### EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

<table>
<thead>
<tr>
<th>Measure/coding tips</th>
<th>Measure description</th>
<th>Documentation required</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult BMI assessment (ABA)</strong></td>
<td>Code the visit + an ICD-10 BMI code.</td>
<td>Weight and BMI value, dated during the measurement year or prior to the measurement year.</td>
<td>BMI ICD-10: Z68 – Z68.45, Z68.51 – 54</td>
</tr>
<tr>
<td><strong>Breast cancer screening (BCS)</strong></td>
<td>Women ages 50 – 74 years who had a mammogram to screen for breast cancer during the measurement year or the year prior to the measurement year.</td>
<td>Administrative claim for a mammogram between 10/1/2013 and 12/31/2016.</td>
<td>CPT: 77055 – 77057</td>
</tr>
<tr>
<td><strong>Cervical cancer screening (CCS)</strong></td>
<td>Women ages 21 – 64 years who were screened for cervical cancer using either of the following criteria: • Ages 21 – 64 who had cervical cytology performed every three years or • Ages 30 – 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years.</td>
<td>Documentation in the medical record must include both of the following: Ages 21 – 64 (back three years): • A note indicating the date the cervical cytology was performed. The result or finding. Ages 35 – 64, who do not meet first requirement (back five years): • A note indicating the date the cervical cytology and the HPV test were performed. The result or finding.</td>
<td>CPT: 88141 – 88143, 88147, 88148, 88150, 88152 – 88154, 88164 – 88167, 88174, 88175</td>
</tr>
<tr>
<td><strong>Use of spirometry testing in the assessment and diagnosis of COPD (SPR)</strong></td>
<td>Members age 42 years and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.</td>
<td>At least one claim or encounter for spirometry during the two years prior to the event or diagnosis of COPD through six months afterward.</td>
<td>Compliance = spirometry testing CPT: 94010, 94014 – 94016, 94060, 94070, 94375, 94620</td>
</tr>
<tr>
<td><strong>Pharmacotherapy management of COPD exacerbation (PCE)</strong></td>
<td>Members who had an acute inpatient discharge or ED visit on or between 1/1/2015 and 11/30/2015 and were dispensed the appropriate medications: • A systemic corticosteroid within 14 days of the event. • A bronchodilator within 30 days of the event.</td>
<td>At least one inpatient or ED claim or encounter where the member was dispensed a systemic corticosteroid within 14 days of the event and/or a bronchodilator within 30 days of the event.</td>
<td>Population = any one of the following diagnosis sets received on an ED or IP visit: COPD ICD-10: J44.0 – J44.9 Chronic bronchitis ICD-10: J41.0 – J42 Emphysema ICD-10: J43.0 – J43.9</td>
</tr>
<tr>
<td><strong>Medication management for people with asthma (MMA)</strong></td>
<td>Members ages 5 – 64 years during the measurement year who were identified as having persistent asthma and who were dispensed an asthma controller medication for at least 75% of their treatment period.</td>
<td>Dispensed at least one prescription for 75% of their treatment period during the measurement year.</td>
<td>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 – J45.998</td>
</tr>
<tr>
<td><strong>Asthma medication ratio (AMR)</strong></td>
<td>The percentage of members ages 5 – 64 years 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.</td>
<td>Inhaler dispensing event: All inhalers (e.g., 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.</td>
<td>Population includes ED, IP and/or observation visits billed with asthma diagnosis or four non – controller asthma medication dispensing events during the measurement year and the year prior: Asthma diagnoses ICD-10: J45.20 – J45.998</td>
</tr>
</tbody>
</table>

### EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS

<table>
<thead>
<tr>
<th>Measure/coding tips</th>
<th>Measure description</th>
<th>Documentation required</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use of spirometry testing in the assessment and diagnosis of COPD (SPR)</strong></td>
<td>Members age 42 years and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis.</td>
<td>At least one claim or encounter for spirometry during the two years prior to the event or diagnosis of COPD through six months afterward.</td>
<td>Compliance = spirometry testing CPT: 94010, 94014 – 94016, 94060, 94070, 94375, 94620</td>
</tr>
<tr>
<td><strong>Pharmacotherapy management of COPD exacerbation (PCE)</strong></td>
<td>Members who had an acute inpatient discharge or ED visit on or between 1/1/2015 and 11/30/2015 and were dispensed the appropriate medications: • A systemic corticosteroid within 14 days of the event. • A bronchodilator within 30 days of the event.</td>
<td>At least one inpatient or ED claim or encounter where the member was dispensed a systemic corticosteroid within 14 days of the event and/or a bronchodilator within 30 days of the event.</td>
<td>Population = any one of the following diagnosis sets received on an ED or IP visit: COPD ICD-10: J44.0 – J44.9 Chronic bronchitis ICD-10: J41.0 – J42 Emphysema ICD-10: J43.0 – J43.9</td>
</tr>
<tr>
<td><strong>Medication management for people with asthma (MMA)</strong></td>
<td>Members ages 5 – 64 years during the measurement year who were identified as having persistent asthma and who were dispensed an asthma controller medication for at least 75% of their treatment period.</td>
<td>Dispensed at least one prescription for 75% of their treatment period during the measurement year.</td>
<td>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 – J45.998</td>
</tr>
<tr>
<td><strong>Asthma medication ratio (AMR)</strong></td>
<td>The percentage of members ages 5 – 64 years 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.</td>
<td>Inhaler dispensing event: All inhalers (e.g., 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.</td>
<td>Population includes ED, IP and/or observation visits billed with asthma diagnosis or four non – controller asthma medication dispensing events during the measurement year and the year prior: Asthma diagnoses ICD-10: J45.20 – J45.998</td>
</tr>
</tbody>
</table>
### Access and Availability

<table>
<thead>
<tr>
<th>Measure/coding tips</th>
<th>Measure description</th>
<th>Documentation required</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults’ access to preventive/ambulatory health services (AAP)</td>
<td>Members age 20 years and older who had an ambulatory or preventive care visit during the measurement year.</td>
<td>One or more ambulatory or preventive care visits during the measurement year.</td>
<td>CPT Codes: 92002, 92004, 92012, 92014, 99201 – 99205, 99211 – 99215, 99241 – 99245, 99304 – 99310, 99315 – 99319, 99324 – 99328, 99334 – 99338, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99411 – 99412, 99420, 99429</td>
</tr>
</tbody>
</table>

### Prenatal and Postpartum Care

#### Timeliness of prenatal care

- **Measure/coding tips:** Live births between Nov. 6 of the measurement year and Nov. 5 of the measurement year and Nov. 5 of the measurement year. Members who had ≥ 81% of expected visits.
- **Documentation required:** 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:
    - “PP care;” “PP check;” “6-week check” or preprinted postpartum care form.
- **Coding:** Postpartum visit CPT: 57170, 58300, 59430, 99501
  - Cat B: 0500F – 0520F

### Effectiveness of Care: Cardiovascular Conditions

#### Controlling high blood pressure (CBP)

- **Measure/coding tips:** Members age 18 – 85 years who had a Dx of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:
  - Members ages 18 – 59 years whose BP was <140/90 mm Hg.
  - Members ages 60 – 85 years with a Dx of diabetes whose BP was <140/90 mm Hg.
  - Members ages 60 – 85 years without a Dx of diabetes whose BP was <150/90 mm Hg.
  - Use the hybrid method (medical record review) for this measure.
- **Documentation required:** Confirmation of Dx documentation
  - Notation or problem list of diabetes, HTN, high BP, border HTN, intermittent HTN, Hx of HTN, HVD, hyperpia, or hyperpia. If a diagnosis date of hypertension is not clearly documented.
  - Rechecked elevated pressures during the same visit are not documented.
  - Date of confirmatory documentation. The member is not compliant if the reading must occur after the date when the Dx was confirmed (after date of confirmatory documentation). The member is not compliant if the reading is incomplete (e.g., the systolic or diastolic level is missing).
- **Coding:** 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.

#### Statin therapy for patients with cardiovascular disease (SPC)

- **Measure/coding tips:** 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:
  - Received statin therapy. Members who were dispensed at least one high- or moderate-intensity statin medication during the measurement year.
  - Statin adherence 80 percent.
  - Members who remained on a high- or moderate-intensity statin medication for at least 80 percent of the treatment period.
- **Documentation required:** 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%.
- **Exclusions:** Pregnancy, IVF, clomiphene Rx, cirrhosis, end stage renal disease, myalgia, myositis, myopathy or rhabdomyolysis during the measurement year or year prior.
- **Coding:** IVD diagnosis ICD-10: I20.0 – I20.9, I24.0 – I24.9, I25.10 – I25.9, I30.00 – I30.3, I65.01 – I65.9, I66.01 – I66.9, I67.2, I70.00 – I70.92, I74.01 – I74.9, I75.011 – I75.89

#### Persistence of beta-blocker treatment after a heart attack (PBH)

- **Measure/coding tips:** Members age 18 years and older 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.
- **Documentation required:** A 180-day course of treatment with beta-blockers after discharge.
- **Exclusions:** Asthma, COPD, obstructive chronic bronchitis diagnosis, or allergy/intolerance to beta-blocker during measurement year.
- **Coding:** AMI ICD-10: Z01.01, Z01.02, Z01.09, Z01.11, Z01.21, Z01.29, Z12.3, Z12.4
## EFFECTIVENESS OF CARE: DIABETES

<table>
<thead>
<tr>
<th>Measure/coding tips</th>
<th>Measure description</th>
<th>Use appropriate coding to indicate member compliance</th>
<th>Coding</th>
</tr>
</thead>
</table>
| **Comprehensive diabetes care (CDC)** | **HbA1C testing** | Members ages 18 – 75 years with diabetes (type 1 and type 2) who had the following during the measurement year who had a hemoglobin A1c (HbA1C) test during the measurement year. | HbA1C/HbA1C level (Cat II) CPT: 83036 – 83037  
Cat II: 3044F, 3045F, 3046F |
| **Comprehensive diabetes care (CDC)** | **Eye exam** | Members ages 18 – 75 years 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).  
• A note or letter during the measurement year prepared by an ophthalmologist, optometrist, PCP or other health care provider indicating 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. | Eye exam CPT:  
67038, 67039, 67040, 67043, 67103, 67104, 67105, 67106, 67107, 67109, 67110, 67111, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92016, 92018, 92019, 92134, 92225, 92228, 92230, 92235, 92240, 92250, 92260, 99213 – 99215, 99224 – 99245  
Cat II: 3072F, 2022F, 2024F, 2026F, 3072F, 3074F |
| **Comprehensive diabetes care (CDC)** | **Monitoring for nephropathy** | Members ages 18 – 75 years with diabetes (type 1 and type 2) who had the following during the measurement year:  
• Medical attention for nephropathy (nephropathy test, evidence of nephropathy, urine macroalbumin tests, or at least one ACE inhibitor or ARB dispensing event).  
• Documentation during the measurement year indicating the date when the urine microalbumin test was performed and the results, documentation indicating evidence of nephropathy (e.g., renal transplant, ESRD, nephrologist visit, or positive microalbumin test) or documentation with a note indicating that the member received a prescription for ACE inhibitors/ARBs in the measurement year. | Urine protein test CPT:  
81000 – 81005, 82042 – 82044, 84156  
Cat II: 3060F – 3062F  
BP control:  
Cat II: 3074F – 3075F, 3377F – 3080F  
Diabetes diagnosis:  
ICD-10-CM: E10, E11, E13, O24  
ICD-10-CM: E10, E11, E13, O24 |
| **Comprehensive diabetes care (CDC)** | **BP control** | Members ages 18 – 75 years 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. | Monitoring for nephropathy  
ICD 10: M05.00 – M06.00 |

## EFFECTIVENESS OF CARE: MUSCULOSKELETAL CONDITIONS

<table>
<thead>
<tr>
<th>Measure/coding tips</th>
<th>Measure description</th>
<th>Use appropriate coding to indicate member compliance</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disease-modifying anti-rheumatic drug therapy for rheumatoid arthritis (ART)</strong></td>
<td><strong>Rheumatoid arthritis diagnosis</strong></td>
<td>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).</td>
<td>Rheumatoid arthritis diagnosis ICD 10: M05.00 – M06.00</td>
</tr>
</tbody>
</table>
## EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

<table>
<thead>
<tr>
<th>Measure/coding tips</th>
<th>Measure description</th>
<th>Use appropriate coding to indicate member compliance</th>
<th>Coding</th>
</tr>
</thead>
</table>
| **Antidepressant medication management (AMM)** | Members age 18 years 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). | | |
| **Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)** | Members age 18 – 64 years with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year (1/1 – 12/31). | | |
| **Diabetes monitoring for people with diabetes and schizophrenia (SMD)** | Members age 18 – 64 years with schizophrenia and diabetes who had both an LDL-C test and an HbA1C test during the measurement year (1/1 – 12/31). | | |
| **Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC)** | Members age 18 – 64 years with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year (1/1 – 12/31). | | |
| **Adherence to antipsychotic medications for individuals with schizophrenia (SAA)** | Members ages 19 – 64 years during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. | | |

## EFFECTIVENESS OF CARE: OVERUSE – APPROPRIATENESS

<table>
<thead>
<tr>
<th>Measure/coding tips</th>
<th>Measure description</th>
<th>Documentation required</th>
<th>Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Use of imaging studies for low back pain (LBP)</strong></td>
<td>Members age 18 – 50 years as of 12/31 of the measurement year, 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Follow-up after hospitalization for mental illness (FHU)** | Discharged members age 6 years and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:  
• The percentage of discharges for which the member received follow-up within 30 days of discharge.  
• The percentage of discharges for which the member received follow up within 7 days of discharge. | | |
| **Diabetes monitoring for people with diabetes and schizophrenia (SMD)** | Members age 18 – 64 years with schizophrenia and diabetes who had an LDL-C test during the measurement year (1/1 – 12/31). | | |
| **Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC)** | Members age 18 – 64 years with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year (1/1 – 12/31). | | |
| **Diabetes monitoring for people with diabetes and schizophrenia (SMD)** | Members age 18 – 64 years with schizophrenia and diabetes who had an LDL-C test and an HbA1C test during the measurement year (1/1 – 12/31). | | |
| **Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC)** | Members age 18 – 64 years with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year (1/1 – 12/31). | | |
| **Adherence to antipsychotic medications for individuals with schizophrenia (SAA)** | Members ages 19 – 64 years during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. | | |

### Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)

- **Antidepressant medication treatment:** Members who achieved a proportion of days covered (PDC) of at least 80 percent for their antipsychotic medications.
- **Follow-up within 30 days of discharge:** Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of discharge.
- **A visit with a mental health practitioner:** A visit in a behavioral healthcare setting.
- **A visit in a non-behavioral health care setting:** A visit in a non-behavioral health care setting with a mental health practitioner OR with a diagnosis of mental illness.
- ** Transitional care management services:** Transitional care management services where the date of service on the claim is 29 days after the eligible population event/diagnosis date of discharge.

### Diabetes monitoring for people with diabetes and schizophrenia (SMD)

- **LDL-C test:** LDL-C test performed during the measurement year, as identified by claim/encounter or automated laboratory data.
- **A glucose test (glucose tests value set) or an HbA1C test (HbA1C tests value set):** Performed during the measurement year, as identified by claim/encounter or automated laboratory data.

### Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC)

- **An LDL-C test (LDL-C tests value set):** Performed during the measurement year, as identified by claim/encounter or automated laboratory data.
- **A visit in a behavioral health care setting with a mental health practitioner:** A visit in a behavioral health care setting with a mental health practitioner within 7 to 30 days after discharge. Include an outpatient visit, intensive outpatient visit or partial hospitalization that occur on the date of discharge.
- **A visit in a non-behavioral health care setting:** A visit in a non-behavioral health care setting with a mental health practitioner OR with a diagnosis of mental illness.

### Diabetes monitoring for people with diabetes and schizophrenia (SMD)

- **LDL-C test:** LDL-C test performed during the measurement year, as identified by claim/encounter or automated laboratory data.
- **A glucose test (glucose tests value set) or an HbA1C test (HbA1C tests value set):** Performed during the measurement year, as identified by claim/encounter or automated laboratory data.

### Cardiovascular monitoring for people with cardiovascular disease and schizophrenia (SMC)

- **An LDL-C test (LDL-C tests value set):** Performed during the measurement year, as identified by claim/encounter or automated laboratory data.
- **A visit in a behavioral health care setting with a mental health practitioner:** A visit in a behavioral health care setting with a mental health practitioner within 7 to 30 days after discharge. Include an outpatient visit, intensive outpatient visit or partial hospitalization that occur on the date of discharge.
- **A visit in a non-behavioral health care setting:** A visit in a non-behavioral health care setting with a mental health practitioner OR with a diagnosis of mental illness.