119106																																													
Rhabdomyolysis due to statin (disorder)	787206005																																													

Measure	Requirement	Coding Assistance													
<p data-bbox="96 154 783 196">Statin Use in Patients with Diabetes (SUPD)</p> <p data-bbox="96 219 747 293">Members aged 40 – 75 with diabetes, who receive at least one fill of a statin medication in MY.</p> <p data-bbox="96 316 247 345">Exclusions:</p> <p data-bbox="96 358 701 472">Hospice, ESRD, Dialysis, Pregnancy, Lactation, In vitro fertilization, Pre-diabetes, PCOS, Cirrhosis, Rhabdomyolysis, Myopathy</p>	<p data-bbox="800 154 1325 193">Any statin at any intensity meets criteria.</p>	<table border="1"> <thead> <tr> <th data-bbox="1417 154 1661 196">Exclusion</th> <th data-bbox="1661 154 1992 196">ICD-10 Code</th> </tr> </thead> <tbody> <tr> <td data-bbox="1417 196 1661 326">Myopathy</td> <td data-bbox="1661 196 1992 326">G72.0, G72.89, G72.9</td> </tr> <tr> <td data-bbox="1417 326 1661 480">Myositis</td> <td data-bbox="1661 326 1992 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="1417 480 1661 570">Rhabdomyolysis</td> <td data-bbox="1661 480 1992 570">M62.82</td> </tr> <tr> <td data-bbox="1417 570 1661 732">Cirrhosis</td> <td data-bbox="1661 570 1992 732">K70.30, K70.31, K71.7, K74.3 -5, K74.60, K74.69</td> </tr> <tr> <td data-bbox="1417 732 1661 886">ESRD</td> <td data-bbox="1661 732 1992 886">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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Measure	Requirement	Coding Assistance
<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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