Keystone First

HEDIS® Documentation and Coding Adult Guidelines 2017

Access and Availability		
Measure	**Documentation required**	**Coding**
Adults' Access to Preventive/Ambulatory Health Services (AAP) Members 20 years and older who had an ambulatory or preventive care visit during the measurement year.	One or more ambulatory or preventive care visits during the measurement year. Documentation collection through administrative claims only. **NOTE:** Specialist visits do not count for this measure.	**CPT Codes:** 92002, 92004, 92012, 92014, 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429 **HCPCS:** G0402, G0438, G0439, G0463, S0620, S0621, T1015 **ICD10:** Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89-Z02.9 **UB REV Codes:** 0510-0517, 0519-0529, 0982-0983
Prenatal and Postpartum Care (PPC) Timeliness of Prenatal Care Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. * Prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization	Prenatal care visit to an OB/GYN or other prenatal care practitioner or primary care practitioner (PCP). For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following: • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height • Evidence that a prenatal care procedure was performed (OB panel, Ultrasound, etc.) • Documentation of LMP or EDD in conjunction with either: Prenatal Risk Assessment and education/counseling or complete obstetrical history.	**Prenatal visits CPT:** 99201 – 99205, 99211 – 99215, 99241-99245, 99500 **Cat II:** 0500F-0502F **HCPCS:** G0463, H1000, H1001, H1002, H1003, H1004, H1005, T1015 **Pregnancy-related diagnosis ICD-10:** O09.00-O09.93, O10.011-O10.919, O11.1-O11.9, O12.00-O12.23, O13.1-O13.9, O14.00-O14.93, O15.00-O15.9, O16.1-O16.9, O20.0-O20.9, O21.0-O21.9, O22.00-O26, O28-O36, O40-O48, O60, O71,O88, O91-O92, O98.011-O9A.519, Z03.7-Z36 **OB Panel CPT:** 80055, 80081 **Prenatal Ultrasound CPT:** 76801, 76805, 76811, 76813, 76815, 76816, 76817, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828 **UB REV CODE:** 0514

Access and Availability

Measure	Documentation required	Coding
Frequency of Ongoing Prenatal Care (FPC) Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. Members who had ≥ 81% of expected visits.	Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following: • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height • Evidence that a prenatal care procedure was performed (OB panel, Ultrasound, etc.) • Documentation of LMP or EDD in conjunction with either: Prenatal Risk Assessment and education/counseling or complete obstetrical history.	**Prenatal visits CPT:** 99201 – 99205, 99211 – 99215, 99241-99245, 99500 **Cat II:** 0500F-0502F **HCPCS:** G0463, H1000, H1001, H1002, H1003, H1004, H1005, T1015 **Pregnancy-related diagnosis ICD-10:** O09.00-O09.93, O10.011-O10.919, O11.1-O11.9, O12.00-O12.23, O13.1-O13.9, O14.00-O14.93, O15.00-O15.9, O16.1-O16.9, O20.0-O20.9, O21.0-O21.9, O22.00-O26, O28-O36, O40-O48, O60, O71,O88, O91-O92, O98.011-O9A.519, Z03.7-Z36 **OB Panel CPT:** 80055, 80081 **Prenatal Ultrasound CPT:** 76801, 76805, 76811, 76813, 76815, 76816, 76817, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828 **UB REV CODE:** 0514
Prenatal and Postpartum Care (PPC) Postpartum Care Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. * Postpartum visit on or between 21 and 56 days after delivery.	Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following: • Pelvic exam. • Evaluation of weight, BP, breasts and abdomen. • Notation of postpartum care, including, but not limited to: – Notation of "postpartum care," "PP care," "PP check," "6-week check" or preprinted "postpartum care" form.	**Postpartum** **Cervical Cytology CPT:** 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175 **HCPS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091, G0101 **Bundled Services CPT:** 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622 **Visits CPT:** 57170, 58300, 59430, 99501, 0503F **ICD10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

Effectiveness of Care: Medication Management

Measure	Documentation required	Coding
Annual Monitoring for Patients on Persistent Medications (MPM)* * Also applies to Medicare members. Members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year **and** at least one therapeutic monitoring event for the therapeutic agent in the measurement year. Additional rates reported separately and as a total rate. • Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB). • Annual monitoring for members on digoxin. • Annual monitoring for members on diuretics. • Total rate.	At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year. Any of the following during the measurement year meet criteria: • A lab panel test. • A serum potassium test and a serum creatinine test. **Note:** The tests do not need to occur on the same service date, only within the measurement year (January 1 – December 31).	**Lab panel test:** 80047, 80048, 80050, 80053, 80069 **Serum Creatinine test:** 82565, 82575 **Potassium test:** 80051, 84132

Effectiveness of Care: Musculoskeletal Conditions

Measure	Documentation required	Coding
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART) Members 18 years and older who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).	Members who had at least one ambulatory prescription dispensed for a DMARD during the measurement year identified by: • Claim/encounter data. A DMARD prescription during the measurement year. • Pharmacy data. Members who were dispensed a DMARD during the measurement year on an ambulatory basis.	**Rheumatoid Arthritis diagnosis** **ICD 10:** M05.00-M06.9 **Disease-Modifying Anti-Rheumatic drug HCPCS:** J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-J7518, J9250, J9260, J9310

EXCLUSIONS: A diagnosis of HIV any time during the member's history through December 31 of the measurement year or diagnosis of pregnancy any time during the measurement year.

Effectiveness of Care: Prevention and Screening

Measure	Documentation required	Coding
Adult BMI Assessment (ABA) Code the visit + a ICD-10 BMI code Members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.	Weight and BMI value, dated during the measurement year or year prior to the measurement year for members ages of 20 AND over. The weight and BMI must be from the same data source. Members 0-19 years on the date of service, the following also meets criteria: BMI percentile documented as a value (e.g., 85th percentile) OR BMI percentile plotted on an age-growth chart. **Common Chart Deficiencies:** • Height and/or weight are documented but there is no calculation of the BMI • Ranges and thresholds are no longer acceptable for this measure. A distinct BMI value or percentile is required.	**Outpatient CPT Codes:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456 **HCPCS:** G0402, G0438, G0439, G0463, T1015 **UB REV CODE:** 0510-0517, 0519-0523, 0526-0529, 0982-0983 **Ages 20+** **BMI ICD-10:** Z68.1-Z68.45 **Ages 0-19** **BMI Percentile ICD-10:** Z68.51-Z68.54

EXCLUSION: Pregnancy diagnosis during the measurement year or the year prior. Medical record must note pregnancy diagnosis.

Measure	Documentation required	Coding
Breast Cancer Screening (BCS) Women 50-74 years of age who had a mammogram to screen for breast cancer during the measurement year or the two years prior to the measurement year.	Administrative claim for a mammogram between January 1, 2015 and December 31, 2017. This measure evaluates primary screening. **NOTE:** Biopsies, breast ultrasounds, MRIs or diagnostic screenings are not included in this measure because they are not appropriate methods for primary breast cancer screening.	**Mammography** **CPT:** 77055 – 77057 **HCPCS:** G0202 **UBREV:** 0403

EXCLUSION: Bilateral mastectomy, two unilateral mastectomies, or absence of left and right breasts at any time during the member's history through December 31 of the measurement year.

Effectiveness of Care: Prevention and Screening		
Measure	**Documentation required**	**Coding**
Cervical Cancer Screening (CCS) Women 21–64 years of age who were screened for cervical cancer using either of the following criteria: • Women age 21–64 who had cervical cytology performed every 3 years. • Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.	Documentation in the medical record must include both of the following: • A note indicating the date when the cervical cytology was performed (ages 21-30). • A note indicating the date when the cervical cytology and the HPV test were performed. The cervical cytology and HPV test must be from the same data source (ages 30-64). • The result or finding.	**Cervical Cytology (Pap) CPT:** 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175 **Cervical cytology (Pap) HCPCS:** G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000-P3001, Q0091 **Cervical Cytology LOINC Codes:** 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5 **UBREV:** 0923 **HPV Testing CPT:** 87620-87622, 87624, 87625 **HPV Testing HCPCS:** G0476
EXCLUSION: Hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix any time during the member's history through December 31 of the measurement year.		
Chlamydia screening in women (CHL) Women age 16 – 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Administrative claim for at least one chlamydia test between January 1, 2017 and December 31, 2017 for women age 16 – 24 who are identified as sexually active. Two methods identify sexually active: pharmacy data (dispensed contraceptives* during the measurement year) and claim/encounter data. **A simple urine test claim will meet this measure.**	**Chlamydia Test CPT:** 87110, 87270, 87320, 87490 – 87492, 87810 **LOINC:** 80360-1, 80361-9, 80362-7, 80363-5, 80364-3, 80365-0, 80367-6
When coding E&M and vaccine administration services on the same date you must append modifier 25 to the E&M code effective January 1, 2014.		

Effectiveness of Care: Respiratory Conditions		
Measure	**Documentation required**	**Coding**
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) Members 40 years of age and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.	At least one claim/encounter for spirometry during the two years prior to the event/diagnosis of COPD through 6 months afterward.	**Compliance =** Spirometry testing **CPT:** 94010, 94014 – 94016, 94060, 94070, 94375, 94620 **COPD ICD-10:** J44.0, J44.1, J44.9 **Chronic bronchitis ICD-10:** J41.0, J41.1, J41.8, J42 **Emphysema ICD-10:** J43.0-J43.2, J43.8, J43.9

Effectiveness of Care: Respiratory Conditions		
Measure	**Documentation required**	**Coding**
Pharmacotherapy Management of COPD Exacerbation (PCE) Members 40 years of age and older who had an acute inpatient discharge or ED visit on or **between January 1 and November 30** of measurement year and who have evidence of and active prescription for or were dispensed the appropriate medications*: A **Systemic Corticosteroid** within 14 days of the event. A **Bronchodilator** within 30 days of the event.	Dispensed prescription for systemic corticosteroid (Table PCE-C) on or 14 days after the Episode Date. Measure includes systemic corticosteroids that are active on the relevant date. OR Dispensed prescription for a bronchodilator (Table PCE-D) on or 30 days after the Episode Date. Measure includes bronchodilators that are active on the relevant date.	**Population =** Any one of the following diagnoses sets received on an ED or IP visit: **COPD ICD-10:** J44.0, J44.1, J44.9 **Chronic bronchitis ICD-10:** J41.0, J41.1, J41.8, J42 **Emphysema ICD-10:** J43.0-J43.2, J43.8, J43.9
Medication Management for People With Asthma (MMA) Members 5-64 years of age during the measurement year who were identified as having persistent asthma and who were dispensed an asthma controller medication that they remained on for the treatment period.	**Two rates are reported:** 1. The percent of members who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percent of member who remained on an asthma controller medication for at least 75% of their treatment period.	**Population includes** • Emergency department visit with primary asthma diagnosis, • Inpatient visit with primary diagnosis of asthma, or • At least 4 observation visits billed with asthma diagnosis and 3 or more non-controller asthma medication dispensing events during the measurement year and the year prior: **Asthma diagnoses** **ICD-10:** J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909-J45.991, J45.998
Asthma Medication Ratio (AMR) 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 50% or greater during the measurement year.	**Oral Medicine Dispensing events:** One prescription of an amount lasting 30 days or less. Multiple prescriptions for different medications on the same day are counted as separate dispensing events. **Inhaler dispensing event:** All inhalers (i.e., canisters) of the same medication dispensed on the same day count as one dispensing event. Medications with different Drug IDs dispensed on the same day are counted as different dispensing events. **Injection dispensing events:** Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events. **Units of medications:** When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication.	**Population includes** ED, IP and/or observation visits billed with asthma diagnosis or 4 non-controller asthma medication dispensing events during the measurement year and the year prior: **Asthma diagnoses** **ICD-10:** J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909 J45.991,J45.998

Effectiveness of Care: Cardiovascular Conditions		
Measure	**Documentation required**	**Coding**

Controlling High Blood Pressure (CBP)
 	
Members 18–85 years of age who had a dx of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:
 	
• Members 18-59 years of age whose BP was <140/90 mm Hg
 	
• Members 60-85 years of age with a dx of diabetes whose BP was <140/90 mm HG
 	
• Members 60-85 years of age without a dx of diabetes whose BP was <150/90 mm HG. Use the Hybrid Method (Medical Record Review) for this measure.
	Confirmatory dx Documentation: Notation or Problem List of Diabetes, HTN, High BP, Elevated BP, Border HTN, Intermittent HTN, Hx of HTN, HVD, Hyperpiesia, or Hyperpiesis on **or before** June 30 of the measurement year.
	
	Representative or Most Recent BP Reading: The most recent BP reading noted during the measurement year. The reading must occur after the date when the dx was confirmed (after date of confirmatory documentation). The member is not compliant if the BP reading is ≥140/90 (for members 18-59 or 60-85 with diabetes), ≤150/90 (members 60-85 without dx of diabetes) or is missing, or 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).
	
	Common Chart Deficiencies:
	• Rechecked elevated pressures during the same visit not documented.
	• Diagnosis date of hypertension is not clearly documented.
	• It does not matter if hypertension was treated or is currently being treated. The notation indicating a diagnosis of hypertension may be recorded in any of the following documents:
	  • Problem list (this may include a diagnosis prior to June 30 of the measurement year or an undated diagnosis that is not part of the office visit note; see the Note at the end of this section).
	  • Office note.
	  • Subjective, Objective, Assessment, Plan (SOAP) note.
	  • Encounter form.
	  • Diagnostic report.
	  • Hospital discharge summary (BP's not acceptable when obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy).
		Compliance = Both a representative (most recent during measurement year) systolic BP <140 mm Hg and a representative diastolic BP <90 mm Hg (BP in the normal or high–normal range) identified in documentation via medical record review.
		
		Outpatient CPT: 99201 – 99205, 99211 – 99215, 99241-99245, 99341-99345, 99347-99350, 99381 – 99387, 99391 – 99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456
		
		Outpatient HCPCS: G0402, G0438, G0439, G0463, T1015
		
		Hypertension diagnosis: ICD-10-CM: I10

Effectiveness of Care: Cardiovascular Conditions		
Measure	**Documentation required**	**Coding**
Comprehensive Diabetes Care (CDC) HbA1c Testing Members 18–65 years of age with diabetes (type 1 and type 2) who had the following during the measurement year January 1 – December 31) who had a Hemoglobin A1c (HbA1c) test during the measurement year.	HbA1c Test: Documentation in the medical record must include a note indicating the date when the HbA1c test was performed **and** the result or finding. Additional categories: • HbA1c poor control (>9.0%) • HbA1c control (<8.0%) • HbA1c control (<7.0%)	**Diabetes diagnosis:** **ICD-10-CM:** E10, E11, E13, O24 **HbA1c/HbA1c level** **CPT:** 83036-83037 **Cat II:** 3044F, 3045F, 3046F **Eye Exam CPT:** 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 **Eye Exam Cat II:** 2022F,2024F, 2026F, 3072F **Eye Exam HCPCS:** S0620, S0621, S0625, S3000 **Monitoring for Nephropathy Urine Protein Test CPT:** 81000-81003, 81005, 82042-82044, 84156 **Cat II:** 3060F- 3062F **Nephropathy Treatment** **ICD-10:** E08.21-E08.22, E08.29, E09.21-.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-N08, N14.0-N14.4, N17.0-N17.2, N17.8-N18.6, N18.9-N19, N25.0-N25.1, N25.81, N25.89, N25.9, N26.1--N26.2, N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19, Q61.2-Q61.5, Q61.8-Q61.9, R80.0-R80.3, R80.8, R80.9 **Cat II:** 3066F, 4010F **BP control Cat II:** 3074F-3075F, 3377F – 3080F
Comprehensive Diabetes Care (CDC) Eye Exam Members 18–75 years of age with diabetes (type 1 and type 2) who had the following during the measurement year: • Eye exam (retinal) performed (year prior to the measurement year is acceptable if exam was negative for retinopathy).	Any of the following noted in the medical record: • A note or letter during the measurement year prepared by an ophthalmologist, optometrist, PCP or other health care provider indicating that an ophthalmoscopic exam was completed by an eye care provider, the date when the procedure was performed **and** the results. • Documentation of a negative (or normal) retinal or dilated exam by an eye care provider in the year prior to the measurement year, where results indicate retinopathy was not present **and** the date when the exam was performed. • A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results.	
Comprehensive Diabetes Care (CDC) Monitoring for Nephropathy Members 18–75 years of age with diabetes (type 1 and type 2) who had the following during themeasurement year: • Medical attention for nephropathy (nephropathy test, evidence of nephropathy, urine macro albumin tests, or at least one ACE inhibitor or ARB dispensing event).	Any of the following noted in the medical record: • Documentation during the measurement year indicating the date when the urine micro albumin test was performed **and** the results. • Documentation indicating evidence of nephropathy (i.e. Renal Transplant, ESRD, Nephrologist visit, or positive micro albumin test) or • Documentation with a note indicating that the member received a prescription for ACE inhibitors/ ARBS in the measurement year.	

Effectiveness of Care: Cardiovascular Conditions		
Measure	**Documentation required**	**Coding**
Comprehensive Diabetes Care (CDC) BP Control Members 18–75 years of age with diabetes (type 1 and type 2) who had the following during the measurement year: • BP control reading.	The most recent BP reading noted during the measurement year. This measure is met if the member's BP is <140/90 mm Hg.	**Diabetes diagnosis:** **ICD-10-CM:** E10, E11, E13, O24 **HbA1c/HbA1c level** **CPT:** 83036-83037 **Cat II:** 3044F, 3045F, 3046F **Eye Exam CPT:** 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245 **Eye Exam Cat II:** 2022F,2024F, 2026F, 3072F **Eye Exam HCPCS:** S0620, S0621, S0625, S3000 **Monitoring for Nephropathy Urine Protein Test CPT:** 81000-81003, 81005, 82042-82044, 84156 **Cat II:** 3060F- 3062F **Nephropathy Treatment** **ICD-10:** E08.21-E08.22, E08.29, E09.21-.22, E09.29, E10.21, E10.22, E10.29, E11.21, E11.22, E11.29, E13.21, E13.22, E13.29, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2, I15.0, I15.1, N00.0-N08, N14.0-N14.4, N17.0-N17.2, N17.8-N18.6, N18.9-N19, N25.0-N25.1, N25.81, N25.89, N25.9, N26.1--N26.2, N26.9, Q60.0-Q60.6, Q61.00-Q61.02, Q61.11, Q61.19, Q61.2-Q61.5, Q61.8-Q61.9, R80.0-R80.3, R80.8, R80.9 **Cat II:** 3066F, 4010F **BP control Cat II:** 3074F-3075F, 3377F – 3080F
Statin Therapy for Patients With Diabetes (SPD) Members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported: 1. Received Statin Therapy. Members who were dispensed at least one statin medication of any intensity during the measurement year. 2. Statin Adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.	The number of members who had at least one dispensing event for a high or moderate-intensity statin medication during the measurement year AND the proportion of days covered is ≥80%. **High-intensity statin therapy:** Atorvastatin 40-80 mg, Amlodipine-atorvastatin 40-80 mg, Ezetimibe-atorvastatin 40-80 mg, Rosuvastatin 20-40 mg, Simvastatin 80 mg, Ezetimibe-simvastatin 80 mg **Moderate-intensity statin therapy:** Atovastatin 10-20 mg, Amlodipine-atorvastatin 10-20 mg, Ezetimibe-atrvastatin 10-20 mg, Rosuvastatin 5-10 mg, Simvastatin 20-40 mg, Ezetimibe-simvastatin 20-40 mg, Niacin-simvastatin 20-40 mg, Sitagliptin-simvastatin 20-40 mg, Pravastatin 40-80 mg, Aspirin-pravastatin 40-80 mg, Lovastatin 40 mg, Niacin-lovastatin 40 mg, Fluvastatin XL 80 mg, Fluvastatin 40 mg bid, Patavastatin 2-4 mg.	
EXCLUSIONS: Gestational or Steroid induced diabetes during the measurement year or the year prior.		
Persistence of Beta-Blocker Treatment after a Heart Attack (PBH) Members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.	If a member has more than one episode of AMI from July 1 of the year prior to the measurement year through June 30 of the measurement year, include only the first discharge. Members identified as having an intolerance or allergy to beta-blocker therapy are excluded.	**AMI:** **ICD-10:** 121.01, 121.02, 121.09, 121.11, 121.19, 121.21, 121.29, 121.3, 121.4

Effectiveness of Care: Behavioral Health		
Measure	**Documentation required**	**Coding**
Antidepressant Medication Management (AMM) Members 18 years of age and older who were treated with an antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. • **Acute Phase Treatment:** Members who remained on an antidepressant medication for at least 84 days (12 weeks). • **Continuation Phase Treatment:** Members who remained on an antidepressant medication for at least 180 days (6 months).	Members dispensed an antidepressant medication with a dx of major depression who remained on their medication for at least 84 days (acute phase) or 180 days (continuation phase).	**Compliance** = At least 84 days of continuous treatment of antidepressant medication during the acute phase and at least 180 days of continuous treatment during the continuation phase. **Major depression diagnoses** **ICD-10:** F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC) Members 18–64 years of age with schizophrenia and cardiovascular disease who had an LDL-C test during the measurement year.	At least one claim or encounter of an LDL-C test during the measurement year.	**LDL C Screen CPT:** 80061, 83700, 83701, 83704, 83721 **CPT Cat II:** 3048F, 3049F, 3050F

Plan members are identified for measures through administrative claims and pharmacy claims received.

*Medication lists and NDC tables are updated annually on **www.NCQA.org**.

**Lower rate indicates better performance.

Keystone First

KF-1713032