2022 HEDIS® Coding & Reference Guide

BCBSKS 2022 QBRP Measures

BlueCross BlueShield Kansas

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Table of Contents

Appropriate Testing for Pharyngitis (CWP)

Description
The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Eligible Population
Children 3 years of age as of July 1 of the year prior to the measurement year as of June 30 of the measurement year with an Outpatient, Telephone, Online Assessment, Observation or ED visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care.

Event/Diagnosis
Outpatient, Telephone, Online Assessment, Observation or ED visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care during the Intake Period (12-month window that begins July 1 of the year prior to the measurement year and ends on June 30 of the measurement year).

Coding[1]
CPT: 87070-87071, 87081, 87430, 87650-87652, 87880, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483
ICD-10: J02.0, J02.8-J02.9, J03.00-J03.01, J03.80-J03.81, J03.90-J03.91

Denominator
The eligible population. (Note- Member must have BCBSKS medical and pharmacy benefits)

Numerator
A group A streptococcus test (Group A Strep Tests Value Set) in the seven-day period from three days prior to the IESD through three days after the IESD.

Index Episode Start Date. The earliest Episode Date during the Intake Period that meets all of the following criteria:

- Linked to a dispensed antibiotic prescription (Table 1) on or during the three days after the Episode Date.
- A 30-day Negative Medication History prior to the Episode Date.
- The member was continuously enrolled without a gap in coverage during the 30 days prior to the Episode Date through 3 days after the Episode Date.

This measure is reported as 4 rates:

- 3-17 year
- 18-64 years
- 65 years and older
- Total

Exclusions/ Negative Conditions
A period of 30 days prior to the episode date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
No prescriptions that were filled more than 30 days prior to the episode date and are active on the episode date.

Exclude episode dates if the member did not receive antibiotics on or up to three days after the episode date with only a diagnosis of pharyngitis.

1) Coding may change periodically without notification

Table 1: Antibiotic Medications (CWP)

Description	Prescription	
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate	
First generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Folate antagonist	• Trimethoprim	
Lincomycin derivatives	• Clindamycin	
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Natural penicillins	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium
Penicillinase-resistant penicillins	• Dicloxacillin	
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third generation cephalosporins	• Cefdinir • Cefixime • Cefpodoxime	• Ceftibuten • Cefditoren • Ceftriaxone

1) Coding may change periodically without notification

Appropriate Treatment for Upper Respiratory Infections (URI)

Description
The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

Calculation
The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics *were not* prescribed).

Eligible Population
Members 3 months of age as of July 1 of the year prior to June 30 of the measurement year with continuous enrollment (30 days prior to Episode date through 3 days after Episode Date) and an Outpatient, Telephone, Online Assessment, Observation or ED visit with only a diagnosis of URI.

Event/Diagnosis
Identify all members who had an outpatient visit (Outpatient Value Set), a telephone visit (Telephone Visits Value Set), an online assessment (Online Assessments Value Set) an observation visit (Observation Value Set) or an ED visit (ED Value Set) during the Intake Period, with a diagnosis of URI (URI Value Set).
Exclude outpatient, ED or observation visits that result in an inpatient stay (Inpatient Stay Value Set).

Determine all URI Episode Dates. For each member identified in step 1, determine all outpatient, telephone, online assessments, observation or ED visits with a URI diagnosis.

Test for Negative Medication History. Exclude Episode Dates where a new or refill prescription for an antibiotic medication (Table 3) was filled 30 days prior to the Episode Date or was active on the Episode Date.

Test for Negative Competing Diagnosis. Exclude Episode Dates where the member had a claim/encounter with a competing diagnosis on or three days after the Episode Date. A code from either of the following meets criteria for a competing diagnosis:

- Pharyngitis Value Set.
- Competing Diagnosis Value Set.

Calculate continuous enrollment. The member must be continuously enrolled without a gap in coverage from 30 days prior to the Episode Date through 3 days after the Episode Date (34 total days).

Coding[1]
ICD-10CM: J00, J06.0, J06.9
CPT: 99281-99285, 99217-99220, 98969, 99444, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483, 98966-98968, 99441-99443
HCPCS: G0402, G0438-G0439, G0463, T1015
UBREV: 0450-0452, 0456, 0459, 0981, 0510-0522, 0523, 0526-0529, 0982-0983

Denominator
The eligible population (Note- Member must have BCBSKS medical and pharmacy benefit)

Numerator
Dispensed prescription for antibiotic medication (Table 2) on or three days after the IESD.

Exclusions/ Negative Conditions
A period of 30 days prior to the episode date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
No prescriptions that were filled more than 30 days prior to the episode date and are active on the episode date.
Exclude members who had claims/encounters with a competing diagnosis within 30 days prior to episode date. Also exclude members who had a competing diagnosis three days following the episode date (Pharyngitis, etc.)
Exclude members that have had an emergency visit or observation that resulted in an inpatient stay *or* have a diagnosis of HIV, HIV Type 2, Malignant Neoplasms, Emphysema, COPD, Cystic Fibrosis, Comorbid Conditions (such as Tuberculosis, sickle-cell anemia, etc.), Disorders of the Immune System (such as autoimmune disorders and immunodeficiency disorders), Pharyngitis, or any Competing Diagnosis

1) Coding may change periodically without notification

Table 2: Antibiotic Medications (URI)

Description	Prescription	
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate	
First generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Folate antagonist	• Trimethoprim	
Lincomycin derivatives	• Clindamycin	
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Natural penicillins	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium • Penicillin B Benzathine
Penicillinase-resistant penicillins	• Dicloxacillin	
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third generation cephalosporins	• Cefdinir • Cefixime • Cefpodoxime	• Ceftibuten • Cefditoren • Ceftriaxone

1) Coding may change periodically without notification

Avoidance of Antibiotic Treatment for Bronchitis/Bronchiolitis (AAB)

Description
The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/ bronchiolitis that did not result in an antibiotic dispensing event.

Calculation
The measure is reported as an inverted rate [1-(numerator/eligible population]. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were ***not*** prescribed).

Eligible Population
Members 3 months and older as of July 1 of the year prior to June 30 of the measurement year with continuous enrollment (30 days prior to Episode date through 3 days after Episode Date)

Event/Diagnosis
Identify all members who had an outpatient visit (Outpatient Value Set), a telephone visit (Telephone Visits Value Set), an online assessment (Online Assessments Value Set), an observation visit (Observation Value Set) or an ED visit (ED Value Set) during the Intake Period, with a diagnosis of acute bronchitis/bronchiolitis (Acute Bronchitis Value Set).

Coding[1]
ICD-10: J20.3-J20.9, J21.0-J21.1, J21.8-J21.9
CPT: 99281-99285, 99217-99220, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99483
HCPCS: G0402, G0438-G0439, G0463, T1015
UBREV: 0450-0452, 0456, 0459, 0510-0517, 0519-0523, 0526-0529, 0981-0983

Denominator
The Eligible Population (Note- Member must have BCBSKS Medical and Pharmacy benefits)

Numerator
Dispensed prescription for antibiotic medication (Table 3) on or three days after the Index Episode Start Date (IESD- The date of service for any outpatient or ED visit during the intake period with a diagnosis of acute bronchitis).

This measure is reported as 4 rates:

- 3 months-17 years
- 18-64 years
- 65 years and older
- Total

Exclusions/ Negative Conditions
A period of 30 days prior to the episode date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
No prescriptions that were filled more than 30 days prior to the episode date and are active on the episode date.

Exclude members that have had an emergency visit or observation that resulted in an inpatient stay *or* have a diagnosis of HIV, HIV Type 2, Malignant Neoplasms, Emphysema, COPD, Cystic Fibrosis, Comorbid Conditions (such as Tuberculosis, sickle-cell anemia, etc.), Disorders of the Immune System (such as autoimmune disorders and immunodeficiency disorders), Pharyngitis, or any Competing Diagnosis

1) Coding may change periodically without notification

Table 3: Antibiotic Medications (AAB)

Description	Prescription		
Aminoglycosides	• Amikacin • Gentamicin	• Streptomycin • Tobramycin	
Aminopenicillins	• Amoxicillin	• Ampicillin	
Beta-lactamase inhibitors	• Amoxicillin-clavulanate • Ampicillin-sulbactam	• Piperacillin-tazobactam	
First-generation cephalosporins	• Cefadroxil	• Cefazolin	• Cephalexin
Fourth-generation cephalosporins	• Cefepime		
Ketolides	• Telithromycin		
Lincomycin derivatives	• Clindamycin	• Lincomycin	
Macrolides	• Azithromycin • Clarithromycin	• Erythromycin • Erythromycin ethylsuccinate	• Erythromycin lactobionate • Erythromycin stearate
Miscellaneous antibiotics	• Aztreonam • Chloramphenicol • Dalfopristin-quinupristin	• Daptomycin • Linezolid	• Metronidazole • Vancomycin
Natural penicillins	• Penicillin G benzathine-procaine • Penicillin G potassium	• Penicillin G procaine • Penicillin G sodium	• Penicillin V potassium • Penicillin G benzathine
Penicillinase resistant penicillins	• Dicloxacillin	• Nafcillin	• Oxacillin
Quinolones	• Ciprofloxacin • Gemifloxacin	• Levofloxacin • Moxifloxacin	• Ofloxacin
Rifamycin derivatives	• Rifampin		
Second-generation cephalosporin	• Cefaclor • Cefotetan	• Cefoxitin • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfadiazine	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline	• Minocycline	• Tetracycline
Third-generation cephalosporins	• Cefdinir • Cefditoren • Cefixime	• Cefotaxime • Cefpodoxime • Ceftazidime	• Ceftibuten • Ceftriaxone
Urinary anti-infectives	• Fosfomycin • Nitrofurantoin • Nitrofurantoin macrocrystals	• Nitrofurantoin macrocrystals-monohydrate • Trimethoprim	

1) Coding may change periodically without notification

Breast Cancer Screening (BCS)

Description
The percentage of women 52-74 years of age who had a mammogram to screen for breast cancer.

Eligible Population
Women 52–74 years of age as of December 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) from the measurement year and the year prior to the measurement year.

Event/Diagnosis
None

Coding[1]
CPT: 77055-77057, 77061-77063, 77065-77067
HCPCS: G0202, G0204, G0206
ICD-9 PCS: 87.36-87.37

Denominator
The eligible population.

Numerator
One or more mammograms (Mammography Value Set) any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.

Exclusions/ Negative Conditions
Exclude members who have had a bilateral mastectomy any time during the member's history through December 31 of the measure year. That includes:

- Bilateral mastectomy
- Unilateral mastectomy ***with*** a bilateral modifier
- Two unilateral mastectomies with service dates 14 days or more apart. For example, if the service date for the first unilateral mastectomy was February 1 of the measurement year, the service date for the second unilateral mastectomy must be on or after February 15
- History of bilateral mastectomy

For members with a history of mastectomy (Acquired Absence of Bilateral Breast and Nipples Value Set) can be documented administratively on claims via ICD-10 code: Z90.13.

1) Coding may change periodically without notification

Cervical Cancer Screening (CCS)

Description

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

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

Eligible Population

Women 24-64 years of age as of December 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) from the measurement year and the two years prior to the measurement year.

Coding[1]

CPT: 87620-87622, 87624-87625, 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175
HCPCS: G0123-G0124, G0141, G0143-G0145, G0147-G0148, P3000-P3001, Q0091, G0476

Denominator

The eligible population.

Numerator

The number of women who were screened for cervical cancer, as identified in steps 1 and 2 below.

- Women 24–64 years of age as of December 31 of the measurement year who had cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set) during the measurement year or the two years prior to the measurement year.
- Women 30–64 years of age as of December 31 of the measurement year who had cervical high-risk human papillomavirus (hrHPV) testing (High Risk HPV Lab Test Value Set, High Risk HPV Test Result or Finding Value Set) during the measurement year or the four years prior to the measurement year ***and*** who were 30 years or older on the date of the test.

Exclusions/ Negative Conditions

Exclude members from each eligible population if evidence of hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix (Absence of Cervix Value Set) any time during the member's history through December 31 of the measurement year.

For those members with a history of no residual cervix, cervical agenesis or acquired absence of cervix (Absence of Cervix Value Set), can be documented administratively on claims via ICD-10 codes: Z90.710 or Z90.712.

1) Coding may change periodically without notification

Colorectal Cancer Screening (COL)

Description
The percentage of members 51–75 years of age who had appropriate screening for colorectal cancer.

Eligible Population
Members 51–75 years of age as of December 31 of the measurement year with continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) from the measurement year and the year prior to the measurement year.

Coding[1]
CPT: 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398, 74261-74263, 45330-45335, 45337-45342, 45345-45347, 45349-45350, 81528, 82270, 82274
ICD-9CM: 45.22-45.25, 45.42-45.43
HCPCS: G10104-G0105, G0121, G0464, G0328

Denominator
The eligible population.

Numerator
One or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test (FOBT Value Set, FOBT Test Results or Finding Value Set) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type.
- Flexible sigmoidoscopy (Flexible Sigmoidoscopy Value Set, History of Flexible Sigmoidoscopy Value Set) during the measurement year or the four years prior to the measurement year.
- Colonoscopy (Colonoscopy Value Set) during the measurement year or the nine years prior to the measurement year.
- CT colonography (CT Colonography Value Set) during the measurement year or the four years prior to the measurement year.
- FIT-DNA test (FIT-DNA Lab Test Value Set, FIT DNA Test Results or Finding Value Set) during the measurement year or the two years prior to the measurement year.

Exclusions/ Negative Conditions
Exclude members from the eligible population if either colorectal cancer (Colorectal Cancer Value Set) or Total Colectomy (Total Colectomy Value Set) are included in a member's history through December 31 of the measurement year.

1) Coding may change periodically without notification

Comprehensive Diabetes Care, Hemoglobin A1c (HbA1c testing) (CDC)

Description

The percentage of members 18-75 years of age with diabetes (type 1 or type 2) who had a Hemoglobin A1c (HbA1c) test during the measurement year.

Eligible Population

Members 18-75 years of age as of December 31 of the measurement year, with a diagnosis of diabetes, and continuous enrollment (no more than one enrollment gap of less than 45 days in each full calendar year) in the measurement year.

Event/Diagnosis:

There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.

Claim/encounter data. Members who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set) ***without*** telehealth (Telehealth Modifier Value Set; Telehealth POS Value Set).
- At least one acute inpatient discharge with a diagnosis of diabetes (Diabetes Value Set) on the discharge claim. To identify an acute inpatient discharge:
  1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
  2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
  3. Identify the discharge date for the stay.
- At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), telephone visits (Telephone Visits Value Set), online assessments (Online Assessments Value Set), ED visits (ED Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim), on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two encounters. To identify a nonacute inpatient discharge:
  1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
  2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
  3. Identify the discharge date for the stay.

Pharmacy data. Members who were dispensed insulin or hypoglycemic/antihyperglycemic on an ambulatory basis during the measurement year or the year prior to the measurement year.

Coding[1]

CPT: 83036-83037,

CPT II: 3044F (HbA1c Result or Finding Less Than 7.0), 3046F (HbA1c Result or Finding Greater Than 9.0), 3051F (HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0), 3052F (HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0)

Denominator

The eligible population.

Numerator

An HbA1c test (HbA1c Tests Value Set) performed during the measurement year, as identified by claim/encounter or automated laboratory data.

Exclusions/ Negative Conditions

Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year ***and*** who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

1) Coding may change periodically without notification

Comprehensive Diabetes Care: Eye Exam- Retinal (CDC)

Description
The percentage of members 18-75 years of age with a diagnosis of diabetes (type 1 or type 2) and who had an eye exam (retinal) performed during the measurement year.

Eligible Population
Same as CDC- HBA1c Testing

Event/Diagnosis:
Same as CDC- HBA1c Testing

Coding[1]
CPT: 67028, 67030-67031, 67036, 67039-67043, 67101, 67105, 67107-67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-67221, 67227-67228, 92002, 92004, 92012, 92014, 92018-92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245
HCPCS: S0620-S0621, S3000
CPT II: 3072F (Diabetic Retinal Screening Negative), 2022F (Diabetic Retinal Screening with Eye Care Professional, 2023F (Diabetic Retinal Screening with Eye Care Professional), 2024F (Diabetic Retinal Screening with Eye Care Professional), 2025F (Diabetic Retinal Screening with Eye, 2026F (Diabetic Retinal Screening with Eye, 2033F (Diabetic Retinal Screening with Eye)

Denominator
The eligible population.

Numerator
Any of the following meet the criteria of screening for diabetic retinal eye disease:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist)
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year
- A bilateral eye enucleation anytime during the member's history through December 31 of the measurement year

Exclusions/ Negative Conditions
Members who do not have a diagnosis of diabetes (Diabetes Value Set), in any setting, during the measurement year or the year prior to the measurement year ***and*** who had a diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

1) Coding may change periodically without notification

Statin Therapy for Patients with Cardiovascular Disease- Received Statin Therapy (SPC)

Description
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 dispensed at least one high-intensity or moderate-intensity statin medication (Table 5).

Eligible Population
Male members 21-75 years of age and women members 40-75 years of age during the measurement year with continuous enrollment of no more than one gap in enrollment of up to 45 days.

Event/Diagnosis
Members 21-75 (males) years of age and age 40-75 (women) years of age diagnosed with clinical atherosclerotic cardiovascular disease (ASCVD) and prescribed a high-intensity or moderate-intensity statin medication.

Coding[1]
ICD-10CM: I20.0, I20.8-I20.9, I24.0, I24.8-I24.9, I25.5-I25.6, I25.9, I25.10, I25.82-I25.84, I25.89, I25.110-I25.111, I25.118-I25.119, I25.700-I25.701, I25.708-I25.711, I25.718-I25.721, I25.728-I25.731, I25.738-I25.739, I25.750-I25.751, I25.758-I25.761, I25.768-I25.769, I25.790-I25.791, I25.798-I25.799, I25.810-I25.812, I63.20, I63.22, I63.29, I63.50, I63.59, I63.211-I63.213, I63.219, I63.231-I63.233, I63.239, I63.511-I63.513, I63.519, I63.521-I63.523, I63.529, I63.531-I63.533, I63.539, I63.541-I63.543, I63.549, I65.1, 65.8-I65.9, I65.01-I65.03, I65.09, I65.21-I65.23, I65.29, I66.3, I66.8-I66.9, I66.01-I66.03, I66.09, I66.11-I66.13, I66.19, I66.21-I66.23, I66.29, I67.2, I70.1, I70.25, I70.35, I70.45, I70.55, I70.65, I70.75, I70.92, I70.201-I70.203, I70.208-I70.209, I70.211-I70.213, I70.218-I70.219, I70.221-I70.223, I70.228-I70.229, I70.231-I70.235, I70.238-I70.239, I70.241-I70.245, I70.248-I70.249, I70.261-I70.263, I70.268-I70.269, I70.291-I70.293, I70.298-I70.299, I70.301-I70.303, I70.308-I70.309, I70.311-I70.313, I70.318-I70.319, I70.321-I70.323, I70.328-I70.329, I70.331-I70.335, I70.338-I70.339, I70.341-I70.345, I70.348-I70.349, I70.361-I70.363, I70.368-I70.369, I70.391-I70.393, I70.398-I70.399, I70.401, I70.402-I70.403, I70.408-I70.409, I70.411-I70.413, I70.418-I70.419, I70.421-I70.423, I70.428-I70.429, I70.431-I70.435, I70.438-I70.439, I70.441-I70.445, I70.448-I70.449, I70.461-I70.463, I70.468-I70.469, I70.491-I70.493, I70.498-I70.499, I70.501-I70.503, I70.508-I70.509, I70.511-I70.513, I70.518-I70.519, I70.521-I70.523, I70.528-I70.529, I70.531-I70.535, I70.538-I70.539, I70.541-I70.545, I70.548-I70.549, I70.561-I70.563, I70.568-I70.569, I70.591-I70.593, I70.598-I70.599, I70.601-I70.603, I70.608-I70.609, I70.611-I70.613, I70.618-I70.619, I70.621-I70.623, I70.628-I70.629, I70.631-I70.635, I70.638-I70.639, I70.641-I70.642, I70.643-I70.645, I70.648-I70.649, I70.661-I70.663, I70.668-I70.693, I70.698-I70.699, I70.701-I70.703, I70.708-I70.709, I70.711-I70.713, I70.718-I70.719, I70.721-I70.723, I70.728-I70.729, I70.731-I70.735, I70.738-I70.739, I70.741-I70.745, I70.748-I70.749, I70.761-I70.763, I70.768I-70.769, I70.791-I70.793, I70.798-I70.799, I75.81, I75.89, I75.011-I75.013, I75.019, I75.021-I75.023, I75.029, T82.855A, 82.855D, T82.855S, T82.856A, T82.856D, T82.856S

Denominator
The Eligible Population (Note- Member must have BCBSKS Medical and Pharmacy benefits)

Numerator
The number of members who had at least one dispensing event for a high-intensity or moderate-intensity statin medication during the measurement year.

Exclusions
Exclude members from the eligible population with a diagnosis of pregnancy, ESRD, cirrhosis, myalgia, myositis, myopathy, rhabdomyolysis as well as those members undergoing dialysis or in vitro fertilization.

For those members age 66 and higher, exclude those with a diagnosis of frailty accompanied it with an inpatient stay or nonacute inpatient stay.

1) Coding may change periodically without notification

Table 5: High- and Moderate-Intensity Statin Medications

Description	Prescription	
High-intensity statin therapy	• Atorvastatin 40-80 mg • Amlodipine-atorvastatin 40-80 mg • Ezetimibe-simvastatin 80 mg	• Rosuvastatin 20-40 mg • Simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10-20 mg • Amlodipine-atorvastatin 10-20 mg • Rosuvastatin 5-10 mg • Simvastatin 20-40 mg • Ezetimibe-simvastatin 20-40 mg	• Pravastatin 40-80 mg • Lovastatin 40 mg • Fluvastatin 40 mg bid • Pitavastatin 2–4 mg

1) Coding may change periodically without notification

Statin Therapy for Patients with Diabetes- Received Statin Therapy (SPD)

Description
The percentage of member 40-75 years of age during the measurement year with diabetes who do not have atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one statin medication (Table 6) of any intensity during the measurement year.

Eligible Population
Members 40-75 years of age during the measurement year with continuous enrollment of no more than one gap in enrollment of up to 45 days.

Event/Diagnosis:
Members age 40-75 years of age diagnosed with diabetes and prescribed a statin medication.

Coding[1]
ICD-10CM: E10.8-E10.11, E10.21-10.22 E10.29 E10.36, E10.37X1-E10.37X3, E10.37X9, E10.39-E10.44, E10.49, E10.51-E10.52, E10.59, E10.65, E10.69, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.610, E10.618, E10.620-E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.3211-E10.3213, E10.3219, E10.3291-E10.3293, E10.3299, E10.3311-E10.3313, E10.3319, E10.3391-E10.3393, E10.3399, E10.3411-E10.3413, E10.3419, E10.3491-E10.3493, 10.3499, E10.3511-E10.3513, E10.3519, E10.3521-E10.3523, E10.3529, E10.3531-E10.3533, E10.3539, E10.3541-E10.3543, E10.3549, E10.3551-E10.3553, E10.3559, E10.3591, E10.3592-E10.3593, E10.3599, E11.8-E11.9, E11.00-E11.01, E11.10-E11.11, E11.21-E11.22, E11.29, E11.36, E11.37X1-E11.37X3, E11.37X9, E11.39-E11.44, E11.49, E11.51-E11.52, E11.59, E11.65, E11.69, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.610, E11.618, E11.620, E11.621-E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.3211-E11.3213, E11.3219, E11.3291-E11.3293, E11.3299, E11.3311-E11.3313, E11.3319, E11.3391-E11.3393, E11.3399, E11.3411-E11.3413, E11.3419, E11.3491-E11.3493, E11.3499, E11.3511-E11.3513, E11.3519, E11.3521-E11.3523, E11.3529, E11.3531-E11.3533, E11.3539, E11.3541-E11.3543, E11.3549, E11.3551-E11.3553, E11.3559, E11.3591-E11.3593, E11.3599, E13.8-E13.9, E13.00-E13.01, E13.10-E13.11, E13.21-E13.22, E13.29, E13.36, E13.37X1-E13.37X3, E13.37X9, E13.39-E13.44, E13.49, E13.51-E13.52, E13.59, E13.65, E13.69, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.610, E13.618, E13.620-E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.3211-E13.3213, E13.3219, E13.3291-E13.3293, E13.3299, E13.3311-E13.3313, E13.3319, E13.3391-E13.3393, E13.3399, E13.3411-E13.3413, E13.3419, E13.3491-E13.3493, E13.3499, E13.3511-E13.3513, E13.3519, E13.3521-E13.3523, E13.3529, E13.3531-E13.3533, E13.3539, E13.3541-E13.3543, E13.3549, E13.3551-E13.3553, E13.3559, E13.3591-E13.3593, E13.3599, O24.02-O24.03, O24.12-O24.13, O24.32-O24.33, O24.82-O24.83, O24.011-O24.013, O24.019, O24.111-O24.113, O24.119, O24.311-O24.313, O24.319, O24.811-O24.813, O24.819

Denominator
The Eligible Population (Note- Member must have BCBSKS Medical and Pharmacy benefits)

Numerator
Members who were dispensed at least one statin medication of any intensity during the measurement year.

Exclusions
Exclude those members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid induced diabetes during the measurement year or the year prior.

1) Coding may change periodically without notification

Table 6: Statin Medications

Description	Prescription	
High-intensity statin therapy	• Atorvastatin 40-80 mg • Amlodipine-atorvastatin 40-80 mg • Ezetimibe-simvastatin 80 mg	• Rosuvastatin 20-40 mg • Simvastatin 80 mg
Moderate-intensity statin therapy	• Atorvastatin 10-20 mg • Amlodipine-atorvastatin 10-20 mg • Rosuvastatin 5-10 mg • Simvastatin 20-40 mg • Ezetimibe-simvastatin 20-40 mg	• Pravastatin 40-80 mg • Lovastatin 40 mg • Fluvastatin 40 mg bid • Pitavastatin 2–4 mg
Low-intensity statin therapy	• Simvastatin 5-10 mg • Ezetimibe-simvastatin 10 mg • Pravastatin 10–20 mg	• Lovastatin 20 mg • Fluvastatin 20–40 mg • Pitavastatin 1 mg

1) Coding may change periodically without notification

Use of Imaging Studies for Low Back Pain (LBP)

Description
The percentage of members 18-50 years of age with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Calculation
The measure is reported as an inverted rate [1-(numerator/eligible population)]. A higher rate indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Eligible Population
Members 18 years of age as of January 1 of the measurement year to members 50 years of age as of December 31 of measurement year with continuous enrollment of 180 days (6 months) prior to the IESD (no gaps in enrollment allowed during the continuous enrollment period) and with a primary diagnosis of low back pain.

Coding[1]
CPT: 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141-72142, 72146-72149, 72156, 72158, 72200, 72202, 72220
ICD-10CM: M47.26-M47.28, M47.816-M47.818, M47.896-M47.898, M48.06-M48.08, M48.061-M48.062, M51.16-M51.17, M51.26-M51.27, M51.36-M51.37, M51.86-M51.87, M53.2X6-M53.2X8, M53.3, M53.86-M53.88, M54.5, M54.9, M54.16-M54.18, M54.30-M54.32, M54.40-M54.42, M54.89, M99.03-M99.04, M99.23, M99.33, M99.43, M99.53, M99.63, M99.73, M99.83-M99.84, S33.5XXA-S33.6XXA, S33.8XXA-S33.9XXA, S33.100A, S33.100D, S33.100S, S33.110A, S33.110D, S33.110S, S33.120A, S33.120D, S33.120S, S33.130A, S33.130D, S33.130S, S33.140A, S33.140D, S33.140S, S39.82XA, S39.82XD, S39.82XS, S39.92XA, S39.92XD, S39.92XS, S39.002A, S39.002D, S39.002S, S39.012A, S39.012D, S39.012S, S39.092A, S39.092D, S39.092S,

Denominator
The eligible population.

Numerator
An imaging study (Imaging Study Value Set) with a diagnosis of uncomplicated low back pain (Uncomplicated Low Back Pain Value Set) on the IESD or in the 28 days following the IESD.

Exclusions/ Negative Conditions
A period of 180 days (6 months) prior to the IESD when the member had no claims/encounters with any diagnosis of low back pain.

Exclude any member who had a diagnosis for which imaging is clinically appropriate. Any of the following meet criteria:

- *Cancer.* Cancer any time during the member's history through 28 days after the IESD. Any of the following meet criteria:
  - Malignant Neoplasms Value Set.
  - Other Neoplasms Value Set.
  - History of Malignant Neoplasm Value Set.
  - Other Malignant Neoplasm of Skin Value Set
- *Recent trauma.* Trauma (Trauma Value Set) any time during the 3 months (90 days) prior to the IESD through 28 days after the IESD.
- *Intravenous drug abuse.* IV drug abuse (IV Drug Abuse Value Set) any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD.
- Neurologic Impairment. Neurologic impairment (Neurologic Impairment Value Set) any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD.
- *HIV.* HIV (HIV Value Set) any time during the member's history through 28 days after the IESD.
- *Spinal infection.* Spinal infection (Spinal Infection Value Set) any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD.
- *Major organ transplant.* Major organ transplant (Organ Transplant Other Than Kidney Value Set; Kidney Transplant Value Set; History of Kidney Transplant Value Set) any time in the member's history through 28 days after the IESD.
- *Prolonged use of corticosteroids.* 90 consecutive days of corticosteroid treatment any time during the 366-day period that begins 365 days prior to the IESD and ends on the IESD.

1) Coding may change periodically without notification

Well-Child Visits in the First 30 Months of Life (W30)

Description
The percentage of members aged 0-30 months who had well-child visits with a PCP during the first 15 and 30 months of life.

Eligible Population
Children who turn 15 months old during the measurement year with continuous enrollment of no more than one gap in enrollment of up to 45 days from when turning 31 days of age to 15 months of age.

Coding[1]
CPT: 99381-99385, 99391-99395, 99461
ICD-10CM: Z00.00-Z00.01, Z00.110-Z00.111, Z00.121, Z00.129, Z00.2-Z00.3, Z02.5, Z76.1-Z76.2
HCPCS: G0438-G0439

Denominator
The eligible population.

Numerator
Members who the following number of well-child visits with a PCP during the last 15 months.

- *Rate 1- Well-Child Visits in the First 15 Months:* Children who turned 15 months old during the measurement year. Six or more well-child visits on different dates of service on or before the 15-month birthday.
- *Rate 2- Well-Child Visits for Age 15 Months-30 Months*: Children who turned 30 months old during the measurement year. Two or more well-child visits on different dates of service between the child's 15-month birthday plus 1 day and the 30-monrth birthday.

The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

Exclusions/ Negative Conditions
No exclusions

1) Coding may change periodically without notification

Child and Adolescent Well-Care Visits (WCV)

Description
The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Eligible Population
Children and adolescents age 3-21 as of December 31 of the measurement year with continuous enrollment (no more than one gap in enrollment of up to 45 days in the measurement year).

Coding[1]
CPT: 99381-99385, 99391-99395, 99461
ICD-10CM: Z00.00-Z00.01, Z00.110-Z00.111, Z00.121, Z00.129, Z00.2-Z00.3, Z02.5, Z76.1-Z76.2
HCPCS: G0438-G0439

Denominator
The eligible population.

Numerator
At least one well-child visit with a PCP during the measurement year.

The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

Exclusions/ Negative Conditions
No exclusions

1) Coding may change periodically without notification

Appendix A: Definitions

Denominator- Eligible members of the population

Numerator- Members who met the criteria of a measure

HEDIS (Healthcare Effectiveness Data and Information Set)- Tool used by more than 90% of America's health plans to measure performance on important dimensions of care and service.

Intake Period- The period of time (typically the measurement year) used to identify the first eligible encounter.

Index Episode Start Date (IESD)- The earliest date of service for an eligible encounter during the intake period.

Anchor Date- The specific date the member is required to be enrolled to be eligible for the measure

Measurement Year- The twelve-month time frame of data used to support the calculation of the bi-annual QBRP performance scores. For BCBSKS' QBRP HEDIS-based performance scores, the Jan. 1 thru Dec. 31 measurement year is used to support the July 1 thru Dec. 31 QBRP scores of the following bi-annual QBRP cycle, and the July 1 thru June 30 measurement year is used to support the Jan. 1 thru June 30 QBRP scores of the following bi-annual QBRP cycle.

Continuous Enrollment- A period of time, during the measurement timeline, where a member must be enrolled in order to be counted towards the measure.

Primary Care Physician (PCP)- A physician or non-physician (e.g., nurse practitioner, physician assistant) who offers primary care medical services.

- LPNs and RNs are not considered PCPs

Episode Date- The date of service for any outpatient or ED visit during the intake period.

1) Coding may change periodically without notification

Appendix B: Changes

Version	Description	Effective Date
2018.v1	Initial Release	3/2017
2018.v2	Updated with new coding value sets and formatting changes.	6/2017
2019.v1	Updated to include 2019 QBRP measures including code sets. Added negative conditions to CWP, AAB, LBP.	7/2018
2019.v2	General updates to Title Page, AWC, CWP, CDC, CCS, LBP, and Appendix A.	10/2018
2020.v1	Updated with new coding value sets and addition of new measures. Added CPT II and ICD-10 'history of' codes where applicable. Removed LOINC code sets.	01/2019
2020.v2	Updated with addition of new measures CDC-EYE, CDC-NEPH, SPC, and SPD.	08/2019
2020.v3	Updated with specification changes for HEDIS 2020 and coding set updates. Changes include: • **CWP**- Expanded age range from 3-18 years of age to 3 years of age and older. • **URI**- Expanded age range from 3 months-18 years of age (children) to 3 months of age and older. • **AAB**- Expanded age range from 18-64 years of age (adults) to members 3 months of age and older • **CCS**- Updated screening methods to include primary high-risk human papillomavirus testing.	08/2020
2022.v1	Updated measure set to remove AWC, CDC-NEPH, W15, W34, SPC-80%, SPD-80% and replaced with W30 (2 rates), WCV, SPD-Received Statin Therapy, SPC- Received Statin Therapy. Updated value code sets. Added Appendix C: Potential Future Changes Added Appendix D: Supplemental Code Sets Changed Appendix B 'Dates' to 'Effective Date'	01/2022

1) Coding may change periodically without notification

Appendix C: Supplemental Code Sets: Z Codes and CPT Category II Codes

BCBSKS is promoting the use of ICD-10 Z codes and CPT Category II code sets. By using these codes, BCBCKS can better identify Social Determinants of Health, history of mastectomy, hysterectomy and colectomy, and lab result codes which will ultimately result in the reduction of medical record requests.

ICD-10 Z Codes

Social Determinant	***ICD-10-CM Code/Description***
Problems related to education and literacy (Z55)	Z55.0 Illiteracy and low-level literacy Z55.1 Schooling unavailable and unattainable Z55.2 Failed school examinations Z55.3 Underachievement in school Z55.4 Educational maladjustment and discord with teachers and classmates Z55.8 Other problems related to education and literacy Z55.9 Problems related to education and literacy, unspecified
Problems related to employment and unemployment (Z56)	Z56.0 Unemployment, unspecified Z56.1 Change of Job Z56.2 Threat of job loss Z56.3 Stressful work schedule Z56.4 Discord with boss and workmates Z56.5 Uncongenial work environment Z56.6 Other physical and mental strain related to work Z56.81 Sexual harassment on the job Z56.82 Military deployment status Z56.89 Other problems related to employment Z56.9 Unspecified problems related to employment
Occupational exposure to risk factors (Z57)	Z57.0 Occupational exposure to noise Z57.1 Occupational exposure to radiation Z57.2 Occupational exposure to dust Z57.31 Occupational exposure to environmental tobacco smoke Z57.39 Occupational exposure to other air contaminants Z57.4 Occupational exposure to toxic agents in agriculture Z57.5 Occupational exposure to toxic agents in other industries Z57.6 Occupational exposure to extreme temperature Z57.7 Occupational exposure to vibration Z57.8 Occupational exposure to other risk factors Z57.9 Occupational exposure to unspecified risk factor

1) Coding may change periodically without notification

Problems related to housing and economic circumstances (Z59)	Z59.0 Homelessness Z59.1 Inadequate housing Z59.2 Discord with neighbors, lodgers and landlord Z59.3 Problems related to living in residential institution Z59.4 Lack of adequate food and safe drinking water Z59.5 Extreme poverty Z59.6 Low income Z59.7 Insufficient social insurance and welfare support Z59.8 Other problems related to housing and economic circumstances Z59.9 Problem related to housing and economic circumstances, unspecified
Problems related to social environment (Z60)	Z60.0 Problems of adjustment to life-cycle transitions Z60.2 Problems related to living alone Z60.3 Acculturation difficulty Z60.4 Social exclusion and rejection Z60.5 Target of (perceived) adverse discrimination and persecution Z60.8 Other problems related to social environment Z60.9 Problems related to social environment, unspecified
Problems related to upbringing (Z62)	Z62.0 Inadequate parental supervision and control Z62.1 Parental overprotection Z62.2 Upbringing away from parents Z62.21 Child in welfare custody Z62.22 Institutional upbringing Z62.3 Hostility towards and scapegoating of child Z62.6 Inappropriate (excessive) parental pressure Z62.810 Personal history of physical and sexual abuse in childhood Z62.811 Personal history of psychological abuse in childhood Z62.812 Personal history of neglect in childhood Z62.819 Personal history of unspecified abuse in childhood Z62.82 Parent-child conflict Z62.822 Parent-foster child conflict Z62.891 Sibling rivalry Z62.898 Other specified problems related to upbringing
Other problems related to primary support group, including family circumstances (Z63)	Z63.0 Problems in relationship with spouse or partner Z63.1 Problems in relationship with in-laws Z63.3 Absence of family member Z63.4 Disappearance and death of family member Z63.5 Disruption of family by separation and divorce Z63.6 Dependent relative needing care at home Z63.7 Other stressful life events affecting family and household Z63.71 Stress on family due to return of family member from military deployment

1) Coding may change periodically without notification

	Z63.72 Alcoholism and drug addiction in family Z63.79 Other stressful life events affecting family and household Z63.8 Other specified problems related to primary support group Z63.9 Problem related to primary support group, unspecified
Problems related to certain psychosocial circumstances (Z64)	Z64.0 Problems related to unwanted pregnancy Z64.1 Problems related to multiparity Z64.4 Discord with counselor
Problems related to other psychosocial circumstances (Z65)	Z65.0 Conviction in civil and criminal proceedings without imprisonment Z65.1 Imprisonment and other incarceration Z65.2 Problems related to release from prison Z65.3 Problems related to other legal circumstances Z65.4 Victim of crime and terrorism Z65.5 Exposure to disaster, war and other hostilities Z65.8 Other specified problems related to psychosocial circumstances Z65.9 Problem related to unspecified psychosocial circumstances
Problems related to medical facilities and other health care (Z75)	Z75.0 Medical services not available at home Z75.1 Person awaiting admission to adequate facility elsewhere Z75.2 Other waiting period for investigation and treatment Z75.3 Unavailability and inaccessibility of health care facilities Z75.4 Unavailability and inaccessibility of other helping agencies Z75.5 Holiday relief care Z75.8 Other problems related to medical facilities and other health care Z75.9 Unspecified problem related to medical facilities and other health care

This list should not be considered comprehensive of all available codes. The codes listed are those commonly used codes.

Other ICD-10CM Z-Codes for HEDIS

History of Mastectomy	Z90.13 Acquired absence of bilateral breasts and nipples
History of Hysterectomy	Z90.710 Acquired absence of both cervix and uterus
History of Hysterectomy	Z90.712 Acquired absence of cervix with remaining uterus
Pregnancy Diagnosis	Z03.71 Encounter for suspected problem with amniotic cavity and membrane ruled out
Pregnancy Diagnosis	Z03.72 Encounter for suspected placental problem ruled out
Pregnancy Diagnosis	Z03.73 Encounter for suspected fetal anomaly ruled out
Pregnancy Diagnosis	Z03.74 Encounter for suspected problem with fetal growth ruled out
Pregnancy Diagnosis	Z03.75 Encounter for suspected cervical shortening ruled out
Pregnancy Diagnosis	Z03.79 Encounter for other suspected maternal and fetal conditions ruled out
Pregnancy Diagnosis	Z32.01 Encounter for pregnancy test, result positive

1) Coding may change periodically without notification

Pregnancy Diagnosis	Z34.00 Encounter for supervision of normal first pregnancy, unspecified trimester
Pregnancy Diagnosis	Z34.01 Encounter for supervision of normal first pregnancy, first trimester
Pregnancy Diagnosis	Z34.02 Encounter for supervision of normal first pregnancy, second trimester
Pregnancy Diagnosis	Z34.03 Encounter for supervision of normal first pregnancy, third trimester
Pregnancy Diagnosis	Z34.80 Encounter for supervision of other normal pregnancy, unspecified trimester
Pregnancy Diagnosis	Z34.81 Encounter for supervision of other normal pregnancy, first trimester
Pregnancy Diagnosis	Z34.82 Encounter for supervision of other normal pregnancy, second trimester
Pregnancy Diagnosis	Z34.83 Encounter for supervision of other normal pregnancy, third trimester
Pregnancy Diagnosis	Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Pregnancy Diagnosis	Z34.91 Encounter for supervision of normal pregnancy, unspecified, first trimester
Pregnancy Diagnosis	Z34.92 Encounter for supervision of normal pregnancy, unspecified, second trimester
Pregnancy Diagnosis	Z34.93 Encounter for supervision of normal pregnancy, unspecified, third trimester
Pregnancy Diagnosis	Z36 Encounter for antenatal screening of mother
Postpartum Care	Z39.2 Encounter for routine postpartum follow-up
Postpartum Care	Z39.1 Encounter for care and examination of lactating mother

This list should not be considered comprehensive of all available codes. The codes listed are those commonly used codes.

1) Coding may change periodically without notification

CPT-II Codes

	CPT-II Code	*Description*
PPC	0500F	Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP])
PPC	0501F	Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit)
PPC	0502F	Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)]
PPC	0503F	Postpartum care visit
CDC	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
CDC	2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
CDC	2024F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy
CDC	2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy
CDC	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy
CDC	2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy
CDC	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0%
CDC	3046F	Most recent hemoglobin A1c level greater than 9.0%
CDC	3048F	Most recent LDL-C less than 100 mg/dL
CDC	3049F	Most recent LDL-C 100-129 mg/dL

1) Coding may change periodically without notification

CDC	3050F	Most recent LDL-C greater than or equal to 130 mg/dL
CDC	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0%
CDC	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0%
CDC	3066F	Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist)
CDC	4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken
CDC	3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)
CBP	3074F	Most recent systolic blood pressure less than 130 mm Hg
CBP	3075F	Most recent systolic blood pressure 130-139 mm
CBP	3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
CBP	3078F	Most recent diastolic blood pressure less than 80 mm Hg
CBP	3079F	Most recent diastolic blood pressure 80-89 mm Hg
CBP	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg
MRP	1111F	Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER)

This list should not be considered comprehensive of all available codes. The codes listed are those commonly used codes.

1) Coding may change periodically without notification

Appendix D: Potential Future Measures

These potential measure additions are being communicated as possible changes that may be in the coming year. This will allow providers to become educated on the measures prior to being implemented into QBRP.

1) Coding may change periodically without notification

Antidepressant Medication Management (AMM)

Description The percentage of members 18 years of age and older who were treated with antidepressant medication (Table 7), had a diagnosis of major depression and who remained +on an antidepressant medication treatment.
Eligible Population Members 18 years and older as of April 31 of the measurement year with continuous enrollment of 105 days prior to the IPSD through 231 days after the IPSD
Coding[1] ICD-10CM: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
Denominator The eligible population.
Numerator At least 84 days (12 weeks) of treatment with antidepressant medication (Antidepressant Medications List), beginning on the IPSD through 114 days after the IPSD (115 total days). This allows gaps in medication treatment up to a total of 31 days during the 115-day period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.
Exclusions/ Negative Conditions Exclude members who did not have an encounter with a diagnosis of major depression during the 121-day period from 60 days prior to the IPSD, through the IPSD and the 60 days after the IPSD.

1) Coding may change periodically without notification

Asthma Medication Ratio (AMR)

Description
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.

Eligible Population
Members age 5-64 as of December 31 of the measurement year with continuous enrollment (no more than one gap in enrollment of up to 45 days in the measurement year).

Denominator
The eligible population.

Numerator
The number of members who have a medication ratio of 0.50 or greater during the measurement year. Follow the steps below to calculate the ratio.

Use all the medication lists in the Asthma Controller Medications table below to identify asthma controller medications. Use all the medication lists in the Asthma Reliever Medications table below to identify asthma reliever medications.

Step 1- For each member, count the units of asthma controller medications dispensed during the measurement year.
Step 2- For each member, count the units of asthma reliever medications dispensed during the measurement year..
Step 3- For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications.
Step 4- For each member, calculate the ratio of controller medications to total asthma medications using the following formula. Round (using the .5 rule) to the nearest whole number.

$$\frac{\text{Units of Controller Medications (step 1)}}{\text{Units of Total Asthma Medications (step 3)}}$$

Step 5- Sum the total number of members who have a ratio of 0.50 or greater in step 4.

Exclusions/ Negative Conditions
Exclude members with the following diagnosis: Emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions due to Fumes, Cystic Fibrosis, Acute Respiratory Failure.

1) Coding may change periodically without notification

Follow-Up after Emergency Department Visit for Alcohol and other Drug Abuse or Dependence- 30 Days (FUA)

Description
The percentage of emergency department visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD within 30 days of the ED visit.

Eligible Population
Members age 13 and older as of the ED visit with a continuous enrollment of the date of the ED visit through 30 days after the ED visit.

Denominator
The eligible population.

Numerator
A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.

Exclusions/ Negative Conditions
Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of the principal diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting:

1. Identify all acute and nonacute inpatient stays.
2. Identify the admission date for the stay.

These events are excluded from the measure because admission to an acute or nonacute inpatient setting may prevent an outpatient follow-up visit from taking place.

1) Coding may change periodically without notification

Follow-Up after Emergency Department Visit for Mental Illness- 30 Days (FUM)

Description The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days of the ED Visit.
Eligible Population Members age 6 and older as of the ED visit with a continuous enrollment of the date of the ED visit through 30 days after the ED visit.
Denominator The eligible population.
Numerator A follow-up visit with any practitioner, with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.
Exclusions/ Negative Conditions Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of the principal diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting: 1. Identify all acute and nonacute inpatient stays. 2. Identify the admission date for the stay. These events are excluded from the measure because admission to an acute or nonacute inpatient setting may prevent an outpatient follow-up visit from taking place.

1) Coding may change periodically without notification

Follow-Up after Hospitalization for Mental Illness- 30 Days (FUH)

Description
The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.

Eligible Population
Members age 6 and older as of the date of discharge with a continuous enrollment of the date of discharge through 30 days after discharge.

Denominator
The eligible population.

Numerator
A follow-up visit with a mental health provider within 30 days after discharge. Do not include visits that occur on the date of discharge.

Exclusions/ Negative Conditions
Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission. To identify readmissions and direct transfers to a nonacute inpatient care setting:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
3. Identify the admission date for the stay.

These discharges are excluded from the measure because rehospitalization or direct transfer may prevent an outpatient follow-up visit from taking place.

1) Coding may change periodically without notification