# RESPIRATORY CONDITIONS

<table>
<thead>
<tr>
<th>MEASURE</th>
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<tbody>
<tr>
<td>Appropriate Testing for Children with Pharyngitis (CWP)</td>
<td>2–18</td>
<td>Children ages 2–18 should receive a strep test (rapid strep test and/or throat culture) on or between 3 days prior to 3 days after an antibiotic is dispensed for a pharyngitis diagnosis.</td>
<td><strong>Pharyngitis</strong>&lt;br&gt;<strong>ICD10:</strong> J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91&lt;br&gt;<strong>Group A Strep</strong>&lt;br&gt;<strong>CPT:</strong> 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880</td>
</tr>
<tr>
<td>Appropriate Testing for Children with Upper Respiratory Infection (URI)</td>
<td>3 months –18 years old</td>
<td>Antibiotics should not be prescribed for children ages 3 months–18 years old with a diagnosis of URI.</td>
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<tr>
<td>Medication Management for People with Asthma (MMA)</td>
<td>5–85</td>
<td>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.</td>
<td>Please refer to NCQA website for complete lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2016/hedis-2016-ndc-license/hedis-2016-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2016/hedis-2016-ndc-license/hedis-2016-final-ndc-lists</a></td>
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<tr>
<td>Asthma Medication Ratio (AMR)</td>
<td>5–85</td>
<td>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</td>
<td>Please refer to NCQA website for complete lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2016/hedis-2016-ndc-license/hedis-2016-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2016/hedis-2016-ndc-license/hedis-2016-final-ndc-lists</a></td>
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<td>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</td>
<td>40+</td>
<td>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.</td>
<td><strong>CPT:</strong> 94010, 94014-94016, 94060, 94070, 94375, 94620</td>
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<tr>
<td>Pharmacotherapy Management of COPD Exacerbation (PCE)</td>
<td>40+</td>
<td>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</td>
<td>Please refer to NCQA website for complete lists of NDC codes: <a href="http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2016/hedis-2016-ndc-license/hedis-2016-final-ndc-lists">http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2016/hedis-2016-ndc-license/hedis-2016-final-ndc-lists</a></td>
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<tr>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)</td>
<td>18–64</td>
<td>Antibiotics should not be prescribed for adults with a diagnosis of acute bronchitis.</td>
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*For complete list of codes, log on to MetroPlus Provider Portal to access “HEDIS/QARR 2016 Reference Guide”

MORE ON REVERSE SIDE
### CARDIOVASCULAR CONDITIONS

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| Controlling High Blood Pressure (CBP)  | 18–85 | Adults ages 18–85 diagnosed with hypertension should have their blood pressure documented at least once per year: Members 18–59 – Goal: <140/90mm Hg *(most recent in measurement year)*. Members 60–85 with a diagnosis of diabetes – Goal: <140/90mm Hg *(most recent in measurement year)*. Members 60–85 without a diagnosis of diabetes – Goal: <150/90mm Hg *(most recent in measurement year)*. | Systolic < 140 CPT: 3074F, 3075F  
Systolic >=140 CPT: 3077F  
Diastolic < 80 CPT: 3078F  
Diastolic 80-89 CPT: 3079F  
Diastolic >=90 CPT: 3080F |
| Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) | 18+   | Adults 18 years and older who were hospitalized after a heart attack should receive beta-blocker treatment for 6 months after discharge.                                                                                                                                                                                                         | Please refer to NCQA website for complete lists of NDC codes:  
http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2016/hedis-2016-ndc-license/hedis-2016-final-ndc-lists |
| 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 | Serum Potassium - CPT: 80051, 84132  
Serum Creatinine Test - CPT: 82565, 82575  
Lab Panel Test - CPT: 80047, 80048, 80050, 80053, 80069  
For members on Digoxin - Digoxin Level - CPT: 80162 |

### OTHER CHRONIC CONDITIONS

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| Comprehensive Diabetes Care (CDC)      | 18–75 | Adults ages 18–75 diagnosed with diabetes (types 1 and 2) should have each of the following at least annually:  
1. HbA1c testing – Goal: <7.0% *(most recent in measurement year)*.  
2. Blood Pressure – Goal: <140/90mm Hg *(most recent in measurement year)*.  
3. Medical Attention for Nephropathy: Urine Protein test, or ACE/ARB prescription, or evidence of treatment for nephropathy.  
4. Dilated or retinal eye exam by an eye care professional *(annually)* or negative for retinopathy in the year prior to the measurement year. | HbA1c - CPT: 83036-83037, 3044F-3046F  
HCPCS: S0620, S0621, S3000  
Urine Protein Tests - CPT: 81000-81003, 81005, 82042-82044, 84156, 3060F-3062F |
**HEDIS/QARR 2016 – CHRONIC CONDITIONS**

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| HIV/AIDS Comprehensive Care (HCC)      | 2+ for EIC/VL| Adults and/or children living with HIV/AIDS should have the following annually:  
1. EIC: Two outpatient visits for primary care or HIV related care *(one in the first half of the measurement year and one in the second half).*  
2. VL: Two viral load tests *(one in the first half of the measurement year and one in the second half).*  
Viral Load Test - CPT: 87534-87536, 87537-87539  
Syphilis Screen - CPT: 86592-86593, 86780 |
|                                        | 19+ for Syph |                                                                                                                                                                                                            |                                                        |

* For complete list of codes, log on to MetroPlus Provider Portal to access “HEDIS/QARR 2016 Reference Guide”