



PAClinical**Network**

AT THE PENNSYLVANIA MEDICAL SOCIETY

Annual Wellness and Initial Preventive Physical Exam

Patients 65 years and older

Product Line: Medicare

Patients who had the annual wellness visit (AWV) or initial preventive physical exam (IPPE) within the measurement year.

Tips:

- Discuss other HEDIS/STARS measures during this visit to maximize opportunities to close gaps in care.
- Conduct a screening for future fall risk, notate it in the notes and bill the appropriate codes to obtain credit to close the gap via claims.



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Billing Codes:

- CPT II:
 - G0438: Initial AWV
 - G0439: Subsequent AWV
 - G0402: Initial Preventive Physical Exam
 - G0468: Federally qualified health center visit that includes an AWV or IPPE



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Medication Adherence for Diabetes Medications

Patients 18 years and older

Product Line: Medicare, Commercial

Patients age 18 and older with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication during the measurement year.

Classes of diabetes medication include:

- Biguanides
- Sulfonylureas
- Thiazolidinediones
- DPP-IV Inhibitors
- Incretin Mimetic
- Meglitinide
- SGLT2 Inhibitors

Exclusions:

- Patients that do not have pharmacy benefits with the insurance carrier
- Patients who have one or more prescriptions for insulin in the measurement year
- Patients with End Stage Renal Disease
- Patients in hospice

Tips:

- This measure can only be captured via a pharmacy claim.
- Adherence is reflected when the patient picks up the medication at the pharmacy.
- Conduct pre-visiting planning that involves patient discussions about ongoing compliance.
- Educate patients about their condition and explain why the medication is being prescribed.
- Consider 90-day fills when writing prescriptions.
- Drug samples given in the PCP offices do not count towards this measure.



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Medication Adherence for Hypertension: RASA (Renin Angiotensin System Antagonists)

Patients 18 years and older

Product Line: Medicare, Commercial

Patients age 18 and older with a prescription for blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication during the measurement year.

Classes of blood pressure medication include:

- ACE (angiotensin converting enzyme) Inhibitor
- ARB (angiotensin II receptor blockers)
- Direct Renin Inhibitor

Exclusions:

- Patients that do not have pharmacy benefits with the insurance carrier
- Patients with End State Renal Disease
- Patients who take sacubitril/valsartan
- Patients in hospice

Tips:

- This measure can only be captured via a pharmacy claim.
- Adherence is reflected when the patient picks up the medication at the pharmacy.
- Conduct pre-visiting planning that involves patient discussions about ongoing compliance.
- Educate patients about their condition and explain why the medication is being prescribed.
- Consider 90-day fills when writing prescriptions.
- Drug samples given in the PCP offices do not count towards this measure.



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Screening for Future Fall Risk

Patients 66 years and older

Product Line: Medicare

Patients who were screened for future fall risk during the measurement year.

Exclusions:

- Patients in hospice
- Patients who were non-ambulatory at some point in the measurement year

Tips:

- Best practice is to conduct the screening during the Medicare Wellness Visit or other annual exam
- When documenting in the medical record, be sure to notate if a fall occurred and if there were one or more falls, how many falls occurred at the time of the visit during the measurement year



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Billing Codes:

- Annual Wellness Visit:
 - HCPCS:
 - G0439: annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit
 - G0438: annual wellness visit; includes a personalized prevention plan of service (PPS), subsequent visit

- Fall Risk
 - CPT II:
 - 1100F: patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year
 - 1101F: patient screened for future fall risk documentation of no falls in the past year or only 1 fall without injury in the past year
 - Patient meets exclusion:
 - CPT II:
 - 1100F-1P, 1101F-1P: patient not screened for future fall risk, medical reasons



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Improving Bladder Control

Patients 65 years and older

Product Line: Medicare

Patients 65 years old and older who had a discussion regarding the presence or absence of urinary incontinence

Exclusions:

- Patients who are in Hospice

Tips:

- If patient is uncomfortable discussing, stress the importance of this discussion because there could be a more serious underlying condition, can lead to limitations in their social interactions, and increase fall risk because one is rushing to the restroom.
- Have this discussion during a wellness visit so you can incorporate it with activities of daily living.



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Billing Codes:

- CPT II:
 - 1090F: Presence or absence of urinary incontinence assessed (use for negative result only)
 - 0509F: Urinary incontinence plan of care documented



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Medication Adherence for Cholesterol: Statins

Patients 18 years and older

Product Line: Medicare, Commercial

Patients age 18 and older with a prescription for cholesterol medication (a statin drug or statin combination) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication during the measurement year.

Classes of blood pressure medication include:

- HMG CoA Reductase Inhibitor-statin drug
- Statin combination

Exclusions:

- Patients that do not have pharmacy benefits with the insurance carrier
- Patients with End State Renal Disease
- Patients in hospice

Tips:

- This measure can only be captured via a pharmacy claim.
- Adherence is reflected when the patient picks up the medication at the pharmacy.
- Conduct pre-visiting planning that involves patient discussions about ongoing compliance.
- Educate patients about their condition and explain why the medication is being prescribed.
- Consider 90-day fills when writing prescriptions.
- Drug samples given in the PCP offices do not count towards this measure.



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Monitoring Physical Activity

Patients 65 years and older

Product Line: Medicare

Patients 65 years old and older who had a discussion regarding an exercise regimen. Conversations with physicians or other health care provider about their level of exercise/physical activity or were advised to start, increase, or maintain their level of exercise/physical activity.

Exclusions:

- Patients who are in Hospice

Tips:

- Stress the importance to their overall health, such as, weight management, improve physical strength, and assist in managing some chronic diseases (diabetes, hypertension).
- This conversation could be tied with a depression screening because exercise has shown to improve depression.
- Suggest community resources, such as gyms or fitness programs, as appropriate.



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Billing Codes:

- CPT II:
 - 1003F: Level of activity assessed

- ICD 10:
 - Z71.82: Exercise counseling



Medication Adherence for Asthma (75%)

Patients 5-64 years of age

Product Line: Medicaid, Commercial

Patients age 5-64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. This assesses patient who remained on an asthma controller medication for at least 75% of their treatment period.

Asthma Controller Medications

Antiasthmatic combinations	Dyphylline-guaifenesin, Guaifenesin-theophylline
Antibody inhibitors	Omalizumab
Anti-interleukin-5	Mepolizumab, Reslizumab
Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-vilanterol, Fluticasone-salmeterol, Mometasone-formoterol
Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone-CFC free, Mometasone
Lekotriene modifiers	Montelukast, Zafirlukast, Zileuton
Methylxanthines	Dyphylline, Theophylline

Asthma Reliever Medications

Short-acting, inhaled beta-2 agonists	Albuterol, Levalbuterol, Pirbuterol
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Exclusions:

- Patients who had no asthma controller medications dispensed during the measurement year
- Patients in hospice
- Emphysema
- Chronic Obstructive Pulmonary Disease (COPD)
- Obstructive Chronic Bronchitis
- Chronic Respiratory Conditions due to Chemicals, Gases, Fumes, and Vapors
- Cystic Fibrosis
- Acute Respiratory Failure

Tips:

- This measure can only be captured via a pharmacy claim.
- Adherence is reflected when the patient picks up the medication at the pharmacy.
- Drug samples given in the PCP offices do not count towards this measure.



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Billing Codes (Exclusions):

Emphysema:

ICD 10/ICD 9:

- J43.0: Unilateral Pulmonary Emphysema (MacLeod's Syndrome)
- J43.1: Panlobular Emphysema
- J43.2: Centrilobular Emphysema
- J43.8/492.8: Other Emphysema
- J43.9: Emphysema, unspecified
- J98.2/518.1: Interstitial Emphysema
- J98.3/518.2: Compensatory Emphysema
- 492.0: Emphysematous Bleb

COPD:

ICD 10/ICD 9:

- J44.0: COPD with acute lower respiratory infection
- J44.1/493.22: COPD with (acute) exacerbation
- J44.9/493.20: COPD, unspecified
- 493.21: Chronic Obstructive Asthma with status Asthmaticus
- 496: Chronic Airway Obstruction, not elsewhere classified

Obstructive Chronic Bronchitis:

ICD 9:

- 491.20: Obstructive Chronic Bronchitis without exacerbation
- 491.21: Obstructive Chronic Bronchitis with (acute) exacerbation
- 491.22: Obstructive Chronic Bronchitis with acute Bronchitis

Chronic Respiratory Conditions due to Fumes/Vapors:

ICD 10/ICD 9:

- J68.4/506.4: Chronic Respiratory Conditions due to chemicals, gases, fumes, & vapors

Cystic Fibrosis:

ICD 10/ICD 9:

- E84.0/277.02: Cystic Fibrosis with Pulmonary Manifestations
- E84.11: Meconium Ileus in Cystic Fibrosis
- E84.19: Cystic Fibrosis with other Intestinal Manifestations
- E84.8/277.09: Cystic Fibrosis with other manifestations
- E84.9: Cystic Fibrosis, unspecified
- 277.01: Cystic Fibrosis with Meconium Ileus
- 277.03: Cystic Fibrosis with Gastrointestinal Manifestations

Acute Respiratory Failure:

ICD 10:

- J96.00: Acute Respiratory Failure, unspecified whether with Hypoxia or Hypercapnia
- J96.01: Acute Respiratory Failure with Hypoxia
- J96.02: Acute Respiratory Failure with Hypercapnia
- J96.20: Acute and Chronic Respiratory Failure, unspecified whether with Hypoxia or Hypercapnia
- J96.21: Acute and Chronic Respiratory Failure with Hypoxia
- J96.22: Acute and Chronic Respiratory Failure with Hypercapnia

ICD 9:

- 518.81: Acute Respiratory Failure



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APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS (CWP)

Patients 3-18 years of age during measurement year

Product Line: Medicaid, Commercial

Appropriate testing for closing the gap in care:

- Children 3-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).

CWP Antibiotic Medications:

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
Miscellaneous antibiotics	Erythromycin-sulfisoxazol
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, Ceftributen, Cefditoren, Ceftriaxone

Tips:

- It is not recommended to prescribe an antibiotic for a sore throat without a positive strep test.



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Billing Codes:

- Group A Strep Test:
 - CPT:
 - 87070, 87071, 87081, 87430, 87650-87652, 87880
 - LOINC: For a code inquiry, please ask your PA CIN Quality Representative
- Outpatient:
 - For a code inquiry, please ask your PA CIN Quality Representative
- Pharyngitis:
 - ICD 10:
 - J02.0: Streptococcal pharyngitis
 - J02.8: Acute pharyngitis due to other specified organisms
 - J02.9: Acute pharyngitis, unspecified
 - J03.00: Acute streptococcal tonsillitis, unspecified
 - J03.01: Acute recurrent streptococcal tonsillitis
 - J03.80: Acute tonsillitis due to other specified organisms
 - J03.81: Acute recurrent tonsillitis due to other specified organisms
 - J03.90: Acute tonsillitis, unspecified
 - J03.91: Acute recurrent tonsillitis, unspecified



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APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION (URI)

Patients 3 months-18 years of age during measurement year

Product Line: Medicaid, Commercial

Appropriate testing for closing the gap in care:

- Children 3 months-18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Exclusion:

- Patients in hospice.

Tips:

- This measure is reported as an inverted rate. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).
- The majority of upper respiratory infections are viral in etiology and use of antibiotics is ineffective, inappropriate, and potential harmful (creating 'superbugs' that are antibiotic resistant)



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Billing Codes:

- Competing Diagnosis: For a code inquiry, please ask your PA CIN Quality Representative
- Outpatient: For a code inquiry, please ask your PA CIN Quality Representative
- Pharyngitis:
 - ICD 10:
 - J02.0: Streptococcal pharyngitis
 - J02.8: Acute pharyngitis due to other specified organisms
 - J02.9: Acute pharyngitis, unspecified
 - J03.00: Acute streptococcal tonsillitis, unspecified
 - J03.01: Acute recurrent streptococcal tonsillitis
 - J03.80: Acute tonsillitis due to other specified organisms
 - J03.81: Acute recurrent tonsillitis due to other specified organisms
 - J03.90: Acute tonsillitis, unspecified
 - J03.91: Acute recurrent tonsillitis, unspecified
- URI:
 - ICD 10:
 - J00: Acute nasopharyngitis (common cold)
 - J06.0: Acute laryngopharyngitis
 - J06.9: Acute upper respiratory infection, unspecified



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CHLAMYDIA SCREENING IN WOMEN (CHL)

Patients (women) 16-24 years of age during measurement year

Product Line: Medicaid, Commercial

Appropriate testing for closing the gap in care:

- Women 16-24 years of age who are sexually active and who had at least 1 test for chlamydia during the measurement year.

Exclusion:

- A pregnancy test during the measurement year and a prescription for isotretinoin on the date of the pregnancy test or the 6 days after the pregnancy test.
- A pregnancy test during the measurement year and an x-ray on the date of the pregnancy test or the 6 days after the pregnancy test.

Tips:

- Education on the importance of the screening



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Billing Codes:

- Chlamydia Tests:
 - CPT:
 - 87110, 87270, 87320, 87490-87492, 87810
 - LOINC: For a code inquiry, please ask your PA CIN Quality Representative
- Diagnostic Radiology: For a code inquiry, please ask your PA CIN Quality Representative
- Pregnancy: For a code inquiry, please ask your PA CIN Quality Representative
- Pregnancy Test Exclusion:
 - CPT:
 - 81025, 84702, 84703
 - LOINC: For a code inquiry, please ask your PA CIN Quality Representative
- Pregnancy Tests:
 - CPT:
 - 81025, 84702, 84703
 - UBREV:
 - 0925
- Sexual Activity: For a code inquiry, please ask your PA CIN Quality Representative



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ADULT BMI ASSESSMENT (ABA)

Patients 18 to 74 years old

Product Line: Medicare, Medicaid, Commercial

Appropriate documentation for age band:

- Patients 20 years and older on the date of service, medical documentation must indicate the weight and BMI value, dated during measurement year or 1 year prior to the measurement year
- Patients 18 or 19 years old on the date of service, medical documentation must indicate the height, weight and BMI percentile, dated during measurement year or 1 year prior to the measurement year (height, weight, and BMI percentile MUST be from the same data source)

Exclusion:

- Patients in hospice
- Pregnancy – diagnosis must have occurred during measurement year or 1 year prior to measurement year

Tips:

- Record weight and BMI (and height when applicable) for every outpatient visit
- BMI percentile:
 - Must be documented as a value (i.e. 85th percentile)
 - Or plotted on an age-growth chart (i.e. Body Mass Index-for-age percentiles)
- If patient is in wheelchair, consider weighing patient in chair, then once patient is in the exam room, weigh the wheelchair separately so an accurate weight can be calculated by subtracting wheelchair weight from total weight of patient sitting in it.
- Use the appropriate billing codes to close the gap in care.



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Billing Codes:

- ICD-10:
 - For patients less than 20 years of age:
 - Z68.51-Z68.54
 - For patients 20 years and older:
 - Z68.1, Z68.20-Z68.39, Z6841-Z68.45
- Outpatient Visit:
 - CPT:
 - 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456
 - HCPCS:
 - G0402, G0438, G0439, G0463, T1015



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CHILDHOOD IMMUNIZATION STATUS (CIS)

CIS pertains for children age 0-2 during measurement year. CIS involves these immunizations: DTap (4); IPV (3); MMR (1); HiB (3); HepB (3); HepA (1)VZV (1); PCV (4), and RV (2 or 3) by their 2nd birthday. Products: Medicaid, Commercial

Exclusions:

- Patients in hospice
- Anaphylactic reaction
- Encephalopathy with a vaccine adverse-effect code (DTaP)
- Immunodeficiency (MMR, VZV)
- HIV (MMR, VZV)
- Lymphoreticular cancer, multiple myeloma or leukemia (MMR, VZV)
- Anaphylactic reaction to streptomycin, polymyxin B, or neomycin (IPV)
- Anaphylactic reaction to common baker's yeast (HepB)

Tips:

- Education on the importance of vaccinations.
- A note in record indicating "at delivery" or "in the hospital" counts toward closing the gap in care.
- A note that the "patient is up to date" but does not list a date does not count towards gap closure.
- Do not count a vaccination administered prior to 42 days after birth (DTaP, IPV, HiB, PCV).



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Billing Codes:

- DTaP:
 - CPT: 90698, 90700, 90721, 90723
 - CVX: 20, 50, 106, 107, 110, 120
- IPV:
 - CPT: 90698, 90713, 90723
 - CVX: 10, 89, 110, 120
- HIB:
 - CPT: 90644-90648, 90698, 90721, 90748
 - CVX: 17, 46-51, 120, 148
- Hep B:
 - CPT: 90723, 90740, 90744, 90747, 90748
 - CVX: 08, 44, 45, 51, 110
 - HCPCS: G0010
- VZV:
 - CPT: 90710, 90716
 - CVX: 21, 94
- MMR:
 - CPT: 90707, 90710
 - CVX: 03, 94
- Measles:
 - CPT: 90705
 - CVX: 05
- Measles/Rubella:
 - CPT: 90708
 - CVX: 04
- Rubella:
 - CPT: 90706
 - CVX: 06
- Mumps:
 - CPT: 90704
 - CVX: 07
- Hep A:
 - CPT: 90633
 - CVX: 31, 83, 85
- Pneumococcal conjugate:
 - CPT: 90669 (7 valent), 90670 (13 valent)
 - CVX: 100 (7 valent), 133 (13 valent), 152
 - HCPCS: G0009
- Influenza:
 - CPT: 90655, 90657, 90661-90662, 90673, 90685, 90686-90688
 - CVX: 88, 135, 140, 141, 150, 153
 - HCPCS: G0008
- Rotavirus:
 - CPT: 2-dose: 90681, 3-dose: 90680
 - CVX: 119 (2-dose), 116 (3-dose), 122
- Procedure Code:
 - ICD-10: 3E0234Z



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DISEASE-MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS (ART)

Patients 18 years of age 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)

Product Line: Medicare, Medicaid, Commercial

Exclusions:

- Patients age 66 and older during measurement year who was enrolled in an Institutional SNF or living long-term in an institution any time during the measurement year
- Patients age 81 and older during the measurement year with frailty
- Patients age 66 and older during measurement year with advanced illness and frailty
 - Patient must have at least 1 claim for frailty during the measurement year **and**
 - At least 2 outpatient visits, observation visits, ED visits, or nonacute inpatient encounters or different dates of service, with an advanced illness diagnosis (visit types need not be the same for the 2 visits) **or** 1 acute inpatient encounter with diagnosis
 - A dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine)
 - Diagnosis of HIV any time during the patient's history through the measurement year
 - Female patients with a diagnosis of pregnancy any time during the measurement year

DMARD Medications:

- 5-Aminosalicylates: Sulfasalazine
- Alkylating Agents: Cyclophosphamide
- Aminoquinolines: Hydroxychloroquine
- Anti-Rheumatics: Auranofin, Leflunomide, Methotrexate, Penicillamine
- Immunomodulators: Abatacept, Adalimumab, Anakinra, Certolizumab, Certolizumab Pegol, Etanercept, Golimumab, Infliximab, Rituximab, Tocilizumab
- Immunosuppressive Agents: Azathioprine, Cyclosporine, Mycophenolate
- Janus Kinase (JAK) Inhibitor: Tofacitinib
- Tetracyclines: Minocycline

Tips:

- Encourage/educate patient on the importance of taking DMARD medications
- Gap closure is driven by a dispensed DMARD medication (claims driven closure)



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Billing Codes:

- ICD-10:
 - M05.00, M05.011, M05.12, M05.19, M05.021, M05.022, M05.029, M05.031, M05.032, M05.039, M05.041, M05.042, M05.049, M05.051, M05.052, M05.059, M05.061, M05.062, M05.069, M05.071, M05.072, M05.079, M05.09, M05.10, M05.111, M05.112, M05.119, M05.121, M05.122, M05.129, M05.131, M05.132, M05.139, M05.141, M05.142, M05.149, M05.151, M05.152, M05.159, M05.161, M05.162, M05.169, M05.171, M05.172, M05.179, M05.19, M05.20, M05.211, M05.212, M05.219, M05.221, M05.222, M05.229, M05.231, M05.232, M05.239, M05.241, M05.242, M05.249, M05.251, M05.252, M05.259, M05.261, M05.262, M05.269, M05.271, M05.272, M05.279, M05.29, M05.30, M05.311, M05.312, M05.319, M05.321, M05.322, M05.329, M05.331, M05.332, M05.339, M05.341, M05.342, M05.349, M05.351, M05.352, M05.359, M05.361, M05.362, M05.369, M05.371, M05.372, M05.379, M05.39, M05.40, M05.411, M05.412, M05.419, M05.421, M05.422, M05.429, M05.431, M05.432, M05.439, M05.441, M05.442, M05.449, M05.451, M05.452, M05.459, M05.461, M05.462, M05.469, M05.471, M05.472, M05.479, M05.49, M05.50, M05.511, M05.512, M05.519, M05.521, M05.522, M05.529, M05.531, M05.532, M05.539, M05.541, M05.542, M05.549, M05.551, M05.552, M05.559, M05.561, M05.562, M05.569, M05.571, M05.572, M05.579, M05.59, M05.60, M05.611, M05.612, M05.619, M05.621, M05.622, M05.629, M05.631, M05.632, M05.639, M05.641, M05.642, M05.649, M05.651, M05.652, M05.659, M05.661, M05.662, M05.669, M05.671, M05.672, M05.679, M05.69, M05.70, M05.711, M05.712, M05.719, M05.721, M05.722, M05.729, M05.731, M05.732, M05.739, M05.741, M05.742, M05.749, M05.751, M05.752, M05.759, M05.761, M05.762, M05.769, M05.771, M05.772, M05.779, M05.79, M05.80, M05.811, M05.812, M05.819, M05.821, M05.822, M05.829, M05.831, M05.832, M05.839, M05.841, M05.842, M05.849, M05.851, M05.852, M05.859, M05.861, M05.862, M05.869, M05.871, M05.872, M05.879, M05.89, M05.9, M06.00, M06.011, M06.012, M06.019, M06.021, M06.022, M06.029, M06.031, M06.032, M06.039, M06.041, M06.042, M06.049, M06.051, M06.052, M06.059, M06.061, M06.062, M06.069, M06.071, M06.072, M06.079, M06.08, M06.09, M06.1, M06.20, M06.211, M06.212, M06.219, M06.221, M06.222, M06.229, M06.231, M06.232, M06.239, M06.241, M06.242, M06.249, M06.251, M06.252, M06.259, M06.261, M06.262, M06.269, M06.271, M06.272, M06.279, M06.28, M06.29, M06.30, M06.311, M06.312, M06.319, M06.321, M06.322, M06.329, M06.331, M06.332, M06.339, M06.341, M06.342, M06.349, M06.351, M06.352, M06.359, M06.361, M06.362, M06.369, M06.371, M06.372, M06.379, M06.38, M06.39, M06.80, M06.811, M06.812, M06.819, M06.821, M06.822, M06.829, M06.831, M06.832, M06.839, M06.841, M06.842, M06.849, M06.851, M06.852, M06.859, M06.861, M06.862, M06.869, M06.871, M06.872, M06.879, M06.88, M06.89, M06.9
- HCPCS:
 - J0129, J0135, J0717, J1438, J1600, J1602, J1745, J3262, J7502, J7515-JJ7518, J9250, J9260, J9310, Q5102, Q5103, Q5104
- Exclusions:
 - HIV
 - ICD-10: B20, Z21
 - HIV Type 2
 - ICD-10: B97.35



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

IMMUNIZATIONS FOR ADOLESCENTS (IMA)

IMA is for adolescents who had 1 dose of meningococcal vaccine (between age 11-13), 1 Tdap (between age 10-13), and have completed the HPV vaccine series (2 dose HPV between age 9-13 with 146 days between the administration or 3 doses between 9-13).

Products: Medicaid, Commercial

Exclusions:

- Patients in hospice
- Anaphylactic reaction
- Encephalopathy with a vaccine adverse-effect code (Tdap)

Tips:

- Education on the importance of vaccinations
- A note in record indicating “at delivery” or “in the hospital” counts toward closing the gap in care
- A note that the “patient is up to date” but does not list a date do not count towards gap closure
- For IMA, do not count meningococcal recombinant
- HPV is for both male and females and encouraged for all



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AT THE PENNSYLVANIA MEDICAL SOCIETY

Billing Codes:

- Meningococcal:
 - CPT: 90734
 - CVX: 108, 114, 136, 147, 167
- Tdap:
 - CPT: 90715
 - CVX: 115
- HPV:
 - CPT: 90649-90651
 - CVX: 62, 118, 137, 165



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

LEAD SCREENING IN CHILDREN (LSC)

Children 2 years of age who had 1 or more capillary or venous lead blood test for lead poisoning by their second birthday

Product Line: Medicaid

Exclusion:

- Patients in hospice

Tips:

- Education on the importance of the screening
- Screening must be completed on or before the child's 2nd birthday, which falls in the measurement year
- If closing the gap with a medical record, the note must indicate the test was performed (service date) and the result or finding (lab report is the easiest way to close the gap if it contains all appropriate member identifiers)

Billing Code:

- CPT:
 - 83655



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA 50% OF DAYS (MMA)

Patients 5-64 years of age

Product line: Medicaid, Commercial

Description:

- The percentage of patients who remained on an asthma controller medication for at least 50% of the treatment period
- The period beginning on the index prescription start date (IPSD) through the last day of the measurement year
- Proportion of days covered: the number of days that a patient is covered at least one asthma controller medication divided by the number of days in a treatment period

Exclusions:

- Emphysema
- COPD
- Obstructive Chronic Bronchitis
- Chronic respiratory conditions due to fumes/vapors
- Cystic Fibrosis
- Acute Respiratory Failure
- Patients in hospice



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AT THE PENNSYLVANIA MEDICAL SOCIETY

Asthma Controller Medications:

Description	Prescriptions
Antiasthmatic combinations	Dyphylline-guaifenesin, Guaifenesin-theophylline
Antibody inhibitors	Omalizumab
Anti-interleukin-5	Mepolizumab, Reslizumab
Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol, Mometasone-formoterol
Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide Fluticasone CFC free, Mometasone
Leukotriene modifiers	Montelukast, Zafirlukast, Zileuton
Methylxanthines	Dyphylline, Theophylline

Asthma Reliever Medications:

Description	Prescriptions
Short-acting, inhaled beta-2 agonists	Albuterol, Levalbuterol, Pirbuterol



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

MEDICATION RECONCILIATION POST-DISCHARGE (MRP)

Patients 18 years of age or older whom medications were reconciled the date of discharge through 30 days after discharge (total 31 days)

Product Line: Medicare

Documentation Requirements:

- Reconciliation conducted by a prescribing practitioner, clinical pharmacist, or registered nurse.
- Documentation includes evidence of medication reconciliation **and** the date when it was performed.
- Any of the following meets criteria for gap closure:
 - Documentation of the current medications with one of the following noted:
 - Provider reconciled the current and discharge medications
 - References the discharge medication(s)
 - That the discharge medication(s) were reviewed
 - Evidence that the patient was seen for post-discharge hospital follow-up with evidence of medication reconciliation/review
 - Documentation of a current medication list, a discharge medication list and notation that both lists were reconciled/reviewed on the same service date
 - Notation that no medications were prescribed or ordered upon discharge

Exclusion:

- Patients in hospice

Tips:

- Develop a process for discharge follow, if not in place currently
- Outpatient visit is not required to close this gap; telephone conversation suffices
- Easiest way to close this gap is by using one of the appropriate codes to close the gap via claims



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

Billings Codes:

- CPT:
 - 99495, 99496
- CPT II:
 - 1111F



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

Women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the **six months after** the fracture

Product Line: Medicare

Exclusions:

- Patient age 66 or older during the measurement year who meets on of the following criteria:
 - Enrolled in an Institutional SNF any time during measurement
 - Ling long-term in an institution any time during measurement year as identified by the LTI flag
- Patient age 81 and older during the measurement year with frailty
 - Patients 66-80 years of age and older during the measurement year with frailty and advanced illness, any of the following during the measurement year or the year prior to the measurement year, meet criteria:
 - At least 2 outpatient visits, observation visits, ED visits, or nonacute inpatient encounters on different dates of service, with an advanced illness diagnosis (visit type does not need to be the same for the 2 visits)
 - At least one acute inpatient encounter with an advanced illness diagnosis
 - A dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine)

Osteoporosis Medications:

- Biphosphonates: Alendronate, Alendronate-Cholecalciferol, Ibandronate, Risendronate, Zoledronic Acid
- Other Agents: Albandronate, Calcitonin, Denosumab, Raloxifene, Teriparatide

Tips:

- Encourage patient to have BMD
- Prescription drugs close the gap by a claim for a dispensed medication
- Fractures of finger, toe, face, and skull are not included in this measure



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

Billing Codes:

- Bone Mineral Density Test:
 - CPT:
 - 76977, 77078, 77080, 77081, 77082, 77085, 77086
 - HCPCS:
 - G0130
 - ICD-10:
 - BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BR07ZZ1, BR04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
- Osteoporosis Medication:
 - HCPCS:
 - J0630, J0897, J1740, J3110, J3489
- Long-Acting Osteoporosis:
 - HCPCS:
 - J0897, J1740, J3487



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

STATIN THERAPY FOR PATIENTS WITH DIABETES (SPD)

Patients 40-75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular (ASCVD) who meet the 2 subsets

Product Line: Medicare, Medicaid, Commercial

Subsets:

- Received Statin Therapy:
 - Patients who were dispensed at least one statin medication of any intensity during the measurement year
- Statin Adherence 80%:
 - Patients who remained on a statin medication of any intensity for at least 80% of the treatment period

Exclusions:

- Patients in hospice
- Diagnosis of gestational diabetes or steroid-induced diabetes
- Any of the following during the year prior to the measurement year:
 - Discharged from an inpatient setting with an MI
 - CABG
 - PCI
 - Patients how had any other revascularization procedure in any setting
- Identified patients as having ischemic vascular disease (IVD) who met at least one of the following during **both** the measurement year and the year prior:
 - At least 1 outpatient visit with a diagnosis
 - A telephone visit with a diagnosis
 - An online assessment with a diagnosis
 - At least 1 acute inpatient encounter **without** telehealth
- Pregnancy diagnosis during measurement year or year prior
- In vitro fertilization in the measurement year or year prior
- Dispensed at least 1 prescription for clomiphene during measurement year or prior year
- ESRD without telehealth during measurement year or year prior
- Cirrhosis during measurement year or year prior
- Myalgia, myositis, myopathy or rhabdomyolysis during measurement year
- Patients 66 years old and older enrolled in an Institutional SNP or living long-term in an institution any time during measurement year
- Patients 66 years old and older with frailty and advanced illness during measurement year. To identify patients with advanced illness, any of the following during the measurement year or year prior meet criteria:
 - At least 2 outpatient visits, observation visits, ED visits, or nonacute inpatient encounters on different service dates with an advanced illness diagnosis (visit type need not be the same for the 2 visits)
 - At least 1 acute inpatient encounter with an advanced illness diagnosis
 - Dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine)



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AT THE PENNSYLVANIA MEDICAL SOCIETY

STATIN MEDICATIONS:

High-Intensity Statin	Atorvastatin 40-80 mg	Rosuvastatin 20-40 mg
	Amlodipine-Atorvastatin 40-80 mg	Simvastatin 80 mg
Moderate-Intensity Statin	Ezetimibe-Atorvastatin 40-80 mg	Ezetimibe-Simvastatin 80 mg
	Atorvastatin 10-20 mg	Sitagliptin-Simvastatin 20-40 mg
	Amlodipine-Atorvastatin 10-20 mg	Pravastatin 40-80 mg
	Ezetimibe-Atorvastatin 10-20 mg	Lovastatin 40 mg
	Rosuvastatin 5-10 mg	Niacin-Lovastatin 40 mg
	Simvastatin 20-40 mg	Fluvastatin XL 40 mg bid
	Ezetimibe-simvastatin 20-40 mg	Fluvastatin 40 mg bid
	Niacin-Simvastatin 20-40 mg	Pitavastatin 2-4 mg
Low-Intensity Statin	Simvastatin 10 mg	Lovastatin 20 mg
	Ezetimibe-Simvastatin 10 mg	Niacin-Lovastatin 20 mg
	Sitagliptin-Simvastatin 10 mg	Fluvastatin 20-40 mg
	Pravastatin 10-20 mg	Pitavastatin 1 mg



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

USE OF OPIOIDS AT HIGH DOSAGE (UOD)

Patients 18 years and older receiving prescription opioids for ≥ 15 days during the measurement year at a high dosage (average milligram morphine [MME] > 120 mg)
Product Line: Medicare, Medicaid, Commercial

Tips:

- A lower rate (on scorecard) indicates better performance
- For each dispensing event, use the following calculation to determine the MME Daily Dose:
 - MME Daily Dose = (# of opioid dosage units per day) X (strength i.e. mg) X (MME conversion factor)
 - MME conversion factor can be found on the back of the tip sheet
- UOD Opioid Medication List excludes:
 - Injectables
 - Opioid cough and cold products
 - Single-agent and combination buprenorphine products used to treat opioid use disorder for medication assisted treatment
 - Ionsys (fentanyl transdermal patch)
 - This is for inpatient use only
 - Available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS)



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

Type of Opioid	Milligram Morphine Equivalent (MME) Conversion Factor
Butorphanol	7
Codeine	0.15
Dihydrocodeine	0.25
Fentanyl buccal, SL tablets or lozenge/troche (mcg) ³	0.13
Fentanyl film or oral spray (mcg) ⁴	0.18
Fentanyl nasal spray (mcg) ⁵	0.16
Fentanyl transdermal patch (mcg/hr) ⁶	7.2
Hydrocodone	1
Hydromorphone	4
Levomethadyl acetate	8
Levorphanol tartrate	11
Meperidine hydrochloride	0.1
Methadone	3
Morphine	1
Opium	1
Oxycodone	1.5
Oxymorphone	3
Pentazocine	0.37
Tapentadol	0.4
Tramadol	0.1

³ MME conversion factor for fentanyl buccal tablets, sublingual tablets, and lozenges/troche is 0.13. This conversion factor should be multiplied by the number of micrograms in a given tablet or lozenge/troche.

⁴ MME conversion factor for fentanyl films and oral sprays is 0.18. This reflects a 40% greater bioavailability for films compared to lozenges/tablets and 38% greater bioavailability for oral sprays compared to lozenges/tablets.

⁵ MME conversion factor for fentanyl nasal spray is 0.16, which reflects a 20% greater bioavailability for sprays compared to lozenges/tablets.

⁶ MME conversion factor for fentanyl patches is 7.2 based on the assumption that 1 milligram of parenteral fentanyl is equivalent to 100 milligrams of oral morphine and that 1 patch delivers the dispensed micrograms per hour over a 24 hour day and remains in place for 3 days. Using the formula, Strength per Unit* (Number of Units/Days Supply) * MME conversion factor = MME/Day: 25 micrograms/hr fentanyl patch * (10 patches/30 days) * 7.2 = 60 MME/day



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

USE OF OPIOIDS FROM MULTIPLE PROVIDERS (UOP)

Patients 18 years and older receiving prescription opioids for ≥ 15 days during the measurement year who received opioids from multiple providers. Three rates are reported.

Product Line: Medicare, Medicaid, Commercial

Three reporting types:

- Multiple prescribers: the proportion of patients receiving prescriptions for opioids from 4 or more different prescribers during the measurement year.
- Multiple pharmacies: the proportion of patients receiving prescriptions for opioid from 4 or more different pharmacies during the measurement year.
- Multiple prescribers and multiple pharmacies: the proportion of patients receiving prescriptions for opioids from 4 or more different prescribers **and** 4 or more different pharmacies during the measurement year.

Tips:

- A lower rate (on scorecard) indicates better performance for all 3 rates
- Supplemental data may not be used for this measure
- The Opioid Medications List excludes:
 - Injectables
 - Opioid cough and cold products
 - Single-agent and combination buprenorphine products used to treat opioid use disorder for medication assisted treatment
 - Lonsys (fentanyl transdermal patch) because:
 - Inpatient use only
 - Only available through a restricted program under a risk Evaluation and Mitigation Strategy (REMS)

Opioid Medications:

Buprenorphine (transdermal patch and buccal film)	Hydromorphone	Oxycodone
Butorphanol	Levorphanol	Oxymorphone
Codeine	Meperidine	Pentazocine
Dihydrocodeine	Methadone	Tapentadol
Fentanyl	Morphine	Tramadol
Hydrocodone	Opium	



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE (W15)

Patients up to 15 months of age who had 6 or more well-child visits with a PCP during their first 15 months of life.

Outpatient visits with a PCP

Appropriate documentation:

- Documentation from the medical record must indicate a visit with a PCP, patient demographics (name and DOB), date of service of well-child visit and evidence of **ALL** the following:
 - a health history
 - a physical developmental history
 - a mental developmental history
 - a physical exam
 - health education/anticipatory guidance

Tips:

- Education on the importance of the screening.
- Do not count visits to the Emergency Department.
- Well-child preventive services count toward the measure regardless of primary intent.
- Services that are specific to an acute or chronic illness do not count toward measure.



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

Billing Codes:

- **Visits:**
 - CPT:
 - 0-12 months: 99381, 99391, 99461
 - 1-4 yrs. old: 99382, 99392
 - 5-11 yrs. old: 99383, 99393
 - 12-17 yrs. old: 99384, 99394
 - ≥ 18 yrs. old: 99385, 99395
 - ICD-10:
 - General Exam (0-11 yrs.):
 - Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
 - General Exam (≥ 12 yrs. old):
 - Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z02.0, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
- **Assessments and Screenings:**
 - Pediatric BMI (3-17 yrs.):
 - ICD-10:
 - $< 5^{\text{th}}$ percentile: Z68.51
 - 5^{th} to $< 85^{\text{th}}$ percentile: Z68.52
 - 85^{th} to $< 95^{\text{th}}$ percentile: Z68.53
 - $\geq 95^{\text{th}}$ percentile: Z68.54
 - Nutritional Counseling:
 - CPT:
 - 97802-97804
 - ICD-10:
 - Z71.3
 - HCPCS:
 - G0270, G0271, G0447, S9449, S9452, S9470
 - Physical Counseling:
 - ICD-10:
 - Z71.82 Exercise Counseling
 - Z02.5 Sports Physical
 - HCPCS: G0447, S9451



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE (W34)

Patients between ages 3-6 years of age

Outpatient visit with a PCP who notates BMI percentile and counseling for nutrition and physical activity during the measurement year (Emergency Department visits do not count)

Appropriate documentation:

- Medical documentation must indicate the height, weight and BMI percentile during measurement year (height, weight, and BMI percentile MUST be from the same data source).
- Counseling for nutrition can entail discussions regarding eating habits, dieting behaviors, nutrition, referral for nutrition education, anticipatory guidance for nutrition, and weight or obesity counseling (not limited to this list).
- Counseling for physical activity can entail discussions regarding exercise routine, participation in sports, sports participation exam, anticipatory guidance for physical activity/exercise, and weight or obesity counseling.

Tips:

- Education on the importance of the screening.
- No counseling/education on nutrition or diet or physical activity, well-nourished, and notation of “health education” or anticipatory guidance without specifically mentioning nutrition or physical activity does not count for gap closure.
- Wearing a helmet or water safety and notation solely related to screen time (computer or television) is not compliant.
- Services specific to an acute or chronic condition do not count (i.e. patient with chronic knee pain is able to run without limping or patient has decreased appetite as a result of the flu).
- Developmental milestones alone are not compliant (i.e. can hop on one foot).
- Obesity or eating disorder meets compliance for nutrition and physical activity.



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

Billing Codes:

- **Visits:**
 - CPT:
 - 0-12 months: 99381, 99391, 99461
 - 1-4 yrs. old: 99382, 99392
 - 5-11 yrs. old: 99383, 99393
 - 12-17 yrs. old: 99384, 99394
 - ≥ 18 yrs. old: 99385, 99395
 - ICD-10:
 - General Exam (0-11 yrs.):
 - Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
 - General Exam (≥ 12 yrs. old):
 - Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z02.0, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
- **Assessments and Screenings:**
 - Pediatric BMI (3-17 yrs.):
 - ICD-10:
 - $< 5^{\text{th}}$ percentile: Z68.51
 - 5^{th} to $< 85^{\text{th}}$ percentile: Z68.52
 - 85^{th} to $< 95^{\text{th}}$ percentile: Z68.53
 - $\geq 95^{\text{th}}$ percentile: Z68.54
 - Nutritional Counseling:
 - CPT:
 - 97802-97804
 - ICD-10:
 - Z71.3
 - HCPCS:
 - G0270, G0271, G0447, S9449, S9452, S9470
 - Physical Counseling:
 - ICD-10:
 - Z71.82 Exercise Counseling
 - Z02.5 Sports Physical
 - HCPCS:
 - G0447, S9451



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

Child and Adolescent Well-Care Visits (WCV) & Weight Assessment & Counseling for Nutrition and Physical Activity (WCC)

Patients between ages **3-21 years of age**

Patients with at least one comprehensive well-care visit (**can be Telehealth with video**) with a PCP or an OB/GYN practitioner during the measurement year (Emergency Department visits do not count)

Appropriate documentation:

- Medical documentation must indicate the height, weight and BMI percentile during measurement year (height, weight, and BMI percentile MUST be from the same data source).
- Counseling for nutrition can entail discussions regarding eating habits, dieting behaviors, nutrition, referral for nutrition education, anticipatory guidance for nutrition, and weight or obesity counseling (not limited to this list).
- Counseling for physical activity can entail discussions regarding exercise routine, participation in sports, sports participation exam, anticipatory guidance for physical activity/exercise, and weight or obesity counseling.

Tips:

- Education on the importance of the screening.
- **Allows member reported biometric values (BMI, height, and weight).**
- **Nutrition and physical activity counseling can be rendered during a telehealth visit.**
- No counseling/education on nutrition or diet or physical activity, well-nourished, and notation of “health education” or anticipatory guidance without specifically mentioning nutrition or physical activity does not count for gap closure.
- Wearing a helmet or water safety and notation solely related to screen time (computer or television) is not compliant.
- Services specific to an acute or chronic condition do not count (i.e. patient with chronic knee pain is able to run without limping or patient has decreased appetite as a result of the flu).
- Developmental milestones alone are not compliant (i.e. can hop on one foot).
- Obesity or eating disorder meets compliance for nutrition and physical activity.



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

Billing Codes:

- **Visits:**
 - CPT:
 - 1-4 yrs. old: 99382, 99392
 - 5-11 yrs. old: 99383, 99393
 - 12-17 yrs. old: 99384, 99394
 - ≥ 18 yrs. old: 99385, 99395
 - ICD-10:
 - General Exam (0-11 yrs.):
 - Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
 - General Exam (≥ 12 yrs. old):
 - Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z02.0, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
 - Telehealth Modifier:
 - GT: via interactive audio and video telecommunications system
 - 95: synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
- **Assessments and Screenings:**
 - Pediatric BMI (3-17 yrs.):
 - ICD-10:
 - $< 5^{\text{th}}$ percentile: Z68.51
 - 5^{th} to $< 85^{\text{th}}$ percentile: Z68.52
 - 85^{th} to $< 95^{\text{th}}$ percentile: Z68.53
 - $\geq 95^{\text{th}}$ percentile: Z68.54
 - Nutritional Counseling:
 - CPT:
 - 97802-97804
 - ICD-10:
 - Z71.3
 - HCPCS:
 - G0270, G0271, G0447, S9449, S9452, S9470
 - Physical Counseling:
 - ICD-10:
 - Z71.82 Exercise Counseling
 - Z02.5 Sports Physical
 - HCPCS:
 - G0447, S9451



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE (W30)

Patients up to 15 months of age who had 6 or more well-child visits with a PCP during their first 15 months of life and patients 15 – 30 months of age who had 2 or more well-child visits. For compliance, patient must have a total of 8 visits meeting these requirements.

Outpatient visits with a PCP (can be conducted via telehealth video visits).

Appropriate documentation:

- Documentation from the medical record must indicate a visit with a PCP, patient demographics (name and DOB), date of service of well-child visit and evidence of **ALL** the following:
 - a health history
 - a physical developmental history
 - a mental developmental history
 - a physical exam
 - health education/anticipatory guidance

Tips:

- Education on the importance of the screening.
- Do not count visits to the Emergency Department.
- Well-child preventive services count toward the measure regardless of primary intent.
- Services that are specific to an acute or chronic illness do not count toward measure.



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Billing Codes:

- **Visits:**
 - CPT:
 - 0-12 months: 99381, 99391, 99461
 - 1-4 yrs. old: 99382, 99392
 - ICD-10:
 - General Exam (0-11 yrs.):
 - Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.5, Z02.6, Z02.71, Z02.79, Z02.82, Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
 - Telehealth Modifier:
 - GT: via interactive audio and video telecommunications system
 - 95: synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
- **Assessments and Screenings:**
 - Pediatric BMI:
 - ICD-10:
 - <5th percentile: Z68.51
 - 5th to <85th percentile: Z68.52
 - 85th to <95th percentile: Z68.53
 - ≥95th percentile: Z68.54
 - Nutritional Counseling:
 - CPT:
 - 97802-97804
 - ICD-10:
 - Z71.3
 - HCPCS:
 - G0270, G0271, G0447, S9449, S9452, S9470
 - Physical Counseling:
 - ICD-10:
 - Z71.82 Exercise Counseling
 - Z02.5 Sports Physical
 - HCPCS: G0447, S9451



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

BREAST CANCER SCREENING (BCS)

Patients (women) 50 to 74 years old

Product Line: Medicare, Medicaid, Commercial

Appropriate testing for this measure:

- Mammograms (screening, diagnostic, film, digital, and digital tomosynthesis)
- Do not count MRIs, ultrasounds, or biopsies
- Result of mammogram from October 1st two years prior to measurement year through December 31st of measurement year.

Exclusions:

- Patients in hospice
- Notation of a bilateral mastectomy in medical record
- Notation of 2 unilateral mastectomies in medical record
- Patients 66 years of age or older during measurement year with frailty **and** advanced illness during measurement year (these can be met via telephone visits, e-visits, and virtual check-ins).

Tips:

- Education on the importance of the screening
- If patient agrees to a mammogram, attempt to schedule testing before patient leaves.
- If patient had 1 unilateral mastectomy, member should be encouraged to have the unilateral mammogram; this mammogram would be compliant in closing the gap in care in conjunction with medical documentation of the unilateral mastectomy.



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Billing Codes:

- Mammography:
 - CPT:
 - 77055—77057, 77061-77063, 77065-77067
 - HCPCS:
 - G0202, G0204, G0206
 - UBREV:
 - 0401, 0403
- Bilateral Mastectomy:
 - ICD-10:
 - OHTV0ZZ
 - History of bilateral mastectomy:
 - Z90.13
 - Absence of left breast ICD-10:
 - Z90.12
 - Absence of right breast ICD-10:
 - Z90.11
- Unilateral Mastectomy:
 - Left breast ICD-10:
 - OHTU0ZZ
 - Right breast ICD-10:
 - OHTT0ZZ
 - CPT:
 - 19180, 19200, 19220, 19240, 19303, 19304, 19305, 19306, 19307
with one of the modifiers:
 - Left breast: LT
 - Right breast: RT



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

Care for Older Adults (COA) – Advanced Care Planning

Patients 66 years and older

Product Line: Medicare

1 of 4 sub-measures

Documentation in the medical record must include one of the following:

A discussion about preferences regarding resuscitation, life-sustaining treatment, or end of life care. Documentation must include one of the following:

- Presence of an advance care plan in the medical record
- Documentation of an advance care planning discussion with the provider and the date when it was discussed. It must be during the measurement year.
- Notation that the member previously executed an advance care plan. This notation must be documented in the measurement year.
- **Services rendered during a telephone visit, e-visit, or virtual check-in meet criteria for compliance.**

Exclusions:

- Patients in hospice

Tips:

- Examples of an advance care plan: advance directive, actionable medical orders, living will, and surrogate decision maker
- Examples of an advance care planning discussion:
 - Notation in the medical record:
 - Documentation that a member declined to discuss advance care planning is considered evidence that the provider initiated a discussion and meets criteria
 - Documentation that a provider asked the member if an advance care plan was in place and the member indicated a plan was not in place is not considered a discussion or initiation of a discussion
 - Oral statements
 - Conversations with relatives or friends about life-sustaining treatment and end-of-life care, documented in the medical record.
 - Patient designation of an individual who can make decisions on behalf of the patient
 - Evidence of oral statements must be noted in the medical record during the measurement year.



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AT THE PENNSYLVANIA MEDICAL SOCIETY

Billing Codes:

- CPT:
 - 99483
 - 99497
 - Telehealth Modifier:
 - GT: via interactive audio and video telecommunications system
 - 95: synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
- CPT II:
 - 1123F: Advanced care planning discussed and documented advance care plan or surrogate maker documented in the medical record (DEM) (GER, Pall Cr)
 - 1124F: Advanced care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provider an advance care plan (DEM) (GER, Pall Cr)
 - 1157F: Advance care plan or similar legal document present in the medical record (COA)
 - 1158F: Advance care planning discussion documented in the medical record (COA)
- HCPCS:
 - S0257: Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)
- ICD 10:
 - Z66: Do not resuscitate



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

Care for Older Adults (COA) – Functional Status Assessment

Patients 66 years and older

Product Line: Medicare

1 of 4 sub-measures

Documentation in the medical record must include one of the following:

Documentation in the medical record must include evidence of at least one functional status assessment and the date it was performed during the measurement year. **Services rendered during a telephone visit, e-visit, or virtual check-in meet criteria for compliance.**

ADLs were assessed or at least 5 components below:
Bathing
Dressing
Eating
Walking
Transferring (i.e., getting in/out of chairs)
Using toilet

IADLs were assessed or at least 4 components below:
Shopping for groceries
Driving or using public transportation
Using the telephone
Cooking or meal preparation
Housework
Home repair
Laundry
Taking medication
Handling finances

Result of assessment using standardized functional status assessment tool, not limited to:
SF-36
ALSAR
Barthel ADL Index Physical Self-Maintenance Scale
Bayer ADL Scale
Barthel Index
Edmonton Frail Scale
Extended ADL Scale
Groningen Frailty Index
ILS
Katz Index of Independence
Kenny Self-Care Evaluation
Klein-Bell ADL Scale
Kohlman Evaluation of Living Skills (KELS)
Lawton & Brody IADL Scale
Patient Reported Outcome Measurement Information System (PROMIS) Global or Physical Function Scales

Notation that at least 3 of the below 4 components were assessed:
Cognitive status
Ambulation status
Sensory ability (including hearing, vision, and speech- all 3 must be evaluated); notation alone that cranial nerves corresponding specifically to hearing, vision, and speech with a result/finding meets criteria. Notation that the member spoke with the provider during the visit (patient reporting) does not meet criteria
Other functional independence (i.e., exercise, ability to perform job)

Exclusions:

- Patients in hospice



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

Billing Codes:

- CPT:
 - 99483
 - Telehealth Modifier:
 - GT: via interactive audio and video telecommunications system
 - 95: synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
- CPT II:
 - 1170F: Functional status assessed
- HCPCS:
 - G0438: Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
 - G0439: Annual wellness visit; includes a personalized prevention plan of service (pps), subsequent visit



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

Care for Older Adults (COA) – Pain Assessment

Patients 66 years and older

Product Line: Medicare

1 of 4 sub-measures

Documentation in the medical record must include:

Documentation in the medical record must include evidence of at least one pain assessment (which may include positive or negative findings for pain) and the date it was performed during the measurement year.

Services rendered during a telephone visit, e-visit, or virtual check-in meet criteria for compliance.

- Result of assessment using a standardized pain assessment tool, not limited to:
 - Numeric rating scales (written or verbal)
 - Face, Legs, Activity, Cry, Consolability (FLACC) scale
 - Verbal descriptor scales (5-7 Word Scales, Present Pain Inventory)
 - Pain Thermometer
 - Pictorial Pain Scale (Faces Pain Scale, Wong-Baker Pain Scale)
 - Visual analogue scale
 - Brief Pain Inventory
 - Chronic Pain Grade
 - PROMIS Pain Intensity Scale
 - Pain Assessment in Advanced Dementia (PAINAD) Scale
- Standardized tool: A set of structured questions that elicit member information. May include person-reported outcome measures, screening or assessment tools or standardized questionnaire developed by the health plan to assess risks and needs.

Exclusions:

- Patients in hospice

Tips:

- Notation of pain management alone does not meet criteria.
- Notation of a pain treatment plan alone does not meet criteria.
- Notation of screening for chest pain alone or documentation of chest pain alone does not meet criteria. However, documentation of chest pain along with documentation on the same date of service for another body part (i.e., arm, leg, knee, neck, ear) does meet criteria.



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AT THE PENNSYLVANIA MEDICAL SOCIETY

Billing Codes:

- CPT II:
 - 1125F: Pain severity quantified; pain present
 - 1126F: Pain severity quantified; no pain present
 - Telehealth Modifier:
 - GT: via interactive audio and video telecommunications system
 - 95: synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

CERVICAL CANCER SCREENING (CCS)

Patients (women) 21-64 years of age during measurement year

Product Line: Medicaid, Commercial

Appropriate testing for closing the gap in care:

- Women 21-64 years of age who had cervical cytology completed with results during measurement year or 2 years prior to measurement year (**compliance for 3 years**).
- Women 30-64 years of age who had cervical cytology **and** human papillomavirus (HPV) test with results with service dates 4 or less days apart during measurement year or 4 years prior to measurement year **and** who were 30 years or older on the date of both tests (**compliance for 5 years**).

Exclusion:

- Hysterectomy with no residual cervix
- Cervical agenesis
- Absence of cervix
- Complete/total/radical abdominal or vaginal hysterectomy
- Documentation of a “vaginal pap smear” in conjunction with documentation of “hysterectomy”
- Documentation of hysterectomy in combination with documentation the patient no longer needs pap testing/cervical cancer screening
- **Palliative care**

Tips:

- Education on the importance of the screening
- Count for compliance:
 - Any screening method that includes collection and microscopic analysis of cervical cells
 - Lab results indicating the sample contained “no endocervical cells” may be used if a valid result was reported for the test
 - Documentation of vaginal hysterectomy meets criteria for hysterectomy with no residual cervix
- Do not count for compliance:
 - Lab results stating inadequate or “no cervical cells were present” or biopsies
 - Documentation of hysterectomy alone (insufficient evidence that the cervix was removed)
 - Reflex testing (HPV test performed after the cytology result)
- HPV test alone performed without a cervical cytology/pap test is not acceptable documentation (does not prove co-testing)



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AT THE PENNSYLVANIA MEDICAL SOCIETY

Billing Codes:

- Cervical Cytology:
 - CPT:
 - 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175
 - HCPCS:
 - G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
 - LOINC:
 - 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5
 - UBREV:
 - 0923
- HPV Tests:
 - CPT:
 - 87620, 87621, 87622, 87624, 87625
 - HCPCS:
 - G0476
 - LOINC:
 - 21440-3, 30167-1, 38372-9, 59263-4, 59264-2, 59420-0, 69002-4, 71431-1, 75694-0, 77379-6, 77399-4, 77400-0, 82354-2, 82456-5, 82675-0
- Absence of Cervix
 - CPT
 - 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58548, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58575, 58951, 58953, 58954, 58956, 59135
 - ICD-10:
 - Q51.5, Z90.710, Z90.712, 0UTC0ZZ, 0UTC4ZZ, 0UTC7ZZ, 0UTC8ZZ
 - ICD-9:
 - 618.5, 752.43, V88.01, V88.03, 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8



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AT THE PENNSYLVANIA MEDICAL SOCIETY

COLORECTAL CANCER SCREENING (COL)

Patients 50 to 75 years old

Product Line: Medicare, Medicaid, Commercial

Appropriate testing that closes the gap in care:

- Colonoscopy during the measurement year or the 9 years prior to the measurement year
- CT Colonography during the measurement year or the 4 years prior to the measurement year
- Flexible sigmoidoscopy during the measurement year or the 4 years prior to the measurement year
- FIT-DNA (Cologuard) during the measurement year or the 2 years prior to the measurement year
- Fecal Occult Blood Test (FOBT) during the measurement year

Exclusions:

- Patients in hospice
- Colorectal Cancer
- Total Colectomy
- Patients 66 years of age or older during measurement year with frailty and advanced illness during measurement year (these can be met via telephone visits, e-visits, and virtual check-ins).
- Palliative care

Tips:

- Education on the importance of the screening
- Encourage colonoscopy (encourage other screening options if refusal of colonoscopy)
- Attempt to schedule testing before patient leaves if agrees to testing.
- Make follow up calls to patients who say they will schedule test oneself or if stool cards are given to check on completion.
- Any digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE are not accepted for compliance/closing the gap in care.
- FOBT: if results indicate less than 3 samples screened, it is not compliant. If the lab results do not indicate number of samples tests, assume 3 samples are screened and it counts towards gap closure.



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AT THE PENNSYLVANIA MEDICAL SOCIETY

Billing codes:

- Colonoscopy:
 - CPT:
 - 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398
 - HCPCS:
 - G0105, G0121
- CT Colonography:
 - CPT:
 - 74261-74263
- Flexible Sigmoidoscopy:
 - CPT:
 - 45330-45335, 45337-45342, 45345-45347, 45349, 45350
 - HCPCS:
 - G0104
- FOBT:
 - CPT:
 - 82270, 82274
 - HCPCS:
 - G0328
 - LOINC:
 - 12503-9, 12504-9, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 56490-6, 57905-2, 58453-2, 80372-6
- FIT-DNA:
 - CPT:
 - 81528
 - HCPCS:
 - G0464
 - LOINC:
 - 77354-9
- Colorectal Cancer:
 - HCPCS:
 - G0213, G0214, G0215, G0231
 - ICD-10:
 - C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048
- Total Colectomy:
 - CPT:
 - 44150-44153, 44155-44158, 44210-44212
 - ICD-10:
 - ODTE0ZZ, ODTE4ZZ, ODTE7ZZ, ODTE8ZZ



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

COMPREHENSIVE DIABETES CARE (CDC) – BLOOD PRESSURE CONTROL

Patients 18 to 75 years of age

Product Line: Medicare, Medicaid, Commercial

1 of 4 Diabetes sub-measures

Exclusions:

- Patients in hospice
- Patients 66 years of age or older during measurement year with frailty and advanced illness during measurement year (these can be met via telephone visits, e-visits, and virtual check-ins)
- Dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine, Donepezil-Memantine)
- Patient with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement. Patient cannot have a diagnosis of diabetes, in any setting, during the same time period.
- Palliative care

Tips:

- Medical documentation from measurement year from treating physician of the disease.
- Patient reported readings are compliant as long as it is notated in the medical record.
- Result target: <140/90 mm Hg indicates control
- Ensure proper BP technique - feet flat on the floor, back & arm supported; arm free from clothing, unrestricted; wait 5 minutes before taking after patient sitting quietly
- If blood pressure is 140/90 or greater:
 - Repeat blood pressure at the end of the visit
 - Discuss medication adherence/changes and lifestyle improvements (bring patient back for blood pressure checks until it is under control)
- Do not use BP readings from an acute inpatient stay, emergency room visit, or taken on the same day as a diagnostic test/procedure.
- If more than 1 reading was taken, document all readings in the note and bill the best diastolic and systolic value.



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Billing Codes:

- CPT:
 - Systolic <130 – 3074F
 - Systolic 130-139 – 3075F
 - Systolic \geq 140 – 3077F
 - Diastolic <80 – 3078F
 - Diastolic 80-89 – 3079F
 - Diastolic \geq 90 – 3080F



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AT THE PENNSYLVANIA MEDICAL SOCIETY

COMPREHENSIVE DIABETES CARE (CDC) – BLOOD PRESSURE CONTROL

Patients 18 to 75 years of age

Product Line: Medicare, Medicaid, Commercial

1 of 4 Diabetes sub-measures

Exclusions:

- Patients in hospice
- Patients 66 years of age or older during measurement year with frailty and advanced illness during measurement year (these can be met via telephone visits, e-visits, and virtual check-ins)
- Dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine, Donepezil-Memantine)
- Patient with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement. Patient cannot have a diagnosis of diabetes, in any setting, during the same time period.
- Palliative care

Tips:

- Medical documentation from measurement year from treating physician of the disease.
- Patient reported readings are compliant as long as it is notated in the medical record.
- Result target: <140/90 mm Hg indicates control
- Ensure proper BP technique - feet flat on the floor, back & arm supported; arm free from clothing, unrestricted; wait 5 minutes before taking after patient sitting quietly
- If blood pressure is 140/90 or greater:
 - Repeat blood pressure at the end of the visit
 - Discuss medication adherence/changes and lifestyle improvements (bring patient back for blood pressure checks until it is under control)
- Do not use BP readings from an acute inpatient stay, emergency room visit, or taken on the same day as a diagnostic test/procedure.
- If more than 1 reading was taken, document all readings in the note and bill the best diastolic and systolic value.



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Billing Codes:

- CPT:
 - Systolic <130 – 3074F
 - Systolic 130-139 – 3075F
 - Systolic \geq 140 – 3077F
 - Diastolic <80 – 3078F
 - Diastolic 80-89 – 3079F
 - Diastolic \geq 90 – 3080F



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AT THE PENNSYLVANIA MEDICAL SOCIETY

COMPREHENSIVE DIABETES CARE (CDC) – EYE EXAM

Patients 18 to 75 years of age

Product Line: Medicare, Medicaid, Commercial

1 of 4 Diabetes sub-measures

Documentation in the medical record must include one of the following:

- A letter or eye exam prepared by ophthalmologist or optometrist indicating a dilated or retinal exam was completed, the date of service, and the result
- Evidence that the patient had bilateral eye enucleation or acquired absence of both eyes
- Negative retinal or dilated exam in the year prior to the measurement year

Exclusions:

- Patients in hospice
- Patients 66 years of age or older during measurement year with frailty and advanced illness during measurement year (these can be met via telephone visits, e-visits, and virtual check-ins).
- Dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine, Donepezil-Memantine)
- Patient with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement. Patient cannot have a diagnosis of diabetes, in any setting, during the same time period.
- Palliative care

Tips:

- Education on the importance of the screening
- A retinal or dilated exam during the prior measurement year with a negative diagnosis of retinopathy
- Result does not matter for measurement year
- Encourage patient to let their eye care provider know they have diabetes or pre-diabetes
- Obtain a signed Release of Information from patient for eye care provider
- A slit lamp does not evaluate the retina

Commonly Used Abbreviations in Ophthalmology:

- Miscellaneous
 - OD – right eye OS – left eye OU – both eyes DRE – diabetic retinal exam
- Positive Diabetic Retinopathy
 - BDR – background diabetic retinopathy
 - NPDR – non proliferative diabetic retinopathy
 - PPDR – pre-proliferative diabetic retinopathy
 - PDR – proliferative diabetic retinopathy
 - CSME – clinically significant macular edema
 - VH – vitreous hemorrhage
 - Hypertensive retinopathy
- Negative Diabetic Retinopathy
 - WNL – within normal limits
 - No DR -no retinopathy
 - No BDR – no background retinopathy
 - Macula and vessels normal



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AT THE PENNSYLVANIA MEDICAL SOCIETY

Billing Codes:

- Diabetic Retinal Screening:
 - CPT:
 - 67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67108-67109, 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
 - CPT II:
 - 2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F
 - HCPCS:
 - S0620, S0621, S3000
- Unilateral eye enucleation:
 - CPT:
 - 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
 - With the bilateral modifier CPT code 50
- Unilateral eye enucleation (left eye):
 - ICD-10:
 - 08B10ZX, 08B13ZX, 08B1XZX, 08B10ZZ, 08B13ZZ, 08B1XZZ
- Unilateral eye enucleation right eye:
 - ICD-10:
 - 08B00ZX, 08B03ZX, 08B0XZX, 08B00ZZ, 08B03ZZ, 08B0XZZ



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AT THE PENNSYLVANIA MEDICAL SOCIETY

COMPREHENSIVE DIABETES CARE (CDC) – HbA1c

Patients 18 to 75 years of age

Product Line: Medicare, Medicaid, Commercial

1 of 4 Diabetes sub-measures

Documentation in the medical record must include one of the following:

- Medical note must include a note indicating the date when the HbA1c test was performed and the result or Lab Report.
- The following notations count towards compliance:

A1c	HbA1c	HgbA1c	Hemoglobin A1c
Glycohemoglobin A1c		Glycohemoglobin	
Glycated hemoglobin		Glycosylated hemoglobin	

Exclusions:

- Patients in hospice
- Patients 66 years of age or older during measurement year with frailty and advanced illness during measurement year (these can be met via telephone visits, e-visits, and virtual check-ins).
- Dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine, Donepezil-Memantine)
- Patient with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement. Patient cannot have a diagnosis of diabetes, in any setting, during the same time period.
- Palliative care

Tips:

- Education on the importance of the screening
- If result in poorly controlled, encourage lifestyle/diet changes, medication adherence, physical activity, and if applicable, refer to a diabetic educator/nutritionist



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Billing Codes:

- HbA1c test:
 - CPT:
 - 83036, 83037
 - CPT II:
 - HbA1c Level <7.0% - 3044F
 - HbA1c Level \geq 7.0%-<8.0% - 3051F
 - HbA1c Level \geq 8.0%- \leq 9.0% - 3052F
 - HbA1c Level >9.0% - 3046F
 - LOINC:
 - 17856-6, 4548-4, 4549-2



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AT THE PENNSYLVANIA MEDICAL SOCIETY

COMPREHENSIVE DIABETES CARE (CDC) – Nephropathy

Patients 18 to 75 years of age

Product Line: **Medicare only**

1 of 4 Diabetes sub-measures

Documentation in the medical record must include one of the following (during measurement year):

- Any urine test screening for protein and/or albumin
- Documentation of a visit to a nephrologist
- Documentation of a renal transplant
- ACE inhibitor/ARB therapy
- Medical attention for any of the following (no restriction on provider type): diabetic nephropathy, ESRD, CRF, CKD, renal insufficiency, proteinuria, albuminuria, renal dysfunction, ARF, dialysis/hemodialysis/peritoneal dialysis

Exclusions:

- Patients in hospice
- Patients 66 years of age or older during measurement year with frailty and advanced illness during measurement year (**these can be met via telephone visits, e-visits, and virtual check-ins**).
- Dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine, **Donepezil-Memantine**).
- Patient with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement. Patient cannot have a diagnosis of diabetes, in any setting, during the same time period.
- **Palliative care**
- **Optional exclusion: polycystic ovarian syndrome**

Tips:

- Educate on the importance of the screening
- If result in poorly controlled, encourage lifestyle/diet changes, medication adherence, physical activity, and if applicable, refer to a diabetic educator/nutritionist

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Billing Codes:

- Urine protein test:
 - CPT:
 - 81000-81003, 81005, 82042-82044, 84156
 - CPT II:
 - 3060F, 3061F, 3062F
 - LOINC:
 - 11218-5, 12842-1, 13705-9, 13801-6, 13986-5, 13992-3, 12956-7, 12957-5, 12958-3, 14959-1, 1753-3, 1754-1, 1755-8, 1757-4, 17819-4, 18373-1, 20454-5, 20621-9, 21059-1, 21482-5, 26801-1, 27298-9, 2887-8, 2888-6, 2889-4, 2890-2, 29946-1, 30000-4, 30001-2, 30003-8, 32209-9, 32294-1, 32551-4, 34366-5, 35663-4, 40486-3, 40662-9, 40663-7, 43606-3, 43607-1, 44292-1, 47558-2, 49002-9, 49023-5, 50209-6, 50561-0, 50949-7, 51190-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3, 5804-0, 58448-2, 58992-9, 60678-0, 63474-1, 6941-9, 6942-7, 76401-9, 77253-3, 77254-1, 77940-5, 9318-7
- Nephropathy treatment:
 - ICD-10:
 - E08.21, E08.22, E08.29, E09.21, E09.22, 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-N00.9, N01.0-N01.9, N02.0-N02.9, N03.0-N03.9, N04.0-N04.9, N05.0-N05.9, N06.0-N06.9, N07.0-N07.9, N08, N14.0-N14.4, N17.0-N17.2, N17.8, N17.9, N18.1-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
 - CPT II:
 - 3066F, 4010F



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AT THE PENNSYLVANIA MEDICAL SOCIETY

COMPREHENSIVE DIABETES CARE (CDC) – HbA1c

Patients 18 to 75 years of age

Product Line: Medicare, Medicaid, Commercial

1 of 4 Diabetes sub-measures

Documentation in the medical record must include one of the following:

- Medical note must include a note indicating the date when the HbA1c test was performed and the result or Lab Report.
- The following notations count towards compliance:

A1c	HbA1c	HgbA1c	Hemoglobin A1c
Glycohemoglobin A1c		Glycohemoglobin	
Glycated hemoglobin		Glycosylated hemoglobin	

Exclusions:

- Patients in hospice
- Patients 66 years of age or older during measurement year with frailty and advanced illness during measurement year (these can be met via telephone visits, e-visits, and virtual check-ins).
- Dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine, Donepezil-Memantine)
- Patient with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement. Patient cannot have a diagnosis of diabetes, in any setting, during the same time period.
- Palliative care

Tips:

- Education on the importance of the screening
- If result in poorly controlled, encourage lifestyle/diet changes, medication adherence, physical activity, and if applicable, refer to a diabetic educator/nutritionist



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Billing Codes:

- HbA1c test:
 - CPT:
 - 83036, 83037
 - CPT II:
 - HbA1c Level <7.0% - 3044F
 - HbA1c Level \geq 7.0%-<8.0% - 3051F
 - HbA1c Level \geq 8.0%- \leq 9.0% - 3052F
 - HbA1c Level >9.0% - 3046F
 - LOINC:
 - 17856-6, 4548-4, 4549-2



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AT THE PENNSYLVANIA MEDICAL SOCIETY

OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE (OMW)

Women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the **six months after** the fracture

Product Line: Medicare

Exclusions:

- Patient age 66 or older during the measurement year who meets one of the following criteria:
 - Enrolled in an Institutional SNF any time during measurement
 - Living long-term in an institution any time during measurement year as identified by the LTI flag
- Patient age 81 and older during the measurement year with frailty (**these can be met via telephone visits, e-visits, and virtual check-ins**).
 - Patients 66-80 years of age and older during the measurement year with frailty and advanced illness, any of the following during the measurement year or the year prior to the measurement year, meet criteria:
 - At least 2 outpatient visits, observation visits, ED visits, or nonacute inpatient encounters on different dates of service, with an advanced illness diagnosis (visit type does not need to be the same for the 2 visits)
 - At least one acute inpatient encounter with an advanced illness diagnosis
 - A dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine, **Donepezil-Memantine**)
- **Palliative care**

Osteoporosis Medications:

- Biphosphonates: Alendronate, Alendronate-Cholecalciferol, Ibandronate, Risendronate, Zoledronic Acid
- Other Agents: Albandronate, Calcitonin, Denosumab, Raloxifene, Teriparatide

Tips:

- Encourage patient to have BMD
- Prescription drugs close the gap by a claim for a dispensed medication
- Fractures of finger, toe, face, and skull are not included in this measure



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Billing Codes:

- Bone Mineral Density Test:
 - CPT:
 - 76977, 77078, 77080, 77081, 77082, 77085, 77086
 - HCPCS:
 - G0130
 - ICD-10:
 - BP48ZZ1, BP49ZZ1, BP4GZZ1, BP4HZZ1, BP4LZZ1, BP4MZZ1, BP4NZZ1, BP4PZZ1, BQ00ZZ1, BQ01ZZ1, BR07ZZ1, BR04ZZ1, BR00ZZ1, BR07ZZ1, BR09ZZ1, BR0GZZ1
- Osteoporosis Medication:
 - HCPCS:
 - J0630, J0897, J1740, J3110, J3489
- Long-Acting Osteoporosis:
 - HCPCS:
 - J0897, J1740, J3487



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AT THE PENNSYLVANIA MEDICAL SOCIETY

Prenatal and Postpartum Care (PPC) - Prenatal

The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year by either the Obstetric Provider (OB/GYN or Certified Nurse Midwife) or Family Care Practitioner or other PCP-type provider (must have rendered prenatal care, not just a diagnosis of pregnancy and referral).

Product Line: Commercial, Medicaid

1 of 2 sub-measures

Documentation in the medical record must include all (visit must be in the first trimester):

- LMP or **most recent** recorded or Final EDC or EDD in conjunction with one of the following:
 - Prenatal risk assessment and counseling/education **OR**
 - Complete obstetrical history
- The date of any one of the following services AND confirmation of the provider type:
 - Physical obstetrical exam with fetal heart rate/tone **OR**
 - Pelvic exam with OB observation **OR**
 - Measurement of fundal height
- Screening test in the form of one mentioned below:
 - An obstetric panel (OB panel must include all: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing) **OR**
 - A Torch Panel alone **OR**
 - A rubella antibody test/titer with a Rh incompatibility (ABO/Rh) blood typing **OR**
 - Ultrasound (echography) of a pregnant uterus
- The above screening test(s) or services can be associated with an office visit, **telephone visits, e-visits, and virtual check-ins.**

Exclusions:

- Patients in hospice
- Pregnancy did not result in a live birth

Tips:

- For visit to a PCP, a diagnosis of pregnancy must be present and be the reason for the visit.
- A pap test alone does not meet criteria for prenatal visit but is acceptable for a postpartum visit
- HCG-pregnancy test does not count as required blood work.
- A colposcopy alone does not count for either a prenatal or a postpartum service.

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AT THE PENNSYLVANIA MEDICAL SOCIETY

Prenatal and Postpartum Care (PPC) - Postpartum

Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year.

Product Line: Medicaid, Commercial

1 of 4 sub-measures

Documentation in the medical record must include:

A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery. Any of the following meet criteria:

- A postpartum visit
- Cervical cytology
- A bundled service where the organization can identify the date when postpartum care was rendered (because bundled service codes are used on the date of delivery, not on the date of the postpartum visit, these codes may be used on if the claim form indicates when postpartum care as rendered)

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, blood pressure, breasts and abdomen
- Notation of postpartum care, including, but not limited to:
 - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check,”
 - A preprinted “postpartum care” form in which information was documented during the visit

Exclusions:

- Patients in hospice
- Pregnancy did not result in a live birth

Tips:

- A pap test alone meets criteria for postpartum
- A colposcopy alone does not meet criteria for postpartum



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Billing Codes:

- ABO:
 - CPT: 86900
 - LOINC: 57743-7, 883-9, 77397-8, 882-1, 884-7
- Cervical Cytology:
 - CPT: 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175
 - HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
 - LOINC: 10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9, 33717-0, 47527-7, 47528-5, 0923
- Cytomegalovirus Antibody:
 - CPT: 86644
 - LOINC: 13225-8, 13949-3, 15377-5, 16714-8, 16715-5, 16716-3, 22239-8, 22241-4, 22244-8, 22246-3, 22247-1, 22249-7, 24119-0, 30325-5, 32170-332791-6, 32835-1, 45326-6, 47307-449539-0, 5121-9, 5122-7, 5124-3, 5125-0, 5126-8, 5127-6, 52976-8, 52984-2, 59838-3, 78445-4, 7851-9, 7852-7, 7853-5, 9513-3
- Deliveries:
 - CPT: 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622
 - ICD 10: 10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10E0XZZ
- Herpes Simplex Antibody:
 - CPT: 86694-86696
 - LOINC: 10350-7, 13323-1, 13324-9, 13501-2, 13505-3, 14213-3, 16942-5, 16944-1, 16949-0, 16950-8, 16954-0, 16955-7, 16957-3, 16958-1, 17850-9, 17851-7, 19106-4, 21326-4, 21327-2, 22339-6, 22341-2, 22343-8, 24014-3, 25435-9, 25837-6, 25839-2, 26927-4, 27948-9, 30355-2, 31411-2, 32687-6, 32688-4, 32790-8, 32831-0, 32834-4, 32846-8, 33291-6, 34152-9, 34613-0, 36921-5, 40466-5, 40728-8, 40729-6, 41149-6, 41399-7, 42337-6, 42338-4, 43028-0, 43030-6, 43031-4, 43111-4, 43180-9, 44008-1, 44480-2, 44494-3, 44507-2, 45210-2, 47230-8, 48784-3, 49848-5, 50758-2, 51915-7, 51916-5, 5202-7, 5203-5, 5204-3, 5205-0, 5206-8, 5207-6, 5208-4, 5209-2, 5210-0, 52977-6, 52981-8, 53377-8, 53560-9, 57321-2, 73559-7, 7907-9, 7908-7, 7909-5, 7910-3, 7911-1, 7912-9, 7913-7, 9422-7
- Non-live Births:
 - ICD 10: O00.0, O00.00, O00.01, O00.1, O00.10, O00.101, O00.102, O00.109, O00.11, O00.111, O00.112, O00.119, O00.2, O00.20, O00.201, O00.202, O00.209, O00.21, O00.211, O00.212, O00.219, O00.8, O00.80, O00.81, O00.9, O00.90, O00.91, O01.0, O01.1, O01.9, O02.0, O02.1, O02.81, O02.89, O02.9, O03.0, O03.1, O03.2, O03.30, O03.31, O03.32, O03.33, O03.34, O03.35, O03.36, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.89, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5, O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O08.9, Z37.1, Z37.4, Z37.7
- Obstetric Panel:
 - CPT: 80055, 80081
- Postpartum Bundled Services:
 - CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622



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- **Postpartum Visits:**
 - **CPT:** 57170, 58300, 59430, 99501
 - **CPT II:** 0503F
 - **HCPCS:** G0101
 - **ICD 10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
- **Pregnancy Diagnosis:**
 - **ICD 10:** O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09.A2, O09.A3, O10.011, O10.012, O10.013, O10.019, O10.111, O10.112, O10.113, O10.119, O10.211, O10.212, O10.213, O10.219, O10.311, O10.312, O10.313, O10.319, O10.411, O10.412, O10.413, O10.419, O10.911, O10.912, O10.913, O10.919, O11.1, O11.2, O11.3, O11.9, O12.00, O12.01, O12.02, O12.03, O12.10, O12.11, O12.12, O12.13, O12.20, O12.21, O12.22, O12.23, O13.1, O13.2, O13.3, O13.9, O14.00, O14.02, O14.03, O14.10, O14.12, O14.13, O14.20, O14.22, O14.23, O14.90, O14.92, O14.93, O15.00, O15.02, O15.03, O15.1, O15.9, O16.1, O16.2, O16.3, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10, O22.11, O22.12, O22.13, O22.20, O22.21, O22.22, O22.23, O22.30, O22.31, O22.32, O22.33, O22.40, O22.41, O22.42, O22.43, O22.50, O22.51, O22.52, O22.53, O22.8X1, O22.8X2, O22.8X3, O22.8X9, O22.90, O22.91, O22.92, O22.93, O23.00, O23.01, O23.02, O23.03, O23.10, O23.11, O23.12, O23.13, O23.20, O23.21, O23.22, O23.23, O23.30, O23.31, O23.32, O23.33, O23.40, O23.41, O23.42, O23.43, O23.511, O23.512, O23.513, O23.519, O23.521, O23.522, O23.523, O23.529, O23.591, O23.592, O23.593, O23.599, O23.90, O23.91, O23.92, O23.93, O24.011, O24.012, O24.013, O24.019, O24.111, O24.112, O24.113, O24.119, O24.311, O24.312, O24.313, O24.319, O24.410, O24.414, O24.415, O24.419, O24.811, O24.812, O24.813, O24.819, O24.911, O24.912, O24.913, O24.919, O25.10, O25.11, O25.12, O25.13, O26.00, O26.01, O26.02, O26.03, O26.10, O26.11, O26.12, O26.13, O26.20, O26.21, O26.22, O26.23, O26.30, O26.31, O26.32, O26.33, O26.40, O26.41, O26.42, O26.43, O26.50, O26.51, O26.52, O26.53, O26.611, O26.612, O26.613, O26.619, O26.711, O26.712, O26.713, O26.719, O26.811, O26.812, O26.813, O26.819, O26.821, O26.822, O26.823, O26.829, O26.831, O26.832, O26.833, O26.839, O26.841, O26.842, O26.843, O26.849, O26.851, O26.852, O26.853, O26.859, O26.86, O26.872, O26.873, O26.879, O26.891, O26.892, O26.893, O26.899, O26.90, O26.91, O26.92, O26.93, O28.0, O28.1, O28.2, O28.3, O28.4, O28.5, O28.8, O28.9, O29.011, O29.012, O29.013, O29.019, O29.021, O29.022, O29.023, O29.029, O29.091, O29.092, O29.093, O29.099, O29.111, O29.112, O29.113, O29.119, O29.121, O29.122, O29.123, O29.129, O29.191, O29.192, O29.193, O29.199, O29.211, O29.212, O29.213, O29.219, O29.291, O29.292, O29.293, O29.299, O29.3X1, O29.3X2, O29.3X3, O29.3X9, O29.40, O29.41, O29.42, O29.43, O29.5X1, O29.5X2, O29.5X3, O29.5X9, O29.60, O29.61, O29.62, O29.63, O29.8X1, O29.8X2, O29.8X3, O29.8X9, O29.90, O29.91, O29.92, O29.93, O30.001, O30.002, O30.003, O30.009, O30.011, O30.012, O30.013, O30.019, O30.021, O30.022, O30.023, O30.029, O30.031, O30.032, O30.033, O30.039, O30.041, O30.042, O30.043, O30.049, O30.091, O30.092, O30.093, O30.099, O30.101, O30.102, O30.103, O30.109, O30.111, O30.112, O30.113, O30.119, O30.121, O30.122, O30.123, O30.129, O30.131, O30.132, O30.133, O30.139, O30.191, O30.192, O30.193, O30.199, O30.201, O30.202, O30.203, O30.209, O30.211, O30.212, O30.213, O30.219, O30.221, O30.222, O30.223, O30.229, O30.231, O30.232, O30.233, O30.239, O30.291, O30.292, O30.293, O30.299,



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O30.801, O30.802, O30.803, O30.809, O30.811, O30.812, O30.813, O30.819, O30.821, O30.822, O30.823, O30.829, O30.831, O30.832, O30.833, O30.839, O30.891, O30.892, O30.893, O30.899, O30.90, O30.91, O30.92, O30.93, O31.00X0, O31.00X1, O31.00X2, O31.00X3, O31.00X4, O31.00X5, O31.00X9, O31.01X0, O31.01X1, O31.01X2, O31.01X3, O31.01X4, O31.01X5, O31.01X9, O31.02X0, O31.02X1, O31.02X2, O31.02X3, O31.02X4, O31.02X5, O31.02X9, O31.03X0, O31.03X1, O31.03X2, O31.03X3, O31.03X4, O31.03X5, O31.03X9, O31.10X0, O31.10X1, O31.10X2, O31.10X3, O31.10X4, O31.10X5, O31.10X9, O31.11X0, O31.11X1, O31.11X2, O31.11X3, O31.11X4, O31.11X5, O31.11X9, O31.12X0, O31.12X1, O31.12X2, O31.12X3, O31.12X4, O31.12X5, O31.12X9, O31.13X0, O31.13X1, O31.13X2, O31.13X3, O31.13X4, O31.13X5, O31.13X9, O31.20X0, O31.20X1, O31.20X2, O31.20X3, O31.20X4, O31.20X5, O31.20X9, O31.21X0, O31.21X1, O31.21X2, O31.21X3, O31.21X4, O31.21X5, O31.21X9, O31.22X0, O31.22X1, O31.22X2, O31.22X3, O31.22X4, O31.22X5, O31.22X9, O31.23X0, O31.23X1, O31.23X2, O31.23X3, O31.23X4, O31.23X5, O31.23X9, O31.30X0, O31.30X1, O31.30X2, O31.30X3, O31.30X4, O31.30X5, O31.30X9, O31.31X0, O31.31X1, O31.31X2, O31.31X3, O31.31X4, O31.31X5, O31.31X9, O31.32X0, O31.32X1, O31.32X2, O31.32X3, O31.32X4, O31.32X5, O31.32X9, O31.33X0, O31.33X1, O31.33X2, O31.33X3, O31.33X4, O31.33X5, O31.33X9, O31.8X10, O31.8X11, O31.8X12, O31.8X13, O31.8X14, O31.8X15, O31.8X19, O31.8X20, O31.8X21, O31.8X22, O31.8X23, O31.8X24, O31.8X25, O31.8X29, O31.8X30, O31.8X31, O31.8X32, O31.8X33, O31.8X34, O31.8X35, O31.8X39, O31.8X90, O31.8X91, O31.8X92, O31.8X93, O31.8X94, O31.8X95, O31.8X99, O32.0XX0, O32.0XX1, O32.0XX2, O32.0XX3, O32.0XX4, O32.0XX5, O32.0XX9, O32.1XX0, O32.1XX1, O32.1XX2, O32.1XX3, O32.1XX4, O32.1XX5, O32.1XX9, O32.2XX0, O32.2XX1, O32.2XX2, O32.2XX3, O32.2XX4, O32.2XX5, O32.2XX9, O32.3XX0, O32.3XX1, O32.3XX2, O32.3XX3, O32.3XX4, O32.3XX5, O32.3XX9, O32.4XX0, O32.4XX1, O32.4XX2, O32.4XX3, O32.4XX4, O32.4XX5, O32.4XX9, O32.6XX0, O32.6XX1, O32.6XX2, O32.6XX3, O32.6XX4, O32.6XX5, O32.6XX9, O32.8XX0, O32.8XX1, O32.8XX2, O32.8XX3, O32.8XX4, O32.8XX5, O32.8XX9, O32.9XX0, O32.9XX1, O32.9XX2, O32.9XX3, O32.9XX4, O32.9XX5, O32.9XX9, O33.0, O33.1, O33.2, O33.3XX0, O33.3XX1, O33.3XX2, O33.3XX3, O33.3XX4, O33.3XX5, O33.3XX9, O33.4XX0, O33.4XX1, O33.4XX2, O33.4XX3, O33.4XX4, O33.4XX5, O33.4XX9, O33.5XX0, O33.5XX1, O33.5XX2, O33.5XX3, O33.5XX4, O33.5XX5, O33.5XX9, O33.6XX0, O33.6XX1, O33.6XX2, O33.6XX3, O33.6XX4, O33.6XX5, O33.6XX9, O33.7, O33.7XX0, O33.7XX1, O33.7XX2, O33.7XX3, O33.7XX4, O33.7XX5, O33.7XX9, O33.8, O33.9, O34.00, O34.01, O34.02, O34.03, O34.10, O34.11, O34.12, O34.13, O34.21, O34.211, O34.212, O34.219, O34.29, O34.30, O34.31, O34.32, O34.33, O34.40, O34.41, O34.42, O34.43, O34.511, O34.512, O34.513, O34.519, O34.521, O34.522, O34.523, O34.529, O34.531, O34.532, O34.533, O34.539, O34.591, O34.592, O34.593, O34.599, O34.60, O34.61, O34.62, O34.63, O34.70, O34.71, O34.72, O34.73, O34.80, O34.81, O34.82, O34.83, O34.90, O34.91, O34.92, O34.93, O35.0XX0, O35.0XX1, O35.0XX2, O35.0XX3, O35.0XX4, O35.0XX5, O35.0XX9, O35.1XX0, O35.1XX1, O35.1XX2, O35.1XX3, O35.1XX4, O35.1XX5, O35.1XX9, O35.2XX0, O35.2XX1, O35.2XX2, O35.2XX3, O35.2XX4, O35.2XX5, O35.2XX9, O35.3XX0, O35.3XX1, O35.3XX2, O35.3XX3, O35.3XX4, O35.3XX5, O35.3XX9, O35.4XX0, O35.4XX1, O35.4XX2, O35.4XX3, O35.4XX4, O35.4XX5, O35.4XX9, O35.5XX0, O35.5XX1, O35.5XX2, O35.5XX3, O35.5XX4, O35.5XX5, O35.5XX9, O35.6XX0, O35.6XX1, O35.6XX2, O35.6XX3, O35.6XX4, O35.6XX5, O35.6XX9, O35.7XX0, O35.7XX1, O35.7XX2, O35.7XX3, O35.7XX4, O35.7XX5, O35.7XX9, O35.8XX0, O35.8XX1, O35.8XX2, O35.8XX3, O35.8XX4, O35.8XX5, O35.8XX9, O35.9XX0, O35.9XX1, O35.9XX2, O35.9XX3, O35.9XX4, O35.9XX5, O35.9XX9, O36.0110, O36.0111, O36.0112, O36.0113, O36.0114, O36.0115, O36.0119, O36.0120, O36.0121, O36.0122, O36.0123, O36.0124, O36.0125, O36.0129, O36.0130, O36.0131, O36.0132, O36.0133, O36.0134, O36.0135, O36.0139, O36.0190, O36.0191, O36.0192, O36.0193, O36.0194, O36.0195, O36.0199, O36.0910, O36.0911, O36.0912, O36.0913, O36.0914,



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O99.353, O99.411, O99.412, O99.413, O99.419, O99.511, O99.512, O99.513, O99.519, O99.611, O99.612, O99.613, O99.619, O99.711, O99.712, O99.713, O99.719, O99.810, O99.820, O99.830, O99.840, O99.841, O99.842, O99.843, O9A.111, O9A.112, O9A.113, O9A.119, O9A.211, O9A.212, O9A.213, O9A.219, O9A.311, O9A.312, O9A.313, O9A.319, O9A.411, O9A.412, O9A.413, O9A.419, O9A.511, O9A.512, O9A.513, O9A.519, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, Z36, Z36.0, Z36.1, Z36.2, Z36.3, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.89, Z36.8A, Z36.9

- **Prenatal Bundled Services:**
 - CPT: 59400, 59425, 59426, 59510, 59610, 59618
 - HCPCS: H1005
- **Prenatal Ultrasound:**
 - CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825, 76828
 - ICD 10: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ
 - ICD 9: 88.78
- **Prenatal Visits:**
 - CPT: 99201-99205, 99211-99215, 99241-99245, 99483, 99500
 - HCPCS: G0463, T1015, H1000-H1004
 - UBREV: 0514
 - CPT II: 0500F, 0501F, 0502F
- **Rh:**
 - CPT: 86901
 - LOINC: 10331-7, 1305-2, 34961-3, 88027-8, 972-0, 978-7
- **Rubella Antibody:**
 - CPT: 86762
 - LOINC: 13279-5, 13280-3, 17550-5, 22496-4, 22497-2, 24116-6, 25298-1, 25420-1, 25514-1, 31616-6, 34421-8, 40667-8, 41763-4, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7, 5330-6, 5331-4, 5332-2, 5333-0, 5334-8, 5335-5, 63462-6, 8013-5, 8014-3, 8015-0, 89040-0
- **Toxoplasma Antibody:**
 - CPT: 86777, 86778
 - LOINC: 11598-0, 12261-4, 12262-2, 13286-0, 17717-0, 21570-7, 22577-1, 22580-5, 22582-1, 22584-7, 23485-6, 23486-4, 23784-2, 24242-0, 25300-5, 25542-2, 33336-9, 34422-6, 35281-5, 35282-3, 40677-7, 40678-5, 40697-5, 40785-8, 40786-6, 42949-8, 47389-2, 47390-0, 5387-6, 5388-4, 5389-2, 5390-0, 5391-8, 56990-5, 56991-3, 8039-0, 8040-8, 83123-0, 87361-2



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STATIN THERAPY FOR PATIENTS WITH CARDIOVASCULAR DISEASE (SPC)

Males 21-75 years old and females 40-75 years old during the measurement year who were identified as having a clinical atherosclerotic cardiovascular disease (ASCVD) who meet the 2 subsets

Product Line: Medicare, Medicaid, Commercial

Subsets:

- Received Statin Therapy:
 - Patient was dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year
- Statin Adherence 80%:
 - Patients who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period

Exclusions:

- Patients 66 years of age or older who were enrolled in an Institutional SNF any time during the measurement year
- Patients age 66 and older living long-term in an institution any time during the measurement year
- Patients 66 years of age and older with frailty and advanced illness during the measurement year, must meet the following **criteria (these can be met via telephone visits, e-visits, and virtual check-ins)**:
 - At least 2 outpatient visits, observation visits, ED visits, or nonacute inpatient encounters on different service dates with an advanced illness diagnosis (visit type need no be the same for the 2 visits)
 - At least 1 acute inpatient encounter with an advanced illness diagnosis
 - Dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine, **Donepezil-Memantine**)
- Patients in hospice during measurement year
- **Palliative care**



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Statin Medications:

High-Intensity Statin	Atorvastatin 40-80 mg	Rosuvastatin 20-40 mg
	Amlodipine-Atorvastatin 40-80 mg	Simvastatin 80 mg
	Ezetimibe-Atorvastatin 40-80 mg	Ezetimibe-Simvastatin 80 mg
Moderate-Intensity Statin	Atorvastatin 10-20 mg	Sitagliptin-Simvastatin 20-40 mg
	Amlodipine-Atorvastatin 10-20 mg	Pravastatin 40-80 mg
	Ezetimibe-Atorvastatin 10-20 mg	Lovastatin 40 mg
	Rosuvastatin 5-10 mg	Niacin-Lovastatin 40 mg
	Simvastatin 20-40 mg	Fluvastatin XL 40 mg bid
	Ezetimibe-simvastatin 20-40 mg	Fluvastatin 40 mg bid
	Niacin-Simvastatin 20-40 mg	Pitavastatin 2-4 mg



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OSTEOPOROSIS SCREENING IN OLDER WOMEN(OSW)

Women 65-75 years of age who received osteoporosis screening.

Line of Business: Medicare Only

Exclusions:

- Patient age 66 or older during the measurement year who meets on of the following criteria:
 - Enrolled in an Institutional SNF any time during measurement
 - Living long-term in an institution any time during measurement year as identified by the LTI flag
- Patient age 66 and older during the measurement year with frailty **and** advanced illness.
 - Patients 66 years of age and older during the measurement year with frailty and Must meet criteria for both frailty and advanced illness:
 - At least 2 outpatient visits, observation visits, ED visits, or nonacute inpatient encounters on different dates of service, with an advanced illness diagnosis (visit type does not need to be the same for the 2 visits)
 - At least one acute inpatient encounter with an advanced illness diagnosis
 - A dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine, Donepezil-Memantine)
- Patient in is hospice during the measurement year
- Patients who had an encounter for osteoporosis therapy (injections administered anytime in patient's history through December 31st of prior measurement year).
- Patients who had a dispensed prescription to treat osteoporosis anytime on or between January 1 three years prior to the measurement year through December 31 of year prior to measurement year
- Patient receiving palliative care during the measurement year.



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Osteoporosis Medications:

- Biphosphonates: Alendronate, Alendronate-Cholecalciferol, Ibandronate, Risendronate, Zoledronic Acid
- Other Agents: Albandronate, Calcitonin, Denosumab, Raloxifene, Teriparatide

Long-Acting Osteoporosis Medications:

- Denosumab, 1 mg injection
- Ibandronate Sodium, 1 mg injection
- Zoledronic Acid, 1 mg injections

Osteoporosis Medication Therapy:

- Denosumab, 1 mg injection
- Ibandronate Sodium, 1 mg injection
- Teriparatide, 10mcg injection injection
- Romosozumab-AQQG, 1 mg injection
- Zoledronic Acid, 1 mg injection

Tips:

- Encourage patient to have BMD



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KIDNEY HEALTH EVALUATION FOR PATIENTS WITH DIABETES (KED)

Patients 18 to 75 years of age with Diabetes Type 1 and 2 who received a kidney health evaluation, defined by an estimated glomerular filtration (eGFR) and a urine albumin-creatinine ration (uACR) during the measurement year.

Product Line: Medicare, Medicaid, Commercial

Patients must have BOTH of the following:

- 1 eGFR
- 1 uACR identified by both a quantitative urine albumin test **and** a urine creatinine test **with** service dates 4 or less days apart

Exclusions:

- Patients in hospice
- Patients 66 years of age or older during measurement year with frailty and advanced illness during measurement year
- Dispensed dementia medication (Donepezil, Galantamine, Rivastigmine, Memantine, Donepezil-Memantine)
- Patient with a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement. Patient cannot have a diagnosis of diabetes, in any setting, during the same time period.
- Palliative care during the measurement year
- Patients with evidence of ESRD any time during the patient's history on or prior to December 31 of the measurement year

Tips:

- Educate on the importance of the screenings
- If result in poorly controlled, encourage lifestyle/diet changes, medication adherence, physical activity, and if applicable, refer to a diabetic educator/nutritionist



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Billing Codes:

- Estimated Glomerular Filtration Rate Lab Test:
 - CPT:
 - 80047, 80048, 80050, 80053, 80069, 82565
 - LOINC:
 - 48642-3, 48643-1, 50044-7, 50210-4, 62238-1, 70969-1

- Quantitative Urine Albumin Lab Test:
 - CPT:
 - 82043

- Urine Creatinine Lab Test:
 - CPT:
 - 82570