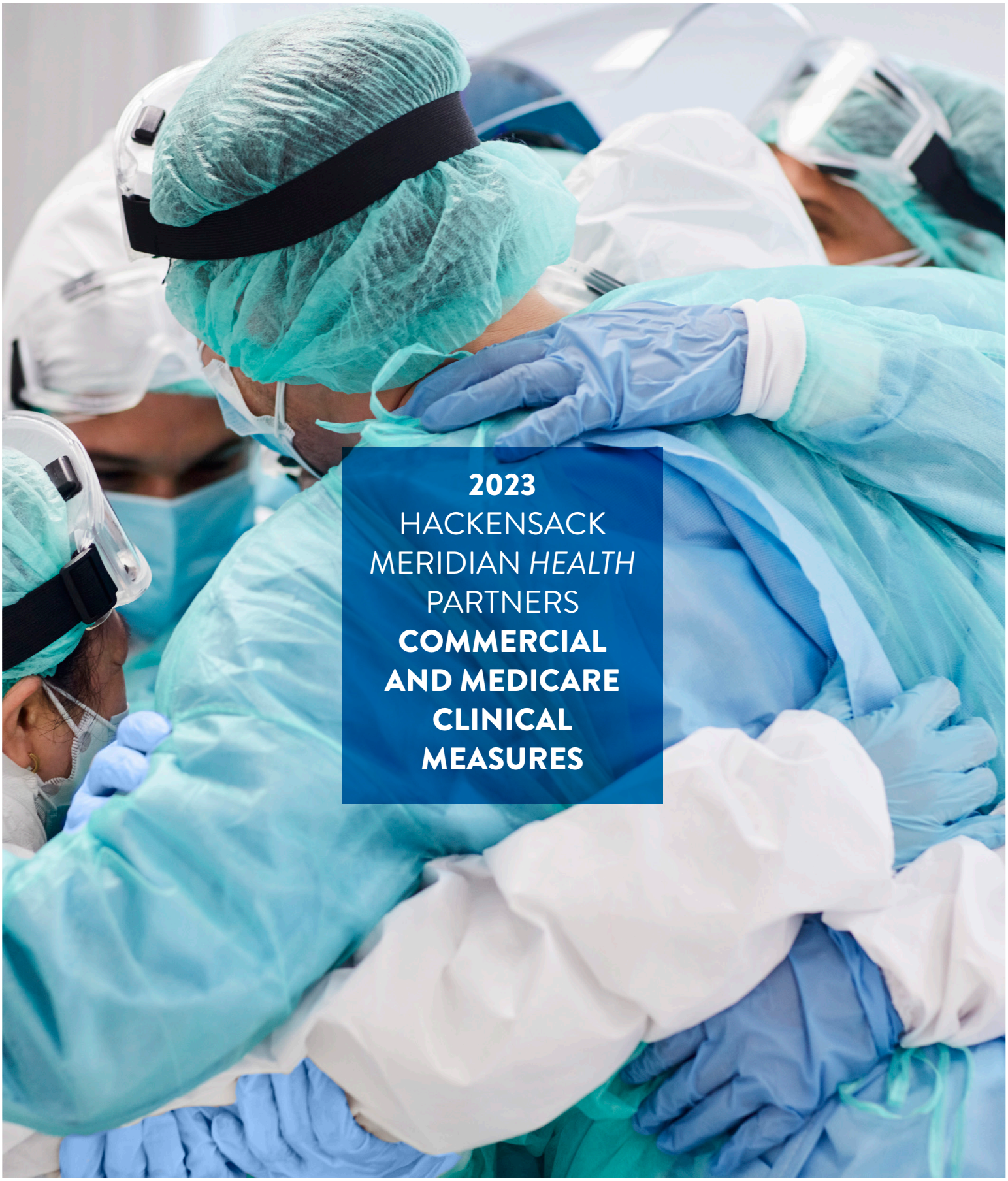

2023 HACKENSACK MERIDIAN *HEALTH* PARTNERS **COMMERCIAL AND MEDICARE CLINICAL MEASURES**

Hackensack Meridian *Health* Partners

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APPENDIX

PREFACE

The Population Health and the Physician Services Division are pleased to provide you a copy of the updated 2023 Hackensack Meridian *Health* Partners (HMHP) Commercial and Medicare Clinical Measures Guide. This guide is intended to be a reference for HMHP Board Approved HEDIS measures and relevant clinical measures in Medicare plans for the ambulatory providers in Hackensack Meridian *Health* Partners (HMHP), HMH's Clinically Integrated Network (CIN). Due to the COVID public health emergency this guide is published only in electronic form for PY 2023.

Quality measures and specifications may change occasionally. The payor-plans may differ as a result of customization of outcomes and population-specific measures implemented by payors. For commercial payors, except Medicare Advantage plans, the HMHP Board Approved Measures are the HEDIS measures and the NCQA national benchmarks are used to set targets. The measures are selected as per the contractual obligations of HMHP with commercial payors. For all Medicare Plans, the benchmarks/targets are set by the CMS.

If your electronic medical record (EMR) is not exchanging clinical data with HMH Datawarehouse, we require both billable and non-billable CPT/ HCPCS/ ICD/ LOINC/ UBREV codes via your claims data to measure quality performance. Exclusion codes must be applied to exclude patients who are not eligible for respective measures. The goal of this reference guide is to improve quality metric documentation and assist you in getting credits or incentives for your quality performance. Please work with your EMR company to update the measure specifications and establish data exchange with HMHP's data warehouse. We can provide you with additional information about measure mapping, and directions in setting up clinical data exchange with HMH. Thank you for all the feedback you provided for the 2023 Guide as we update this guide on an annual basis. We welcome your feedback so that we can continue to improve.

ADDITIONAL INFORMATION AND FEEDBACK

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Please note: This guide is prepared for informational purposes only and is not intended to grant rights or impose obligations or guarantee reimbursements. The information provided is only to give relevant insights into improving your clinical documentation and quality performance. It is not intended for replacing NCQA-HEDIS or CMS guidelines. We encourage you to review the HEDIS Manual/CMS measure registries for a full and detailed review of its contents.

MEASURE BENCHMARKS AND TARGETS

For HMHP Commercial payers each measure has targets set using national benchmarks of NCQA-HEDIS at 50th, 75th and 90th Percentiles. The HMHP target is 75th Percentile and the expectation is to achieve 90th Percentile or above.

For CMS programs like MSSP ACO and MIPS the benchmarks/ targets are set by the CMS. Please refer to the Appendices of this guide to know the 2023 targets and benchmarks of all HMHP commercial and CMS programs.

For non-employed HMH providers, using different EMRs, please ensure that scanned documents of lab results and imaging results are documented in your EMR and documented in the claims using the appropriate codes given in this guide. Contact your EMR companies and billing companies to make the clinical documentation updates so that all lab results and scanned documents necessary to satisfy the quality measures are coded appropriately and transmitted to HMH via the claims data or by the clinical data exchange via HIE (Health Information Exchange). If your EMRs have real time quality dashboards, we recommend updating them with updated targets and benchmarks in this guide.

For HMH employed providers, who are on Epic, additional resources on scanning workflow or enter/edit results workflow can be found in the Knowledge Builders (KBs) available on the Epic Learning Dashboard. Please refer to the pages in this guide for HEDIS Benchmarks and Targets.

2023 HMHP COMMERCIAL MEASURES

(Please refer Page 5 for detailed grid of payer measures and Page 32 for HEDIS Benchmarks and HMH Targets)

Quality Measure Performance Year 2023 (Commercial and Medicare Advantage Measures)
Controlling High Blood Pressure (CBP)
Breast Cancer Screening (BCS)
Colorectal Cancer Screening (COL)
Cervical Cancer Screening (CCS)
Statin Therapy for Patients with Cardiovascular Disease (SPC): Statin Therapy and Adherence
Statin Therapy for Patients with CAD (SPC): Statin Therapy (For Cigna)
Statin Therapy for Patients with Cardiovascular Disease (SPC): Adherence only
Depression Screening and Follow up for Adolescents and Adults (DSF)
Adolescent Well Care Visits 3 to 21 years old (WCV)
Diabetes: HbA1C Control < 9% (HBD)
Diabetes: HbA1C < 8% (HBD)
Diabetes: HbA1C > 9% (Poor Control-Inverse Measure) (HBD)
Diabetes: Eye Exam (EED)
Statin Use with Patients with Diabetes (SPD)
Kidney Health Evaluation for Patients with Diabetes (KED)
Osteoporosis in Women who had a fracture (OMW)
Diabetes: Adherence of Oral Diabetes Medication
Medication Adherence of Oral Diabetes, Cholesterol (Statin) and Hypertension RAS Antagonist Medications
Asthma Medication Ratio (AMR)
All-Cause Readmissions (within 30 days)

Domain	Measure #	Description
Care Coordination/ Patient Safety	ACO-8	Risk-Standardized, All Condition Readmission (Inverse Measure)
Care Coordination/ Patient Safety	ACO-38	Risk-Standardized Acute Admission Rates for Patients with Multiple Chronic Conditions (Inverse Measure)
Care Coordination/ Patient Safety	ACO-13	Screening for Future Fall Risk
Preventive Health	ACO-14	Influenza Immunization
Preventive Health	ACO-17	Tobacco Use: Screening and Cessation Intervention
Preventive Health	ACO-18	Screening for Depression and Follow-up Plan
Preventive Health	ACO-19	Colorectal Cancer Screening
Preventive Health	ACO-20	Breast Cancer Screening
Preventive Health	ACO-42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
At-Risk Population	ACO-40	Depression Remission at Twelve Months
At-Risk Population	ACO-27	Hemoglobin A1c Poor Control (Inverse Measure)
At-Risk Population	ACO-28	Controlling High Blood Pressure

Quality Measure Grid Performance Year 2023	AmeriHealth	Aetna	Cigna	Horizon	Aetna Medicare Advantage	Braven
Controlling Blood Pressure			X			X
Breast Cancer Screening	X	X	X	X	X	X
Colorectal Cancer Screening	X	X		X	X	X
Cervical Cancer Screening	X	X		X		
Statin Therapy for Patients with CVD - Statin Therapy					X	
Statin Therapy for Patients with CAD - Statin Therapy			X			
Statin Therapy for Patients with CVD - Adherence only	X			X		
Statin Use for Persons with Diabetes					X	
Osteoporosis in Women who had a fracture					X	
Depression Screening - 12 years and older			X			
Child and Adolescent Well Care - 3 to 21 years old			X			
Well-Child Visits in the First 30 Months of Life (Two submeasures: 0-15 months is 6 or more visits; 15-30 months is 2 or more visits)				X		
Diabetes Care: Eye Exam					X	X
Diabetes: HbA1C < 8%	X		X			
Diabetes Care: HbA1C </= 9% (Controlled)					X	
Diabetes: HbA1C >9% (Poor Control-Inverse Measure)		X		X		X
Kidney Health Evaluation for Patients With Diabetes	X					X
ACEI / ARB Medication Adherence					X	
Asthma Medication Ratio				X		
Medication Adherence of Oral Diabetes Medication					X	
Medication Adherence for Cholesterol (Statins)					X	
Plan All-Cause Readmission						X

BREAST CANCER SCREENING

Percentage of Women aged 50 – 74 who had one or more mammograms to screen for breast cancer anytime on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

For All Payors: MRIs, USG or biopsies DO NOT meet measure compliance. They are performed as an adjunct to mammography and do not alone count toward the numerator.

Digital Breast Tomosynthesis meets the measure.

HEDIS Required Screening Mammography Coding	
Exclusions	
Bilateral or Absence of Left/Right breast (Acquired/Prophylactic)	Z90.11 (R), Z90.12 (L), Z90.13 Bilateral
Medicare Advantage members 66 years and older enrolled in Institutional SNP and Long-Term Care Centers	Medicare CPT-G9898 Medicare Advantage: Administrative Claims
Members 66 years and older with following status: ■ At least one claim/encounter for frailty during the measurement period and two outpatient claims with advanced illness during the measurement period or year prior to the measurement period. *(Two outpatient claims/encounter with Advanced Illness can be Outpatient visits, Observations, ED visits, Telephone visits, Online assessments or Non-acute inpatient encounters or discharges)* ■ At least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period.	Must meet **BOTH** Frailty and Advanced Illness Refer **Frailty and Advanced Illness Codes** on Page 25 Refer **Dementia Medications Table** in Page 29
Palliative Care Services received during the measurement year	Z51.1

Commercial patients report the appropriate ICD-10 codes for Mastectomy or any combination of a mastectomy on both left AND right side on the same or different dates of service. 2023 updated codes for Frailty include Frailty Device, Frailty Diagnosis, Frailty Encounter and Frailty Symptoms.

Additional Quality Data Options for Medicare Patients	
Mammogram PERFORMED and REVIEWED **G9899**	Screening, diagnostic, film, digital or digital Breast Tomosynthesis (3d) mammography results documented and reviewed, for Medicare patients.
Mammogram NOT PERFORMED, Patient NOT Eligible. **Denominator Exclusion G9708**	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy.
Patient receiving Hospice Services, Patient Not Eligible. **Denominator Exclusion: G9709**	Hospice services used by patient any time during the measurement period.
G9898 Denominator Exclusion	Patients aged 66 or older in institutional special needs plans (SNP) or residing in long-term care for more than 90 consecutive days with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period.
G2098 Denominator Exclusion	66 years of age and older with at least 1 claim encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or year prior to the measurement period.
G2099 Denominator Exclusion	66 years of age and older with 1 claim encounter for Frailty during the measurement year and two outpatient claims with advanced illness during the measurement period or year prior to the measurement period.
G9992 Palliative Care Exclusion	Palliative Care services provided to patient any time during the measurement period.

Documentation Requirements in EMR (confirm with your vendor):

1. Order a Mammogram as required.
2. Document Mammogram results after scanning the document into your EMR as proof. Ensure all appropriate codes are documented in the EMR and the Claims file.
3. If done in the past (within October 1 two years prior to December 31 of measurement year) obtain the historical report and scan it as an external order to prove screening is done and document.
4. Date documented in the EMR should be the date of the exam and not date scanned into the chart.

CERVICAL CANCER SCREENING

The percentage of women ages 21-64 years of age, who were screened for cervical cancer using either of the following criteria:

1. Women aged 21-64 who had a cervical cytology performed within the last 3 years.
2. Women aged 30-64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
3. Women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.

Do not count biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening.

HEDIS Required Coding	
Cervical Cytology Lab Test	CPT-88141-88143; 88147-88148; 88150; 88152-88154; 88164-88167; 88174-88175
	HCPCS-G0123-G0124; G0141; G0143-G0145; G0147-G0148; P3000-3001; Q0091
High Risk HPV Lab Test	CPT-87624-87625; 87624-87625.
	HCPCS- G0476

Cervical Cytology Lab tests or results or findings should be documented using appropriate codes—CPT, HCPCS, LOINC or SNOMED CT— during the measurement year or the two years prior to the measurement year for women 24-64 years of age.

High Risk HPV Lab tests, results or findings should be documented using appropriate codes-CPT, HCPCS, LOINC or SNOMED CT-during the measurement year or the four years prior to the measurement year for women 30-64 years.

For Commercial Patients - Denominator Exclusions	
Agenesis and Aplasia of Cervix	Q51.5
Encounter for Palliative Care	Z51.5
Acquired Absence of Both Cervix and Uterus	Z90.710
Acquired Absence of Cervix With Remaining Uterus	Z90.712

Chart Documentation of Exclusions:

The following examples meet criteria for documentation of hysterectomy with no residual cervix:

- Documentation of "complete," "total" or "radical" hysterectomy (abdominal, vaginal or unspecified).
- Documentation of "vaginal hysterectomy."
- Documentation of "vaginal pap smear" in conjunction with documentation of "hysterectomy."
- Documentation of "hysterectomy" in combination with documentation that the patient no longer needs pap testing/ cervical cancer screening.
- **Documentation of hysterectomy alone does not meet the criteria, because it is not sufficient evidence that the cervix was removed.**
- Evidence of hrHPV testing within the last 5 years also captures patients who had co-testing, therefore additional methods to identify co-testing **are not necessary.**

COLORECTAL CANCER SCREENING

Percentage of Members age 45–75 who were screened for Colorectal cancer using one or more of the following:

Please see Page 33 for the **2023 HMH CRC Screening Campaign Guideline.** For payor-based quality reporting purpose the denominator is limited to age 45-75 as per HEDIS definition.

1. Fecal occult blood testing (FOBT) during measurement year. (At least one stool sample result must be documented with CPT/HCPCS codes).
2. Colonoscopy during measurement year or 9 years prior to measurement year.
3. Flexible sigmoidoscopy during measurement year or 4 years prior to measurement year.
4. CT Colonography during measurement year or 4 years prior to measurement year.
5. FIT DNA or Stool DNA (sDNA with FIT test).
6. Fecal Immunochemical testing (FIT) during measurement year.

HEDIS Required Coding	
FOBT Lab Test/Result	CPT-82270; 82274. HCPCS-G0328
Stool DNA	CPT 81528
Exclusions	
Colorectal Cancer	IC10CM-C18.0-C18.9; C19-C20; C21.2; C21.8; C78.5; Z85,038; Z85.048
Medicare Advantage members 66 year years and older enrolled in Institutional SNP and Long-Term Care Centers	Medicare: CPT-G9898 Medicare Advantage: Administrative Claims Only
Members 66 years and older with following: ■ At least one claim/encounter for frailty during the measurement year and two outpatient claims with advanced illness during the measurement period or year prior to the measurement period. *(Two outpatient claims/encounter with Advanced Illness can be Outpatient visits, Observations, ED visits, Telephone visits, Online assessments or Nonacute inpatient encounters or discharges).* ■ At least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period.	Must meet **BOTH** Frailty and Advanced Illness Refer **Frailty and Advanced Illness Codes** on Page 25 Refer **Dementia Medications Table** on Page 29

Additional Quality Data Options for Medicare Patients	
Colonoscopy Performed and Reviewed 3017F	Colorectal cancer screening results documented and reviewed.
Patient receiving Hospice Services, Patient Not Eligible. Denominator Exclusion: G9710	Hospice services used by patient any time during the measurement period.
G9711 Denominator Exclusion	Patients with a diagnosis or past history of total colectomy or colorectal cancer.
G9901 Denominator Exclusion	Patients aged 66 or older in institutional special needs plans (SNP) or residing in long-term care for more than 90 consecutive days with POS code 32, 33, 34, 54, or 56 for 13 more than 90 consecutive days during the measurement period.
G2100 Denominator Exclusion	Exclusion 66 years of age and older with at least 1 claim encounter for frailty and a dispensed medication for dementia during the measurement period or year prior to the measurement period.
G2101 Denominator Exclusion	Exclusion 66 years of age and older with 1 claim encounter for Frailty during the measurement year and two outpatient claims with advanced illness during the measurement period or year prior to the measurement period.
G9993 Denominator Exclusion	Palliative Care services provided to patient any time during the measurement period.
Palliative Care	Z51.5

Note: Do not count: Digital Rectal Exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.

Epi Pro Colon (Septin-9) blood test and Colon Capsule (PillCam) are NOT valid tests.

Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Members **must meet BOTH** of the frailty and advanced illness criteria to be excluded.

Refer Page 25 of this guide for 2023 **Updated Exclusion Codes** for patients 66 years and older with both Frailty AND Advanced Illness. Refer to **Dementia Medications Table** on Page 29.

2023 updated codes for Frailty include Frailty Device, Frailty Diagnosis, Frailty Encounter, Frailty Symptoms.

Documentation requirements in EMR (confirm with your vendor):

1. Order a Colorectal Cancer Screening test as required. Any test mentioned on the previous page will meet the measure if done in the appropriate time frame.

2. Results must be scanned into EMR, documented with appropriate codes and reviewed if done in the past. Make sure test dates meet the appropriate time frame.

3. Document all FOBT tests done in the office or at home with dates and test results.

4. Date documented in the EMR should be the date of the exam and not date scanned into the chart.

CONTROLLING HIGH BLOOD PRESSURE

Percentage of members 18 - 85 years of age who had a diagnosis of hypertension and whose most recent blood pressure was adequately controlled (<140/90 mmHg) during the measurement period AND documented Diagnosis for hypertension **(ICD-10-CM): I10**

The BP reading must occur on or after the date of the second diagnosis of hypertension. If multiple BP measurements occur on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the member is "not controlled." The member is numerator compliant if the BP is <140/90 mm Hg. The member is not compliant if the BP is ≥140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

HEDIS Required Coding		
Systolic Blood Pressure	Most recent systolic blood pressure greater than or equal to 140 mmHg	G8753
Diastolic Blood Pressure	Most recent diastolic blood pressure greater than or equal to 90 mmHg	G8755
Essential Hypertension	Essential Primary Hypertension	ICD10CM-I10

CPT II Codes Can Be Used for Horizon and Cigna - Commercial	*HCPCS Codes Can Be Used for Medicare Patients*
3074F	Most recent systolic blood pressure less than 130 mm Hg
3075F	Most recent systolic blood pressure 130-139 mm Hg
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	Most recent diastolic blood pressure less than 80 mm Hg
3079F	Most recent diastolic blood pressure 80-89 mm Hg
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg
G8752	Most recent systolic BP ≤140mmHg
G8753	Most recent systolic BP ≥140mmHg
G8754	Most recent diastolic BP ≤90 mmHg
G8755	Most recent diastolic BP ≥90 mmHg
G9740/Denominator Exclusion	Hospice services given any time during the measurement period.
G9231/Denominator Exclusion	Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period.
G9910/Denominator Exclusion	Patients aged 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period.
G2115/Denominator Exclusion	Patients 66 - 80 years of age and older with at least 1 claim encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or year prior to the measurement period.
G2116/Denominator Exclusion	Patients 66 - 80 years of age & older with at least one claim/encounter for frailty during the measurement period AND two outpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or year prior to the measurement period.
G2118/Denominator Exclusion	Patients 81 years of age & older with at least one claim/encounter for frailty during the measurement period.
G0031 Palliative Care Exclusion	Palliative Care services provided to patient any time during the measurement period.

Exclusions	
End Stage Renal Disease Diagnosis	ICD10CM-N18.5; N18.6
Dialysis Procedure	Z99.2
Nephrectomy	Z90.5
Kidney Transplant	Z94.0
Pregnancy Diagnosis	Use ICD-10 Coding
Palliative Care	Z51.5
Hospice Encounter/Intervention	
Medicare Advantage members 66 years and older enrolled in Institutional SNP and Long-Term Care Centers	Administrative Claims
Members 66-80 years with following: ■ At least one claim/encounter for frailty during the measurement period and two outpatient claims with advanced illness during the measurement period or year prior to the measurement period. *(Two outpatient claims/encounter with Advanced Illness can be Outpatient visits, Observations, ED visits, Telephone visits, Online assessments or Non acute inpatient encounters or discharges).* ■ At least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period. ■ Members 81 years of age and older as of December 31 of the measurement year (all product lines) with one claim/encounter with frailty during the measurement period.	Must meet **BOTH** Frailty and Advanced Illness Refer **Frailty and Advanced Illness Codes** on Page 25 Refer **Dementia Medications Table** on Page 29

THE FOLLOWING DIABETES MEDICATION LIST IS USED TO IDENTIFY PATIENTS FOR DENOMINATOR INCLUSION.

Note: Glucophage/metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.

Description	Prescription		
Alpha-glucosidase inhibitors	■ Acarbose ■ Miglitol		
Amylin analogs	■ Pramlintide		
Antidiabetic combinations	■ Alogliptin-metformin ■ Alogliptin-pioglitazone ■ Canagliflozin-metformin ■ Dapagliflozin-metformin ■ Dapagliflozin-saxagliptin ■ Empagliflozin-linagliptin ■ Empagliflozin-linagliptin-metformin	■ Empagliflozin-metformin ■ Ertugliflozin-metformin ■ Ertugliflozin-sitagliptin ■ Glimepiride-pioglitazone ■ Glipizide-metformin ■ Glyburide-metformin	■ Linagliptin-metformin ■ Metformin-pioglitazone ■ Metformin-repaglinide ■ Metformin-rosiglitazone ■ Metformin-saxagliptin ■ Metformin-sitagliptin
Insulin	■ Insulin aspart ■ Insulin aspart-insulin aspart protamine ■ Insulin degludec ■ Insulin degludec-liraglutide ■ Insulin detemir ■ Insulin glargine ■ Insulin glargine-lixisenatide	■ Insulin glulisine ■ Insulin isophane human ■ Insulin isophane-insulin regular ■ Insulin lispro ■ Insulin lispro-insulin lispro protamine · ■ Insulin regular human ■ Insulin human inhaled	
Meglitinides	■ Nateglinide ■ Repaglinide		
Glucagon-like peptide-1 (GLP1) agonists	■ Albiglutide ■ Dulaglutide ■ Exenatide	■ Liraglutide (excluding Saxenda®) ■ Lixisenatide ■ Semaglutide	
Sodium glucose cotransporter 2 (SGLT2) inhibitor	■ Canagliflozin ■ Dapagliflozin (excluding Farxiga®)	■ Ertugliflozin ■ Empagliflozin	
Sulfonylureas	■ Chlorpropamide ■ Glimepiride	■ Glipizide ■ Glyburide	■ Tolazamide ■ Tolbutamide
Thiazolidinediones	■ Pioglitazone ■ Rosiglitazone		
Dipeptidyl peptidase-4 (DDP-4) inhibitors	■ Alogliptin ■ Linagliptin	■ Saxagliptin ■ Sitagliptin	

Exclusions for all Diabetes measures	
Palliative Care	Z51.5
Hospice Encounter/Intervention	
Gestational Diabetes in Pregnancy	O24.410
Steroid Induced Diabetes	E90.9
Polycystic Ovarian Syndrome	E28.2
Medicare Advantage members 66 years and older enrolled in Institutional SNP and Long-Term Care Centers	Administrative Claims
Members 66 years and older as of December 31 of the measurement period with following: ■ At least one claim/encounter for frailty during the measurement period ■ At least two outpatient visits with an advanced illness during the measurement period or year prior to the measurement period. (Two outpatient claims/encounter with Advanced Illness can be Outpatient visits, Observations, ED visits, Telephone visits, Online assessments or Non-acute inpatient encounters or discharges) ■ At least one acute inpatient encounter/discharge with an advanced illness during the measurement period or year prior to the measurement period. ■ At least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement.	Must meet **BOTH** Frailty and Advanced Illness (Refer **Frailty and Advanced Illness Codes** on Page 25) Visit type need not be the same. (Refer **Dementia Medications Table** on Page 29)

Documentation requirements:
1. Document the lab results in the EMR and use the corresponding CPT code in claims to match the HbA1c value.

HbA1C POOR CONTROL (>9%)

Members 18-75 years of age with diabetes who had Hemoglobin A1c > 9.0% during the measurement period.
A distinct numeric result is required for numerator compliance.

Poor Control **IS AN INVERSE MEASURE** - Lower rate for this measure indicates better care or control.

The member is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test during the measurement year is ≤9.0%.

Exclusions: Please refer to the same Exclusions table for Diabetes measures.
Documentation requirements:
1. Document the lab results in the EMR and use the corresponding CPT code in claims to match the HbA1c value. Most recent HbA1C level is considered for this measure.

HBA1C CONTROL (<8%)

Members 18-75 years of age with diabetes who had the most recent HbA1c level <8.0%. The member is not numerator compliant if the result for the most recent HbA1c test is ≥8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.

Exclusions: Please refer to the same Exclusions table for Diabetes measures.
Documentation requirements:
1. Document the lab results in the EMR and use the corresponding CPT code in claims to match the HbA1c value. Most recent HbA1C level is considered for this measure.

HBA1C CONTROL (<9%)

Members 18-75 years of age with diabetes Type 1 or Type 2 whose HbA1c level <9.0%. The member is not numerator compliant if the result for the most recent HbA1c test is ≥9.0% or is missing a result, or if an HbA1c test was not done during the measurement year.

Exclusions: Please refer to the same Exclusions table for Diabetes measures.
Documentation requirements:
1. Document the lab results in the EMR and use the corresponding CPT code in claims to match the HbA1c value. Most recent HbA1C level is considered for this measure.

STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE

The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported through pharmacy claims:

1. Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
2. Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Identify members having ischemic vascular disease (IVD) who met at least one of the following criteria during both the measurement year and the year prior to the measurement year.
Criteria need not be the same across both years: MI, CABG, PCI, IVD, and other Revascularization Procedures.

Note: Please refer to the High and Moderate-Intensity Statin Medications List on page 18. All Cholesterol Meds DO NOT meet this measure.

Statin Use for Persons with Diabetes (SPD): Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes.

Statin Adherence Rate 80%: Pharmacy claims will capture two age/gender stratifications and a total rate:

- Males 21–75 years as of December 31 of the measurement year.
- Females 40–75 years as of December 31 of the measurement year.
- Total Rate.

Exclusions for SPC Measures	
Pregnancy and breastfeeding	Pregnancy diagnosis codes
In vitro fertilization	ICD codes
Patients on Clomiphene	Codes for Estrogen Agonists Medications
ESRD	ESRD diagnosis and Dialysis procedure codes
Cirrhosis	Cirrhosis codes
Myalgia, Myositis, Myopathy or Rhabdomyolysis	Muscular pain and disease codes
Medicare Advantage members 66 years and older enrolled in Institutional SNP and Long-Term Care Centers	Administrative Claims Only
Members 66 years and older as of December 31 of the measurement period with following: ■ At least one claim/encounter for frailty during the measurement period. ■ At least two outpatient visits with an advanced illness. (Two outpatient claims/encounter with Advanced Illness can be during the measurement period or year prior to the measurement period. Outpatient visits, Observations, ED visits, Telephone visits, Online assessments or Nonacute inpatient encounters or discharges). ■ At least one acute inpatient encounter/discharge with an advanced illness during the measurement period or year prior to the measurement period. ■ At least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement.	Must meet **BOTH** Frailty and Advanced Illness (Refer **Frailty and Advanced Illness Codes** on Page 25) Visit type need not be the same. (Refer **Dementia Medications Table** on Page 29)
Palliative Care	Z51.5

Additional Quality Data Options for Medicare Patients	
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy.
G9781 Denominator Exception	Documentation of a medical reason(s) for not currently being a statin therapy user or receiving an order (prescription) for statin therapy (e.g., patients with adverse effects, allergy or intolerance to statin medication therapy, hospice or palliative care, active liver disease or hepatic disease or insufficiency, and patient w/ end stage renal disease (ESRD). Statin-Associated Muscle Symptoms SAMS: myalgia, myositis, myopathy, or statin-associated autoimmune myopathy. Patients who experience significant or repeated statin-associated muscle symptoms may prefer not to take or continue statin therapy and therefore may be removed from the denominator. The following ICD-10-CM codes are included in the Denominator Exception (G9781) to define SAMS: G72.0, G72.9, M60.9, M79.10.
G9779 Denominator Exclusion	Patients who are breastfeeding.
G9780 Denominator Exclusion	Patients who have a diagnosis of rhabdomyolysis during the measurement period.

STATIN MEDICATIONS LIST:

(Only High and Moderate Intensity Medications are counted for this measure)

High, Moderate and Low-Intensity Statin Medications	
Description	Prescription
High-intensity statin therapy	Atorvastatin 40-80 mg
High-intensity statin therapy	Amlodipine-atorvastatin 40-80 mg
High-intensity statin therapy	Rosuvastatin 20-40 mg
High-intensity statin therapy	Simvastatin 80 mg
High-intensity statin therapy	Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	Atorvastatin 10-20 mg
Moderate-intensity statin therapy	Amlodipine-atorvastatin 10-20 mg
Moderate-intensity statin therapy	Rosuvastatin 5-10 mg
Moderate-intensity statin therapy	Simvastatin 20-40 mg
Moderate-intensity statin therapy	Ezetimibe-simvastatin 20-40 mg
Moderate-intensity statin therapy	Pravastatin 40-80 mg
Moderate-intensity statin therapy	Lovastatin 40 mg
Moderate-intensity statin therapy	Fluvastatin 40-80 mg
Moderate-intensity statin therapy	Pitavastatin 1–4 mg
Low-intensity statin therapy	Ezetimibe-simvastatin 10 mg
Low-intensity statin therapy	Fluvastatin 20 mg
Low-intensity statin therapy	Lovastatin 10-20 mg
Low-intensity statin therapy	Pravastatin 10–20 mg
Low-intensity statin therapy	Simvastatin 5-10 mg

DEPRESSION SCREENING AND FOLLOW UP FOR ADOLESCENTS AND ADULTS

The percentage of members 12 years of age and older who were screened for clinical depression using an age-appropriate standardized tool during the measurement year.

Note: This measure requires an age-appropriate tool. There are two age stratifications for the selection of tools: Adolescents (12–17 years) and Adults (18 years and older). Please see the Standard Tool List below.

Exclusions and Exemptions for all Payers:
Hospice Services. Patients with diagnosis of following:

- Bipolar disorder during the measurement year or the year prior to the measurement year;
- Depression during the year prior to the measurement year; and
- Other Bipolar disorders.

Acceptable Screening Tools for Adolescent Population:
Patient Health Questionnaire (PHQ-9)®; Patient Health Questionnaire Modified for Teens (PHQ-9M)®; PRIME MD-PHQ2®; Beck Depression Inventory-Fast Screen (BDI-FS)®; Mood Feeling Questionnaire (MFQ); Center for Epidemiologic Studies Depression Scale (CES-D); PROMIS Depression.

Acceptable Screening Tools for Adult Population:
Patient Health Questionnaire (PHQ-9)®; PRIME MD-PHQ2®; Beck Depression Inventory (BDI-II or BDI-FS)®; Center for Epidemiologic Studies Depression Scale (CES-D); Depression Scale (DEPS); Duke Anxiety-Depression Scale (DADS)®; Geriatric Depression Scale (GDS); Cornell Scale for Depression in Dementia (CSDD).

Required Codes for HEDIS:

For Medicare Patients: Numerator Quality Data Options	
G8431	Positive Screening and follow-up documented
G8510	Negative Screening. Follow-up not required.
G8433	Screening NOT completed, documented Reason.
G9717-Denominator Exclusion	Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up not required

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE

The percentage of women 67 - 85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture. NOTE: Patients with any fracture except fractures of the finger, toe, face or skull should have a bone mineral density (BMD) measurement performed or pharmacologic therapy prescribed. The management (BMD performed or pharmacologic therapy prescribed) should occur within six months of the fracture.

U.S. Food and Drug Administration approved pharmacologic options for osteoporosis prevention and/or treatment of postmenopausal osteoporosis include: bisphosphonates, alendronate, alendronate-cholecalciferol, ibandronate, risedronate, zoledronic acid, teriparatide, denosumab, abaloparatide, romosozumab and raloxifine.

For Commercial Patients: Denominator Exclusions	
67 yrs and older SNP	Administrative Claims Only
Members 67-80 years and older with following status: ■ At least one claim/encounter for frailty during the measurement period and two outpatient claims with advanced illness during the measurement period or year prior to the measurement period. (Two outpatient claims/ encounter with Advanced Illness can be outpatient visits, observations, ED visits, telephone visits, online assessments or non-acute inpatient encounters or discharges). ■ At least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement.	Must meet BOTH Frailty and Advanced Illness (Refer to Frailty and Advanced Illness Codes on Page 25) (Refer to Dementia Medications Table in Page 29)
81 or older with at least two Frailty indicators	Refer to Frailty Codes on Page 25

EYE EXAM FOR PATIENTS WITH DIABETES

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam. A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the Measurement Year; A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the Year Prior to the Measurement Year.

For Commercial Patients: Denominator Exclusions	
Polycystic Ovarian Syndrome	E28.2
Gestational Diabetes	O24.410
Steroid Induced Diabetes	E99.09
Medicare Advantage 66 Yrs. and Older Special Needs Plan	Administrative Claims Only
Members 66 years and older as of December 31 of the measurement period with following: ■ At least one claim/encounter for frailty during the measurement period. ■ At least two outpatient visits with an advanced illness during the measurement period or year prior to the measurement period. (Two outpatient claims/encounters with Advanced Illness can be Outpatient visits, Observations, ED visits, Telephone visits, Online assessments or Non-acute inpatient encounters or discharges). ■ At least one acute inpatient encounter/discharge with an advanced illness during the measurement period or year prior to the measurement period. ■ At least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period.	Must meet BOTH Frailty and Advanced Illness (Refer **Frailty and Advanced Illness Codes** on Page 25) Visit type need not be the same. (Refer **Dementia Medications Table** on Page 29)
Bilateral Eye Enucleation	08T1XZZ (Left); 08T0XZZ (Right)
Palliative Care	Z51.5

KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES

The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the Measurement Year.

For Commercial Patients: Denominator Exclusions	
ESRD	N18.5, N18.6
Dialysis	Z99.2
Medicare Patients 66 or older enrolled in SNP	Administrative Claims Only
Members 66 years and older as of December 31 of the measurement period with following: ■ At least one claim/encounter for frailty during the measurement period. ■ At least two outpatient visits with an advanced illness during the measurement period or year prior to the measurement period. (Two outpatient claims/encounters with Advanced Illness can be Outpatient visits, Observations, ED visits, Telephone visits, Online assessments or Non-acute inpatient encounters or discharges). ■ At least one acute inpatient encounter/discharge with an advanced illness during the measurement period or year prior to the measurement period. ■ At least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period.	Must meet BOTH Frailty and Advanced Illness (Refer **Frailty and Advanced Illness Codes** on Page 25) Visit type need not be the same. (Refer **Dementia Medications Table** on Page 29)
81 yrs or older with Frailty during the Measurement Year	Refer to Frailty Codes on page 25.
Polycystic Ovarian Syndrome	E28.2
Gestational Diabetes	O24.410
Steroid Induced Diabetes	E90.9
Palliative Care	Z51.5

ASTHMA MEDICATION RATIO

Measure Description Measure Source: HEDIS®	The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Report the following age stratifications and total rate: ■ 5-11 years ■ 12-18 years ■ 19-50 years ■ 51-64 years ■ Total Rate Members are identified as having persistent asthma: ■ At least one ED visit, with a principal diagnosis of asthma. ■ At least one acute inpatient encounter, with a principal diagnosis of asthma without telehealth. ■ At least one acute patient discharge with a principal diagnosis of asthma. ■ At least four outpatient visits or observation visits, telephone visits, or online assessments, on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events for any controller medication or reliever medication. Visit type need not be the same for the four visits. Only three of the four visits may be a telehealth visit, telephone visit, or online assessment. ■ At least four asthma medication dispensing events.
Exclusions	Members who had no asthma medications dispensed during the measurement year. ■ Members in hospice. ■ Members with emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions related to fumes/vapors, cystic fibrosis, and acute respiratory failure.
Medications	Antiasthmatic combinations: Dyphylline-guaifenesin Antibody inhibitors: Omalizumab Anti-interleukin-4: Dupilumab Anti-interleukin-5: Benralizumab, Mepolizumab, Resilzumab Inhaled corticosteroids: Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone, Mometasone Inhaled steroid combinations: Budesonide-formoterol, Fluticasone-vilanterol, Fluticasone-salmeterol, Formoterol-mometasone Leukotriene modifiers: Montelukast, Zafirlukast, Zileuton Methylxanthines: Theophylline Short-acting, inhaled beta-2 agonists: Albuterol, Levalbuterol
Documentation	Claims based measure only. Link any medications used to treat asthma or other respiratory conditions with the applicable diagnosis.
Considerations	Educate patients about the difference between controller and reliever medication. Consider using 90-day prescriptions.

CODES:		
Acute Respiratory Failure	ICD10	J96.00-J96.02, J96.20-J96.22
Asthma	ICD10 SNOMED	J45.22, J45.30-J45.32, J45.40-J45.42, J45.50- J45.52, J45.901-J45.902, J45.909, J45.991, J45.998 There are over 100 SNOMED codes (one example is 11641008 Millers' asthma disorder)
Chronic Respiratory Conditions Due to Fumes/Vapors	ICD10 SNOMED	J68.4, 506.4 15908004, 31803008, 32544004, 43098002, 61233003, 66110007, 69454006, 72163003, 74800004, 196025000, 196026004, 308905009
COPD	ICD10 SNOMED	J44.0-J44.1, J44.9 13645005, 135836000, 195951007, 196001008, 285381006, 313296004, 313297008, 313299006, 1751000119100, 106001000119101
Cystic Fibrosis	ICD10 SNOMED	E84.0, E84.11, E84.19, E84.8-E84.9 81423003, 86092005, 86555001, 190905008, 190909002, 235978006, 720401009, 762269004, 762270003, 762271004
ED	ICD10 SNOMED	99281-99285 4525004
Emphysema	ICD10 SNOMED	J43.0-J43.2, J43.8-J43.9 2912004, 4981000, 16003001, 16838000, 16846004, 23851004, 23958009, 31898008, 45145000, 47895001, 54288002, 57686001, 60805002, 68328006, 86680006, 87433001, 195957006, 195958001, 195959009, 195963002, 196026004, 233674008, 233675009, 233677001, 266355005, 266356006, 708030004
Obstructive Chronic Bronchitis	ICD10 SNOMED	491.20-491.22 185086009, 2932410000119100
Other Emphysema	ICD10 SNOMED	J98.2-J98.3 33325001, 77690003

PHARMACY CLAIM MEASURES

Only patients with pharmacy coverage with the respective payors will be included in the Denominators for the following measures:

Medication Adherence of Oral Diabetes Medications	Percentage of members with a prescription for Non-Insulin Diabetic medication who fill their prescription often enough to cover 80% or more of the time.
Medication Adherence for Cholesterol (Statins)	Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.
Medication Adherence for Hypertension (RAS Antagonist)	Percent of plan members with a prescription for a RAS blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.
Asthma Medication Ratio	The percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
Statin Use for Persons with Diabetes	Percent of Medicare Part D beneficiaries 40-75 years old who were dispensed at least two diabetes medication fills and received a statin medication fill during the measurement period.
Statin Therapy for Patients with CVD	Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.
Statin Therapy for Patients with CAD	Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

See Quality Measure Grid Year 2023 on Page 5

Medicare Measure Exclusion Criteria	
66-80 years old can be excluded from these measures if they have both advanced illness and frailty	81 years and older can be excluded from these measures if they only have frailty
Breast Cancer Screening (BCS)	Controlling Blood Pressure (CBP)
Colorectal Cancer Screening (COL)	Osteoporosis Management in Women Who Had a Fracture (OMW)
Controlling Blood Pressure (CBP)	Kidney Health Evaluation (KED)
Osteoporosis Management in Women Who Had a Fracture (OMW)	
Statin Therapy for Patients with Cardiovascular Disease (SPC)	
Kidney Health Evaluation (KED)	
Diabetic Eye Exam (EED)	
HgA1c Control for Patients with Diabetes (HBD)	

FRAILTY AND ADVANCED ILLNESS CODES

2023 updated codes are added for the new classification of Frailty based on device, diagnosis, encounter and symptoms. National Committee for Quality Assurance (NCQA) allowed additional exclusions to Healthcare Effectiveness Data and Information Set (HEDIS) star measures for patients with advanced illness and frailty. NCQA recognizes that some medical services may not be appropriate in older adults with advanced illness and limited life expectancy. Also, unnecessary tests or treatments could burden them or even be harmful. This guide includes ICD codes, CPT &; HCPCS for Advanced Illness exclusions, Dementia medication descriptions and Frailty exclusions.

Advanced Illness Codes	These sample codes include conditions, such as metastatic cancer, heart failure, late-stage kidney disease and medications such as medications for dementia.
ICD-10 code	Description
C93.90-93.92	Monocytic leukemia, unspecified, not having achieved remission, in relapse
C93.Z0-93. Z2	Other monocytic leukemia, not having achieved remission; in relapse
C94.30-94.32	Mast cell leukemia not having achieved remission; in relapse
F01.50-F01.51	Vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety; with behavioral disturbance
F02.80-F02.81	Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety; with behavioral disturbance
F03.90-F03.91	Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, with behavioral disturbance
F04	Amnestic disorder due to known physiological condition
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F10.96-F10.97	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder; with persisting dementia
G10	Huntington's Disease
G12.21	Amyotrophic lateral sclerosis
G20	Parkinson's disease
G30.0; 30.1; 30.8; 30.9	Alzheimer's disease with early onset; late onset, other types
G31.01	Pick's disease
G31.09	Other frontotemporal neurocognitive disorder
G31.83	Neurocognitive disorder with Lewy bodies
G35	Multiple sclerosis

Advanced Illness Codes	These sample codes include conditions, such as metastatic cancer, heart failure, late-stage kidney disease and medications such as medications for dementia.
ICD-10 code	Description
I09.81; I11.0; I12.0; I13.0; I13.11; I13.2; I50.1; I50.20-I50.23; I50.30-I50.33; I50.40-I50.43; I50.810-I50.813; I50.814; I50.82-I50.84; I50.89-I50.90;	Various Heart failure condition codes that are eligible for exclusion are listed as per 2023 updates.
J43.0-J43.9	Unilateral pulmonary emphysema (MacLeod's syndrome); Pan lobular; Centrilobular; Other Emphysema; Emphysema, unspecified;
J68.4	Chronic respiratory conditions due to chemicals, gases, fumes and vapors
J84.10	Pulmonary fibrosis, unspecified
J84.112	Idiopathic pulmonary fibrosis
J84.17	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
J84.170	Interstitial lung disease with progressive fibrotic phenotype in diseases classified elsewhere
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
J96.10, J96.11, J96.12, J96.20, J96.21, J96.22, J96.90, J96.91, J96.92	Various types of Acute and Chronic Respiratory failures with or without hypoxia or hypercapnia-specified or unspecified.
K70.10, K70.11, K70.2, K70.30, K70.31, K70.40, K70.41, K70.9	Alcoholic liver diseases of various types.
K74.0, K74.1, K74. 2, K74.4, K74.5, K74.60, K74.69	Hepatic diseases like hepatic fibrosis, cirrhosis, sclerosis, specified or other.
N18.5-18.6	CKD Stage 5; End stage renal disease

Frailty Diagnosis	
ICD10CM Codes	Description
L89.000-L89.029	Pressure Ulcer of Elbow-use appropriate code based on stage, location. specified or unspecified
L89.100-L89.149	Pressure Ulcer of Back-use appropriate code based on stage, location, side, specified, unspecified.
L89.150-L89.159	Pressure Ulcer of Sacral Region-use appropriate code based on site, location, specified, unspecified.
L89.200-L89.229	Pressure Ulcer of Hip-use appropriate code based on site location, specified, unspecified.
L89.300-L89.329	Pressure Ulcer of Buttock-use appropriate code based on specifics.
L89.40-L89.46	Pressure Ulcer of contiguous site of back, buttock and hip-use code based on specifics.
L89.500-L89.529	Pressure Ulcer of Ankle-use codes based on specifics.
L89.600-L89.629	Pressure Ulcer of Heel-use codes based on specifics.
L89.810-L89.819	Pressure Ulcer of Head -use codes based on specifics.
L89.890-L89.899	Pressure Ulcer of Other Site-use code based on specifics.
L89.90 – L89.96	Pressure Ulcer of Unspecified Site-use code based on specifics.
W01.0XXA; W01.0XXD; W01.0XXS; W01.10XA; W01.10XD; W01.10XS; W01.110A; W01.110D; W01.110S; W01.111A; W01.111D; W01.111S; W01.118A; W01.118D; W01.118S; W01.119A; W01.119D; W01.119S; W01.190A; W01.190D; W01.190S; W01.198A; W01.198D; W01.198S	Fall on same level from slipping, tripping and stumbling-use appropriate code based on fall specifics.
W06.XXXA; W06.XXXD; W06.XXXS	Fall from Bed-initial, subsequent, sequela.
W07.XXXA; W07.XXXD; W07.XXXS	Fall from Chair.
W08.XXXA; W08.XXXD; W08.XXXS	Fall from other furniture.
W10.0XXA; W10.0XXD; W10.0XXS	Fall from Escalator.
W10.1XXA; W10.1XXD; W10.1XXS	Fall (on)(from) sidewalk curb.
W10.2XXA; W10.2XXD; W10.2XXS	Fall (on)(from) incline.
W10.8XXA; W10.8XXD; W10.8XXS; W10.9XXA; W10.9XXD; W10.9XXS	Fall (on) (from) other stairs and steps (including unspecified).
W18.00XA; W18.00XD; W18.00XS; W18.02XA; W18.02XD; W18.02XS; W18.09XA; W18.09XD; W18.09XS	Striking against unspecified object / glass/ object / glass/ another object with subsequent fall.
W18.11XA; W18.11XD; W18.11XS; W18.12XA; W18.12XD; W18.12XS	Fall from or off toilet without subsequent striking against object.
W18.2XXA; W18.2XXD; W18.2XXS	Fall in (into) shower or empty bathtub.
W18.30XA; W18.30XD; W18.30XS; W18.31XA; W18.31XD; W18.31XS	Fall on same level, unspecified/due to stepping on an object.
W19.XXXA; W19.XXXD; W19.XXXS; Y92.199	Unspecified fall/ unspecified place

Frailty Diagnosis (continued)	
ICD10CM Codes	Description
Z59.3	Problems related to living in residential institution
Z73.6	Limitation of activities due to disability
Z74.01	Bed confinement status
Z74.09	Other reduced mobility
Z74.1	Need for assistance with personal care
Z74.2	Need for assistance at home and no other household member able to render care
Z74.3	Need for continuous supervision
Z74.8	Other problems related to care provider dependency
Z74.9	Problem related to care provider dependency, unspecified
Z91.81	History of falling
Z99.11	Dependence on respirator [ventilator] status
Z99.3	Dependence on wheelchair
Z99.81	Dependence on supplemental oxygen
Z99.89	Dependence on other enabling machines and devices
Frailty Symptom	
ICD10 CM	Description
R26.2	Difficulty in walking, not elsewhere classified
R26.89	Other abnormalities of gait and mobility
R26.9	Unspecified abnormalities of gait and mobility
R53.1	Weakness
R53.81	Other malaise
R54	Age-related physical debility
R62.7	Adult failure to thrive
R63.4	Abnormal weight loss
R63.6	Underweight
R64	Cachexia

Please note: There are several codes related to home care services that qualify as Frailty Encounters;
For example: Home visits for ventilation Care, Direct Skilled Nursing visits in the home by RN or LPN, Personal Care services, Private Duty Services, Respite Care and Skilled Services by an RN or LPN.

DEMENTIA MEDICATIONS

Description	Prescription		
Cholinesterase inhibitors	Donepezil	Galantamine	Rivastigmine
Miscellaneous central nervous system agents	Memantine		
Dementia combinations	Donepezil-memantine		

TELEHEALTH VISITS –CODING AND BILLING UPDATES

Ever since the COVID-19 Public Health Emergency (PHE) was declared on January 21, 2020, CMS has been issuing temporary telehealth policies, new coding and billing guidelines to improve access to care and support health care providers. Some changes have become permanent and some still remain temporary. This page is intended to give you informational assistance regarding the expanded telehealth visits that are billable and counted for reporting quality measures. The tips listed here can change anytime and we recommend you check with CMS and the commercial ACO payors. This page is provided as a guide and should not be considered legal advice nor a guarantee of reimbursement.

Telehealth Definitions: Telehealth definitions vary on the federal, state and individual payer level. The scope of the following terms may differ between Medicare and Medicaid plans, and you may have to modify your claims, whether billed via the CMS 1500 (professional fee claim form), or the UB-04 (facility fee claim form) based on the payor. CMS has expanded access to telemedicine services for all Medicare beneficiaries, not just those that have novel coronavirus, for the duration of the COVID-19 Public Health Emergency. In addition to existing coverage for originating sites including physician offices, skilled nursing facilities and hospitals, Medicare will now make payments for telehealth services furnished in any healthcare facility and in the home.

NOTE: Check with your payor to determine the appropriate Place of Service (POS) code for your telehealth visits. Some commercial payors are requiring the use of POS 02 for Telehealth (The location where health services and health related services are provided or received, through a telecommunication system). This is important to ensure your telehealth E&M visits are accurately associated with the care of patients.

Common CPT codes for Telemedicine services are listed below:

Telehealth Visits :	Synchronous audio/visual visit between a patient and clinician for evaluation and management (E&M)
Code	Description
CPT Code 99201-99205	Office or other outpatient visit for the evaluation and management of a new patient.
CPT Code 99211-99215	Office or other outpatient visit for the evaluation and management of an established patient.

Online Digital Visits ▶ ▶	Digital visits and/or brief check-in services furnished using communication technology that are employed to evaluate whether or not an office visit is warranted (via patient portal, smartphone)
Code	Description
CPT Code 99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.
CPT Code 99422	11-20 minutes.
CPT Code 99423	21 or more minutes.
CPT Code 98970*	Qualified non-physician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.
CPT Code 98971*	11-20 minutes.
CPT Code 98972*	21 or more minutes.
HCPCS Code G2061	Qualified non-physician health care professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7days; 5-10 minutes.
HCPCS Code G2062	11-20 minutes.
CPT Code 98972*	21 or more minutes.
HCPCS Code G2061	Qualified non-physician health care professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7days; 5-10 minutes.
HCPCS Code G2062	11-20 minutes.
HCPCS Code G2063	21 or more minutes.
HCPCS Code G 2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report E&M services, provided to an established patient, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
HCPCS Code G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E7M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment.
	NOTE: * CPT codes 98970-98971 were modified in 2020 to match the CMS language captured in HCPCS code G2061-G2063

Remote Patient Monitoring ▶ ▶ ▶	Collecting and interpreting physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or qualified health care professional.
Code	Description
CPT Code 99453	Remote monitoring of physiologic parameter (s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment. (Initial set-up and patient education of monitoring equipment).
CPT Code 99454	Device(s) supply with daily recording (s) or programmed alert (s) transmission, each 30 days. (Initial collection, transmission, and report/summary services to the clinician managing the patient).
CPT Code 99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes.
CPT Code 99458	Each additional 20 minutes (List separately in addition to code for primary procedure).
CPT Code 99091	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and /or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days).
	NOTE: Leverage CPT Codes 99453 (if patient education is performed) and 99457 to manage pulse oximetry data from the patient's home to keep them out of the emergency room and the inpatient hospital, unless it becomes necessary.

Self-Measured Blood Pressure (SMBP) (Home BP Monitoring)	
Code	Description
CPT Code 99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration.
CPT Code 99474	Separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient.

Telephone Evaluation and Management Service ▶ ▶ ▶	Evaluation and management visits via audio-only telephone communications
Code	Description
CPT Code 99441	Telephone E&M service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E&M service provided within the previous 7 days nor leading to an E7M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
CPT Code 99442	11-20 minutes of medical discussion
CPT Code 99443	21-30 minutes of medical discussion

2023 HMHP QUALITY MEASURE BENCHMARKS

Measure	Line of Business	2023 Goal	RED (Below National Average)	YELLOW (National Average to Goal)	GREEN (At goal or above)
	Commercial	83%	0-72.84%	72.85-82.99%	83.00-100%
Breast Cancer Screening	MA	78%	0.00-70.42%	70.43-77.99%	78.00-100%
	Commercial	68%	0.00-63.70%	63.71-67.99%	68.00-100%
Colorectal Cancer Screening	MA	71%	0.00-63.99%	64.00-70.99%	71.00-100%
	Commercial	28%	100-33.89%	33.88-28.01%	28.00-0%
Diabetes: HbA1c > 9% (inverse measure)	MA	23%	100.00-27.01%	27.00-23.01%	23.00-0.00%
	Commercial	49%	0.00-47.99%	48.00-48.99%	49.00-100%
Kidney Health Evaluation for Patient with Diabetes	MA	45%	0.00-43.16%	43.17-44.99%	45.00-100%
	Commercial	48%	0-46.89%	46.90-47.99%	48.00-100%
Diabetes: Eye Exam	MA	73%	0.00-72.29%	72.30-72.99%	73.00-100%
	Commercial	57%	0-56.14%	56.15-56.99%	57.00-100%
Controlling High Blood Pressure	MA	71%	0.00-69.48%	69.49-70.99%	71.00-100%
Medication Adherence: Diabetes	MA	86%	0.00-85.74%	85.75-85.99%	86.00-100%
Medication Adherence: RAS Antagonists	MA	88%	0.00-87.19%	87.20-87.99%	88.00-100%
Medication Adherence: Statins (PQA)	MA	93%	0.00-86.05%	86.05-92.99%	93.000-100%
Osteoporosis Mgmt in Women who had a fracture	MA	52%	0.00-44.99%	45.00-51.99%	52.00-100%
Plan All Cause Readmission	MA	6.50%	100.00-7.01%	7.00-6.51%	6.50-0.00%
Statin Use for Persons with Diabetes	MA	86%	0.00-84.83%	84.84-85.99%	86.00-100%
Statin Therapy for Patients with CVD	MA	86%	0.00-84.49%	84.50-85.99%	86.00-100%
Cervical Cancer Screening	Commercial	83%	0-75.36%	75.36-82.99%	83.00-100%
Child and Adolescent Well Care Visits - 3 to 21 years old	Commercial	74%	0-53.69%	53.70-73.99%	74.00-100%
Diabetes: HbA1c < 8%	Commercial	59%	0-54.79%	54.80-58.99%	59.00-10%
Asthma Medication Ratio	Commercial	84%	0-80.24%	80.25-83.99%	84.00-100%
Statin Therapy for Patients with CVD (SPC) (CAD custom for Cigna)	Commercial	84%	0-81.29%	81.30-83.99%	84.00-100%
Depression Screening- 12 years and older	Commercial	90%			90.00-100%

2023 CMS MIPS QUALITY BENCHMARKS FOR HMH EMPLOYED PROVIDERS

Measure	National Average	2023 Goal *(MIPS Goal bottom of the 9th Decile)*	RED (Below National Average)	YELLOW (National Average to Goal)	GREEN (At goal or above)
Breast Cancer Screening MA	70.43%	78%	0-70.42%	70.43-77.99%	78.00-100%
CMS 125 Breast Cancer Screening MIPS	51.60%	73.51%	0-51.59%	51.60-73.50%	73.51-100%
Breast Cancer Screening COMM	72.85%	83%	0-72.84%	72.85-82.99%	83.00-100%
Colorectal Cancer Screening- MA	64.00% ('22)	71%	0-63.99%	64.00-70.99%	71.00-100%
CMS 130 Colorectal Cancer Screening- MIPS	49.56%	76.18%	0-49.55%	49.56-76.17%	76.18-100%
Colorectal Cancer Screening - COMM	63.71%	68%	0-63.70%	63.71-67.99%	68.00-100%
Controlling High Blood Pressure- MA	69.49%	71.00%	0-69.48%	69.49-70.99%	71.00-100%
CMS 165 Controlling High Blood Pressure- MIPS	62.80%	75.54%	0-62.79%	62.80-75.53%	75.54-100%
Hypertension: BP Control (total for 18-85 years)- COMM	56.15%	57%	0-56.14%	56.15-56.99%	57.00-100%
Diabetes HbA1c >9 - MA	27.00% ('22)	23%	100-27.01%	27.00-23.01%	23.00-0%
CMS 122 Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)- MIPS	44.92%	20%	100-44.93%	44.92-20.01%	20.00-0%
Diabetes: A1C > 9- COMM	33.88%	28.00%	100-33.89%	33.88-28.01%	28.00-0%
Diabetes: Nephropathy Monitoring- MA	88% ('22)	95.50%	0 - 87.99%	88.00-95.49%	95.50 - 100%
CMS 134 Diabetes: Medical Attention for Nephropathy- MIPS	82.14%	93.88%	0 - 82.13%	82.14-93.87%	93.88 - 100%
CMS 2 Preventive Care and Screening: Screening for Depression and Follow-Up Plan using CQM because ECQM not avail on QPP - MIPS	39.20%	71.71%	0 -39.19%	39.20-71.70%	71.71-100%
Depression Screening- 12 years and older	70.00%	90.00%	0 - 69.99%	70.00-89.99%	90.00-100%
Statin Therapy for Patients with CVD (SPC)	84.50%	86.00%	0-84.49%	84.50-85.99%	86.00-100%
CMS 347.1 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease- MIPS	71.54%	80.02%	0 -71.53%	71.54-80.01%	80.02- 100%
Statin Therapy for Prevention and Treatment of CVD	81.30%	83%	0 - 81.29%	81.30-82.99%	83.00 - 100%

2023 HMH CRC SCREENING GUIDELINES

Hackensack Meridian *Health*

2023 Colorectal Cancer Screening Guideline

For HMH internal use only©

Patients of age 45 – 75 are eligible for Colorectal cancer screening[2]. Individuals with certain risk factors (see Box: Select High Risk Groups) should begin screening before age 45. Consult with a gastroenterologist if further guidance required. **Colonoscopy is the gold standard of testing. Colonoscopy and FIT are the primary screening modalities[1].** However, when patients decide against a colonoscopy the following less optimal options may be advised—FIT Test, Multi-target Stool DNA (FIT-DNA), FOBT, CT Colonography and Flexible Sigmoidoscopy. Provide patients with choices and discuss best fit screening. The best screening is the test that gets done. *Exclusions: History of Total Colectomy or Colorectal Cancer, Hospice/Palliative Care, Institutional Special Needs Plan or LTC. Patients 66 & older with both Advanced Illness and Frailty are also excluded.*

All patients from age 45 are at Average Risk and must be screened.

Determine the CRC Risk level

High Risk Groups-Refer to Gastroenterologist

Have you been Screened for CRC

No/ Unsure

Yes

Use Following Screening Modalities: Discuss options & engage in Shared Decision Making Process

Check Validity of Screening Results

Not Valid

If Valid, document the results in the EMR. Attach/Scan Proof

SELECT HIGH RISK GROUPS

- **Personal/family history of adenomatous polyps or CRC (Parent, Sibling, Child)**
- **Family history of hereditary nonpolyposis CRC or familial polyps (Lynch Synd)**
- **Confirmed or suspected hereditary CRC Syndrome**
- **History of abdominal or pelvic radiation for previous cancer**
- **Personal history of inflammatory bowel diseases including Crohn's or Ulcerative colitis**
- **Symptoms like rectal bleeding or abdominal pain**

Epi proColon (Septin 9 Test) and Colon Capsule Endoscopy (PillCam) are **NOT** accepted as valid tests for CRC Screening. DRE & DRE based FOBT in Office settings **Not Counted**

1.Colonoscopy	2.FIT 3.iFOBT	4.FIT-DNA	5. CTC 6. FS	7. FS With Annual FIT
-ve / +ve	-ve / +ve	-ve / +ve	-ve / +ve	-ve / +ve
Repeat Colonoscopy in 10 yrs. (May be combined with annual FIT[1] for High Risk)	Rescreen in 1year	Rescreen in 3 year	Rescreen in 5 years	Rescreen With FS in 10 years Plus FIT every year[2]

Refer to Gastroenterologist

Required Documentation for COL Screening

Epi Pro Colon blood test is not accepted as a valid screening test. CPT 81401 is not a numerator code for this measure.

Required Coding for HEDIS: Fecal Occult Blood Testing (iFOBT)/FIT: CPT: 82270, 82274 HCPCS: G0328.
FIT-DNA/mt-s DNA: CPT: 81528; G0464
Colonoscopy: CPT: 44388 – 44394; 44397; 44401 – 44408; 45355; 45378 – 45393; 45398. HCPCS: G0105, G0121.
Flexible Sigmoidoscopy: CPT: 45330 – 45335, 45337 – 45342, 45345 – 45347, 45349 – 45350. HCPCS: G0104.
CT Colonography: CPT: 74261 - 74263.
CPT II Code: 3017F Result documented and reviewed (Use for date of service in the past)

CRC-Colorectal Cancer; EMR-Electronic Medical Record; CTC-Computed Tomography Colonography; FS-Flexible Sigmoidoscopy; FIT-Fecal Immunochemical Testing; FOBT-Fecal Occult Blood Test; DRE-Digital (Finger) Rectal Exam

REFERENCES: 1. Shaukat, A., Kahi, C. J., Burke, C. A., Rabeneck, L., Sauer, B. G., & Rex, D. K. (2021). ACG Clinical Guidelines: Colorectal Cancer Screening 2021. *Am J Gastroenterol, 116*(3), 458-479 2. Force, U. S. P. S. T., Davidson, K. W., Barry, M. J., Mangione, C. M., Cabana, M., Caughey, A. B., . . . Wong, J. B. (2021). Screening for Colorectal Cancer: US Preventive Services Task Force Recommendation Statement. *JAMA, 325*(19), 1965-1977

DIRECTIONS FOR HMHP PRACTICES USING NON-EPIC EMRS

1. HMH follows a hybrid approach for measuring ambulatory quality measures. This includes both clinical data from your Electronic Medical Records (EMRs) and the administrative data from your claim files. Currently HMH's analytical platform is designed to consider clinical data first and if not available takes into account your claims data.

2. HMH receives your claims data from the payors regularly. But lack of quality compliance codes in the claims data can cause low performance rate if you are not documenting all required compliance codes or not sending the clinical data from your EMR to HMH.

3. This guide has included only the most common compliance codes that would help you in documenting the necessary codes to measure your performance. This is just a tool for your assistance. Additional value sets are required and your EMR companies (if 2015 CEHRT certified) should have the capability to do the mapping of codes. If not please contact us.

4. There are different types of codes that are used to measure clinical quality which include ICD, CPT, LOINC, SNOMED, UBREV, NDC and other revenue codes. Your EMR companies and billing companies should be contacted to see if they have updated these codes and are sending them to HMH via the claim files.

5. To exchange clinical data with HMH your EMR company should contact the NJHIN (New Jersey Health Information Network) which is the State Health Information Exchange (HIE). HMH has an agreement with NJHIN to exchange data from NJHIN to the HMH Data warehouse. Once you set up a data transfer with NJHIN, they will exchange your clinical data to HMH. If you need more information, please contact us and we can guide you in this process.

6. If you have not set up an HMH email account please contact DTS help desk.
   DTS Service Desk Email: DTSServiceDesk@hmhn.org
   Internal Extension: x3333
   External Phone Number: 848-237-3333

7. If you have any questions about your quality performance status, please contact: **hmhpcinsupport@hmhn.org**

Hackensack Meridian *Health*
Partners

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