

HEDIS/QARR 2017 – CHILD AND ADOLESCENT CARE

MEASURE	AGE	SPECIFICATIONS	CODES*
Well-Child Visits: 0-15 Months (W15)	0-15 months	Children who turn 15 months of age should have six or more well-child visits from birth through 15 months old (visits must be at least 14 days apart) with a PCP provider	Well-Care- CPT: 99381, 99382, 99383; HCPCS: G0438, G0439; ICD10: Z00.00, Z00.01, Z00.110,
Well-Child Visits: 3-6 Years (W34)	3-6 years	Children three to six years old should have one well-child visit annually with a PCP provider	Well-Care- CPT: 99381, 99382, 99383; HCPCS: G0438, G0439; ICD10: Z00.00, Z00.01, Z00.110
Adolescent Well Care (AWC)	12-21 years	Adolescents should have at least one comprehensive well-care visit annually with a PCP or OB/GYN practitioner	Well-Care CPT: 99381, 99382, 99383; HCPCS: G0438-G0439; ICD10: Z00.00, Z00.01, Z00.110
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)	3-17 years	<p>Children and adolescents ages 3-17 should have an outpatient visit with a PCP or OB/GYN during the measurement year Documentation needed for ages 3-17:</p> <ol style="list-style-type: none"> BMI Percentile Counseling for Nutrition Counseling for Physical Activity <p>Ages 12-17 assessment or counseling or education on these 4 components</p> <ol style="list-style-type: none"> Sexual activity Depression Tobacco use Substance use (e.g. alcohol, street drugs, and prescription and non-prescription drugs.) <p>Exclusion: Pregnancy diagnosis during the measurement year</p>	<p>BMI Percentile - ICD10: Z68.51, Z68.52, Z68.53 Nutrition - CPT: 97802, 97803, 97804; HCPCS: G0270, G0271, G0447; ICD10: Z71.3 Physical Activity - HCPCS: G0447, S9451; ICD10: Z02.5 Sexual Activity - CPT: 4293F; HCPCS: G0445; ICD10: Z71.7, Z30.0, Z30.01 Depression - CPT: 1220F, 3085F, 3351F; HCPCS: G0444, G8431, G8510 Tobacco - CPT: 99406, 99407, 1000F; HCPCS: G0436, G0437, S9453; ICD10: Z71.6; Alcohol/Drug Use - CPT: 99408, 99409, 3016F; HCPCS: G0396, G0397</p> <p>Exclusion: Pregnancy- ICD-10: O00.0, O00.1, O00.2</p>
Annual Dental Visit (ADV)	2-20 years	Children 2-20 years old should have an annual preventive dental visit with a dental practitioner.	Dental Visits- CPT: 70300, 70310, 70320; HCPCS: D codes are acceptable
Lead Screening in Children (LSC)	Birth-2 years	Children should have at least one lead capillary or venous blood test on or before their 2 nd birthday.	Lead Test- CPT: 83655

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Childhood Immunizations Status (CIS)	Birth-2 years	Children should have complete immunizations on or before their 2nd birthday (events must be at least 14 days apart): 1. Four DTaP 2. Three IPV 3. Three Hep B 4. Two Influenza 5. Three HiB 6. Four PCV 7. Two or Three Rotavirus 8. One Hep A 9. One VZV 10. One MMR	DTaP - CPT: 90698, 90700, 90721 IPV - CPT: 90698, 90713, 90723 Hep B - CPT: 90723, 90740, 90744; ICD10: B16.0-B16.2, B16.9 Flu - CPT: 90655, 90657, 90661 HiB - CPT: 90644, 90645, 90646 PCV - CPT: 90669,90670 Rotavirus - CPT: 90680,90681 Hep A - CPT: 90633; ICD10: B15.0, B15.9 VZV - CPT: 90710, 90716; ICD10: B01.0, B01.11, B01.12 MMR - CPT: 90704, 90706, 90707; ICD10: B06.00, B06.02, B26.0
Immunizations for Adolescents (IMA)	Meningococcal 11-12 years Tdap 10-12 years HPV 9-12 years	Adolescents should have the following immunizations on or before their 13th birthday: 1. Meningococcal on or between their 11th and 13th birthday 2. Tdap on or between their 10th and 13th birthday 3. Three HPV vaccines with three different dates of service on or between their 9th and 13th birthday	Meningococcal Vaccine- CPT: 90734, 90644 Tdap Vaccine- CPT: 90715 HPV Vaccine- CPT: 90649, 90650, 90651
Appropriate Testing for Children with Pharyngitis (CWP)	3-18 years	Children ages 3-18 should receive a strep test (rapid strep test and/or throat culture) 3 days prior or 3 days after an antibiotic is dispensed for a pharyngitis diagnosis.	Group A Strep- CPT: 87070, 87071, 87081
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	3 months-18 years	Antibiotics should not be prescribed for children ages 3 months-18 years old with a diagnosis of URI. LOWER RATE IS BETTER Exclusions: Pharyngitis Diagnosis and Competing Diagnosis	Exclusions: Pharyngitis- ICD10: J02.0, J02.8, J02.9 Competing Diagnosis- ICD10: A00.0, A00.1, A00.9
Chlamydia Screening in Women (CHL)	16-24 years	Women 16-24 years old identified as sexually active should be screened annually for Chlamydia Exclusions: A prescription for isotretinoin (Retinoid) or a X-Ray on the day of the pregnancy test or 6 days after	Chlamydia Tests- CPT: 87110, 87270, 87320 Exclusions: X-ray- CPT: 70010, 70015, 70030

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HEDIS/QARR 2017 – CARE FOR ADULTS AND OLDER ADULTS

MEASURE	AGE	SPECIFICATIONS	CODES*
Colorectal Cancer Screening (COL)	50-75	<p>Adults ages 50-75 should be screened for colorectal cancer by one of the following:</p> <ol style="list-style-type: none"> 1. Fecal occult blood test (gFOBT or iFIT) every year, OR 2. Flexible sigmoidoscopy during the measurement year or 4 years prior, OR 3. Colonoscopy during the measurement year or 9 years prior, OR 4. FIT DNA test during the measurement year or 2 years prior, OR 5. CT Colonography during the measurement year or 4 years prior <p>Exclusions: Colorectal cancer, Total colectomy</p>	<p>Colonoscopy - CPT: 44388, 44389, 44390; HCPCS: G0105, G0121 Flexible Sigmoidoscopy - CPT: 45330, 45331, 45332; HCPCS: G0104 FOBT - CPT: 82270, 82274; HCPCS: G0328 FIT-DNA- CPT: 81528; HCPCS: G0464 CT Colonography- CPT: 74263</p> <p>Exclusions: Colorectal Cancer- ICD10: C180, C181, C182 Total Colectomy- CPT: 44150, 44151, 44152</p>
Adult BMI Assessment (ABA)	18-74	<p>Adults 18-74 years old should have a BMI documented at least once per year. <i>Medical record must include documentation of height, weight, and BMI or BMI percentile</i></p> <ol style="list-style-type: none"> 1. Members 20 years of age or older on the date of service should have a BMI value 2. Members younger than 20 years of age on the date of service should have a BMI percentile <p>Exclusions: A Pregnancy diagnosis during the measurement year or year prior</p>	<p>BMI Value- ICD10: Z68.1, Z68.20, Z68.21; BMI Percentile- ICD10: Z68.51-Z68.54</p> <p>Exclusions: Pregnancy- ICD10: O00.0, O00.1, O00.2</p>
Use of Imaging Studies for Lower Back Pain (LBP)	18-50	<p>Adults 18-50 years with a primary diagnosis of lower back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis unless clinically indicated.</p> <p style="text-align: center;">LOWER RATE IS BETTER</p> <p>Exclusions: Cancer, Recent trauma, IV drug abuse, Neurologic Impairment, HIV, Spinal Infection, Major organs transplant, Prolonged used of corticosteroid</p>	<p>Imaging Study - CPT: 72010, 72020, 72052; Lower Back Pain - ICD10: M46.48, M47.26, M47.27</p> <p>Exclusions: Cancer-ICD10: Z85.00, Z85.01, Z85.020; ICD9: V10.00-V10.02; Trauma- ICD10: S02.0XXA, S02.0XXB, S02.0XXD IV Drug Use- ICD10: F11.10, F11.120, F11.121; Neurologic Impairment- ICD10: G83.4; HIV- ICD10: B20, Z21 Major Organ Transplant- ICD10: OTY00Z0, OTY00Z1, OTY00Z2; ICD9: 55.61, 55.69; CPT: 50300, 50320, 50340;</p>
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	18+	<p>Adults 18 years and older diagnosed with Rheumatoid Arthritis should be dispensed at least one prescription for a disease modifying anti-rheumatic drug (DMARD).</p> <p>DO NOT use Rheumatoid Arthritis diagnosis codes when Ruling Out the disease</p> <p>Exclusions: HIV Diagnosis, Pregnancy during the measurement year</p>	<p>DMARD- HCPCS: J0129, J0135, J0717</p> <p>Exclusions: HIV- ICD10: B20, Z21 ICD9: 042, V08 Pregnancy-ICD10: O00.0, O00.1, O00.2</p>

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HEDIS/QARR 2017 – CARE FOR WOMEN AND MATERNAL HEALTH

MEASURE	AGE	SPECIFICATIONS	CODES*
Care for Older Adults (COA)	66+	Adults 66 years and older should have the following documented at least annually: <ol style="list-style-type: none"> Advance Care Planning Medication List and Review Functional Status Assessment Pain Assessment 	Medication Review - CPT: 90863, 99605, 99606 Medication List - CPT: 1159F; HCPCS: G8427 Functional Status - CPT: 1170F Pain Assessment - CPT: 1125F, 1126F Advance Care Planning - CPT: 99497, 1157F, 1158F; HCPCS: S0257
Breast Cancer Screening (BCS)	50-74	Women 50-74 years old should have a mammogram every 2 year. Exclusions: Bilateral Mastectomy	Mammography - CPT: 77055-77057; HCPCS: G0202, G0204, G0206 Exclusions: Bilateral Mastectomy- ICD10: OHTV0ZZ; ICD9: 85.42, 85.44, 85.46
Cervical Cancer Screening (CCS)	21-64	Women 21-64 years old should be screened for cervical cancer using either of the following: <ol style="list-style-type: none"> 21-64 years old - cervical cytology every 3 years 30-64 years old - cervical cytology with HPV co-testing every 5 years Exclusions: Hysterectomy with no residual cervix	Cervical Cytology - CPT: 88141, 88142, 88143; HCPCS: G0123, G0124, G0141; HPV Test - CPT: 87620, 87621, 87622; HCPCS: G0476 Exclusions: Absence of Cervix- CPT: 51925, 56308, 57540
Chlamydia Screening in Women (CHL)	16-24	Women 16-24 years old identified as sexually active should be screened annually for Chlamydia Exclusions: A prescription for isotretinoin (Retinoid) or X-ray on the day of the pregnancy test or 6 days after	Chlamydia Tests - CPT: 87110, 87270, 87320; Exclusions: X-ray- CPT: 70010, 70015, 70030
Osteoporosis Management in Women Who Had a Fracture (OMW)	67-85	Women 67-85 years of age who suffered a fracture should have a bone mineral density test or be dispensed a drug to treat or prevent osteoporosis within six months after the fracture. Exclusions: BMD test 24 months prior to the fracture date, Osteoporosis therapy 12 months prior to the fracture, a dispensed prescription or an active prescription to treat osteoporosis 12 months prior to the fracture	Bone Mineral Density Tests - CPT: 76977, 77078, 77080; HCPCS: G0130; ICD10: BP48ZZ1, BP49ZZ1, BP4GZZ1 Osteoporosis Medications - HCPCS: J0630, J0897, J1740 Long-Acting Osteoporosis Medications - HCPCS: JO897, J1740, J3487 Exclusions: Bone Mineral Density Test: CPT: 76977, 77078, 77080 HCPCS: G0130 ICD10: BP48ZZ1, BP49ZZ1, BP4GZZ1 Osteoporosis Medication: HCPCS: J0630, J0897, J1740
Prenatal and Postpartum Care (PPC)	N/A	Timeliness of Prenatal Care: Initial prenatal visit must be within first trimester or within 42 days of enrollment with health plan Postpartum Care: Postpartum visit must occur between 21-56 days after delivery	Prenatal Visits -CPT: 99500, 0500F, 0501F; HCPCS: G0463, T1015, H1000; codes for Pregnancy Diagnosis, Prenatal Ultrasound, Toxoplasma Antibody, Rubella Antibody, Cytomegalovirus Antibody, Herpes Simplex Antibody, ABO, Rh Postpartum Visit - CPT: 57170, 58300, 59430; HCPCS: G0101; ICD10: Z01.411, Z01.419, Z01.42
Frequency of Visits (FPC)	N/A	Women should receive 81% or more of the expected number of prenatal care visits, adjusted for gestational age and month the member enrolled in the health plan.	Prenatal Visits - CPT: 99500, 0500F, 0501F; HCPCS: G0463, T1015, H1000; codes for Pregnancy Diagnosis, Prenatal Ultrasound, Toxoplasma Antibody, Rubella Antibody, Cytomegalovirus Antibody, Herpes Simplex Antibody, ABO, Rh

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HEDIS/QARR 2017 – BEHAVIORAL HEALTH

MEASURE	AGE	SPECIFICATIONS	CODES*
Follow-Up After Hospitalization for Mental Illness (FUH)	6+	Children and adults who were hospitalized for treatment of selected mental illness diagnoses should have a follow-up outpatient visit, intensive outpatient encounter, or partial hospitalization with a mental health practitioner after discharge. Two rates are reported: <ol style="list-style-type: none"> Members who received follow-up within 7 days of discharge Members who received follow-up within 30 days of discharge 	CPT: 98960, 98961, 98962 with POS: 52, 53 HCPCS: G0155, G0176, G0177
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	6–12	Children with newly prescribed medication for attention-deficit/hyperactivity disorder (ADHD) should have at least three follow-up care visits within a 10-month period, one of which should be within 30 days of when the first ADHD medication was dispensed. Two rates are reported: <ol style="list-style-type: none"> Initiation Phase: Children with an ambulatory prescription dispensed for ADHD medication should have one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. Continuation and Maintenance Phase: Children with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days should have two or more follow-up visits with a practitioner from 31 to 300 days after the ADHD medication was newly prescribed. 	CPT: 96150, 96151, 96152 with POS: 03, 05, 07 HCPCS: G0155, G0176, G0177
Antidepressant Medication Management (AMM)	18+	Members who have a diagnosis of major depression, treated with antidepressant medication, and remained on antidepressant medication treatment: Two rates are reported: <ol style="list-style-type: none"> Effective Acute Phase Treatment – The percentage of members who remained on an antidepressant medication for at least 84 days. Effective Continuation Phase Treatment – The percentage of members who remained on an Antidepressant medication for at least 180 days. 	Please refer to NCQA website for complete lists of NDC codes: http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2017/hedis-2017-ndc-license/hedis-2017-final-ndc-lists
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	19–64	Adults with schizophrenia who were dispensed an antipsychotic medication should remain on an antipsychotic medication for at least 80% of their treatment period. Exclusions: Dementia diagnosis during the measurement year	Please refer to NCQA website for complete lists of NDC codes: http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2017/hedis-2017-ndc-license/hedis-2017-final-ndc-lists Exclusions: Dementia- ICD10: F01.50, F01.51, F02.80

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HEDIS/QARR 2017 – BEHAVIORAL HEALTH

MEASURE	AGE	SPECIFICATIONS	CODES*
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	18–64	Adults with schizophrenia and diabetes should have the following tests during the measurement year: 1. LDL-C Test 2. HbA1C	LDL-C Test- CPT: 80061, 83700, 83701 HbA1c- CPT: 83036, 83037, 3044F
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	18–64	Adults with schizophrenia or bipolar disease who were dispensed an antipsychotic medication should have: 1. A glucose screening test or an HbA1c screening test during the measurement year	Glucose Test- CPT: 80047, 80048, 80050 HbA1c- CPT: 83036, 83037, 3044F
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	6+	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit	FUH Stand Alone Visits – CPT: 98960, 98961, 98962; HCPCS: G0155, G0176, G0177; FUH Visits Group 1 -CPT: 90791, 90792, 90832; FUH POS Group 1- POS: 03, 05, 07 FUH Visits Group 2 – CPT: 99221, 99222, 99223; FUH POS Group 2- POS: 52, 53
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)	13+	Emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence, who had a follow up visit for AOD. Two rates are reported: 1. Member received follow-up within 30 days of the ED visit 2. Member received follow-up within 7 days of the ED visit	AOD Dependence- CPT: F10.120, F10.121, F10.129 IET Stand Alone Visits- CPT: 98960, 98961, 98962; HCPCS: G0155, G0176, G0177 IET Visits Group 1- CPT: 90791, 90792, 90832 IET Visits Group 1- POS: 03, 05, 07 IET Visits Group 2- CPT: 99222, 99223, 99231 IET POS Group 2- POS: 52, 53
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)	18-64	Members 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year	LDL-C Tests- CPT: 83721, 83704, 83701 LOINC: 55440-2, 49132-4, 2089-1
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	1-17	Adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing: 1. One test for blood glucose or HbA1c 2. One test for LDL-C or cholesterol	Glucose Tests- CPT: 80047, 82951, 82950; LOINC: 1499-3, 14995-5, 1501-6 HbA1c Tests- CPT: 83037, 83036, 3046F, 3045F, 3044F; LOINC: 4549-2, 4548-4, 17856-6 LDL-C Tests- CPT: 83721, 83704, 83701; LOINC: 55440-2, 49132-4, 2089-1, 18262-6 Cholesterol Tests Other Than LDL- CPT: 84478, 83718, 82465; LOINC: 5932-9, 2571-8, 2093-3

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HEDIS/QARR 2017 – DIABETES, CARDIOVASCULAR, & RESPIRATORY CONDITIONS

MEASURE	AGE	SPECIFICATIONS	CODES*
Comprehensive Diabetes Care (CDC)	18-75	<p>Adults ages 18-75 diagnosed with diabetes (types 1 and 2) should have each of the following at least annually:</p> <ol style="list-style-type: none"> HbA1c Testing - Goal: <8.0% (Last of the year) Blood Pressure - Goal: <140/90 mm Hg (Last of the year) Medical Attention for Nephropathy: Urine Protein test, or ACE/ARB prescription, or evidence of treatment for Nephropathy Dilated or retinal eye exam by an eye care professional (annually) or negative for retinopathy the year prior to the measurement year <p>Exclusions: Members with a diagnosis of Gestational Diabetes or Steroid-Induced Diabetes during the measurement year or year prior</p>	<p>HbA1c - CPT: 83036, 83037, 3044F Urine Protein Tests - CPT: 81000, 81001, 81002 ACE/ARB Please refer to NCQA website for complete lists of NDC codes: http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2017/hedis-2017-ndc-license/hedis-2017-final-ndc-lists Diabetic Retinal Screening - CPT: 67028, 67030, 67031; HCPCS: S0620, S0621, S3000 Exclusions: Diabetes- ICD10: E08.00, E08.01</p>
Statin Therapy for Patients with Diabetes (SPD)	40-75	<p>Adults with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD):</p> <ol style="list-style-type: none"> Dispensed at least one statin medication of any intensity during the measurement year Remained on statin medication of any intensity for at least 80% of the treatment period <p>Exclusions: Members with a diagnosis of Gestational Diabetes or Steroid-Induced Diabetes during the measurement year or year prior</p>	<p>Please refer to NCQA website for complete lists of NDC codes: http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2017/hedis-2017-ndc-license/hedis-2017-final-ndc-lists</p> <p>Exclusions: Diabetes- ICD-10: E08.00, E08.01, E08.10</p>
Controlling High Blood Pressure (CBP)	18-85	<p>Adults ages 18-85 diagnosed (on or before June 30th of the measurement year) with hypertension should have their blood pressure documented at least once per year:</p> <ol style="list-style-type: none"> Members 18-59 - Goal: <140/90 mm Hg (Last of the year) Members 60-85 with a diagnosis of diabetes - Goal: <140/90 mm Hg (Last of the year) Members 60-85 without a diagnosis of diabetes - Goal: <150/90 mm Hg (Last of the year) 	<p>Systolic < 140 CPT: 3074F, 3075F Systolic >= 140 CPT: 3077F Diastolic < 80 CPT: 3078F Diastolic 80-89 CPT: 3079F Diastolic >=90 CPT: 3080F</p>
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	18+	<p>Adults 18 years and older who were hospitalized after a heart attack should receive beta-blocker treatment for 6 months after discharge</p> <p>Exclusions: Any time during the members history of Asthma, COPD, Obstructive chronic bronchitis, Chronic respiratory conditions due to fumes/vapors, Hypotension, heart block >1 degree or sinus bradycardia, A medication dispensed for asthma, Intolerance or allergy to beta-blocker therapy</p>	<p>Please refer to NCQA website for complete lists of NDC codes: http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2017/hedis-2017-ndc-license/hedis-2017-final-ndc-lists</p> <p>Exclusions: Asthma- ICD9: 493.00, 493.01, 493.02; COPD- ICD9: 493.20, 493.21, 493.22; ICD10: J44.0, J44.1, J44.9; Obstructive chronic bronchitis- ICD9: 491.20, 491.21, 491.22; Chronic respiratory conditions due to fumes/vapors- ICD9: 506.4; ICD10: J68.4; Beta-Blocker Contraindications- ICD9: 426.0, 426.12, 426.13 ICD10: I44.1, I44.2, I44.4</p>
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	18-64	<p>Antibiotics should not be prescribed for adults with a diagnosis of acute bronchitis</p> <p style="text-align: center;">LOWER RATE IS BETTER</p> <p>Exclusions: Any of the following diagnosis 12 months prior to the episode date: HIV, Malignant Neoplasm, Emphysema, COPD, Cystic Fibrosis, Comorbid Condition, Disorders of the Immune System</p>	<p>Exclusions: HIV- ICD10: B20, Z21; Malignant Neoplasm- ICD10: C00.0-C00.2; Emphysema- ICD10: J43.0, J43.1, J43.2; COPD- ICD10: J44.0, J44.1, J44.9; Cystic Fibrosis- ICD10: J68.4; Comorbid Condition- ICD10: A15.0, A15.4, A15.5; Disorders of the Immune System- ICD10: D80.0-D80.9, D81.0</p>

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HEDIS/QARR 2017 – DIABETES, CARDIOVASCULAR, & RESPIRATORY CONDITIONS



MEASURE	AGE	SPECIFICATIONS	CODES*
Statin Therapy for Patients with Cardiovascular Disease (SPC)	21-75 (males) 40-75 (females)	Adults with clinical atherosclerotic cardiovascular disease (ASCVD): 1. Dispensed at least one high or moderate-intensity statin medication during the measurement year 2. Remain on a high or moderate-intensity statin medication for at least 80% of the treatment period Exclusions: Any of the following during the measurement year or year prior: Pregnancy, In vitro fertilization, dispense prescription for clomiphene (Estrogen agonists), ESRD, Cirrhosis. Any of the following during the measurement year: Myalgia, myositis, myopathy or rhabdomyolysis	Please refer to NCQA website for complete lists of NDC codes: http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2017/hedis-2017-ndc-license/hedis-2017-final-ndc-lists Exclusions: Pregnancy- ICD10: O00.0, O00.1, O00.2 IVF- HCPCS: S4015, S4016, S4018, ESRD- CPT: 36147, 36800, 36810, HCPCS: G0257; ICD10: N18.5, N18.6, S9339, Cirrhosis- ICD10: K70.30, K70.31, K71.7 Muscular Pain and Disease- ICD10: G72.0, G72.2, G72.9
Annual Monitoring for Patients on Persistent Medications (MPM)	18+	Adults 18 years and older who were on certain medications for at least 6 months should receive specific monitoring tests: 1. ACE/ARB and Diuretics - lab panel; or one serum potassium and a serum creatinine 2. Digoxin - lab panel and a serum digoxin; or one serum potassium and a serum creatinine and a serum digoxin	Lab Panel Test - CPT: 80047, 80048, 80050 Serum Potassium - CPT: 80051, 84132 Serum Creatinine Test - CPT: 82565, 82575 Digoxin Level - CPT: 80162
Medication Management for People with Asthma (MMA)	5-85	Children and adults ages 5 - 85 who were identified as having persistent asthma and were dispensed appropriate medications must remain on an asthma controller for at least 75% of the treatment period	Please refer to NCQA website for complete lists of NDC codes: http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2017/hedis-2017-ndc-license/hedis-2017-final-ndc-lists
Asthma Medication Ratio (AMR)	5-85	Children and adults ages 5 - 85 diagnosed with persistent asthma should have a ratio of controller medications to total asthma medications of 0.50 or greater Exclusions: Any time during the members history through the measurement year: Emphysema, Other emphysema, COPD, Obstructive Chronic Bronchitis, Chronic Respiratory Conditions Due to Fumes/Vapors, Cystic Fibrosis, Acute Respiratory Failure or Members who had no asthma medications (controller or reliever) dispensed during the measurement year	Please refer to NCQA website for complete lists of NDC codes: http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2017/hedis-2017-ndc-license/hedis-2017-final-ndc-lists Exclusions: Emphysema- ICD9: 492.0, 492.8 ICD10: J43.0, J43.1; Other emphysema- ICD9: 518.1, 518.2; ICD10: J98.2, J98.3; COPD- ICD9: 493.20-493.22 ICD10: J44.0, J44.1; Obstructive Chronic Bronchitis- ICD9: 491.20, 491.21; Chronic Respiratory Conditions Due to Fumes/Vapors- ICD9: 506.4 ICD10: J68.4; Cystic Fibrosis- ICD9: 506.4; ICD10: J68.4; Acute Respiratory Failure- ICD9: 518.81; ICD10: J96.00, J96.01 Spirometry- CPT: 94010, 94014, 94015
Use of Spirometry Testing in Assessment and Diagnosis of COPD (SPR)	40+	Adults 40 years and older with a new diagnosis of COPD or newly active COPD should have appropriate spirometry testing between two years prior through six months after diagnosis	Spirometry- CPT: 94010, 94014, 94015
Pharmacotherapy Management of COPD Exacerbation (PCE)	40+	Adults 40 years and older who had an acute inpatient discharge or ED encounter for COPD exacerbation should be dispensed the following medications: 1. A systemic corticosteroid within 14 days of discharge 2. A bronchodilator within 30 days of discharge	Please refer to NCQA website for complete lists of NDC codes: http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2017/hedis-2017-ndc-license/hedis-2017-final-ndc-lists

*For complete list of identifying/exclusion codes, log on to www.metroplus.org to access “HEDIS/QARR 2017 Reference Guide”