



**Evidence Based Care Tracking Initiative
Measure Specifications for
PGIP 2013 Program Year**



Source: BCBSM PGIP Program
Program Year: 2013

This page provides a summary of EBCT used for *measuring performance* for the 2013 Program Year.

		<i>Guideline and/or Criteria Source</i>
<u>Preventive Screening</u>		
CIS	<u>Childhood Immunization Status (Combo 3)</u>	HEDIS
BC-BCS	<u>Breast Cancer Screening</u>	HEDIS (modified for USPSTF)
COL	<u>Colorectal Cancer Screening</u>	HEDIS
CHL	<u>Chlamydia Screening</u>	HEDIS
PPC	<u>Prenatal and Postpartum Care</u>	HEDIS
<u>Respiratory Conditions</u>		
CWP	<u>Appropriate Testing for Children with Pharyngitis</u>	HEDIS
URI	<u>Appropriate Treatment for Children with an Upper Respiratory Infection</u>	HEDIS
AAB	<u>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</u>	HEDIS
SPR	<u>Use of Spirometry Testing in the Assessment and Diagnosis of COPD</u>	HEDIS
ASM	<u>Use of Appropriate Medications for People with Asthma (Total Rate)</u>	HEDIS
<u>Comprehensive Diabetes Care</u>		
CDC	<u>HbA1c Testing</u>	HEDIS
CDC	<u>Retinal Eye Exam</u>	HEDIS
CDC	<u>LDL-C Screening Test</u>	HEDIS
CDC	<u>Monitor for Nephropathy</u>	HEDIS
CDC	<u>HbA1c Poor Control >9%</u>	HEDIS
<u>Musculoskeletal Conditions</u>		
LBP	<u>Use of Imaging Studies for Low Back Pain (Inverted Rate)</u>	HEDIS
<u>Behavioral Health</u>		
AMM	<u>Antidepressant: Effective Acute Phase Treatment</u>	HEDIS
AMM	<u>Antidepressant: Effective Continuation Phase Treatment</u>	HEDIS
ADD	<u>ADHD: Initiation Phase (6-12 years)</u>	HEDIS
ADD	<u>ADHD: Continuation and Maintenance (C&M) Phase (6-12 years)</u>	HEDIS
<u>Cardiovascular Conditions</u>		
CMC	<u>Cholesterol Management for Patients With Cardiovascular Conditions</u>	HEDIS
PBH	<u>Persistence of Beta-Blocker Treatment After a Heart Attack</u>	HEDIS

Most recent NDC Drug List can be found here: <http://www.ncqa.org/>



**Evidence Based Care Tracking Initiative
Measure Specifications for
PGIP 2013 Program Year**



Source: BCBSM PGIP Program
Program Year: 2013

This page provides a summary of **reporting measures** for the 2013 Program Year. These measures will not be used to determine performance on EBCT initiative

		<i>Guideline and/or Criteria Source</i>
<u>Preventive Screening</u>		
CCS	<u>Cervical Cancer Screening</u>	HEDIS
AWC	<u>Adolescent Well Care Visits</u>	HEDIS
IMA	<u>Adolescent Immunizations</u>	HEDIS
W15	<u>Well Child Visits in the First 15 Months of Life</u>	HEDIS
W34	<u>Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life</u>	HEDIS
CBP	<u>Controlling High Blood Pressure</u>	HEDIS
<u>Diabetes measures</u>		
DMLD	<u>Lipid Lowering Drug Rate</u>	BCBSM
DMST	<u>Statin Use</u>	BCBSM
DMCHF	<u>ACE/ARB Use with Comorbid CHF</u>	BCBSM
DMNEP	<u>ACE/ARB Use with Comorbid Nephropathy</u>	BCBSM
DMHTN	<u>ACE/ARB Use with Comorbid Hypertension</u>	BCBSM
<u>Coronary Artery Disease Measures</u>		
MIILD	<u>Lipid Lowering Drug Rate</u>	BCBSM
MIST	<u>Statin Use</u>	BCBSM
MIAF	<u>Atrial Fibrillation/Atrial Flutter: Chronic Anticoagulation Therapy</u>	ACC/AHA
MIINR	<u>INR Monthly Testing for Patients with Atrial Fibrillation on Warfarin</u>	ACC/AHA
MICR	<u>Participation in Cardiac Rehabilitation Following a Qualifying Cardiac Event</u>	ACC/AHA
<u>Congestive Heart Failure Measure</u>		
MICHL	<u>LDL-C Screening</u>	
MICHFR	<u>Rate of ACE/ARB</u>	BCBSM
MICHFP	<u>ACE/ARB Continuation and Persistence</u>	BCBSM
<u>Medication Management</u>		
MPM	<u>Medication Management: Annual Monitoring for Patients on Persistent Medications</u>	HEDIS
ART	<u>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</u>	HEDIS
<u>Behavioral Health</u>		
ADD	<u>ADHD: Initiation Phase (13-17 years)</u>	HEDIS
ADD	<u>ADHD: Continuation and Maintenance (C&M) Phase (13-17 years)</u>	HEDIS
FUH	<u>Follow Up After Hospitalization for Mental Illness</u>	HEDIS

Most recent NDC Drug List can be found here: <http://www.ncqa.org/>

Evidence Based Care Tracking Initiative Measure Specifications

(CIS) Childhood Immunization Status - (Combination 3 Vaccinations for Childhood Immunization Status) The percentage of children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV).

Source: HEDIS

- ♦ Eligible Population: Members who turn 2 years of age during the measurement year
- ♦ Continuous Enrollment: Twelve months prior to the child's second birthday.
- ♦ Exclusions: Members with allergic reactions or who are immunocompromised.

HEDIS® 2013 Measurement Codes:

Description	CPT	HCPCS	ICD-9-CM Diagnosis*	ICD-9-CM Procedure
DTaP	90698, 90700, 90721, 90723			99.39
Polio (IPV)	90698, 90713, 90723			99.41
MMR	90707, 90710			99.48
Measles and Rubella	90708			
Measles	90705		55	99.45
Mumps	90704		72	99.46
Rubella	90706		56	99.47
HiB	90645-90648, 90698, 90721, 90748			
Hepatitis B**	90723, 90740, 90744, 90747, 90748	G0010	070.2, 070.3, V02.61	
Chicken Pox (VZV)	90710, 90716		052, 053	
Pneumococcal conjugate	90669, 90670	G0009		
Hepatitis A	90633		070.0, 070.1	
Rotovirus (2 doses)	90681			
Rotovirus (3 doses)	90680			
Influenza	90655, 90657, 90661, 90662	G0008		99.52

* ICD-9-CM Diagnosis codes indicate evidence of disease

** The two dose hepatitis B antigen Recombivax is recommended for children between 11 and 14 years of age only and is not included in this table.

Evidence Based Care Tracking Initiative Measure Specifications

(BC-BCS) Breast Cancer Screening - The percentage of women 50-69 years of age who had a mammogram to screen for breast cancer.

Source: HEDIS modified*

- Females between 52 and 69 years of age as of December 31 of the measurement year
- Continuous enrollment: The measurement year and the year prior to the measurement year.
- Exclusions: Women who have had a bilateral mastectomy or 2 unilateral mastectomies

HEDIS® 2013 Measurement Codes:

Codes to Identify Breast Cancer Screening (Mammogram)

CPT	ICD-9-CM Procedure or V Codes	HCPCS	UB2-92
77055-77057	87.36, 87.37	G0202, G0204, G0206	0401, 0403

Codes to Identify Breast Cancer Screening EXCLUSIONS (Mastectomy)

	CPT	ICD-9-CM Procedure
<u>Bilateral Mastectomy:</u>	19180, 19200, 19220, 19240, 19303-19307 with procedure code modifier of 50, 09950	85.42, 85.44, 85.46, 85.48
<u>Unilateral mastectomy</u> codes (need 2 separate occurrences on 2 different dates of service)	19180, 19200, 19220, 19240, 19303-1307	85.41, 85.43, 85.45, 85.47
Right side modifier	RT	
Left side modifier	LT	

**Although the HEDIS measure uses age 40 as the lower age limit, BCBSM currently allows the lower age limit of 50 based on the US Preventive Services Task Force recommendation. All other criteria are HEDIS-based and users should refer to the HEDIS 2013 specifications for measure details. BCBSM reserves the right to modify this measure in the future.*

Evidence Based Care Tracking Initiative Measure Specifications

(COL) Colorectal Cancer Screening - The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer

Source: HEDIS

- Members between 51 and 75 years of age as of December 31 of the measurement year.
- Continuous Enrollment: The measurement year and the year prior to the measurement year.
- Exclusions: Members who have had a malignant neoplasm of the colon or who have had a total colectomy.

HEDIS® 2013 Measurement Codes:

Codes to Identify Colorectal Cancer Screening Tests

Description	CPT	ICD-9-CM Procedure	HCPCS
FOBT (Fecal Occult Blood Test)	8,227,082,274		G0328
Flexible Sigmoidoscopy	45330-45335, 45337-45342, 45345	ICD-9-CM 45.24	G0104
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45391 ,45392,	ICD-9-CM 45.22, 45.23, 45.25,	G0105, G0121

Codes to Identify Colorectal Cancer Screening EXCLUSIONS:

Description	CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure
Colorectal Cancer		G0213-G0215, G0231	153, 154.0, 154.1, 197.5, V10.05	
Total Colectomy	44150-44153, 44155-44158,			45.8

Evidence Based Care Tracking Initiative Measure Specifications

(CHL) Chlamydia Screening in Women - The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year

- Female members aged 16 - 24 years who were identified as sexually active as of December 31 of the measurement year
- Continuous Enrollment: The measurement year
- Exclusions: Members who had a pregnancy test during the measurement year, followed by seven days (inclusive) by **either** a prescription for isotretinoin (Accutane) **or** an x-ray.

HEDIS® 2013 Measurement Codes:

Codes to Identify Chlamydia Screening

CPT
87110, 87270, 87320, 87490, 87491, 87492, 87810

Identification of Sexually Active Women:

Two methods identify sexually active women: pharmacy data and claims/encounter data. A member only needs to be identified by one method to be eligible for the measure.

Pharmacy Data: Members who were dispensed prescription contraceptives during the measurement year.

Prescriptions to Identify Contraceptives

Description	Prescription
Contraceptives	<ul style="list-style-type: none"> • desogestrel-ethinyl estradiol • drospirenone-ethinyl estradiol • estradiol-medroxyprogesterone • ethinyl estradiol-ethynodiol • ethinyl estradiol-etonogestrel • ethinyl estradiol-levonorgestrel • ethinyl estradiol-norelgestromin • ethinyl estradiol-norethindrone • ethinyl estradiol-norgestimate • ethinyl estradiol-norgestrel • etonogestrel • levonorgestrel • medroxyprogesterone • mestranol-norethindrone
Diaphragm	diaphragm
Spermicide	nonxynol 9

Claim/Encounter data. Members who had at least one encounter during the measurement year with any code listed below.

Codes to Identify Sexually Active Women

Description	CPT
CPT	11975-11977, 57022, 57170, 58300, 58301, 58600, 58605, 58611, 58615, 58970, 58974, 58976, 59000, 59001, 59012, 59015, 59020, 59025, 59030, 59050, 59051, 59070, 59072, 59074, 59076, 59100, 59120, 59121, 59130, 59135, 59136, 59140, 59150, 59151, 59160, 59200, 59300, 59320, 59325, 59350, 59400, 59409, 59410, 59412, 59414, 59425, 59426, 59430, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, 59622, 59812, 59820, 59821, 59830, 59840, 59841, 59850-59852, 59855-59857, 59866, 59870, 59871, 59897, 59898, 59899, 76801, 76805, 76811, 76813, 76815-76821, 76825-76828, 76941, 76945-76946, 80055, 81025, 82105, 82106, 82143, 82731, 83632, 83661-83664, 84163, 84702-84704, 86592-86593, 86631-86632, 87110, 87164, 87166, 87270, 87320, 87490-87492, 87590-87592, 87620-87622, 87660, 87808, 87810, 87850, 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174-88175, 88235, 88267, 88269
HCPCS	G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, G0450, H1000, H1001, H1003-H1005, P3000, P3001, Q0091, S0199, S4981, S8055
ICD-9-CM Diagnosis	042, 054.10, 054.11, 054.12, 054.19, 078.11, 078.88, 079.4, 079.51-079.53, 079.88, 079.98, 091-097, 098.0, 098.10, 098.11, 098.15-098.19, 098.2, 098.30, 098.31, 098.35-098.8, 099, 131,302.76,339.82,602.76, 625.0, 614-615, 622.3, 623.4, 626.7, 628, 630-679, 795.0, 795.1, 796.7, 996.32, V01.6, V02.7, V02.8, V08, V15.7, V22-V25, v26.0-v26.4, V26.51, V26.8, V26.9, V27, V28, V45.5, V61.5-V61.7, V69.2, V72.3, V72.4, V73.81, V73.88, V73.98, V74.5, V76.2
ICD-9-CM Procedure	69.01, 69.02, 69.51, 69.52, 69.7, 72-75, 88.78, 97.24, 97.71, 97.73
UB Revenue	0112, 0122, 0132, 0142, 0152, 0720-0722, 0724, 0729, 0923, 0925

Evidence Based Care Tracking Initiative Measure Specifications

(PPC) Prenatal and Postpartum Care - The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- **Timeliness of Prenatal Care.** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.
- **Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

Source: HEDIS

Denominator: The eligible population

Eligible population: Delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. Include women who delivered in a birthing center. Complex methods are required to identify the eligible population. Please refer to the 2013 HEDIS specifications for additional details. (*Multiple births*. Women who had two separate deliveries (different dates of service) between November 6 of the year prior to the measurement year and November 5 of the measurement year should be counted twice. Women who had multiple live births during one pregnancy should be counted once in the measure)

Timeliness of Prenatal Care: The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization

Postpartum Care: The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery

Codes to Identify Live Births

Description	ICD-9-CM Diagnosis
Identify live births	650, V27.0, V27.2, V27.3, V27.5, V27.6, V30-V37*, V39*

Codes to Identify Deliveries and Verify Live Births

Description	CPT	ICD-9-CM Diagnosis	ICD-9-CM Procedure
Step A: Identify deliveries	59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622	640.x1, 641.x1, 642.x1, 642.x2, 643.x1, 644.21, 645.x1, 646.x1, 646.x2, 647.x1, 647.x2, 648.x1, 648.x2, 649.x1, 649.x2, 651.x1, 652.x1, 653.x1, 654.x1, 654.x2, 655.x1, 656.01, 656.11, 656.21, 656.31, 656.51, 656.61, 656.71, 656.81, 656.91, 657.01, 658.x1, 659.x1, 660.x1, 661.x1, 662.x1, 663.x1, 664.x1, 665.x1, 665.x2, 666.x2, 667.x2, 668.x1, 668.x2, 669.x1, 669.x2, 670.02, 671.x1, 671.x2, 672.02, 673.x1, 673.x2, 674.x1, 674.x2, 675.x1, 675.x2, 676.x1, 676.x2, 678.x1, 679.x1, 679.x2	72.0-73.99, 74.0-74.2, 74.4, 74.99
Step B: Exclude deliveries not resulting in a live birth		630-637, 639, 656.4, 768.0, 768.1, V27.1, V27.4, V27.7	

Codes to Identify Postpartum Visits

CPT	CPT Category II	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue
57170, 58300, 59400*, 59410*, 59430, 59510*, 59515*, 59610*, 59614*, 59618*, 59622*, 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175, 99501	0503F	G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	V24.1, V24.2, V25.1, V72.3, V76.2	89.26, 91.46	923

Evidence Based Care Tracking Initiative Measure Specifications

(CWP) Appropriate Testing for Children with Pharyngitis The percentage of children 2–18 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 indicating which members received appropriate testing.

Source: HEDIS

- Children 2 years as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year. Members with an Outpatient or ED visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care during the Intake Period. . A group A streptococcus test administered in the seven-day period from three days prior to the Index Episode Start Date (IESD) through three days after the IESD.
- Continuous Enrollment: 30 days prior to the Episode Date through 3 days after the Episode Date (inclusive).
- Exclusions: Exclude claims/encounters with more than one diagnosis. 30 day negative medication history prior to episode date

Codes to Identify Pharyngitis

Description	ICD-9-CM Diagnosis
Acute pharyngitis	462
Acute tonsillitis	463
Streptococcal sore throat	34

Codes to Identify Visit Type

Description	CPT	UB Revenue
Outpatient	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99382-99385, 99392-99395, 99401-99404, 99411, 99412, 99420, 99429	051x, 0520-0523, 0526-0529, 0982, 0983
ED (Exclude visits that lead to inpatient admission)	99281-99285	045x, 0981

Codes to Identify Group A Streptococcus Tests

CPT
87070, 87071, 87081, 87430, 87650-87652, 87880

Negative Medication History: To qualify for Negative Medication History, the following criteria must be met.

* A period of 30 days prior to the Episode Date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.

* No prescriptions filled more than 30 days prior to the Episode Date that are active on the Episode Date.

A prescription is considered **active** if the "days supply" indicated on the date when the member filled the prescription is the number of days or more between the date and the relevant service date. The 30-day look-back period for pharmacy data includes the 30 days prior to the Intake Period.

Evidence Based Care Tracking Initiative Measure Specifications

(URI) Antibiotics: Appropriate Treatment for Children with Upper Respiratory Infection - The percentage of children 3 months-18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription (Note: for this measure, the rate is inverted; therefore, a higher rate is better)

Source: HEDIS

- Children 3 months as of the first day of the seventh month of the year prior to the measurement period to 18 years as of the last day of the sixth month of the measurement period. Outpatient or ED visit with only a diagnosis of URI during the Intake Period
- Continuous Enrollment: 30 days prior to the Episode Date through 3 days after the Episode Date (inclusive)

Codes to Identify URI

Description	ICD-9-CM Diagnosis
Acute nasopharyngitis (common cold)	460
URI	465

Codes to Identify Visit Type

Description	CPT	UB Revenue
Outpatient	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99382-99385, 99392-99395, 99401-99404, 99411, 99412, 99420, 99429	051x, 0520-0523, 0526-0529, 0982, 0983
ED (Exclude visits that lead to	99281-99285	045x, 0981

Negative Medication History: To qualify for Negative Medication History, the following criteria must be met.

* A period of 30 days prior to the Episode Date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.

* No prescriptions filled more than 30 days prior to the Episode Date that are active on the Episode Date.

* A prescription is considered **active** if the "days supply" indicated on the date when the member filled the prescription is the number of days or more between the date and the relevant service date. The 30-day look-back period fo pharmacy data includes the 30 days prior to the Intake Period.

Evidence Based Care Tracking Initiative Measure Specifications

(AAB) Antibiotics: Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis - The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription (Note: for this measure, the rate is inverted; therefore, a higher rate is better)

Source: HEDIS

- Adults 18 years as of January 1 of the year prior to the measurement year to 64 years as of December 31 of the measurement year. Outpatient or ED visit with any diagnosis of acute bronchitis during the Intake Period.
- Continuous Enrollment: One year prior to the Episode Date through seven days after the Episode Date (inclusive).

Codes to Identify Acute Bronchitis

Description	ICD-9-CM Diagnosis
Acute bronchitis	466.0

Codes to Identify Visit Type

Description	CPT	UB Revenue
Outpatient	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99382-99385, 99392-99395, 99401-99404, 99411, 99412, 99420, 99429	051x, 0520-0523, 0526-0529, 0982, 0983
ED (Exclude visits that lead to inpatient admission)	99281-99285	045x, 0981

Negative Medication History: To qualify for Negative Medication History, the following criteria must be met.

* A period of 30 days prior to the Episode Date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.

* No prescriptions filled more than 30 days prior to the Episode Date that are active on the Episode Date.

A prescription is considered **active** if the "days supply" indicated on the date when the member filled the prescription is the number of days or more between the date and the relevant service date. The 30-day look-back period for pharmacy data includes the 30 days prior to the Intake Period.

Evidence Based Care Tracking Initiative Measure Specifications

(SPR) Use of Spirometry Testing in the Assessment and Diagnosis of COPD - The percentage of members 40 years of age and older with a new diagnosis of COPD or a newly active COPD, who received appropriate spirometry testing to confirm the diagnosis

- Intake Period: a 12 month window that begins January 1 of the measurement year and ends on December 31 of the measurement year. The intake period captures the first COPD diagnosis.
- Index episode start date (IESD): The earliest date of service for an eligible visit during the intake period with any diagnosis of COPD.
- Negative diagnosis history: A period of 730 days (2 years) prior to the IESD (inclusive), when the member had no claims/encounters containing any diagnosis of COPD
- Continuous enrollment: 730 days (2 years) prior to the IESD through 180 days after the IESD.

HEDIS® 2013 Measurement Codes:

Codes to Identify COPD

	ICD-9-CM Diagnosis
COPD	493.2, 496
Chronic Bronchitis	491
Emphysema	492

Codes to Identify Spirometry Testing

	ICD-9-CM Diagnosis
Spirometry	94010, 94014-94016, 94060, 94070, 94375, 94620

Evidence Based Care Tracking Initiative Measure Specifications

(ASM) Asthma: Appropriate Medication Use - Percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

Source: HEDIS

Eligible population: Complex methods are required to identify the eligible population. Please refer to the 2013 HEDIS specifications for complete details. Dispensed at least one prescription for an asthma controller medication during the measurement year for the eligible population.

Identify members as having persistent asthma who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.

- At least one ED visit , with asthma as the principal diagnosis.
- At least one acute inpatient claim/encounter , with asthma as the principal diagnosis.
- At least four outpatient asthma visits on different dates of service, with asthma as one of the listed diagnoses and at least two asthma medication dispensing events.
- At least four asthma medication dispensing events

Continuous enrollment: The measurement year and the year prior to the measurement year.

Exclusions: Exclude any members who had at least one encounter, in any setting, with any code to identify a diagnosis of emphysema, COPD, cystic fibrosis or acute respiratory failure. Look as far back as possible in the member’s history through December 31 of the measurement year.

Codes to Identify Asthma

Description	ICD-9-CM Diagnosis
Asthma	493.0, 493.1, 493.8, 493.9

Codes to Identify Visit Type

Description	CPT	UB Revenue
Outpatient	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99382-99386, 99392-99396, 99401-99404, 99411, 99412, 99420, 99429	051x, 0520-0523, 0526-0529, 057x-059x, 0982, 0983
Acute inpatient	99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291	010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x,021x, 072x, 0987
ED	99281-99285	045x, 0981

Asthma Controller Medications

Description	Prescriptions
Antiasthmatic combinations	• Dyphylline-guaifenesin • Guaifenesin-theophylline
Antibody inhibitor	• Omalizumab
Inhaled steroid combinations	• Budesonide-formoterol • Fluticasone-salmeterol • Mometasone-formoterol
Inhaled corticosteroids	• Beclomethasone • Flunisolide • Mometasone • Budesonide • Fluticasone CFC free • Triamcinolone • Ciclesonide
Leukotriene modifiers	• Montelukast • Zafirlukast • Zileuton
Mast cell stabilizers	• Cromolyn
Methylxanthines	• Aminophylline • Theophylline • Dyphylline

Codes to Identify Required Exclusions

Description	ICD-9-CM Diagnosis
Emphysema	492, 518.1, 518.2
COPD	491.2, 493.2, 496, 506.4
Cystic fibrosis	277
Acute respiratory failure	518.81

Evidence Based Care Tracking Initiative Measure Specifications**(CDC) Diabetes: HbA1c Testing** - The percentage of members 18 through 64 years of age with diabetes (type 1 and type 2) who had an HbA1c test.

- 18 – 64 years of age as of December 31 of the measurement year. An HbA1c test performed during the measurement year, as identified by claim/encounter or automated laboratory data.
- ICD-9 diagnosis codes: 250.xx, 357.2X, 362.0X, 366.41, 648.0X
 - *1 inpatient admission with a primary or secondary diagnosis of diabetes* **OR**
 - *1 emergency department visit with a primary or secondary diagnosis of diabetes* **OR**
 - *2 outpatient encounters with a diagnosis of diabetes in the measurement year or year prior to the measurement year* **OR**
 - *A prescription for insulin or an oral hypoglycemic/antihyperglycemic the measurement year or year prior to the measurement year.*
- Exclusions: Patients with a diagnosis of gestational diabetes (648.8), polycystic ovaries (256.4) or steroid induced diabetes (249, 962.0, 251.8)
- Continuous Enrollment: The measurement year.

HEDIS® 2013 Measurement Codes:

Codes for Disease Identification: Outpatient/Ambulatory Preventive Visits

CPT	ICD-9-CM	HCPCS	UB-92 Revenue
99201-99205, 99211-99215, 99315, 99316, 99241-99245, 99341-99350, 99304-99310, 99318, 99324-99328, 99334-99337, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	G0344, G0402, G0438, G0439	051x, 0520-0523, 0524, 0525, 0526-0529, 0982, 0983

Codes to Identify HbA1c Tests

CPT	CPT Category II
83036, 83037	3044F, 3045F, 3046F

Evidence Based Care Tracking Initiative Measure Specifications

(CDC) Diabetes: Eye Exam The percentage of members 18 through 64 years of age with diabetes (type 1 and type 2) who had an eye screening for diabetic retinal disease

- 18 – 64 years of age as of December 31 of the measurement year. An eye exam performed during the measurement year, as identified by claim/ encounter or automated laboratory data.
- ICD-9 diagnosis codes: 250.xx, 357.2X, 362.0X, 366.41, 648.0X
 - 1 inpatient admission with a primary or secondary diagnosis of diabetes **OR**
 - 1 emergency department visit with a primary or secondary diagnosis of diabetes **OR**
 - 2 outpatient encounters with a diagnosis of diabetes in the measurement year or year prior to the measurement year **OR**
 - A prescription for insulin or an oral hypoglycemic/antihyperglycemic the measurement year or year prior to the measurement year.
- Exclusions: Patients with a diagnosis of gestational diabetes (648.8), polycystic ovaries (256.4) or steroid induced diabetes (249, 962.0, 251.8)
- Continuous Enrollment: The measurement year.

HEDIS® 2013 Measurement Codes:

Codes for Disease Identification: Outpatient/Ambulatory Preventive Visits

CPT	ICD-9-CM Diagnosis	HCPCS	UB-92 Revenue
99201-99205, 99211-99215, 99315, 99316, 99241-99245, 99341-99350, 99304-99310, 99318, 99324-99328, 99334-99337, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	G0344, G0402, G0438, G0439	051x, 0520-0523, 0524, 0525, 0526-0529, 0982, 0983

Retinal Eye Exam

Diabetics who had one of the following:

- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year, **or**
- A *negative* retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.

Codes to Identify Eye Exams (Must be with an Eye Care Professional)

CPT	CPT Category II	HCPCS
67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245, 92134, 92227, 92228	2022F, 2024F, 2026F, 3072F	S0625, S3000, S0620, S0621

Evidence Based Care Tracking Initiative Measure Specifications

(CDC) Diabetes: LDL-C Screening Test - The percentage of members 18 through 64 years of age with diabetes (type 1 and type 2) who had a LDL-C screening

- 18 – 64 years of age as of December 31 of the measurement year. An LDL-C test performed during the measurement year, as identified by claim-encounter or automated laboratory data.
- ICD-9 diagnosis codes: 250.xx, 357.2X, 362.0X, 366.41, 648.0X
 - 1 inpatient admission with a primary or secondary diagnosis of diabetes **OR**
 - 1 emergency department visit with a primary or secondary diagnosis of diabetes **OR**
 - 2 outpatient encounters with a diagnosis of diabetes in the measurement year or year prior to the measurement year **OR**
 - A prescription for insulin or an oral hypoglycemic/antihyperglycemic the measurement year or year prior to the measurement year.
- Exclusions: Patients with a diagnosis of gestational diabetes (648.8), polycystic ovaries (256.4) or steroid induced diabetes (249, 962.0, 251.8)
- Continuous Enrollment: The measurement year.

HEDIS® 2013 Measurement Codes:

Codes for Disease Identification: Outpatient/Ambulatory Preventive Visits

CPT	ICD-9-CM Diagnosis	HCPCS	UB-92 Revenue
99201-99205, 99211-99215, 99315, 99316, 99241-99245, 99341-99350, 99304-99310, 99318, 99324-99328, 99334-99337, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	G0344, G0402, G0438, G0439	051x, 0520-0523, 0524, 0525, 0526-0529, 0982, 0983

Codes to Identify LDL-C Screening Tests

CPT	CPT Category II
80061, 83700, 83701, 83704, 83721	3048F, 3049F, 3050F

Evidence Based Care Tracking Initiative Measure Specifications

(CDC) Diabetes: Monitor for Nephropathy - The percentage of members 18 through 64 years of age with diabetes (type 1 and type 2) who had a nephropathy screening test

- 18 – 64 years of age as of December 31 of the measurement year. A nephropathy screening test or evidence of nephropathy, as documented through administrative data
- ICD-9 diagnosis codes: 250.xx, 357.2X, 362.0X, 366.41, 648.0X
 - 1 inpatient admission with a primary or secondary diagnosis of diabetes **OR**
 - 1 emergency department visit with a primary or secondary diagnosis of diabetes **OR**
 - 2 outpatient encounters with a diagnosis of diabetes in the measurement year or year prior to the measurement year **OR**
 - A prescription for insulin or an oral hypoglycemic/antihyperglycemic the measurement year or year prior to the measurement year.
- Exclusions: Patients with a diagnosis of gestational diabetes (648.8), polycystic ovaries (256.4) or steroid induced diabetes (249, 962.0, 251.8)
- Continuous Enrollment: The measurement year.

HEDIS® 2013 Measurement Codes:

Codes for Disease Identification: Outpatient/Ambulatory Preventive Visits

CPT	ICD-9-CM Diagnosis	HCPCS	UB-92 Revenue
99201-99205, 99211-99215, 99315, 99316, 99241-99245, 99341-99350, 99304-99310, 99318, 99324-99328, 99334-99337, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	G0344, G0402, G0438, G0439	051x, 0520-0523, 0524, 0525, 0526-0529, 0982, 0983

Codes to Identify Nephropathy Screening Tests

Description	CPT	CPT Cat II
Urine Micro –albumin	82042, 82043, 82044, 84156	3060F, 3061F

Codes to Identify Evidence of Nephropathy

Description	CPT	CPT Cat II	HCPCS	ICD - 9-CM Diagnosis	ICD – 9-CM	UB-92 Revenue
Urine Macro –albumin, positive	81000-81003, 81005	3062F				
Evidence of Treatment for Nephropathy	36147, 36800, 36810, 36815, 36818, 36819-36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90935, 90937, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 90957-90962, 90965, 90966, 90969, 90970	3066F	G0257, S9339	250.4, 403, 404, 405.01, 405.11, 405.91, 580-588, 753.0, 753.1, 791.0, V42.0, V45.1	38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, 55.4-55.6	0367, 080x, 082x-085x, 088x UB TYPE OF BILL :72X POS 65
ACE/ARB	HEDIS® NDCs	4009F				

Evidence Based Care Tracking Initiative Measure Specifications

(CDC) Diabetes: HbA1c Poor Control - The percentage of members 18 through 64 years of age with diabetes (type 1 and type 2) who had an HbA1c test and HbA1c level is >9 %

- 18 – 64 years of age as of December 31 of the measurement year. An HbA1c test performed during the measurement year, as identified by claim/ encounter or automated laboratory data. The member is numerator compliant if the most recent HbA1c level is >9.0% or is missing a result, or if an HbA1c test was not done during the measurement year. The member is not numerator compliant if the result for the most recent HbA1c test during the measurement year is ≤9.0%.
- ICD-9 diagnosis codes: 250.xx, 357.2X, 362.0X, 366.41, 648.0X
 - 1 inpatient admission with a primary or secondary diagnosis of diabetes **OR**
 - 1 emergency department visit with a primary or secondary diagnosis of diabetes **OR**
 - 2 outpatient encounters with a diagnosis of diabetes in the measurement year or year prior to the measurement year **OR**
 - A prescription for insulin or an oral hypoglycemic/antihyperglycemic the measurement year or year prior to the measurement year.
- Exclusions: Patients with a diagnosis of gestational diabetes (648.8), polycystic ovaries (256.4) or steroid induced diabetes (249, 962.0, 251.8)
- Continuous Enrollment: The measurement year.

HEDIS® 2013 Measurement Codes:

Codes for Disease Identification: Outpatient/Ambulatory Preventive Visits

CPT	ICD-9-CM Diagnosis	HCPCS	UB-92 Revenue
99201-99205, 99211-99215, 99315, 99316, 99241-99245, 99341-99350, 99304-99310, 99318, 99324-99328, 99334-99337, 99385-99387, 99395-99397, 99401-99404, 99411,	V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	G0344, G0402, G0438, G0439	051x, 0520-0523, 0524, 0525, 0526-0529, 0982,

Codes to Identify HbA1c Tests

CPT	CPT Category II
83036, 83037	3044F, 3045F, 3046F

CPT Category II Codes to Identify HbA1c Levels >9%

HbA1c >9%	HbA1c ≤ 9%
3046F	3044F, 3045F

Evidence Based Care Tracking Initiative Measure Specifications

(LBP) Use of Imaging Studies for Low Back Pain - The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis

Source: HEDIS

Inverted rate [1-(Numerator/Eligible population)]. A higher rate indicates appropriate treatment.

- 18 years of age as of January 1 of the measurement period to 50 years as of December 31 of the measurement year. An imaging study conducted on the IESD or in the 28 days following the IESD*. A diagnosis code for Low back pain must be in conjunction with an imaging procedure code.

- Continuous Enrollment: 180 days (6 months) prior to the IESD through 28 days after the IESD

- Exclusions: Members with a diagnosis for which an imaging study in the presence of low back pain is clinically indicated. For members with Cancer, look as far back as possible through the end of continuous enrollment period. For members with diagnosis of recent trauma, intravenous drug abuse and neurological impairment, exclude members in the 12 months prior to IESD through the end of continuous enrollment period.

Codes to Identify Low Back Pain

ICD-9-CM Diagnosis
721.3, 722.10, 722.32, 722.52, 722.93, 724.02, 724.03, 724.2, 724.3, 724.5, 724.6, 724.7, 738.5, 739.3, 739.4, 846, 847.2

Codes to Identify Imaging Studies

Description	CPT	UB Revenue
Imaging studies	72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131-72133, 72141, 72142, 72146-72149, 72156, 72158, 72200, 72202, 72220	0320, 0329, 0350, 0352, 0359, 0610, 0612, 0614, 0619, 0972

Codes to Identify Exclusions

Description	ICD-9-CM Diagnosis
Cancer	140-209, 230-239, V10
Trauma	800-839, 850-854, 860-869, 905-909, 926.11,
IV drug abuse	304.0-304.2, 304.4, 305.4-305.7
Neurologic impairment	344.60, 729.2

*IESD - Index Episode Start Date. The earliest date of service for an outpatient or ED encounter during the Intake Period with a principal diagnosis of low back pain

Evidence Based Care Tracking Initiative Measure Specifications

(AMM) Antidepressant Medication Management - The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two rates are reported.

- **Effective Acute Phase Treatment** - percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days (12 weeks)
- **Effective Continuation Phase Treatment** - percentage of newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days (6 months)

Source: HEDIS

Eligible population: 18 years and older as of April 30 of the measurement year

Event/diagnosis:

- At least one principal diagnosis of major depression in an outpatient, ED, intensive outpatient or partial hospitalization setting, **OR**
 - At least two visits in an outpatient, ED, intensive outpatient or partial hospitalization setting on different dates of service with any diagnosis of major depression, **OR**
 - At least one inpatient (acute or nonacute) claim/encounter with any diagnosis of major depression
- Continuous Enrollment:** 90 days (3 months) prior to the IESD through 245 days after the IESD*

Codes to Identify Major Depression

Description	ICD-9-CM Diagnosis
Major depression	296.20-296.25, 296.30-296.35, 298.0, 311

Antidepressant Medications

Description	Prescription
Miscellaneous antidepressants	<ul style="list-style-type: none"> • Bupropion • Vilazodone
Monoamine oxidase inhibitors	<ul style="list-style-type: none"> • Isocarboxazid • Phenelzine • Selegiline • Tranylcypromine
Phenylpiperazine antidepressants	<ul style="list-style-type: none"> • Nefazodone • Trazodone
Psychotherapeutic combinations	<ul style="list-style-type: none"> • Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine • Fluoxetine-olanzapine
SSNRI antidepressants	<ul style="list-style-type: none"> • Desvenlafaxine • Duloxetine • Venlafaxine
SSRI antidepressants	<ul style="list-style-type: none"> • Citalopram • Escitalopram • Fluoxetine • Fluvoxamine • Paroxetine • Sertraline
Tetracyclic antidepressants	<ul style="list-style-type: none"> • Maprotiline • Mirtazapine
Tricyclic antidepressants	<ul style="list-style-type: none"> • Amitriptyline • Amoxapine • Clomipramine • Desipramine • Doxepin • Imipramine • Nortriptyline • Protriptyline • Trimipramine

*Index Episode Start Date. The earliest encounter during the Intake Period with any diagnosis of major depression and a 90-day (3-month) Negative Medication History.

For an inpatient (acute or nonacute) claim/encounter, the IESD is the date of discharge.

For a direct transfer, the IESD is the discharge date from the facility to which the member was transferred

Evidence Based Care Tracking Initiative Measure Specifications

(ADD) Follow-Up Care for Children Prescribed ADHD Medication - The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Source: HEDIS

Two rates are reported:

- **Initiation Phase:** The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.(IPSD = Index Prescription Start Date)
- **Continuation and Maintenance (C&M) Phase.** The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.
- **INITIATION PHASE**
 - Children six years old as of March 1, 2012 (the year prior to the measurement year) to 12 years as of February 29, 2013 (the measurement year).
 - Continuous Enrollment: 120 days (4 months) prior to the IPSD (Index Prescription Start Date) through **30 days** (1 month) after the IPSD.
- **CONTINUATION AND MAINTENANCE (C & M) PHASE**
 - Children six years of age as of March 1 of the year prior to the measurement year to 12 years as of February 29 of the measurement year.
 - Continuous Enrollment: 120 days (4 months) prior to the IPSD and **300 days** (10 months) after the IPSD.

ADHD Medications

Description	Prescription
CNS stimulants	<ul style="list-style-type: none"> • Amphetamine-dextroamphetamine • Dexmethylphenidate • Dextroamphetamine • Lisdexamfetamine • Methamphetamine • Methylphenidate
Alpha-2 receptor agonists	<ul style="list-style-type: none"> • Clonidine • Guanfacine
Miscellaneous ADHD	<ul style="list-style-type: none"> • Atomoxetine

Codes to identify Follow-up Visits

CPT	HCPCS	UB Revenue
90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383, 99384, 99393, 99394, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 077x, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983
CPT	POS	
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	<i>WITH</i>	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	<i>WITH</i>	52, 53

Evidence Based Care Tracking Initiative Measure Specifications

(CMC) LDL-C Screening for Cardiovascular Conditions - The percentage of members 18-64 years of age who were discharged alive with cardiovascular conditions who had an LDL-C screening

- Members between 18 and 75 years of age as of December 31 of the measurement year.
- **Continuous Enrollment:** The measurement year and the year prior to the measurement year.
- Members are identified for the denominator in one of two ways: **Event or Diagnosis.**
- **EVENT:** Discharged alive for AMI, PCI or CABG on or between Jan.1 and Nov.1 of the year prior to the measurement year. (Use only facility claims to determine event for AMI and CABG)
- **HEDIS® 2013 Measurement Codes:**

Codes to Identify AMI, PCI and CABG

	CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure
AMI <i>Inpatient only</i>			410.X1	
PCI	92980, 92982, 92995	G0290		00.66, 36.06, 36.07
CABG <i>Inpatient only</i>	33510-33514, 33516-33519, 33521-33523, 33533-33536	S2205-S2209		36.1, 36.2

- **DIAGNOSIS:** At least one outpatient visit with an IVD diagnosis **OR** one acute inpatient visit with an IVD diagnosis during the measurement year and the year prior to the measurement year

Codes to Identify IVD

	ICD-9-CM Diagnosis
IVD	411, 413, 414.0, 414.2, 414.8, 414.9, 429.2, 433-434, 440.1, 440.2, 440.4, 444, 445

Codes to Identify LDL-Screening

Description	CPT	CPT Category II
LDL-C (Low Density Lipoprotein)	80061, 83721, 83700, 83701, 83704	3048F, 3049F, 3050F

Codes for Disease Identification: Outpatient/Ambulatory Preventive Visits

CPT	ICD-9-CM Diagnosis	HCPCS	UB-92 Revenue
99201-99205, 99211-99215, 99315, 99316, 99241-99245, 99341-99350, 99304-99310, 99318, 99324-99328, 99334-99337, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99420, 99429, 92002, 92004, 92012, 92014	V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	G0344, G0402, G0438, G0439, S0621, S0620	051x, 0520-0523, 0526-0529, 0982, 0983

Evidence Based Care Tracking Initiative Measure Specifications

(PBH) Persistence of Beta Blocker Treatment After a Heart Attack - The percentage of members 18 years of age and older who were hospitalized and discharged alive from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) who received persistent beta blocker treatment for six months after discharge

Source: HEDIS

• Members 18 years and older as of December 31 of the measurement year. Discharged alive from an acute inpatient setting with an Acute Myocardial Infarction (AMI) from July 1 of the year prior to the measurement year through June 30 of the measurement year. Use only facility claims to identify AMI. Do not use diagnoses from professional claims to identify AMI. If a member has more than one episode of AMI from July 1 of the year prior to the measurement year through June 30 of the measurement year, organizations should only include the first discharge.

Continuous Enrollment: Discharge date through 180 days after discharge

Exclusions: Members identified as having a contraindication to or adverse reaction to beta-blocker therapy

Codes to Identify AMI

Description	ICD-9-CM Diagnosis
AMI	410.x1*

Beta-Blocker Medications

Description	Prescription
Noncardioselective beta-blockers	<ul style="list-style-type: none"> • Carteolol • Carvedilol • Labetalol • Nadolol • Penbutolol • Pindolol • Propranolol • Timolol • Sotalol
Cardioselective beta-blockers	<ul style="list-style-type: none"> • Acebutolol • Atenolol • Betaxolol • Bisoprolol • Metoprolol • Nebivolol
Antihypertensive combinations	<ul style="list-style-type: none"> • Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide • Hydrochlorothiazide-metoprolol • Hydrochlorothiazide-propranolol

Codes to Identify Exclusions

Description	ICD-9-CM Diagnosis
History of asthma	• 493
Hypotension	• 458
Heart block >1 degree	• 426.0, 426.12, 426.13, 426.2-426.4, 426.51-426.54, 426.7
Sinus bradycardia	• 427.8
COPD	• 491.2, 496, 506.4
Intolerance or allergy to beta-blocker therapy	

Medications to Identify Exclusions (History of Asthma)

Description	Prescription
Bronchodilator combinations	<ul style="list-style-type: none"> • Albuterol-ipratropium • Budesonide-formoterol • Fluticasone-salmeterol • Mometasone-formoterol
Inhaled corticosteroids	<ul style="list-style-type: none"> • Beclomethasone • Budesonide • Ciclesonide • Flunisolide • Fluticasone • Fluticasone CFC free • Mometasone • Triamcinolone

Evidence Based Care Tracking Initiative Measure Specifications

(CCS) Cervical Cancer Screening - The percentage of women age 21-64 who received one or more Pap tests to screen for cervical cancer during the measurement year, or the two years prior to the measurement period

Source: HEDIS

- Females between 24 and 64 years of age as of December 31 of the measurement year.
- Continuous Enrollment: The measurement year and the two years prior to the measurement year.
- Exclusions: Women who have had a total hysterectomy with no residual cervix.

HEDIS® 2013 Measurement Codes:

Codes to Identify Cervical Cancer Screening (Pap Test)

CPT	ICD-9-CM Procedure or	HCPCS
88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175	91.46 UB-92 RevCd : 0923	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

Codes to Identify Cervical Cancer Screening EXCLUSIONS

CPT	ICD-9-CM Diagnosis	ICD-9-CM Procedure
51925, 56308, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58550- 58554, 58570 – 58573, 58951, 58953, 58954, 58956, 59135, 57540, 57545, 57555, 57550, 57556, 58548	V Codes V67.01, V76.47, V88.01, V88.03 618.5	68.4-68.8

Evidence Based Care Tracking Initiative Measure Specifications

(AWC) Adolescent Well-Care Visits - The percentage of enrolled members 12-21 years who have had a who have had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year

Source: HEDIS

Eligible population: 12-21 years as of December 31 of the measurement year

Numerator: At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement period. The well-child visit must occur with a PCP or OB/GYN, but the PCP does not have to be the practitioner assigned to the child.

Continuous Enrollment: The measurement year.

CPT	HCPCS	ICD-9-CM Diagnosis
99383-99385, 99393-99395	G0438, G0439	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Evidence Based Care Tracking Initiative Measure Specifications

(IMA) Adolescent Immunization - The percentage of members 13 years of age who have had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.

Source: HEDIS

- ♦ Eligible Population: Members who turn 13 years of age during the measurement year.
- ♦ Continuous Enrollment: Twelve months prior to the child's thirteenth birthday.
- ♦ Exclusions: Members with allergic reactions or who are immuno-compromised

HEDIS® 2013 Measurement Codes:

Description	CPT	ICD-9-CM Procedure
Meningococcal	90733, 90734	
Tdap	90715	99.39
Td	90714, 90718	
Tetanus	90703	99.38
Diphtheria	90719	99.36

Combination Vaccines

Description	CPT Codes
Comvax (HIB+HepB)	90748
TriHIBit (DTaP+HIB)	90721
Tetramune (DTaP+HIB)	90720
Pediarix	90723
Tripedia (DTaP)	90700
Infanrix (DTaP)	90700
PedvaxHIB (3 dose HIB)	90647
Recombivax (2 dose)	90743
ProQuad (MMR, Chicken)	90710
Pentacel (DTaP, IPV,	90698

Exclusions

Immunization	Description	ICD-9-CM Diagnosis
Any particular vaccine	Anaphylactic	999.42*

The exclusion must have occurred by the member's 13th birthday.

*Use ICD-9-CM Diagnosis code 999.4 (without fifth digit) to identify anaphylactic reaction prior to October 1, 2011; the date of service must be before October 1, 2011.

Evidence Based Care Tracking Initiative Measure Specifications		
(W15) Well-Child Visits in the First 15 Months of Life - The percentage of members who turned 15 months old during the measurement year who have had six or more well-child visits during their first 15 months of life		
Source: HEDIS		
Eligible population: 15 months old during the measurement year		
Numerator: Members with claims for well-child visits with a PCP summing equal to or greater than six visits during their first 15 months of life. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.		
Continuous Enrollment: 31 days–15 months of age.		
Codes to Identify Well-Child Visits		
CPT	HCPCS	ICD-9-CM Diagnosis
99381, 99382, 99391, 99392, 99461	G0438, G0439	V20.2, V20.3, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Evidence Based Care Tracking Initiative Measure Specifications

(W34) Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life - The percentage of members who had at least one well-child visit with a PCP during the measurement year

Source: HEDIS

Eligible population: 3–6 years as of December 31 of the measurement year.

Numerator: At least one well-child visit with a PCP during the measurement year. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

Continuous Enrollment: The measurement year.

Codes to Identify Well-Child Visits

CPT	HCPCS	ICD-9-CM Diagnosis
99382, 99383, 99392, 99393	G0438, G0439	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Evidence Based Care Tracking Initiative Measure Specifications

(CBP) Controlling High Blood Pressure - The percentage of members 18–64 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year. Use the Hybrid Method for this measure

Source: HEDIS

• 18–64 years as of December 31 of the measurement year. Members are identified as hypertensive if there is at least one outpatient encounter with a diagnosis of hypertension during the first six months of the measurement year

Continuous Enrollment: The measurement year.

Exclusions: Members with evidence of end-stage renal disease (ESRD) on or prior to December 31 of the measurement year. Members with a diagnosis of pregnancy and members who had an admission to a nonacute inpatient setting during the measurement year.

Codes to Identify Hypertension

Description	ICD-9-CM Diagnosis
Hypertension	401

Codes to Identify Outpatient Visits

Description	CPT
Outpatient visits	99201-99205, 99211-99215, 99241-99245, 99384-99387, 99394-99397

Codes to Identify Exclusions

Description	CPT	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM Procedure	UB Revenue	UB Type of Bill	POS
Evidence of ESRD	36145, 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90920, 90921, 90924, 90925, 90935, 90937, 90940, 90945, 90947, 90957-90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512	G0257, G0308- G0319, G0322, G0323, G0326, G0327, G0392, G0393, S9339	585.5, 585.6, V42.0, V45.1	38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, 55.6	0367, 080x, 082x-085x, 088x	72x	65
Pregnancy			630-679, V22, V23, V28				

Evidence Based Care Tracking Initiative Measure Specifications

(DMLD) Lipid Lowering Drug Rate - percentage of members 40 through 64 years of age with a diagnosis of diabetes that received a prescription for at least one lipid lowering drug during the measurement period

Source: BCBSM

Eligible population: Members 40-64 years of age as of the end of the measurement period

Continuous enrollment: The measurement period and the year prior to the measurement period with both medical and pharmacy coverage and no more than one gap in coverage of up to 45 days

Denominator: Members between 40 and 64 years by the end of the measurement period or the year prior to the measurement period

- ~ 1 inpatient admission with primary or secondary diagnosis of diabetes Type 1 or 2 (HEDIS 2008) **OR**
- ~ 1 emergency department visit with primary or secondary diagnosis of diabetes **OR**
- ~ 2 outpatient **or nonacute inpatient** visits with diabetes listed as one of the diagnoses **on different dates of service** **OR**
- ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **OR**
- ~ A prescription for amylin analogs

Numerator: 1 or more filled prescriptions for a lipid lowering drug in the measurement year

Exclusions: Patients with polycystic ovaries, steroid-induced, or gestational diabetes who did not have any face-to-face encounters with a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year.

Lipid Lowering Drug List

General Class Name

cholestyramine-sucrose	cholestyramine-aspartame	atorvastatin	lovastatin-niacin
niacin	ezetimibe	fluvastatin	atorvastatin-amlopidine
colesevelam Hcl	simvastatin-niacin	lovastatin	simvastatin-ezetimibe
cholestyramine	simvastatin-fibrate	pravastatin	atorvastatin-calcium
colestipol HCL	simvastatin	rosuvastatin calcuim	cholestyramine
clofibrate	ezetimibe-simvastatin	fenofibrate	fenofibric acid
fluvastatin-sodium	gemfibrozil	omega-3 acid ethyl esters	pravastatin-sodium

(DMST): Statin Use - percentage of members with a diagnosis of diabetes that have at least one statin prescription that was filled during the measurement period

Source: MQIC*

Eligible population: Members 40-**64** years of age as of the end of the measurement period

Continuous enrollment: The measurement period and the year prior to the measurement period with medical coverage and no more than one gap in coverage of up to **45** days

Denominator: Members between 40 and **64** years by the end of the measurement period or the year prior to the measurement period

- ~ 1 inpatient admission with primary or secondary diagnosis of diabetes Type 1 or 2 **OR**
- ~ 1 emergency department visit with primary or secondary diagnosis of diabetes **OR**
- ~ 2 outpatient or nonacute inpatient visits with diabetes listed as one of the diagnoses on different dates of service **OR**
- ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **OR**
- ~ A prescription for amylin analogs

Numerator: One or more filled prescriptions for a statin drug

Exclusions: Patients with polycystic ovaries, steroid induced diabetes or gestational diabetes

Statin Use Drug List

General Class Name

Atorvastatin / Amlodipine	Atorvastatin	Fluvastatin	Lovastatin
Lovastatin / Niacin	Pravastatin	Rosuvastatin Calcium	Simvastatin
pitavastatin	Advicor (combo)	Caduet (combo)	Vytorin (combo)
pitavastatin sodium	atorvastatin-calcium	fluvastatin-sodium	simvastatin-ezetimibe

* MQIC guidelines updated every two years. This measure was updated 9/18/09.

Evidence Based Care Tracking Initiative Measure Specifications**(DMCHF): ACE/ARB Use with Comorbid CHF** - percentage of members with a diagnosis of diabetes with comorbid congestive heart failure (CHF) who received ACE/ARB therapy**Source:** BCBSM**Eligible population:** Members between 18 and 64 years of age as of the end of the measurement period**Continuous enrollment:** The measurement period and the year prior to the measurement period with both medical and pharmacy coverage and no more than one gap in coverage of up to 45 days.**Denominator:** Members between 18 and 64 years by the end of the measurement period and the year prior to the measurement year

- ~ 1 inpatient admission with primary or secondary diagnosis of diabetes **Type 1 or 2 OR**
- ~ 1 emergency department visit with primary or secondary diagnosis of diabetes **OR**
- ~ 2 outpatient or nonacute inpatient visits with diabetes listed as one of the diagnoses on different dates of service **OR**
- ~ A prescription for Amylin Analogs **OR**
- ~ A prescription for insulin or an oral hypoglycemic/antihyperglycemic **AND**
- ~ 2 outpatient or nonacute inpatient visits with a primary or secondary diagnosis of congestive heart failure **OR**
- ~ 1 inpatient admission with diagnosis of congestive heart failure **OR**
- ~ 1 emergency department visit with diagnosis of congestive heart failure

Numerator: One or more filled prescriptions for an ACE or an ARB during the measurement year; patients that do not have a prescription for an ACE or an ARB that meet the denominator criteria are excluded from the denominator if there is a diagnosis of one or more of the codes below in "Codes to Identify Relative Contraindications for ACEs and ARBs"**Exclusions:**

- ~ Patients with polycystic ovaries, steroid induced diabetes or gestational diabetes who did not have any face-to-face encounters with a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year.
- ~ Patients with one of more of the codes below in "Codes to Identify Absolute Contraindications to ACEs and ARBs." **Look back two years** in member's history through the measurement year.
- ~ Patients with one or more of the conditions below in "Codes to Identify Relative Contraindications to ACEs and ARBs." **Look back two years** in member's history through the measurement year.

Codes to Identify Heart Failure**ICD-9 CM Diagnosis**

402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.2x, 428.4x, 428.9

Codes to Identify Absolute Contraindications for ACEs and ARBs

Description	ICD-9-CM Diagnosis	CPT	Revenue
Pregnancy	631.xx - 639.xx, 640.xx - 648.99, 650.xx, 651.xx - 656.99, 657 - 659.99, 660.xx - 677.xx, V22.xx - V23.xx, V24, V27.xx, V28.xx		
Angioneurotic edema	995.1, 277.6		
Congenital aortic stenosis, sub aortic stenosis, atresia and stenosis of aorta	746.3, 746.81, 747.22		
Renal artery stenosis	440.1		

Codes to Identify Relative Contraindications for ACEs and ARBs

Description	ICD-9-CM Diagnosis	CPT	ICD-9-CM Procedure	Revenue
Hypotension	458.0, 458.1, 458.8, 458.9			
Hyperkalemia	276.7			
Kidney transplant	996.81, V42.0		55.6, 55.61, 55.69	
Renal failure	403.00 - 403.99, 404.00 - 404.99, 580.00 - 580.99, 581.00 - 581.99, 582.00 - 582.99, 583.00 - 583.99, 584.5, 584.6, 584.7, 584.8, 584.9, 585.00 - 585.99, 586.00 - 586.99, 788.5			
Dialysis		36800 - 36815, 50300, 50340 - 50380, 90920, 90921, 90924, 90925, 90935 - 90937, 90945 - 90947, 90989 - 90999		800 - 804, 809, 820 - 825, 829 - 835, 839 - 845, 849 - 855, 859 - 882, 889

Angiotensin Converting Enzyme (ACE) Medications**

Description	Prescription
Angiotensin Converting Enzyme Medications inhibitors	benazepril fosinopril moexipril ramipril captopril lisinopril perindopril trandolapril enalapril quinapril
Antihypertensive combinations	amlodipine-benazepril fosinopril-hydrochlorothiazide benazepril-hydrochlorothiazide hydrochlorothiazide-lisinopril captopril-hydrochlorothiazide hydrochlorothiazide-moexipril trandolapril-verapamil hydrochlorothiazide-quinapril enalapril-hydrochlorothiazide amlodipine-olmesaetan aliskiren-hydrochlorothiazide-amlodipine amlodipine-valsartan

Angiotensin Receptor Blocker (ARB) Medications**

Description	Prescription
Angiotensin II inhibitors	candesartan losartan valsartan eprosartan olmesartan azilsartan irbesartan telmisartan
Antihypertensive combinations	candesartan-hydrochlorothiazide hydrochlorothiazide-olmesartan eprosartan-hydrochlorothiazide hydrochlorothiazide-telmisartan hydrochlorothiazide-irbesartan hydrochlorothiazide-valsartan hydrochlorothiazide-losartan

**ACE/ARB list of drugs based on HEDIS 2012: <http://www.ncqa.org/tabid/1445/Default.aspx>

Evidence Based Care Tracking Initiative Measure Specifications

(DMNEP): ACE/ARB Use with Comorbid Nephropathy - percentage of members with a diagnosis of diabetes with comorbid nephropathy who received ACE/ARB therapy

Source: BCBSM

Eligible population: Members between 18 and 64 years of age as of the end of the measurement period

Continuous enrollment: The measurement period and the year prior to the measurement period with both medical and pharmacy coverage and no more than one gap in coverage of up to 45 days

Denominator: Members between 18 and 64 years of age by the end of the measurement period and one year prior to the measurement year

- 1 inpatient admission with primary or secondary diagnosis of diabetes **Type 1 or 2** (HEDIS 2008) **OR**
- 1 emergency department visit with primary or secondary diagnosis of diabetes **OR**
- 2 outpatient or nonacute inpatient visits with a primary or secondary diagnosis of diabetes on different dates of service **OR**
- A prescription for Amylin Analogs **OR**
- A prescription for insulin or an oral hypoglycemic/antihyperglycemic **AND**
- 2 outpatient or nonacute inpatient visits with a primary or secondary diagnosis of nephropathy on different dates of service **OR**
- 1 inpatient admission with diagnosis of nephropathy **OR**
- 1 emergency department visit with diagnosis of nephropathy

Numerator: One or more filled prescriptions for an ACE or an ARB during the measurement year; patients that do not have a prescription for an ACE or an ARB that meet the denominator criteria are excluded from the denominator if there is a diagnosis of one or more of the codes below in "Codes to Identify Relative Contraindications for ACEs and ARBs"

Exclusions:

- Patients with polycystic ovaries, steroid induced diabetes or gestational diabetes who did not have any face-to-face encounters with a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year.
- Patients with one of more of the codes below in "Codes to Identify Absolute Contraindications to ACEs and ARBs." **Look back two years** in member's history through the measurement year.
- Patients with one of the conditions below in "Codes to Identify Relative Contraindications to ACEs and ARBs." **Look back two years** in member's history through the measurement year.

Codes to Identify Evidence of Nephropathy

Description	CPT	CPT Category II*	HCPCS	ICD-9-CM Diagnosis	ICD-9-CM	UB Revenue	UB Type of Bill	POS
Evidence of treatment for nephropathy	36145, 36800, 36810, 36815, 36818, 36819 - 36821, 36831 - 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90920, 90921, 90924, 90925, 90935, 90937, 90939, 90940, 90945, 90947, 90957 - 90962, 90965, 90966, 90969, 90970, 90989, 90993, 90997, 90999, 99512	3066F	G0257, G0314, G0319, G0322, G0323, G0326, G0327, G0392, G0393, S9339	250.4x, 403.xx, 404.xx, 405.01, 405.11, 405.91, 580.xx - 588.xx, 753.0, 753.1, 753.1x, 791.0, V42.0, V45.1x, V56-V56.xx	38.95, 0367, 080x, 39.27, 39.42, 39.43, 39.53, 39.93 - 39.95, 54.98, 55.4 - 55.6	72x	65	
ACE inhibitor/ ARB therapy		4009F						

Codes to Identify Absolute Contraindications for ACEs and ARBs

Description	ICD-9-CM Diagnosis	CPT	Revenue
Pregnancy	631.xx - 639.xx, 640.xx - 648.99, 650.xx, 651.xx - 656.99, 657 - 659.99, 660.xx - 677.xx, V22.xx - V23.xx, V24, V27.xx, V28.xx		
Angioneurotic edema	995.1, 277.6		
Congenital aortic stenosis, sub aortic stenosis, atresia and stenosis of aorta	746.3, 746.81, 747.22		
Renal artery stenosis	440.1		

Codes to Identify Relative Contraindications for ACEs and ARBs

Description	ICD-9-CM Diagnosis	CPT	ICD-9-CM	Revenue
Hypotension	458.0, 458.1, 458.89, 458.9			
Hyperkalemia	276.7			
Kidney transplant	996.81, V42.0		55.6, 55.61, 55.69	
Renal failure	403.00 - 403.99, 404.00 - 404.99, 580.00 - 580.99, 581.00 - 581.99, 582.00 - 582.99, 583.00 - 583.99, 584.5, 584.6, 584.7, 584.8, 584.9, 585.00 - 585.99, 586.00 - 586.99, 788.5			
Dialysis		36800 - 36815, 50300, 50340 - 50380, 90920, 90921, 90924, 90925, 90935 - 90937, 90945 - 90947, 90989 - 90999		800 - 804, 809, 820 - 825, 829 - 835, 839 - 845, 849 - 855, 859 - 882, 889

Angiotensin Converting Enzyme (ACE) Medications***

Description	Prescription
Angiotensin Converting Enzyme inhibitors	benazepril lisinopril ramipril captopril moexipriltrandolapril enalapril perindopril fosinopril quinapril
Antihypertensive combinations	amlodipine-benazepril fosinopril-hydrochlorothiazide benazepril-hydrochlorothiazide hydrochlorothiazide-lisinopril captopril-hydrochlorothiazide hydrochlorothiazide-moexipril enalapril-hydrochlorothiazide hydrochlorothiazide-quinapril amlodipine-olmesartan amlodipine-valsartan trandolapril-verapamil aliskiren-hydrochlorothiazide-amlodipine

Angiotensin Receptor Blocker (ARB) Medications***

Description	Prescription
Angiotensin II inhibitors	candesartan losartan valsartan eprosartan olmesartan azilsartan irbesartan telmisartan
Antihypertensive combinations	candesartan-hydrochlorothiazide hydrochlorothiazide-olmesartan eprosartan-hydrochlorothiazide hydrochlorothiazide-telmisartan hydrochlorothiazide-irbesartan hydrochlorothiazide-valsartan hydrochlorothiazide-losartan

***ACE/ARB list of drugs based on HEDIS 2012: <http://www.ncqa.org/tabid/1445/Default.aspx>

Evidence Based Care Tracking Initiative Measure Specifications				
DM-HTN: ACE/ARB Use with Comorbid Hypertension - percentage of members with a diagnosis of diabetes with comorbid hypertension who received ACE/ARB therapy				
Source: BCBSM				
Eligible population: Members between 18 and 64 years of age as of the end of the measurement period				
Continuous enrollment: The measurement period and the year prior to the measurement period with both medical and pharmacy coverage and no more than one gap in coverage of up to 45 days				
Denominator: Between 18 and 64 years of age by the end of the measurement period and the year prior to the measurement year - 1 inpatient admission with primary or secondary diagnosis of diabetes Type 1 or 2 OR - 1 emergency department visit with primary or secondary diagnosis of diabetes OR - 2 outpatient or nonacute inpatient visits with a primary or secondary diagnosis of diabetes on different dates of service OR - A prescription for Amylin Analogs OR - A prescription for insulin or an oral hypoglycemic/antihyperglycemic AND - 2 outpatient or nonacute inpatient visits with a primary or secondary diagnosis of hypertension on different dates of service OR - 1 inpatient admission with a primary or secondary diagnosis of hypertension OR - 1 emergency department visit with primary or secondary diagnosis of hypertension				
Numerator: One or more filled prescriptions for an ACE or an ARB during the measurement year; patients that do not have a prescription for an ACE or an ARB that meet the denominator criteria are excluded from the denominator if there is a diagnosis of one or more of the codes below in "Codes to Identify Relative Contraindications for ACEs and ARBs"				
Exclusions: - Patients with polycystic ovaries, steroid induced diabetes or gestational diabetes who did not have any face-to-face encounters with a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year. - Patients with one of more of the codes below in "Codes to Identify Absolute Contraindications to ACEs and ARBs." Look back two years in member's history through the measurement year. - Patients with one of the conditions below in "Codes to Identify Relative Contraindications to ACEs and ARBs." Look back two years in member's history through the measurement year.				
Codes to Identify Hypertension				
ICD-9 CM Diagnosis				
401.xx				
Codes to Identify Absolute Contraindications for ACEs and ARBs				
Description	ICD-9-CM Diagnosis	CPT	Revenue	
Pregnancy	631.xx - 639.xx, 640.xx - 648.99, 650.xx, 651.xx - 656.99, 657 - 659.99, 660.xx - 677.xx, V22.xx - V23.xx, V24, V27.xx, V28.xx			
Angioneurotic edema	995.1, 277.6			
Congenital aortic stenosis, sub aortic stenosis, atresia and stenosis of aorta	746.3, 746.81, 747.22			
Renal artery stenosis	440.1			
Codes to Identify Relative Contraindications for ACEs and ARBs				
Description	ICD-9-CM Diagnosis	CPT	ICD-9-CM Procedure	Revenue
Hypotension	458.0, 458.1, 458.89, 458.9			
Hyperkalemia	276.7			
Kidney transplant	996.81, V42.0		55.6, 55.61, 55.69	
Renal failure	403.00 - 403.99, 404.00 - 404.99, 580.00 - 580.99, 581.00 - 581.99, 582.00 - 582.99, 583.00 - 583.99, 584.5, 584.6, 584.7, 584.8, 584.9, 585.00 - 585.99, 586.00 - 586.99, 788.5			
Dialysis		36800 - 36815, 50300, 50340 - 50380, 90920, 90921, 90924, 90925, 90935 - 90937, 90945		800 - 804, 809, 820 - 825, 829 - 835, 839 - 845, 849 - 855, 859 - 882, 889
Angiotensin Converting Enzyme (ACE) Medications**				
Description	Prescription			
Angiotensin Converting Enzyme Medications inhibitors	benazepril lisinopril ramipril captopril moexipril trandolapril enalapril perindopril fosinopril quinapril			
Antihypertensive combinations	amlodipine-benazepril fosinopril-hydrochlorothiazide benazepril-hydrochlorothiazide hydrochlorothiazide-lisinopril captopril-hydrochlorothiazide hydrochlorothiazide-moexipril enalapril-hydrochlorothiazide hydrochlorothiazide-quinapril trandolapril-verapamil amlodipine-olmesartan aliskiren-hydrochlorothiazide-amlodipine amlodipine-valsartan			
Angiotensin Receptor Blocker (ARB) Medications**				
Description	Prescription			
Angiotensin II inhibitors	candesartan losartan valsartan eprosartan olmesartan azilsartan irbesartan telmisartan			
Antihypertensive combinations	candesartan-hydrochlorothiazide hydrochlorothiazide-olmesartan eprosartan-hydrochlorothiazide hydrochlorothiazide-telmisartan hydrochlorothiazide-irbesartan hydrochlorothiazide-valsartan hydrochlorothiazide-losartan			

**ACE/ARB list of drugs based on HEDIS 2012: <http://www.nqqa.org/tabid/1445/Default.aspx>

Evidence Based Care Tracking Initiative Measure Specifications

(MILLD) Coronary Artery Disease & Ischemic Vascular Disease (IVD): Lipid Lowering Drug - percentage of members between 18 and 64 years of age with coronary artery disease/ ischemic vascular disease who received a Lipid Lowering Drug during the measurement period

Source: BCBSM

Eligible population: Members 18-64 years of age as of the end of measurement year.

Continuous enrollment: The measurement period and the year prior to the measurement year. No more than a 45 day gap in continuous enrollment.

Denominator: Members between 18 and 64 years of age as of the end of the measurement period.

~Event: Discharged alive for Acute Myocardial Infarction (AMI), Coronary Artery Bypass Graft (CABG), or Percutaneous Transluminal Angioplasty of a Coronary Artery (PCI) on or between the eleven months of the year prior to the measurement year, OR

~Diagnosis: Members having Coronary Artery Disease (CAD) or Ischemic Vascular Disease (IVD) with at least one of the two criteria below during the measurement year and/or the year prior to the measurement year:

- a) At least two outpatient services, professional or facility, with a primary ICD-9 Diagnosis of CAD or IVD OR
- b) At least one inpatient admission discharged alive with a primary or secondary ICD-9 diagnosis of CAD or IVD

Numerator: 1 or more filled prescriptions for a lipid lowering drug during the measurement year

Note: AMI and CABG cases should be from inpatient claims only. Use both facility and professional claims to identify AMI and CABG. All PCI cases, regardless of setting (e.g., inpatient, outpatient, and emergency room) should be included.

Codes to Identify AMI

Description	ICD-9-CM Diagnosis
AMI	410.x1

Codes to Identify CABG

Description	ICD-9-CM Procedure	HCPCS	CPT
CABG	36.1 or 36.2	S2205 - S2209	33510 - 514, 33516 - 519, 33521 - 523, 33533 - 33536

Codes to Identify PCI

Description	ICD-9-CM Procedure	HCPCS	CPT
PCI	00.66, 36.06, 36.07	G0290	92980, 92982, 92995

Codes to Identify Coronary Artery Disease (CAD) & Ischemic Vascular Disease (IVD)

ICD-9-CM Diagnosis

411, 413, 414.0, 414.2, 414.8, 414.9, 433, 434, 440.2, 440.4, 445

Codes to Identify Visit Type

Description	CPT Codes	Revenue Codes
Acute Inpatient Admissions	99221 - 99223, 99231 - 99233, 99238, 99239, 99251-99255, 99291	010x, 0110 - 0114, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149, 0150 - 0154, 0159, 016x, 020x, 021x, 072x, 0987
Outpatient or Office Encounter/ visit in any setting	99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99384 - 99387, 99394 - 99397, 99401 - 99404, 99411, 99412, 99420, 99429, 99455, 99456,	051x, 0520 - 0523, 0526 - 0529, 057x - 059x, 0982, 0983

Lipid Lowering Drug List

General Class Name

cholestyramine-sucrose	cholestyramine-aspartame	atorvastatin	lovastatin-niacin
niacin	ezetimibe	fluvastatin	atorvastatin-amlopidine
colesevelam Hcl	simvastatin-niacin	lovastatin	simvastatin-ezetimibe
cholestyramine	simvastatin-fibrate	pravastatin	atorvastatin-calcium
colestipol HCL	simvastatin	rosuvastatin calcuim	cholestyramine
clofibrate	ezetimibe-simvastatin	fenofibrate	fenofibric acid
fluvastatin-sodium	gemfibrozil	omega-3 acid ethyl esters	pravastatin-sodium
Pitavastatin	icosapent ethyl	Simvastatin +sitagliptin	Pravastatin +Aspirin

(MIST) Coronary Artery Disease: Statin Use - percentage of members with a diagnosis of coronary artery disease that have at least one statin prescription that was filled during the measurement period*

Source: MQIC

Eligible population: Members 18-64 years of age as of the end of the measurement period

Continuous enrollment: The measurement period and the year prior to the measurement period with medical coverage and no more than one gap in coverage of up to 45 days.

Denominator: Members between 18 and 64 years of age as of the end of the measurement period

-Event: At least 1 discharge alive in the first 12 months for AMI (Acute Myocardial Infarction), PTCA (Percutaneous Transluminal Angioplasty of a Coronary Artery), or CABG (Coronary Artery Bypass Graft) **OR**

-Diagnosis: At least one of the two criteria below during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.

a) At least one outpatient service professional or facility with a primary ICD-9 Diagnosis of IHD (Ischemic Heart Disease) **OR**

b) At least one acute inpatient claim/encounter discharged alive with an ICD-9 diagnosis or DRG of IHD

Numerator: 1 or more filled prescriptions for a statin drug during the measurement year

Codes to Identify AMI

Description	ICD-9-CM Diagnosis
AMI	410.x1

Codes to Identify CABG

Description	ICD-9-CM Procedure	HCPCS	CPT
CABG	36.1, 36.2	S2205 - S2209	33510 - 33514, 33516 - 33519, 33521 - 33523, 33533 - 33536

Codes to Identify PTCA

Description	ICD-9-CM Procedure	HCPCS	CPT
PTCA	00.66, 36.06, 36.07	G0290	33140, 92980, 92982, 92995

Codes to Identify Ischemic Heart Disease

Description	ICD-9-CM Diagnosis
IHD	411, 413, 414.0, 414.2, 414.8, 414.9, 429.2, 433 - 434, 440.1, 440.2, 440.4, 444 - 445

Codes to Identify Visit Type

Description	CPT Codes	Revenue Codes
Inpatient Admissions	99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255, 99291	010x, 0110 - 0114, 0119, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149, 0150 - 0154, 0159, 016x, 020x, 021x, 072x, 0987
Outpatient or Office Encounter/ visit in any setting	99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99384 - 99387, 99394 - 99397, 99401 - 99404, 99411, 99412, 99420, 99429, 99455, 99456	051x, 0520 - 0523, 0526 - 0529, 057x - 059x, 0982, 0983

Statin Use Drug List

General Class Name

atorvastatin-amlodipine	atorvastatin	fluvastatin	lovastatin
lovastatin-niacin	pravastatin	rosuvastatin calcium	simvastatin
pitavastatin	advicor (combo)	caduet (combo)	vytorin (combo)
pitavastatin sodium	atorvastatin-calcium	fluvastatin-sodium	simvastatin-ezetimibe

* MQIC guidelines updated every two years. This measure was updated 9/18/09.

Evidence Based Care Tracking Initiative Measure Specifications				
(MIAF) Atrial Fibrillation/Atrial Flutter: Chronic Anticoagulation Therapy - percentage of patients aged 18 - 64 years of age with some diagnosis of non-valvular atrial fibrillation (AF) or atrial flutter at <u>high risk</u> for thromboembolism who were prescribed warfarin or other anticoagulants during the measurement year.				
Source: AHA/ACC				
Eligible population: Members 18-64 years of age as of the end of the measurement period with medical and pharmacy coverage				
Continuous enrollment: The measurement year and the year prior to the measurement year. No more than a 45 day gap in continuous enrollment in each year.				
Denominator: Members between 18 and 64 years of age and older in the measurement year and the year prior to the measurement year. ~ 1 inpatient admission with a primary or secondary diagnosis of atrial fibrillation or atrial flutter identified by using codes below in "Codes associated with AF or Atrial Flutter", ~ 1 emergency department visit with a primary or secondary diagnosis of atrial fibrillation or atrial flutter identified by using codes below, OR ~ 2 outpatient encounters for atrial fibrillation or atrial flutter listed as one of the diagnosis AND ~ Patients with nonvalvular AF or atrial flutter for whom assessment of the specified thromboembolic risk factors documented 1 or more high-risk factors or more than 1 moderate-risk factor (For prior stroke, TIA or embolism, the look back period is the two years prior to the measurement year and the measurement year)				
Numerator: All patients in the denominator that filled at least 1 prescription for warfarin, Coumadin, Dabigatran, Xarleto				
Excluded Populations: Patients with valvular Atrial Fibrillation				
Risk Factors (Based on CHADS Scoring)		Weighting		
Prior Stroke, TIA, or system		High Risk		
Hypertension		Moderate		
Diabetes Mellitus		Moderate		
Left Heart Failure or Systolic Heart		Moderate		
Prescriptions to Identify Warfarin or other anticoagulants				
Coumadin, Warfarin, Dabigatran, Xarleto				
Codes to Identify Pregnant Patients (Excluded population from the Denominator)				
ICD-9 Codes		630-679, V22, V23, V24, V27, V28		
Codes to Identify Valvular AF (Excluded population from the Denominator)				
ICD-9 codes		424.0, 424.2, 397.0, 397.1, 398.9, 394, V43.3		
Diagnosis Codes to Identify AF or Atrial Flutter				
ICD-9-CM Diagnosis				
427.31, 427.32				
Procedure Codes Associated with Therapeutic Intervention of AF or Atrial Flutter				
CPT Codes Diagnosis				
33254-33256, 33265-33266 □ 1060F-1061F (documentation of afib)				
Risk Factors for Stroke in patients with AF				
High Risk Factors	Associated CPT-Codes	Associated ICD-9 Codes	Moderate Risk Factors	Associated ICD-9 Codes
Prior Stroke		431, 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434, 434.01, 434.11, 434.9, 434.90, 434.91	Hypertension	401
TIA		435x, V12.54	Left heart failure or systolic heart failure	428.1, 428.2, 428.4, 428.9
Systemic Embolism		444.x, 445	Diabetes Mellitus	243.x, 250, 357.2, 362.0, 366.41, 648.0
Codes to Identify Visit Type				
Description	CPT Codes	Revenue Codes		
Acute Inpatient Admission	99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255, 99291	010x, 0110 - 0114, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149, 0150 - 0154, 0159, 016x, 20x, 21x, 72x, 987		
ED Visit	99281 - 99285	045x, 0981		
Outpatient or Office Encounter/ visit in any setting	99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99384 - 99387, 99394 - 99397, 99401 - 99404, 99411 - 99412, 99420, 99429, 99455, 99456, 99499	051x, 052x, 057x - 059x, 077x, 0982 - 83		

Evidence Based Care Tracking Initiative Measure Specifications

(MIINR) Atrial Fibrillation or Atrial Flutter: assessment of INR at least once monthly for patients with nonvalvular AF or atrial flutter receiving anticoagulation therapy with warfarin

Source: ACC/AHA

Eligible population: Members 18-64 years of age as of the end of the measurement year with medical and pharmacy coverage

Continuous enrollment: The measurement year. No more than a 45 day gap in continuous enrollment.

Denominator:

The denominator is the number of 30-day (or more) warfarin prescription fills for the eligible members (as described below) during the measurement year. (counts all 30 day fills, e.g. a 90-day supply equals = 3 fills)

Eligible members are those between 18 and 64 years of age and older as of the end of the measurement year with:

- ~ 1 inpatient admission with a primary or secondary diagnosis of Atrial Fibrillation or Atrial Flutter identified by using codes below in "Codes to Identify Afib or Atrial flutter", **OR**
- ~ 1 emergency department visit with a primary or secondary diagnosis of Afib or atrial flutter identified by using codes below, **OR**
- ~ 2 outpatient encounters for Afib/Atrial flutter

AND

Who have filled at least one prescription for warfarin (see drug categories below)

Numerator: Number of calendar months during the measurement year in which at least 1 INR measurement was made (if more than 1 INR is made during the calendar month, count only as 1)

Codes to Identify INR Measurement (INR testing is not needed with Dabigatran)

CPT Codes

85610

Codes to Identify Afib and atrial flutter

ICD-9-CM Diagnosis

427.31, 427.32

Prescriptions to Identify Warfarin

Coumadin, Warfarin

Codes to Identify Visit Type

Description	CPT Codes	Revenue Codes
Acute Inpatient Admission	99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255, 99291	010x, 0110 - 0114, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149, 0150 - 0154, 0159, 016x, 20x, 21x, 72x, 987
ED Visit	99281 - 99285	045x, 0981
Outpatient or Office Encounter/ visit in any setting	99201 - 99205, 99211-99215, 99217 - 99220, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99384 - 99387, 99394 - 99397, 99401 - 99404, 99411 - 99412, 99420, 99429, 99455, 99456	051x, 052x, 057x - 059x, 077x, 0520-0523, 0526-0529, 0982, 0983

Evidence Based Care Tracking Initiative Measure Specifications

(MICR) Coronary Artery Disease (CAD): Cardiac Rehabilitation:
 Percent of qualifying events for all patients 18 - 64 years of age hospitalized with a primary diagnosis of acute myocardial infarction (MI) or chronic stable angina (CSA), or who during hospitalization have undergone coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation who attended early outpatient cardiac rehabilitation/ secondary prevention (CR) program.

Source; ACC-AHA 2007 Performance Measures

Eligible population: Members 18-64 years of age as of the end of the measurement year
 Continuous enrollment: The qualifying event(s) occurs on the first day of the of the first year through the last day of the ninth month of the second year; member can have up to a 45 day gap in continuous enrollment.

Denominator: Every qualifying member event for each unique member between 18 and 64 years of age and older as of the end of the measurement period) that meet the following criteria:

--All inpatient admission codes in the eligible population with a primary diagnosis or qualifying event identified by using the codes below in "Codes to Identify Acute MI/Coronary Artery Syndrome" or in "CPT Codes to Identify Acute MI/Coronary Artery Syndrome"

--All hospitalizations with a qualifying event/diagnosis in the eligible population

Numerator: Number of members in the denominator discharged due to an acute event who attended an outpatient cardiac rehabilitation (CR) program after the acute event-from the first day after discharge through the last day of the third month past discharge (a member can be counted more than once in the numerator, if the member has more than one event in the year and attends a CR program more than once in a year)

Codes to Identify Acute MI/acute coronary syndrome, CABG, PCI, Stable Angina, Heart valve procedures and heart or heart/lung transplantation

ICD-9-CM Diagnosis

410.xx, 411.xx
 413.0, 413.1, 413.9 (angina),
 414.00, 414.01, 414.02, 414.03, 414.04, 414.04, 414.05, 414.06, 414.07, 414.8, 414.9 (Other forms of chronic ischemic heart disease)

CPT Codes

92975, 92982-92984 (PCI), 92986, 92987, 92995, 92996
 92980-92981 (Coronary Stent)
 35472 (transluminal angioplasty-aortic)
 33503-33505, 33510-33516, 33517 - 33519, 33521, 33522, 33523, 33533-33536, 33548, 35600, (CABG)
 33517-33530 (Combined arterial-venous grafting for coronary bypass)
 33400-33478 (Cardiac valve procedures)
 33930-33945 (Heart transplantation)

DRG Code	DRG Description
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001	Heart transplant or implant of heart assist system w MCC
002	Heart transplant or implant of heart assist system w/o MCC
216	Cardiac valve & oth maj cardiothoracic proc w card cath w MCC
217	Cardiac valve & oth maj cardiothoracic proc w card cath w CC
218	Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC
219	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC
220	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC
221	Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC
228	Other cardiothoracic procedures w MCC
231	Coronary bypass w PTCA w MCC
232	Coronary bypass w PTCA w/o MCC
233	Coronary bypass w cardiac cath w MCC
234	Coronary bypass w cardiac cath w/o MCC
235	Coronary bypass w/o cardiac cath w MCC
236	Coronary bypass w/o cardiac cath w/o MCC
237	Major cardiovascular procedures w MCC
238	Major cardiovascular procedures w/o MCC
246	Percutaneous cardiovascular proc w drug-eluting stent w MCC
247	Percutaneous cardiovascular proc w drug-eluting stent w/o MCC
248	Percutaneous cardiovasc proc w non-drug-eluting stent w MCC
249	Percutaneous cardiovasc proc w non-drug-eluting stent w/o MCC
251	Perc cardiovasc proc w/o coronary artery stent or AMI w/o MCC
280	Acute myocardial infarction, discharged alive w MCC
281	Acute myocardial infarction, discharged alive w CC
282	Acute myocardia infarction, discharged alive w/o CC/MCC
291	Heart failure & shock w MCC
292	Heart failure & shock w CC
293	Heart failure & shock w/o CC/MCC
297	Cardiac arrest, unexplained w CC
298	Cardiac arrest, unexplained w/o CC/MCC
302	Atherosclerosis w MCC
303	Atherosclerosis w/o MCC
311	Angina pectoris

ICD-9-CM Procedure

0.66, 36.06, 36.07, 36.10, 36.2

HCPCS

G0290, S2205, S2206, S2207, S2208, S2209

Codes to Identify Visit Type

Description	CPT Codes	Revenue Codes
Acute Inpatient Admission	99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255, 99291	010x, 0110 - 0114, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149, 0150 - 0154, 0159, 016x, 020x, 021x, 072x, 0987

CPT codes for cardiac rehabilitation programs

93797-93798

(MICHL) LDL-C Screening - percentage of members between 18 and 75 years of age with congestive heart failure who had an LDL-C test

Source: MQIC Guidelines

Eligible population: Members 18-64 years of age as of the end of the measurement period

Continuous enrollment: The measurement year and the year prior to the measurement period

Denominator: Members between 18 and 64 years of age and older as of the end of the the measurement period

~ 1 inpatient admission with a primary or secondary diagnosis of heart failure identified by using codes below in "Codes to Identify Heart Failure", **OR**

~ 1 emergency department visit with a primary or secondary diagnosis of heart failure identified by using codes below, **OR**

~ 2 outpatient encounters for congestive heart failure **OR**

~ Prescriptions for ACE/ARB and Digoxin and a diuretic within a 90 day window of each other

Numerator: 1 or more claims for an LDL-C test during measurement year

Exclusions: none

Codes to Identify LDL-C Tests	Codes to Identify Heart Failure
CPT Codes	ICD-9 Codes
80061, 83700, 83701, 83704, 83721	402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0 , 428.1 , 428.2x , 428.4x , 428.9

Codes to Identify Visit Type		
Description	CPT Codes	Revenue Codes
Inpatient Admissions	99221 - 223, 99231 - 233, 99238 - 239, 99251 - 255, 99261 - 263, 99291	0118, 0128, 0138, 0148, 0158, 019x, 055x, 066x, 010x, 0110 - 0114, 0119, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149 - 0150 - 0154, 0159, 016x, 020x, 21x, 072x, 0987
ED Visit	99281 - 99285	045x, 0981
Outpatient or Office Encounter/ visit in any setting	92002 - 92014, 99201 - 05, 99211 - 15, 99217 - 220, 99241 - 45, 99341 - 50, 99381 - 87, 99391 - 97, 99401 - 404, 99411 - 12, 99420, 99429, 99455, 99456, 99499	051x, 052x, 057x - 059x, 0982 - 83

Evidence Based Care Tracking Initiative Measure Specifications

(MICHFR) Congestive Heart Failure: Rate of ACE/ARB - percentage of members with a diagnosis of congestive heart failure who received ACE/ARB therapy during the measurement period.

Source: BCBSM

Eligible population: Members 18-64 years of age as of the end of the measurement period.
 ~ 1 inpatient admission with a primary or secondary diagnosis of the codes below in "Codes to Identify Heart Failure" **or**
 ~ 1 emergency department visit with a primary or secondary diagnosis of any of the codes below **OR**
 ~2 outpatient encounters for congestive heart failure listed as one of the diagnosis or
 ~Prescriptions for ACE/ARB and Digoxin and a diuretic within a 90 day window of each other

Continuous enrollment: Members must be continuously enrolled during the measurement period and the year prior to the measurement period with both medical and pharmacy coverage. No more than one gap up to 45 days in continuous enrollment.

Denominator: Eligible Population

Numerator: 1 or more filled prescriptions for ACE/ARB therapy during measurement year.

NOTE: patients that do not have a prescription for an ACE or an ARB that meet the denominator criteria are excluded from the numerator and denominator if there is a diagnosis of one or more of the codes below in "Codes to Identify Relative Contraindications for ACEs and ARBs."

Exclusions:

~ Patients with one or more of the codes below in "Codes to Identify Absolute Contraindications to ACEs and ARBs" should be eliminated from the denominator regardless of numerator status. Look back two years in member's history through the end of the measurement year.
 ~ Patients with one or more of the codes below in "Codes to Identify Relative Contraindications to ACEs and ARBs" should be eliminated from numerator and denominator if not on an ACE or an ARB. Look *back two years* in member's history through the end of the measurement year.

Codes to Identify Heart Failure

ICD-9-CM Diagnosis

402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.2x, 428.4x, 428.9

Codes to Identify Absolute Contraindications for ACEs and ARBs

Description	ICD-9-CM Diagnosis	CPT	Revenue
Pregnancy	630-679, V22, V23, V24, V27, V28		
Angioneurotic edema	995.1, 277.6		
Congenital aortic stenosis, sub aortic stenosis, atresia and stenosis of aorta	746.3, 746.81, 747.22		
Renal artery stenosis	440.1		

Codes to Identify Relative Contraindications for ACEs and ARBs

Description	ICD-9-CM Diagnosis	CPT	ICD-9-CM Procedure	Revenue Code
Hypotension	458.0, 458.1, 458.8, 458.9			
Hyperkalemia	276.7			
Kidney transplant	996.81, V42.0		55.6, 55.61, 55.69	
Renal failure	403.00 - 403.99, 404.00 - 404.99, 580.00 - 580.99, 581.00 - 581.99, 582.00 - 582.99, 583.00 - 583.99, 584.5, 584.6, 584.7, 584.8, 584.9, 585.00 - 585.99, 586.00 - 586.99, 788.5	50300, 50340-50380		
Dialysis		36800 - 36815, 90920, 90921, 90924, 90925, 90935 - 90937, 90945 - 90947, 90966, 90989 - 90999		800 - 804, 809, 820 - 825, 829 - 835, 839 - 845, 849, 855, 859 - 882, 889

Angiotensin Converting Enzyme Medications

Description	Prescription			
Angiotensin Converting Enzyme Medications Inhibitors	benazepril captopril enalapril fosinopril	lisinopril moexipril perindopril	ramipril trandolapril	
Antihypertensive combinations	amlodipine-benazepril benazepril-hydrochlorothiazide captopril-hydrochlorothiazide enalapril-hydrochlorothiazide enalapril-felodipine (Lexxel)		fosinopril-hydrochlorothiazide hydrochlorothiazide-lisinopril hydrochlorothiazide-moexipril hydrochlorothiazide-quinapril Aliskiren+amlodipine+Hydrochlorothiazide (Amturnide)	trandolapril-verapamil amlodipine-olmesartan amlodipine-valsartan aliskiren-valsartan Aliskiren+amlodipine

Angiotensin Receptor Blocker Medications

Description	Prescription		
Angiotensin II inhibitors	azilsartan candesartan eprosartan irbesartan	losartan olmesartan telmisartan valsartan	
Antihypertensive combinations	candesartan-hydrochlorothiazide eprosartan-hydrochlorothiazide hydrochlorothiazide-irbesartan Valsartan+amlodipine+Hydrochlorothiazide	hydrochlorothiazide-losartan hydrochlorothiazide-olmesartan Olmesartan+amlodipine+hydrochlorothiazide Azilsartan+Hydrochlorothiazide	hydrochlorothiazide-telmisartan hydrochlorothiazide-valsartan

Codes to Identify Visit Type

Description	CPT Codes	Revenue Codes
Acute Inpatient Admissions	99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255, 99291	010x, 0110 - 0114, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149, 0150 - 0154, 0159, 016x, 20x, 21x, 72x, 987
ED Visit	99281-99285	045x, 0981
Outpatient or Office encounter/visit in any setting	92002-92014, 99201 - 99205, 99211-99215, 99217-99220, 99241-99245, 99341-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455, 99456	051x, 0520 - 0523, 0526 - 0529, 057x - 059x, 0982-83

*ACE/ARB list of drugs based on HEDIS 2013

Evidence Based Care Tracking Initiative Measure Specifications

(MICHFP) Congestive Heart Failure: ACE/ARB Continuation and Persistence - percentage of members 18 - 64 during the measurement year who were hospitalized and discharged alive from the last 6 months of the year prior to the measurement year to the first 6 months of the measurement year with heart failure who received ACE/ARB therapy for 6 months after discharge*

Source: BCBSM

Eligible population: Members 18-64 years of age as of the end of the measurement period

~ 1 inpatient admission with a primary or secondary diagnosis of heart failure identified by using codes below in "Codes to Identify Heart Failure"

Continuous enrollment: Members must be continuously enrolled during discharge date through 180 days / 6 months after discharge. No more than one gap up to 45 days.

Denominator: Eligible population

Numerator: Greater than or equal to 135 dispensed days supply of ACE/ARB in the 180 days following discharge

~ Please refer below for a list of "Angiotension Converting Enzyme Medications" and "Angiotensin Receptor Blocker Medications"

Exclusions: Members identified as having a contraindication to or adverse reaction to ACE/ARB therapy

~ Patients with one or more of the codes below in "Codes to Identify Absolute Contraindications to ACEs and ARBs" should be eliminated from the denominator regardless

~ Patients with one or more of the codes below in "Codes to Identify Relative Contraindications to ACEs and ARBs" should be eliminated from numerator and denominator if not on an ACE or an ARB. Look back two years in member's history through the end of the measurement year.

Codes to Identify Heart Failure

ICD-9-CM Diagnosis

402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.2x, 428.4x, 428.9

Codes to Identify Absolute Contraindications for ACEs and ARBs

Description	ICD-9-CM Diagnosis	CPT	Revenue
Pregnancy	630 - 679, V22 V2, V24, V2, V28		
Angioneurotic edema	995.1, 277.6		
Congenital aortic stenosis, sub aortic stenosis, atresia and stenosis of aorta	746.3, 746.81, 747.22		
Renal artery stenosis	440.1		

Codes to Identify Relative Contraindications for ACEs and ARBs

Description	ICD-9-CM Diagnosis	CPT	ICD-9-CM Procedure	Revenue Code
Hypotension	458.0, 458.1, 458.8, 458.9			
Hyperkalemia	276.7			
Kidney transplant	996.81, V42.0		55.6, 55.61, 55.69	
Renal failure	403.00 - 403.99, 404.00 - 404.99, 580.00 - 580.99, 581.00 - 581.99, 582.00 - 582.99, 583.00 - 583.99, 584.5, 584.6, 584.7, 584.8, 584.9, 585.00 - 585.99, 586.00 - 586.99, 788.5	50300, 50340-50380		
Dialysis		36800 - 36815, 90920, 90921, 90924, 90925, 90935 - 90937, 90945 - 90947, 90966, 90989 - 90999		800 - 804, 809, 820 - 825, 829 - 835, 839 - 845, 849 - 855, 859 - 882, 889

Angiotensin Converting Enzyme Medications

Description	Prescription
Angiotensin Converting Enzyme	benazepril captopril
Antihypertensive combinations	trandolapril-verapamil enalapril-hydrochlorothiazide fosinopril-hydrochlorothiazide amlodipine/□hydrochlorothiazide/□olmesartan lisinopril moexipril perindopril quinapril Aliskiren+amlodipine+Hydrochlorothiazide (Amturide)
	ramipril trandolapril hydrochlorothiazide-lisinopril hydrochlorothiazide-moexipril amlodipine-telmisartan Aliskiren+amlodipine (Tekamlo) amlodipine-valsartan aliskiren-□hydrochlorothiazide-□amlodipine

Angiotensin Receptor Blocker Medications

Description	Prescription
Angiotensin II inhibitors	azilsartan candesartan
Antihypertensive combinations	eprosartan irbesartan losartan olmesartan telmisartan valsartan
	hydrochlorothiazide-losartan hydrochlorothiazide-valsartan hydrochlorothiazide-olmesartan hydrochlorothiazide-telmisartan Azilsartan+Hydrochlorothiazide

*ACE/ARB list of drugs based on HEDIS 2013

Codes to Identify Visit Type

Inpatient Admission

Facility and Professional Claims	<p>1) Facility Claims - Revenue Codes 010x, 0110-0114, 0120-0124, 129, 0130-0134, 139, 140-144, 149, 0150-0154, 159, 016x, 020x, 021x, 072x, 987 066x, 010x, 0110 - 0114, 0119, 0120 - 0124, 0129, 0130 - 0134, 0139, 0140 - 0144, 0149 - 0150 - 0154, 0159, 016x, 020x, 021x 072x, 0987</p> <p>2) Professional Claims - CPT codes (for acute and non acute admissions) 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255, 99291</p>
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ER Visit

Facility and Professional Claims	<p>1) Facility Claims - Revenue Codes 045x, 0981</p> <p>2) Professional Claims - CPT Codes 99281 - 99285</p>
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Outpatient or Office Encounter/Visit in Any Setting

Facility and Professional Claims	<p>1) Facility Claims - Revenue Codes 051x, 057x - 059x, 0520-0523, 0526-0529, 0982 - 0983</p> <p>2) Professional - CPT Codes 92002 - 92014, 99201 - 99205, 99211 - 99215, 99217 - 99220, 99241 - 99245, 99341 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411 - 99412, 99420, 99429, 99455, 99456</p>
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Evidence Based Care Tracking Initiative Measure Specifications

(MPM) Medication Management: Annual Monitoring for Patients on Persistent Medications - percentage of members 18 years of age and older who received at least a 180-day treatment of ambulatory medication therapy for a select therapeutic agent during the measurement period and at least one therapeutic monitoring event for the therapeutic agent in the measurement period. The following is how the rates will be reported:

- Annual monitoring for members on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB)
- Annual monitoring for members on digoxin
- Annual monitoring for members on diuretics
- Annual monitoring for members on anticonvulsants
- Total rate (the sum of the four numerators divided by the sum of the four denominators)

Source: HEDIS

Eligible population: 18 years and older as of December 31 of the measurement year with both medical and pharmacy coverage. Refer to the HEDIS specifications for details about the additional criteria for eligible population(s).

Event/diagnosis: Members on persistent medications (i.e., members who received at least a 180 treatment days of ambulatory medication in the measurement year). Refer to Additional Eligible Population Criteria for each rate found in the HEDIS specifications.

Treatment days are the actual number of calendar days covered with prescriptions within the measurement year (i.e., a prescription of 90 days supply dispensed on December 1 of the measurement year counts as 30 treatment days). Sum the days supply for all medications and subtract any days supply that extends beyond December 31 of the measurement year.

Note: Members may switch medication therapy during the measurement period and have the days supply for those medications count toward the total 180-days supply (i.e., a member who received 90 days of ACE inhibitors and 90 days of ARBs meets the denominator definition for rate 1).

Continuous Enrollment: The measurement year

Exclusions: Exclude members from each eligible population rate who had an inpatient (acute or nonacute) claim/ encounter during the measurement year

Codes to Identify Physiologic Monitoring Tests for Members on ACE/ARBs, digoxin and diuretics

Description	CPT
Lab Panel	80047, 80048, 80050, 80053, 80069
Serum Potassium (K+)	80051, 84132
Serum Creatinine (SCr)	82565, 82575
Blood Urea Nitrogen (BUN)	84520, 84525

Codes to Identify Drug Serum Concentration Monitoring Tests for Members on Anticonvulsants

Description	CPT
Drug serum concentration for phenobarbital	80184
Drug serum concentration for phenytoin	80185, 80186
Drug serum concentration for valproic acid or divalproex sodium	80164
Drug serum concentration for carbamazepine	80156, 80157

Evidence Based Care Tracking Initiative Measure Specifications

(ART) Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis- The percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD)

- Members ages 18 and over diagnosed with Rheumatoid Arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).
- Continuous Enrollment: The measurement year.
- Event/diagnosis: Two face-to-face encounters with different dates of service in an outpatient or non-acute inpatient setting on or between January 1 and November 30 of the measurement year with any diagnosis of rheumatoid arthritis.

HEDIS® 2013 Measurement Codes:

Codes to Identify Rheumatoid Arthritis

Description	ICD-9-CM Diagnosis
Rheumatoid arthritis	714.0, 714.1, 714.2, 714.81

DMARDs

Description	Prescription	J Codes
5-Aminosalicylates	<ul style="list-style-type: none"> • Sulfasalazine 	
Alkylating agents	<ul style="list-style-type: none"> • Cyclophosphamide 	
Aminoquinolines	<ul style="list-style-type: none"> • Hydroxychloroquine 	
Anti-rheumatics	<ul style="list-style-type: none"> • Auranofin • Gold sodium thiomalate • Leflunomide • Methotrexate • Penicillamine 	J1600, J9250, J9260
Immunomodulators	<ul style="list-style-type: none"> • Abatacept • Adalimumab • Anakinra • Certolizumab • Certolizumab pegol • Etanercept • Golimumab • Infliximab • Rituximab • Tocilizumab 	J0129, J0135, J0718, J1438, J1745, J9310, J3262
Immunosuppressive agents	<ul style="list-style-type: none"> • Azathioprine • Cyclosporine • Mycophenolate 	J7502, J7515, J7516, J7517, J7518
Tetracyclines	<ul style="list-style-type: none"> • Minocycline 	

Exclusions

- Members diagnosed with HIV.
- Members with a diagnosis of pregnancy.

Codes to Identify Exclusions

Description	ICD-9-CM Diagnosis
HIV	042, V08
Pregnancy	630-679, V22, V23, V28

Evidence Based Care Tracking Initiative Measure Specifications

(ADD) Follow-Up Care for Children Prescribed ADHD Medication - The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Source: HEDIS Derived

Two rates are reported:

- **Initiation Phase:** The percentage of members 13-17 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.(IPSD = Index Prescription Start Date)

- **Continuation and Maintenance (C&M) Phase.** The percentage of members 13-17 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

• INITIATION PHASE

- Children thirteen years old as of March 1, 2012 (the year prior to the measurement year) to 17 years as of February 29, 2013 (the measurement year).
- Continuous Enrollment: 120 days (4 months) prior to the IPSD (Index Prescription Start Date) through **30 days** (1 month) after the IPSD.

•CONTINUATION AND MAINTENANCE (C & M) PHASE

- Children thirteen years of age as of March 1 of the year prior to the measurement year to 17 years as of February 29 of the measurement year.
- Continuous Enrollment: 120 days (4 months) prior to the IPSD and **300 days** (10 months) after the IPSD.

ADHD Medications

Description	Prescription
CNS stimulants	<ul style="list-style-type: none"> • Amphetamine-dextroamphetamine • Dexmethylphenidate • Dextroamphetamine • Lisdexamfetamine • Methamphetamine • Methylphenidate
Alpha-2 receptor agonists	<ul style="list-style-type: none"> • Clonidine • Guanfacine
Miscellaneous ADHD	<ul style="list-style-type: none"> • Atomoxetine

Codes to identify Follow-up Visits

CPT	HCPCS	UB Revenue
90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383, 99384, 99393, 99394, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 077x, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983
CPT	POS	
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	<i>WITH</i>	03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	<i>WITH</i>	52, 53

Evidence Based Care Tracking Initiative Measure Specifications

(FUH) Follow-Up After Hospitalization for Mental Illness - The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. One rate is reported:

- The percentage of discharges for which the member received follow-up within 7 days of discharge.

Source: HEDIS

•6 years and older as of the date of discharge. (Please see HEDIS specifications for complete details of eligible population).

Event/Diagnosis:

Discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis on or between January 1 and December 1 of the measurement year. Use only facility claims to identify discharges with a principal mental health diagnosis. Do not use diagnoses from professional claims to identify discharges.

The denominator for this measure is based on discharges, not members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.

Numerator:

7-Day Follow-Up: An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days after discharge. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge

Exclusions:

Exclude discharges followed by readmission or direct transfer to a *nonacute facility* for a mental health principal diagnosis
 Exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a non-mental health principal diagnosis

Exclude both the initial discharge and the readmission/direct transfer discharge if the readmission/direct transfer discharge occurs after December 1 of the measurement year.

Codes to Identify Mental Health Diagnosis

ICD-9-CM Diagnosis
295–299, 300.3, 300.4, 301, 308, 309, 311–314

Codes to Identify Nonacute Care

Description	HCPCS	UB Revenue	UB Type of Bill	POS
Hospice		0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659	81x, 82x	34
SNF		019x	21x, 22x, 28x	31, 32
Hospital transitional care, swing bed or rehabilitation			18x	
Rehabilitation		0118, 0128, 0138, 0148, 0158		
Respite		655		
Intermediate care facility				54
Residential substance abuse treatment		1002		55
Psychiatric residential treatment center	T2048, H0017-H0019	1001		56
Comprehensive inpatient rehabilitation facility				61

Other nonacute care facilities that do not use the UB revenue or type of bill codes for billing (e.g., ICF, SNF)

Codes to Identify Visits

CPT	HCPCS
Follow-up visits identified by the following CPT or HCPCS codes must be with a mental health practitioner.	
90804-90815, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485
CPT	POS
Follow-up visits identified by the following CPT/POS codes must be with a mental health practitioner.	
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876	WITH 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH 52, 53
UB Revenue	
The organization does not need to determine practitioner type for follow-up visits identified by the following UB revenue codes.	
0513, 0900-0905, 0907, 0911-0917, 0919	
Visits identified by the following revenue codes must be with a mental health practitioner or in conjunction with a diagnosis code	
0510, 0515-0517, 0519-0523, 0526-0529, 0982, 0983	